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Teacher management in a context of HIV and AIDS

Tanzania report

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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 Tanzania, 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

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral treatment
BEDC	Basic Education Development Committee
CBO	Community based organization
CEO	Chief Education Officer
CWT	Chama Walimu Tanzania
DAS	District Administrative Secretary
DEO	District Education Officer
DR	Dropout rate
DSE	Director of Secondary Education
DSI	District School Inspector
EMIS	Education Management Information System
ESC	Education Sector Committee
ESWG	Education Sector Working Group
FBO	Faith-based organization
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GN	Government Notes
GNP	Gross National Product
GPI	Gender Parity Index
HE	His Excellency
HIV	Human Immunodeficiency Virus
HRD	Human Resource Director
IAE	Institute of Adult Education
ICT	Information Communication Technology
IIEP	International Institute for Education Planning
IEC	Information, Education and Communication
JMT	Jamhuri ya Muungano wa Tanzania
MoE	Ministry of Education
MOEVT	Ministry of Education and Vocational Training
NACP	National AIDS Control Programme
NBS	National Bureau of Statistics
NECTA	National Examination Council of Tanzania
NER	Net Enrolment Ratio
NSGRP	National Strategy Growth and Reduction of Poverty
PEDP	Primary Education Development Plan
PLHIV	People living with HIV
PR	Promotion Ratio
PS	Principal Secretary
PTR	Pupil to Teacher Ratio
RAS	Regional Administrative Secretary
REO	Regional Education Officer
RR	Repetition Ratio
SEDP	Secondary Education Development Plan
SP	Strategic Plan

STI	Sexually transmitted infection
TACAIDS	Tanzania Commission for AIDS
TIE	Tanzania Institute of Education
TLS	Tanzania Library Services
TPBP	Tanzania Property and Business Formulation Programme
TSC	Teachers' Service Commission
TSD	Teachers' Service Department
TTU	Teachers' Trade Union
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UIS	UNESCO Institute of Statistics
UPE	Universal Primary Education
URT	United Republic of Tanzania
VCT	Voluntary counselling and testing
WEC	Ward Education Coordinator

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 Tanzania, 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 study was conducted between May and June 2009 by Richard W. Chediak, Acting Permanent Secretary at the Ministry of Education and Vocational Training (MOEVT), and assisted by M. Sawaya. Data were collected through a combination of document reviews, semi-structured interviews and focus group discussions.

In-depth interviews were conducted with a total of 18 people, including ministry officials, teachers' trade union officers, head teachers of three primary schools and two secondary schools, as well as four District School Inspectors. Focus group discussions were conducted with teachers. The document review provided mainly quantitative data and information to supplement these findings.

Two regions were selected for the study, namely Dar Es Salaam and Pwani. Dar Es Salaam, which has the highest HIV prevalence in the country, was chosen as an urban area while Pwani was selected as a rural setting. These features provided a comparison base for teacher management issues. In each region, two districts were selected. In Dar Es Salaam the chosen districts were Temeke and Ilala, and in Pwani region, the districts were Kibaha and Kisarawe.

In Dar Es Salaam, the HIV prevalence rate is 9 per cent and in Pwani it is of 6.7%. Overall prevalence in the mainland is estimated at 5.7 per cent among adults aged 15–49 years.

Key findings

1. Attrition

Teacher attrition in Tanzania is estimated at 3 per cent. There are a number of factors that have an adverse effect on teacher retention in Tanzania. These include: poor living and teaching conditions for teachers, particularly in rural areas; delayed salaries and lack of promotion opportunities; sexual harassment of female teachers by male leaders; and teachers leaving the profession after study leave. Attrition rates are thought to be higher in rural areas than in urban areas.

The findings reveal that there is inadequate data on teacher attrition due to HIV and AIDS in Tanzania, which has made it very difficult for the education sector to plan properly for the impact of the epidemic and to provide enough teachers to satisfy demand. However, the Ministry of Education started to include database information on attrition due to AIDS in 2008. The teacher management database now includes information about the teacher attrition rate by reason, including a section about teachers who have died of a long illness.

2. Absenteeism and leave

The study shows that teacher absenteeism is a serious problem in Tanzania, exacerbating the existing shortage of teachers. Interviews revealed that, in primary schools, the overall shortage of teachers was around 54 per cent. The new projections for primary school teachers required by 2009 is 52,763. Yet there is no adequate system, nor are there funds in place, for replacing absent teachers. Absenteeism is taken lightly by the teachers themselves, as well as by those who manage teachers.

HIV and AIDS have served to aggravate the problem of absenteeism. A study conducted in the year 2005 revealed that 21,000 (7 per cent) of civil servants, including teachers, were infected with HIV

and AIDS. Long periods of illness mean that affected teachers fail to attend school regularly. Teachers also take periods of absence to attend funerals, care for sick relatives or to attend hospital appointments. Absenteeism is also caused by lack of commitment to the teaching profession. For example, teachers teach in private 'tuition' classes while they know that they have their learners waiting for them; they arrive late to school and classes; and they engage in moonlighting activities during work hours.

Head teachers of both primary and secondary schools are supposed to keep records of absenteeism in school and report these to higher authorities. However, in practice reports are made only in the most serious cases, when the teachers' whereabouts are not known.

Sick teachers often make symbolic appearances at their workplace in order to keep their salaries without going against government regulations, which can create teacher management problems. The head teacher can give the teacher a verbal warning, and when the situation becomes more serious, the head teacher can give a warning letter and finally report the matter to the higher authorities.

Short-term sickness requires permission from the head of school. Otherwise the normal procedure is to get a sick sheet and attend a government hospital in order to be officially excused from duty for a specified time. Teachers attending a funeral are normally granted a half day or full day's leave. If a close relative has died, seven day's permission is given. Government employees, including teachers, are entitled to sick leave of up to six months, maternity leave of three months and annual leave of 28 days.

Replacing teachers depends on the availability of teachers and also on funds available for salaries. In practice, this process takes some time. In most cases, covering teacher absenteeism is addressed locally at the school level under the management of the head of school.

3. Deployment and transfer

According to government regulations (Standing Orders), teachers can be transferred to any place in the country, according to need. Teachers may also ask for transfers. However, in order to be paid for the transfer, the teacher should have stayed in one station for not less than five years.

The findings from central level show that teachers ask for transfers for a number of reasons including: joining their spouse; staying near a hospital for medical care; staying near home so as to provide care and support for dependants; and moving away from areas known to have difficult living conditions. Female teachers in particular were also not keen to be transferred to a remote school where they might not find anybody to marry.

Teacher turnover has increased due to transfer of HIV-positive teachers to schools near regional hospitals after being referred to those hospitals. As a result, some subjects have more teachers than required. The study found that teachers living with HIV and AIDS often did not want to be transferred to their home villages, for fear of stigma and discrimination. The study also found that HIV-positive teachers might seek a transfer to another school where he/she is not known.

4. Teacher management tools

The study found that data on HIV and AIDS in the education sector was neglected for a long time. It is only recently that efforts are being made to collect data related to HIV and AIDS.

The Education Management Information System (EMIS) database on teachers is disaggregated by sex, qualification and subject. Since 2008, it also includes sections on the attrition of teachers and reasons for leaving the profession, including information on teachers who have died after a long illness. The new items pertaining to teachers include: numbers of teachers trained and teaching HIV and AIDS in the class; numbers of school counsellors trained and providing counselling services; attrition of teachers with reasons; deaths of teachers with reasons; absenteeism of teachers with reasons. Database information has items related to AIDS that are specific to learners, such as pupils who are orphans.

However, literature searches revealed that these items do not feature in the Basic Education Statistics (URT, 2008), which cover data for the past four years.

5. Policies

The education sector does not have a coherent policy on HIV and AIDS. There is a national policy on HIV and AIDS (2001) for all public servants, but this policy does not have a specific statement on teachers. The policy's implementation was constrained by the lack of a clear source of funding to meet the prescribed care and support, such as supplemented food close to supply centres for accessing antiretroviral drugs (ARVs). Moreover, participants revealed that there was lack of commitment among leadership and enforcement as regards implementation of the policy.

However, the education sector guidelines for implementing HIV and AIDS education in schools and teacher training colleges provide roles for teachers in schools and tutors in teacher training colleges as specific target groups in HIV and AIDS prevention education programmes. The guidelines have created widespread positive attitudes towards teachers living with HIV and AIDS and their human rights. Indeed one of the provisions in the HIV and AIDS policy states that a person living with HIV and AIDS is entitled to all basic rights. This provides the basis for provision of care and support for infected teachers.

Tanzania also has a workplace policy for HIV and AIDS prevention, adopted across the civil service in 2007. However, the MoE does not have a specific workplace policy on HIV and AIDS.

The HIV and AIDS Prevention and Control Act 2007 addresses issues of public education and programmes on HIV and AIDS, including: counselling and testing; health support services; stigma and discrimination; the rights and obligations of people living with HIV and AIDS; research committees; and monitoring and evaluation of the programmes.

This act recognizes the gaps in the HIV and AIDS policy of 2001 and the Tanzania Commission for AIDS (TACAIDS) act by requiring actors in the area of HIV and AIDS to consult with TACAIDS. However, it defeats the spirit of the policy by stating that the Ministry of Health has the responsibility of formulating education programmes relating to stigma and discrimination against people living with HIV and AIDS, as well as taking care of patients and prevention of STIs. The act further states that the ministry should develop and conduct programmes to train health practitioners.

6. Structures

An HIV and AIDS Unit in the MoE was officially established in 1993. Its responsibilities include: preparing the HIV and AIDS education implementation programme; coordinating activities of the programme; and monitoring and evaluating the programme objectives. However, it was suggested that the unit has done very little in implementing its programmes because of inadequate funds provided for the education sector HIV and AIDS plans.

In terms of support structures in place, teachers are treated just like any other infected or affected person. Infected teachers access treatment, ARVs and other healthcare services as determined by general public regulations. If a person declares that he/she is HIV positive, they have the right to free ARVs.

It was evident from the focus group discussions that the first port of call for teachers affected by HIV is their employer. Participants identified information on treatment and financial support as the first information needed by HIV-positive teachers. However, the findings revealed that there was no financial support provided to infected and affected teachers, in spite of government financial regulations governing the sick teacher as an employee. Regulations stipulate that the employer may grant financial support depending on the needs. When a teacher dies, the MoE provides support for funeral expenses including the coffin, shroud and transport to the home village.

The findings revealed that the kind of support teachers get from their employers include counselling, reduced workload and transport to hospital or to their referral clinics.

The findings show that the teachers' union was providing support to teachers, including prevention education and some financial support for HIV-positive teachers. However, the interviews with teachers indicate that this financial support is of little consequence.

It is interesting to note that there is an association for HIV- positive teachers in Tanzania. However, it is not yet strong enough to attract a significant number of infected teachers. In addition, government guidelines issued in 2000 emphasize that infected people should be represented in HIV and AIDS

committees that are supposed to be formed in each school and teacher training college. However, in reality this is not taking place because many teachers do not declare their status.

7. Treatment

The National Care and Treatment Plan, which was approved by the Tanzanian Cabinet in October 2003, introduced ARV drugs into the first 32 sites in 2004. Currently, there are more than 200 health facilities providing care and treatment services with ARV access across the country. They include: referral, regional, district, private, NGO and faith-based organization facilities. As discussed above, anyone who is HIV positive is entitled to free ARV treatment. Teachers are treated in the same way as any other member of the public. More than 327,900 PLHIV have been enrolled for ARV care since 2004, and 166,639 of them were receiving ARV drugs by the end of July 2008 (URT, 2008).

In some institutions, workplace policies and programmes are not in place and therefore access to care and treatment is sometimes regarded as a favour rather than a right for teachers.

8. Training

The MoE has been providing in-service training of teachers on HIV and AIDS prevention in collaboration with development partners such as UNESCO and UNICEF. The Teachers' Trade Union (TTU) has also embarked on programmes to train teachers to protect themselves from HIV and to enable them to provide the same training to their students and community members living close to the school.

Data on teachers' receiving training on HIV was recorded on EMIS, but this data had not yet been analysed, therefore it was not accessible.

The study also found that in-service training on HIV and AIDS was done through career subjects in primary and secondary schools, as well as in teacher training colleges. The reason for this is that HIV and AIDS is not taught as a subject but it is integrated in other subjects.

The MoE has also created guidelines for providing HIV prevention education and counselling amongst young people in schools and teacher training colleges in order to reduce the spread of HIV and AIDS and sexually transmitted infections (STIs), (JMT, 2000). The year 2000 guidelines were reviewed and re-issued in 2004 (URT, 2004). The guidelines elaborate on the roles and responsibilities of different actors in the education sector as regards prevention of HIV and AIDS and STIs. It includes the role of teachers and tutors, students, school inspectors and non-governmental organizations (NGOs).

Major challenges

The government response to HIV and AIDS has been mainly focused on prevention. As a result, problems caused by the HIV and AIDS pandemic, such as teacher absenteeism and attrition, have not been addressed properly. The findings on projections of teacher requirements show that the impact of HIV and AIDS has not been taken into account.

Specific data about teachers living with HIV and AIDS has not been adequately recorded. Most teachers do not go for voluntary counselling and testing (VCT) and, if they are positive, do not declare themselves because of fear of stigma and discrimination.

There is no specific policy for teachers in relation to HIV and AIDS. It appears that this situation has made the MoE declare that its response requires collaboration and contribution from all sectors. Indeed the contribution of the MoE to provide care and support for infected and affected teachers has been minimal.

In addition, the study found that implementation of the policies related to teachers and HIV and AIDS in Tanzania has not been successful due to a number of challenges, including inadequate funding, which has also led to a shortage of ARV drugs.

In terms of human rights, teachers have the right to privacy; they also have the right to reveal their HIV and AIDS status or not, which makes it difficult to collect accurate data on teachers infected with HIV and AIDS. Consequently, planning for absenteeism and care and support for teachers is also a major challenge.

Policy and programmatic recommendations

- Review national policies on HIV and AIDS. Given the changing social, political and economic environment, it would seem most appropriate to review the national policy on HIV and AIDS of 2001 to reflect the groundwork that has been done and to incorporate new ideas and goals with a view to increasing the effectiveness in policy implementation.
- Enforce workplace policies on HIV and AIDS. There is no doubt that HIV and AIDS is seriously affecting teachers, including their families. The MoE as an employer has a significant responsibility towards its employees in giving care and support. In this regard, there is a need to have HIV and AIDS-sensitive school management to enforce workplace policies and support systems. There is a need to provide teachers and administrative staff with guidance on professional conduct and to deal with cases of absenteeism, attrition, abuse, harassment or violence related to HIV and AIDS.
- Improve care and support through collaborative efforts. It is not the MoE's mandate to provide treatment for HIV and AIDS. However, it is reasonable to work with the social and health sectors to extend care and support services to those in need.
- Help teachers to go for voluntary counselling and testing (VCT), which is important in the identification of HIV infected individuals who ultimately may need care and support. VCT is an important entry point to care and support and there is a need to encourage teachers to go for VCT and to reveal their status. This might help to establish an efficient HIV and AIDS care and support system and to reduce absenteeism and attrition among infected teachers. Ultimately, this will improve work performance and minimize teacher management problems.
- Improve EMIS to provide an adequate database for HIV and AIDS. Providing care and support for infected and affected teachers requires planning effective and realistic care and support services. To make these plans, relevant information is needed. The challenge is how to gather adequate information and data on teachers infected and affected with HIV and AIDS. Establishing a database for HIV and AIDS in EMIS would help in this respect.
- Train leaders of schools and workplaces on HIV and AIDS management. Given the complexity of HIV and AIDS care and support, it seems advisable to initiate a training programme to improve the HIV and AIDS management skills of heads, assistant heads and other officials for planning, managing and implementing HIV and AIDS care and support activities.
- Support trainee teachers. Care and support for young trainee teachers should be given immediately when they report at their respective workplaces. This can be done at regional, district and school levels. These young teachers, who fall into the age group most at risk of HIV infection, may have some knowledge of the risks involved. However, giving them facts about the status of HIV and AIDS in their working area, and reminding them of their special responsibility as role models, may help them to protect themselves against HIV infection.

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.

Study design and data collection

The study was conducted between May and June 2009 by Richard W. Chediak, , Acting Permanent Secretary at the Ministry of Education and Vocational Training (MOEVT), and assisted by M. Sawaya.

Data were collected through a combination of document reviews, semi-structured interviews and focus group discussions.

In-depth interviews were conducted with ministry officials (Director of Teacher Education, Secondary Education, Inspectorate, Human Resource, Policy and Planning, Education Management Information System (EMIS) Coordinator, Head of HIV/AIDS Unit and Guidance and Counselling Coordinator). In-depth interviews were also conducted with a teachers' trade union officer, head teachers of three primary schools and two secondary schools, as well as four District School Inspectors. Focus group discussions were conducted with teachers. The instruments used were in-depth interview guides and Focus Group Discussion guides provided by IIEP.

The document review provided mainly quantitative data and information. The interviews and focus group discussions provided mainly qualitative data. Thus, the analysis and discussion of the findings were both quantitative and qualitative.

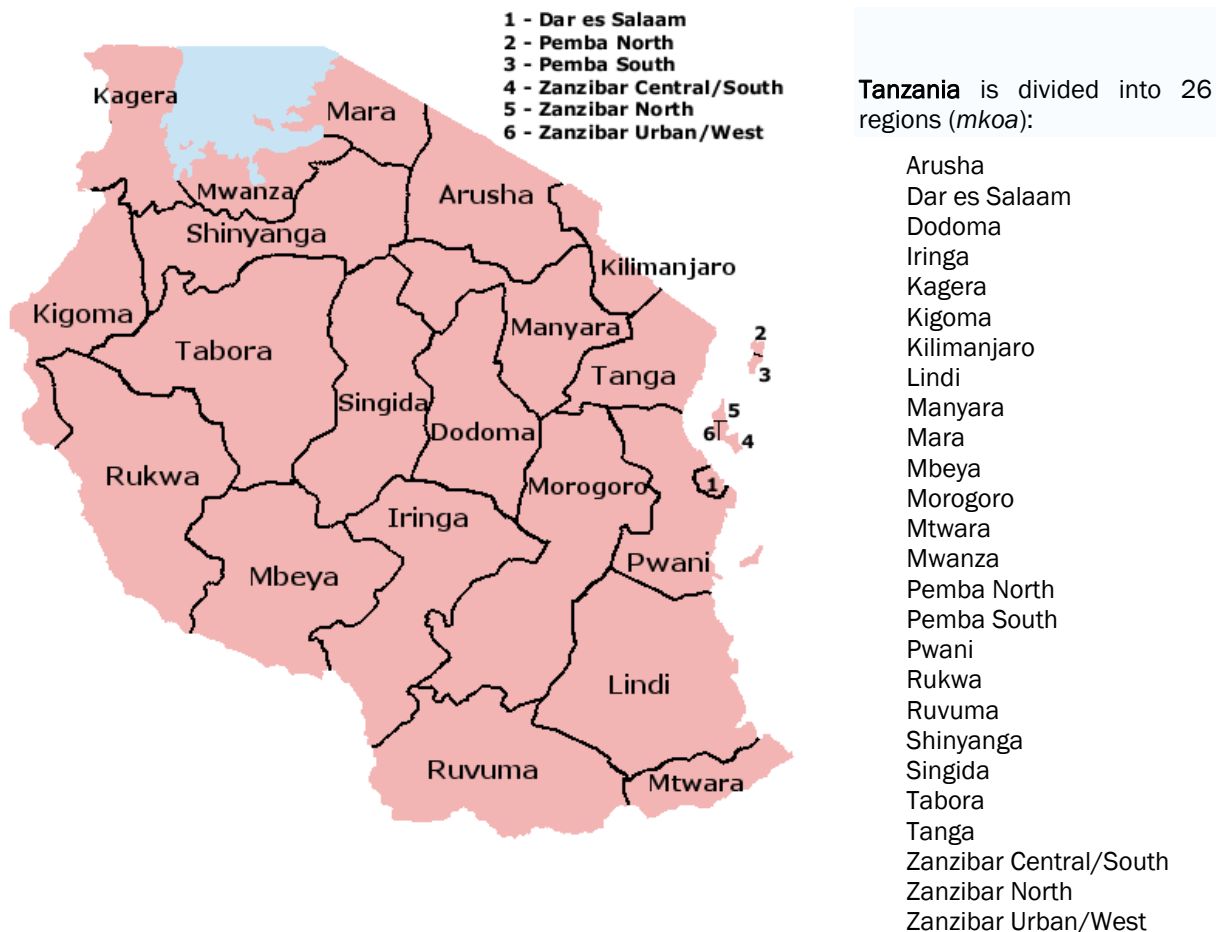
Table 1.1 Breakdown of respondents

Institution	Respondent	Number
Ministry of Education and Vocational Training headquarters	Head of EMIS Unit	1
	Coordinator, AIDS Education Coordinating Unit	1
	Assistant Director, Secondary Education	1
	Head of Guidance and Counselling Unit	1
	Assistant Director, Teacher Education Department	1
	Focal Person on AIDS Prevention Education in the Teachers' Service Department	1
	Assistant Director, Department of School Inspection	1
	Focal Person, Department of Management and Human Resources	1
Teachers Trade Union headquarters	In-service teacher education coordinator	1
District level	District school inspectors	4
School level	Heads of primary school	3
	Heads of secondary schools	2
	Focus group discussions with teachers	?

Selection of study districts and samples

Two regions were selected for the study, namely Dar Es Salaam and Pwani. Dar Es Salaam, which has the highest HIV prevalence in the country, was chosen as an urban area while Pwani was selected as a rural setting. These features provided a comparison base for teacher management issues. In each region, two districts were selected. In Dar Es Salaam the chosen districts were Temeke and Ilala, and in Pwani region, the districts were Kibaha and Kisarawe.

Figure 1.1: Administrative map of Tanzania



Source: http://en.wikipedia.org/wiki/Regions_of_Tanzania, retrieved on 30 November 2009.

Limitations

The study was carried out in the Ministry of Education and Vocational Education (MOEVT) headquarters in Tanzania and in two regions. However, it is important to bear in mind that HIV and AIDS issues are influenced by geographical, economical and cultural differences within the country. Thus, the situation in one district may not suffice to generalize the situation in other districts of the country.

There are also limitations of the study concerning the methodology. For example, the interaction of the researcher and the respondents inevitably influenced the responses of interviewees and the interpretation of the questions. However, the researcher was aware of this potential bias and constantly reflected on these influences.

2. Demographic and economic context

Geography and demography

The United Republic of Tanzania (URT) was formed in 1964 when Tanganyika (Tanzania Mainland) united with the offshore island state of Zanzibar. Mainland Tanzania became independent in 1961, while Zanzibar became independent in 1964. Tanzania is a vast country covering 945,090 square kilometres on the East African coast. Zanzibar alone covers 2,460 square kilometres (Berry, 1998, p. 1045). According to the population census conducted in 2002, Tanzania (Mainland) had an estimated population of 36,588,225 (in 2004), while the population of Zanzibar is 1 million. The country has a high annual population growth rate of 2.9 per cent (Mkapa, 2003).

The country is divided into 26 administrative regions (*mkoa*): 21 for the mainland and five for Zanzibar. These regions are sub-divided into 120 districts (*wilaya*), which are further sub-divided into wards that provide basic administrative units for local government.

Tanzania is composed of over 130 ethnic communities, which all speak their own vernacular languages as their mother tongue. However, Swahili is the official language spoken by the majority of Tanzanians (90 per cent). Swahili is also the language for instruction in primary schools. English is also an official language taught in schools. In Zanzibar Arabic is also taught in all government schools.

Economy

Tanzania is one of the least developed countries in the world, with Gross National Product (GNP) per capita of US\$496 in 2007. The economy of Zanzibar, like that of Tanzania's mainland, is dependent on the agriculture sector. The economic growth rate on the mainland was 7.2 per cent in 2007, while that of Zanzibar was estimated at 5.5 per cent (Planning Commission, 2007).

The Structural Adjustment Programmes introduced by international monetary organizations in the 1980s, in most part, have involved the removal of capital controls, privatization and deregulation of public sector and state-owned enterprises, including education. These policies forced the government to shift its policy from that of the 1960s and 1970s. Instead of placing a strong reliance on government control of the economy and public sector, the government advocated an increased role of the private sector and the liberalization of trade.

The 1990s were characterized by political changes from a single party system to a multi-party system, with general democratic participation and liberalization of key markets, which called for greater private sector participation. Indeed, there has been a general mushrooming of non-governmental organizations (NGOs) and community-based organizations (CBOs) in Tanzania. On the whole, the government has continued to prioritize both education and health.

Figure 2.1: Map of Tanzania



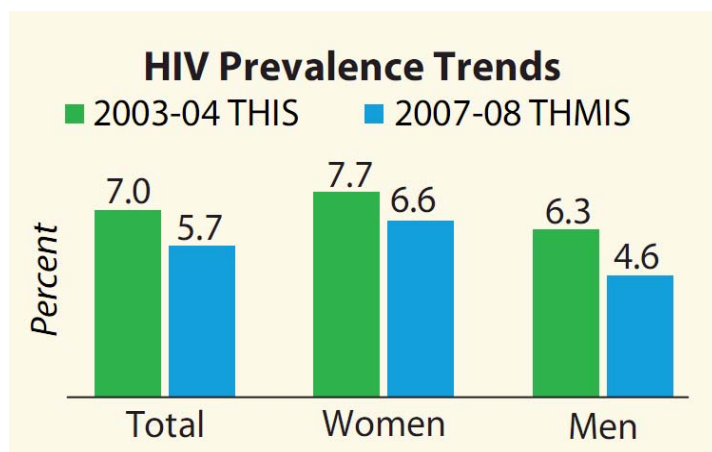
Source: http://www.lib.utexas.edu/maps/africa/tanzania_pol_2003.jpg.

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

Epidemiology

The first three AIDS cases in Tanzania were reported in 1983 in the North Western part of the country bordering with Uganda. Since then, HIV and AIDS have spread to all parts of the country. The estimated HIV prevalence among adults aged from 15–49 years old in Tanzania was 7 per cent in 2004, according to the population-based Tanzania HIV and AIDS indicator survey of 2003/2004, carried out by the Tanzania Commission for AIDS (TACAIDS) and the National Bureau of Statistics, (URT, 2007: 37). The second 2007/2008 population-based HIV survey showed overall decline in prevalence in the mainland with 5.7 per cent of adults aged 15–49 years infected (the prevalence rate among women is 7.7 per cent and among men it is 6.3 per cent).

Figure 3.1 Estimated adult HIV prevalence

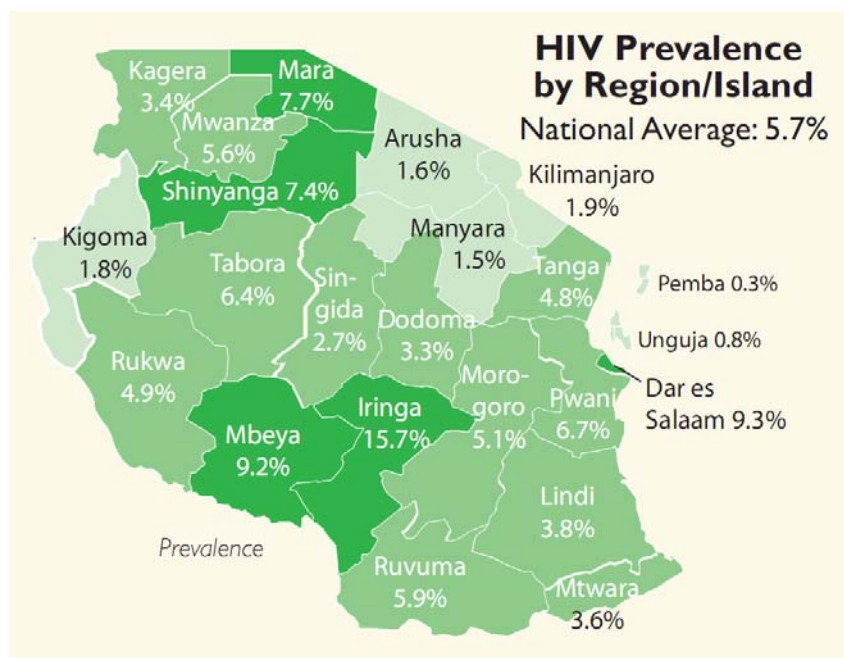


Source: MEASURE DHS (2008)

Distribution of HIV

The 2007/2008 survey indicates that HIV prevalence is almost double in urban areas at 8.7 per cent compared to rural areas, where the rate is 4.7 per cent. Furthermore, there are strong regional variations. The HIV rate in Iringa region in the southern highlands is 16 per cent, more than twice the national average. Some regions have lower rates, including Kigoma (1.8 per cent) in the Western part of the country and Zanzibar (0.6 per cent), Kilimanjaro (1.9 per cent) and Arusha (1.6 per cent) in the northern part of the country. The rates for the two districts selected for this study are of 9 per cent in Dar Es Salaam and 5.7 per cent in Pwani.

Figure 3.2 Estimated adult HIV prevalence by region



Source: MEASURE DHS, 2008.

HIV and AIDS incidence is highest among young people in particular, contributing to the loss of trained human resources in the country, including teachers. HIV and AIDS has also increased the extent of poverty in Tanzanian communities. Many families have been rendered poorer through loss of bread winners. The epidemic has resulted in increased numbers of orphans, both in the rural and urban areas.

In Tanzania, it has been found that wealthy people are more likely to be HIV-positive than poorer people. It is reported that infection rates are almost three times higher among adults in the wealthiest quintile than adults in the poorest quintile. In all cases, women become infected earlier than men. Household poverty and harsh living conditions force women to engage in transactional sex with wealthy men, who, for a variety of reasons, may insist on unprotected sex.

There is no reliable figure on the number teachers and administrative staff in the education sector who have been affected by HIV (Binde, 2006). However, there is evidence that HIV and AIDS is aggravating teacher absenteeism and also adversely affects the performance of school administrators and inspectors. A study conducted in the year 2005 revealed that 21,000 (7 per cent) of civil servants, including teachers, were infected with HIV and AIDS. The related deaths caused a shortage of civil servants in Tanzania (President's Office, 2007, p. 6).

Government response to HIV and AIDS

National policies and strategies

Tanzania has been tackling the AIDS epidemic for over 20 years and it has made remarkable achievements during this time. In 1999, the HIV and AIDS pandemic was declared a national disaster by HE President (now retired) William Benjamin Mkapa. Tanzania established a National AIDS Control Programme (NACP) in 1988, with responsibility for formulating an HIV and AIDS policy in collaboration with other stakeholders. The policy was eventually approved in 2001. Other achievements include: the development of a National HIV/AIDS Policy in 2001; development of the Tanzania Commission for AIDS in 2002 under Parliament Act No. 22 of 2002; and the development of a National Multisectoral Strategic Framework in 2003 that puts into operation the National HIV/AIDS Policy by providing strategic guidance for developing and implementing HIV and AIDS interventions by various partners between 2003 and 2007.

Prevention has been the main focus of HIV and AIDS programmes in Tanzania. The country has recorded successes in key HIV and AIDS interventions, including decentralized Information, Education

and Communication (IEC) activities/interventions at district and community levels, increased coverage of sexually transmitted infection (STI) services, as well as counselling and testing services. Reports also show increased availability of condoms and demystified condom use, resulting in 30–40 per cent condom use among the sexually active age group. The response has expanded and scaled up through the multisectoral collaboration of multiple partners at all levels, especially following the establishment of the Tanzania Commission for AIDS (TACAIDS) in 2000, which led to clear coordination roles of both non-health and health sector response issues.

The HIV and AIDS Prevention and Control Act 2007 addresses issues of public education and programmes on HIV and AIDS, including: counselling and testing; health support services; stigma and discrimination; the rights and obligations of people living with HIV and AIDS; research committees; and monitoring and evaluation of the programmes.

This act recognizes the gaps in the HIV and AIDS policy of 2001 and the TACAIDS act by requiring actors in the area of HIV and AIDS to consult with TACAIDS. However, it defeats the spirit of the policy by stating that the Ministry of Health has the responsibility of formulating education programmes relating to stigma and discrimination against people living with HIV and AIDS, as well as taking care of patients and prevention of STIs. The act further states that the ministry should develop and conduct programmes to train health practitioners.

The act makes it mandatory for employers to establish workplace programmes relating to HIV and AIDS, but it does not impose fines in case of the failure to do so. The act also makes it mandatory for community based organizations (CBOs), private organizations and faith based organizations (FBOs) dealing with HIV and AIDS to provide community based HIV and AIDS prevention and care services, rather than imposing this duty on the government. In order to enforce workplace programmes in the Ministry of Education and Vocational Training (MOEVT), the ministry issued guidelines for implementing HIV and AIDS in schools and education sector workplaces in 2004 (JMT, 2004).

The country's major long-term development plans and policies have incorporated and addressed the challenges of the HIV and AIDS epidemic. Tanzania has both short- and long-term development plans, which include the Development Vision 2025 and the National Strategy for Growth and Reduction of Poverty (NSGRP) for Tanzania from 2005 to 2010, which is also related to the Tanzania Property and Business Formulation Program (TPBP) from 2007 that sets out very detailed goals and strategies. Within these development plans there are clear operational targets aimed at speeding up the national response on HIV and AIDS. Targets are set out in the key sectors and these are backed up by implementation plans in each ministry.

National policy on HIV and AIDS

A National Policy on HIV/AIDS was issued in 2001, with the objective of addressing areas of prevention, care for people living with HIV (PLHIV), voluntary counselling and testing (VCT), financing issues and research. It paves the way for support services including the provision of a legal and social framework for the promotion of care and support to people affected by HIV and AIDS, particularly widows and orphans. The policy recognizes that women and girls need extra consideration to protect them from increased vulnerability to HIV infection in the complex social, cultural and economic environments. The policy provides room for the local government to facilitate and sustain support services to PLHIV, widows and orphans. It states that policies in all sectors should address the rights of surviving dependants and ensure support and protection from HIV and AIDS for orphans and vulnerable children, including street children and those with disabilities.

The National Policy on HIV/AIDS of 2001 provides a framework for leadership and coordination of the national multisector response to the HIV and AIDS epidemic. This policy provides the general framework for collective and individual responses to HIV and AIDS. It clearly outlines the pertinent issues in this struggle. These include, among others: formulation, by all sectors, of appropriate interventions that will be effective in preventing transmission of HIV and AIDS and other STIs; protecting and supporting vulnerable groups; and mitigating the social and economic impact of HIV and AIDS. It also provides the framework for strengthening the capacity of institutions, communities and individuals in all sectors to halt the spread of the epidemic. The policy addresses ethics and principles in HIV counselling and testing, the rights of PLHIV, and the mandate and functions of TACAIDS in the national response to the epidemic.

TACAIDS plays a leading role in the provision of multisectoral support in the design, implementation and evaluation of programmes to prevent and control HIV and AIDS and in mitigating its impact. Within the framework of the National AIDS Strategic Plan, every sector is responsible for budgeting, raising funds and mobilizing materials and human resources for its own HIV and AIDS prevention and control activities. Likewise, every sector is responsible for identifying, prioritizing and implementing HIV and AIDS prevention and control activities in line with its mandate and comparative advantage. The ministry has developed its own plan to respond to the national demands within the education sector (URT, 2004).

However, there are several challenges around policy related to the general attitude towards HIV and AIDS, including issues of stigma and discrimination. For example, in some institutions, workplace policies and programmes are not in place and therefore access to care and treatment is believed to be a favour rather than a right for employees. Likewise, experience shows that in some places PLHIV are ridiculed and mistreated by other members of staff. This limits the number of people who could potentially declare their status.

National action plans that elaborate on priorities as well as implementation approaches have been developed to guide actors addressing challenges facing vulnerable groups.

The Ministry of Education response to the crisis

The first education sector response to HIV and AIDS was through Education Circular number 3 of 1993. The circular initiated and established HIV and AIDS education interventions in the education sector, focusing on primary and secondary schools, as well as non-university teacher training colleges. The circular was reviewed and in 2000 Education Circular number 3 was developed by the HIV and AIDS Unit and issued by the Commissioner of Education. The circular was distributed to the heads of schools and teachers colleges and also to the school inspectors, District Education Officers (DEOs) and Regional Education Officers (REOs). The circular expanded the target groups to include teachers and other employees in addition to pupils and college students.

The Director of Secondary Education pointed out that the dissemination of the circular was encouraging as it was distributed to zonal, regional and district education officials, including teacher training college principals, heads of secondary schools and external partners. However, another interviewee shared his experience on the challenges concerning policy implementation: *“they are not adequately distributed and it could be that the number of copies produced are very few indeed and cannot reach the majority of schools and colleges”*. One head teacher suggested that it was better for the head of each school to receive copies of the circulars and policies. Existing policy involves the DEO reading out messages in seminars or writing letters telling head teachers what to do. The head teacher complained that information on HIV and AIDS was not reaching schools. The district level is supposed to make sure that the directives and circulars from the central level are implemented effectively. However, lack of finances hinder proper implementation of HIV and AIDS programmes.

In 2000, the Ministry of Education introduced the HIV/AIDS/STDs Education Programme for schools to address the challenges facing young people. The MoE has also created guidelines for providing HIV prevention education and counselling amongst young people in schools and teacher training colleges in order to reduce the spread of HIV and AIDS and STIs (JMT, 2000). The year 2000 guidelines were reviewed and re-issued in 2004 (URT, 2004). The guidelines elaborate on the roles and responsibilities of different actors in the education sector as regards prevention of HIV and AIDS and STIs. It includes the role of teachers and tutors, students, school inspectors and non-governmental organizations (NGOs). Section 3.7 of the year 2000 guidelines emphasize that infected people should be represented in HIV and AIDS committees that are supposed to be formed in each school and teacher training college. However, in reality this is not taking place because many teachers do not declare their status.

The National Multisectoral Strategic Framework on HIV/AIDS translates the National Policy on HIV/AIDS by providing strategic guidance to the planning of programmes, projects and interventions by various stakeholders. It spells out the basic approaches and principles that guide the national response and identifies goals, objectives and strategies for the period 2003–2007 (URT, 2004).

In response to the National Multisectoral Strategic Framework for HIV/AIDS, the MoE developed the Education Sector Strategic Plan (SP) for HIV/AIDS, 2003–2007. The SP outlines MoE plans to address the challenges presented by HIV and AIDS, setting the following target indicators:

- By 2007, information, planning feedback and decision-making meetings for the identified committees are held as scheduled.
- By 2004, all members of different HIV and AIDS committees in the Ministry are trained.
- By 2004, all actors providing HIV and AIDS interventions in the Ministry are identified.
- By 2007, all fora and seminars for exchanging information and experience sharing are held annually.
- By 2007, all focal persons have participated in organized study visits.
- By 2004, a monitoring and evaluation system consistent with EMIS is established.
- By 2005, monitoring and evaluation tools are developed and disseminated.
- By 2007, monitoring and evaluation are conducted annually.
- By 2007, annual reviews of HIV and AIDS programmes are conducted.
- By 2007, a mechanism for dissemination of monitoring and evaluation reports is in place and being used.
- By 2004, an effective mechanism for resource mobilization is in place.
- By 2004, a mechanism to deal with research are established (URT, 2004, p 69).

These targets are focused on the structures for implementation of HIV and AIDS programmes in the education sector. The tools for teachers include some requests for information from teachers who have died of a long illness, with a view to capturing data about teachers who have died of HIV and AIDS. However, the data has not been processed to be included in the national data. Given that the number of infected and affected people in the country is increasing (Tanzania AIDS Society, 2005, p. 3), the number of teachers and students infected and affected by AIDS is also on the increase. Thus, the targets should also have included the care and support for different groups in the education sector.

4. Overview of the education system

Structure of the education system

The education system on the mainland of Tanzania includes two years of pre-primary education, seven years of primary education, four years of lower secondary, two years of upper secondary and a minimum of three years of university education. According to the Education and Training Policy of 1995, primary education is mandatory. It is compulsory and universal, and children generally start primary education at the age of seven.

At the end of primary education, pupils sit for the Standard VII Primary School Leaving Examination. The examination is used for selection to go on to public secondary schools using a district quota system. However, depending on the number of places available, those who can afford the fees can also enrol in private secondary schools. At the fourth year of lower secondary education, students take the Form IV National Examination, and depending on the places available, those who pass well in the examination enrol for Form V. The others join tertiary institutions where they can study teacher education, nursing or full technician certificate courses. Finally, after two years of A-level secondary education, the students sit for Form VI National Examinations. Those who pass well can enrol at institutions of higher learning, such as universities or professional institutions.

Administration and management of education

Education in Tanzania is managed at various levels – from central, district, ward, village and down to school level. Each level has some designated functional roles. The following section examines the institutions and actors that are responsible for managing education in Tanzania at various levels.

Central level

In Tanzania, the management and administration of the education sector at the central level is a shared responsibility between two ministries. The Ministry of Regional Administration and Local Government manages primary and secondary education, adult literacy and non-formal education, while the Ministry of Education and Vocational Training (MOEVT) has responsibility for policy formulation, coordination and evaluation. The MOEVT also manages higher education, teacher education, vocational education, post-secondary education and provides inspectorate services.

The Permanent Secretary (PS) and the Chief Education Officer (CEO) are key actors in the management of education. The Permanent Secretary is responsible for all the employees and finances of the MOEVT. The CEO provides the technical arm and is responsible for the implementation of educational policies. The PS's powers are clearly stated in the Education Act No.25 of 1978. Supporting the CEO are the Directors of Policy and Planning, Manpower Development and Administration, Primary, Secondary, Teacher Education, Higher Education, Vocational Education and the inspectorate. All these staff direct the execution of the day-to-day activities of the MOEVT. Some powers to run primary and adult education have been devolved to the regions, districts and wards under the decentralized system. The directorate of primary education acts mainly as coordinator of educational provision by the local authorities. Their contact at the regional level is the Regional Education Officer (REO) who is administratively answerable to the Regional Administrative Secretary (RAS) and professionally to the Ministry of Education and Culture.

At the district level, the District Education Officer (DEO) is administratively responsible to the District Administrative Secretary (DAS) or Town Director and professionally responsible to the REO. Officers responsible for academic matters, logistics, statistics and adult education assist both the REO and the DEO. The inspectorate is answerable to the CEO. This arrangement makes it difficult for the REO and DEO to supervise and ensure sustainability of acceptable performance standards in schools.

Within the context of the education sector reform, some sector management arrangements have been put in place to usher in and nurture a sector approach to education. Some of these are: the Education

Sector Coordinating Committee (ESC); the Basic Education Development Committee (BEDC); and the Education Sector Working Groups (ESWG).

There are autonomous institutions that support the education functions of the relevant ministries. These are: the Tanzania Institute of Education (TIE), which specializes in curricula development; the Institute of Adult Education (IAE), which is concerned with literacy and lifelong learning; the Tanzania Library Services (TLS); and the National Examinations Council of Tanzania (NECTA). These institutions are autonomous in matters of their specialization. However, what they do must be endorsed by the relevant ministry. For example, when TIE develops a curriculum, before it is printed it must be endorsed by the CEO. Likewise, examination results by NECTA must be endorsed by the MOEVT before they are made public. This shows that most of the decisions concerning education are still being made from the central level.

District level

Management of basic education and community secondary schools is decentralized (URT, 1999). The management of secondary, tertiary and higher education is centralized. The power and authority to make decisions in the decentralized system is vested in the District Council as well as School Boards and Committees. District Councils are responsible for effective management of funds and the appointment of DEOs subject to broad endorsement by central authorities. It is also responsible for discussing and endorsing District Education Plans. The District Administrative Secretary (DAS) oversees budgets in the district.

Ward level

The ward is the smallest administrative unit in Tanzania. A ward is made up of five to ten villages. Generally each village has at least one school. Each ward has one Ward Executive Secretary and one Ward Education Coordinator. The ward has been recognized as a potential structure to manage the implementation of education at the grassroots level. However, institutional arrangements at this level are still weak.

School level

The school is the structure where all the educational inputs: children, teachers and materials, converge. It is also where the inputs are mixed for the effective teaching and learning of children. The head teacher is responsible for the overall management of schools with the assistance of teachers, parents, children and the school committee. These are the critical actors at this level.

Power and decision-making

Power and decision-making in the MOEVT remain heavily concentrated at the higher echelons of the organizational structure (URT, 1998). While the government has agreed with the principles of decentralization of responsibilities, powers and resources in theory, top-down patterns of control and communication of decisions still persist with limited delegation of power and authority.

This situation exists because there are no formal definitions of roles and responsibilities for most education managers. The roles of the Directors, REOs, Ward Education Coordinators (WECs), head teachers and school committees are not defined in the Education Act No. 25 of 1978. Decentralized systems do not have full autonomy in the management of financial and human resources. Such powers are either reserved at the central directorates or are wielded by the RAS or DAS.

Primary school management

The national Education Act No. 25 of 1978 and its amendments of 1995 sub-section (60) state that every school must have: a governing board of four people appointed by the Minister; five people nominated by the school owner; the Regional Education Officer; the head of the school; one staff representative; and, where applicable, an NGO Education Secretary. The functions and responsibilities of the board include: discipline of pupils; advising the owner of the school on matters relating to the management and administration of the school; advising both the CEO and the head teachers and establishing programmes for improving the quality of education and the welfare of the school. These functions are specific to the primary school but also apply to secondary schools. In practice, some of

the school boards are weak, due to various factors, such as poor education of some of the board members and inadequate funds.

Head teachers are expected to run their schools according to guidelines published by the Ministry of Education and Culture. The guidelines define the roles of the head of schools and the others under him/her. Head teachers are important actors in the whole primary education system although they have responsibility for one school only. The head teacher in Tanzania reports directly to the DEO and has numerous tasks and roles: chairing school meetings; preparing school development plans; community sensitization and mobilization; monitoring school developments; information management; financial/resource mobilization and utilization; guidance and counselling; teaching-learning monitoring; professional development of teachers and their clinical supervision; and book keeping and accounting tasks.

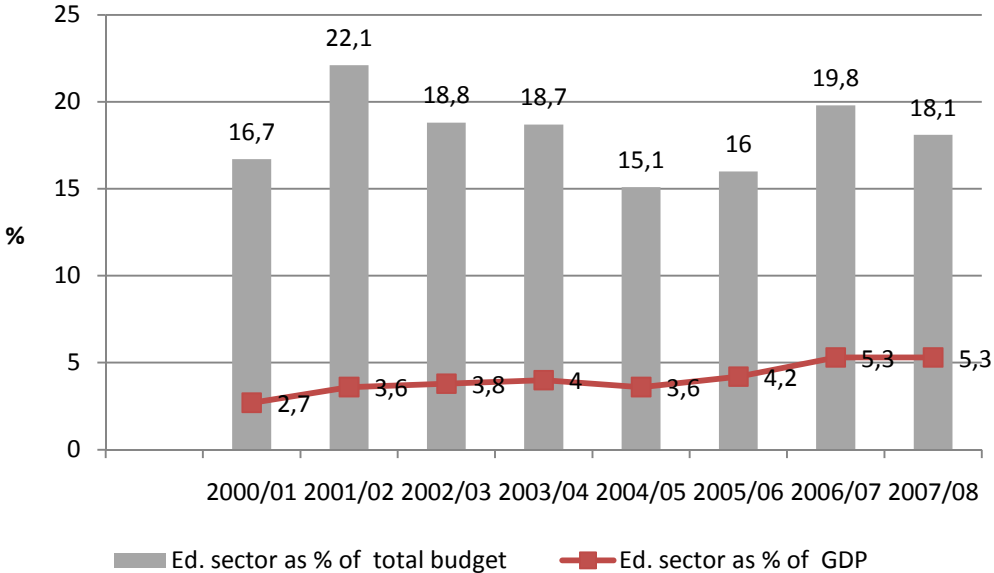
In spite of these tasks and roles, the head teacher’s functions and authority are limited in terms of either imposing sanctions or giving reward to teachers, especially where finances are involved, because he or she must first get permission from the school committee. The head teacher has authority to decide over certain issues such as conduct and behaviour of students and teachers.

Trends in education sector development

Financing education

Financing education and training is shared between the government, communities and parents. Figure 4.1 show that the education sector as a percentage of the total government budget has generally fluctuated between 16.7 per cent and 22.1 per cent over the past eight years. It stood at 16.7 per cent in 2000/2001. After implementing the Primary Education Development Plan (PEDP) in 2001/2002, the percentage rose to 22.1 per cent. In 2007/2008, the percentage stood at 18.1 per cent. GDP share of the education budget also increased over the same period from 2.7 per cent to 5.3 per cent.

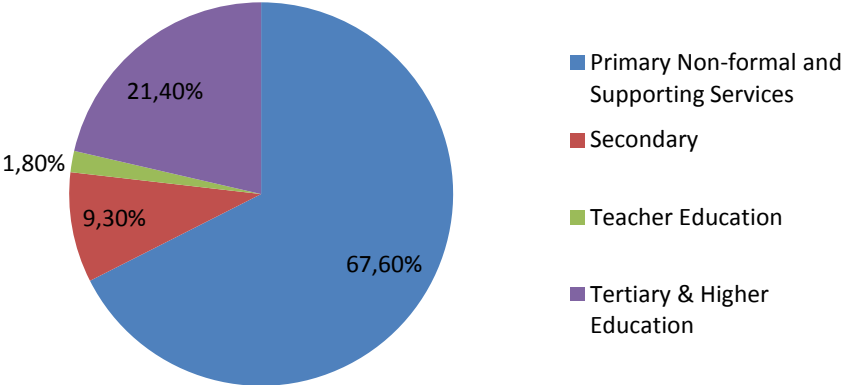
Figure 4.1: Trends in financing education



Source: URT (2008, p. 94).

Figure 4.2 shows that primary education, non-formal and supporting services have the largest share of the budget allocation (67.6 per cent), followed by tertiary and higher education (21.4 per cent) in 2008/2009. The allocation for secondary education is 9.3 per cent. Teacher education is allocated just 1.8 per cent.

Figure 4.2 Total budgetary allocation to education sector by education levels (%), 2008/2009



Source: Public Expenditure Review (PER) 2008/2009 in URT (2008, p. 96).

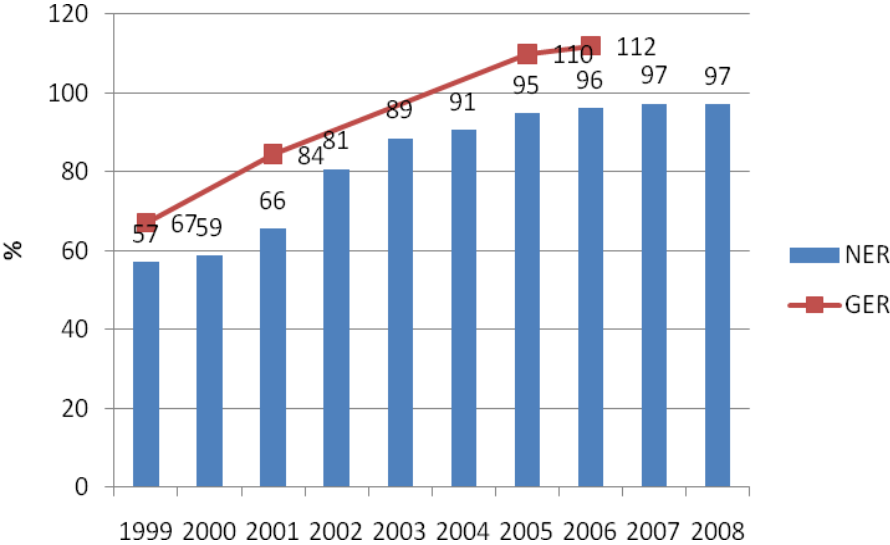
Access

Primary education

At the beginning of PEDP implementation, Tanzania’s education system was characterized by very low enrolment rates: in 1999 the primary education gross enrolment rate (GER) was 67 per cent and net enrolment rate (NER) was 57.1 per cent.

Before PEDP the demand for teachers was very low, as indicated by a pupil to teacher ratio (PTR) below the required norm of 1:45. For example, in the year 2000 the PTR at primary level was 1:41 with NER of 58.8 per cent. Although the number of teachers increased from 105,921 in 2001 at the beginning of PEDP implementation to 132,409 in 2005, the NER and GER have also increased. NER has increased from 66 per cent in 2001 to 94.8 per cent in 2005, while GER increased from 84.4 per cent to 109.9 per cent in the same period. The end result was a PTR of 1:56 by 2005 (URT, 2005: p. 24-25). This shows that the number of teachers did not coincide with the increase of pupils in schools during PEDP, which targeted a PTR of 1:45 by 2006.

Figure 4.3 Primary Gross Enrolment Ratio (GER) and Net Enrolment Ratio (NER), 1999–2006



Source: URT (2008) and UNESCO Institute for Statistics (UIS).

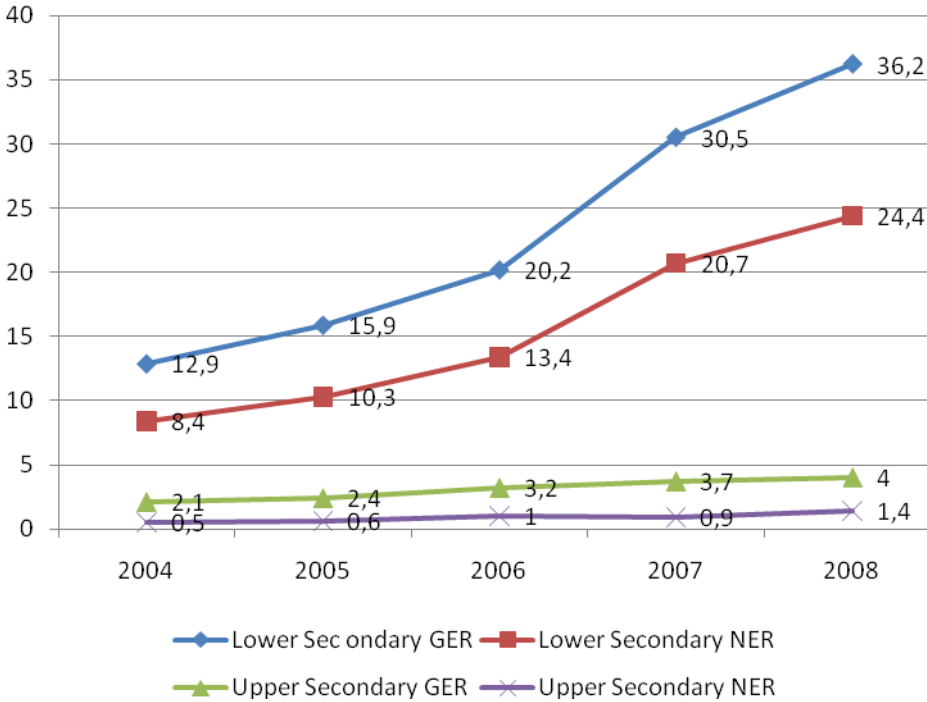
A Gender Parity Index of 0.99 for year 2008 indicates that girls and boys are equally enrolled in primary schools.

Secondary

The average PTR in secondary schools when the Secondary Education Development Plan (SEDP) implementation started in 2004 was 1:23. In 2008, one year before the end the implementation, the ratio was 1:37 (URT, 2008, p. 59). This scenario shows that government efforts to expand secondary education are still constrained by an inadequate number of teachers (URT, 2008, p. 73).

NER in all grades has increased every year since 2004, implying that over the five years of SEDP implementation (2004–2008), the rate of enrolling students at the official age is improving.

Figure 4.4 Secondary education GER and NER, 2004–2008



Source: URT, 2008, p. 73.

Number of schools

The total number of primary schools in the country by 2008 was 15,673 and the number of secondary schools in the country by 2008 was 3,798. The number of pupils in secondary schools has increased from 432,599 in 2004 to 1,222,403 in 2008 (an increase of 253.9 per cent) (URT, 2008, p. 54). During the same period the number of secondary schools has increased from 1,291 to 3,798 (URT, 2008, p. 59). However, the NER for O-level was 24.4 in 2008 and for A-level was 1.4. The low NER shows that the access to secondary education is still a major challenge to the government.

Table 4.1 Number of private and public schools

Level	Government			Non-government						Grand Total
	Govt.	Community	Total	Private	Seminary		Inter-national	Spe-cial	Total	
					Christian	Muslim				
Sec	91	2,948	3,039	648	57	44	9	1	759	3,798
Pr.	15,257		15,257	416	89	35	2	NA	416	15,673

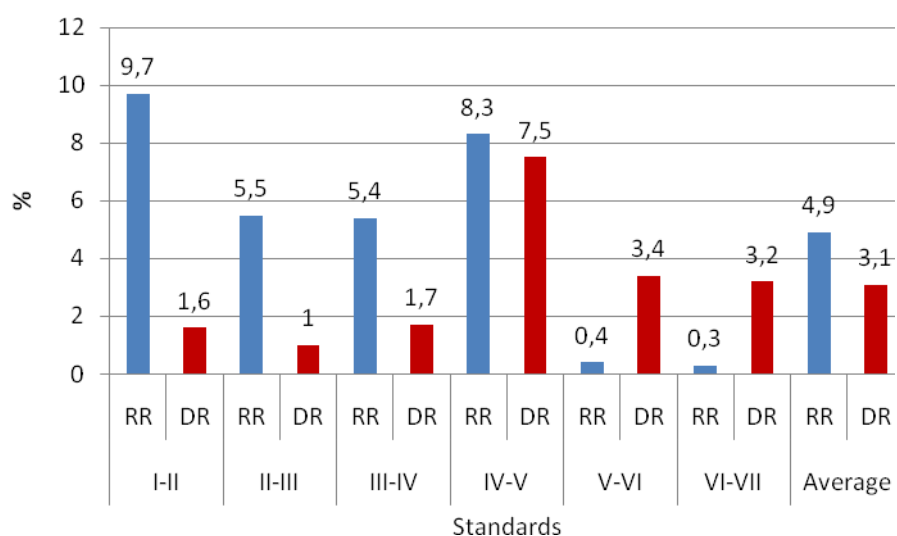
Source: URT (2008, pp. 18, 42, 77).

Efficiency

Drop-out and repetition rates were at their highest in Standard IV to V. One of the reasons might be the result of the Standard IV examination. While the examination is meant for follow-up of the performance in primary education, those who do not perform well are supposed to repeat the class. Consequently some children drop out of the system altogether. However, the Education Act of 1978 provides for compulsory enrolment and attendance of pupils in primary schools (as per section 35) under which every child aged between seven years and 13 years of age must be enrolled in primary school.

Under the Primary School (Compulsory Enrolment and Attendance Rules 1979 (GN 129 of 1979), parents may be guilty of an offence if they fail to take reasonable steps to ensure that a child is enrolled and regularly attends primary school until the completion of primary education. This also applies to any other person who interferes with a child's attendance.

Figure 4.5 Primary drop-out (DR) and repetition rates (RR), 2007/2008



Source: URT (2008, p. 20).

Quality

Number of teachers

Table 4.3 shows that teaching staff in government primary schools has nearly reached gender parity (almost 50 per cent of teachers are male and 50 per cent are female). However, in secondary schools and in private schools, there is a gender imbalance. The percentage of female staff in public secondary schools is 32.8. While in private primary schools, the percentage of female staff is 39.5

and in private secondary schools the percentage of female staff is 19.5. The gender imbalance may be attributed to the quota system policy that attempts to balance male and female pupils in secondary schools. The system allows girls to enter secondary education with lower passes, but limits girls from entering higher education, including higher teacher education. The reason is that there is no quota system in higher education.

Table 4.2 Number of qualified teachers, % of women teachers

Status	Public schools				Private schools			
	Primary	% F	Secondary	% F	Primary	% F	Secondary	% M
Permanent	149,433	49.8	24,971	32.8	5,462	39.5	7,864	19.5
Temporary (Licence)			10,047*					
Total			35,018					

Source: URT (2008, p. 90).

* The total number of teachers trained through short course of four weeks since 2004. These teachers are being trained through distance mode by the Open University of Tanzania.

5. Overview of teacher management

Teacher qualifications

The Education and Training Policy (URT, 1995, p. 38) stipulates that the minimum qualification for a primary school teacher is a valid Grade 'A' Teacher Education Certificate. Furthermore, the policy states that the minimum qualification for a secondary school teacher in both government and non-government schools shall be a valid diploma in education obtained from a recognized institution (URT, 2005, p. 41). Thus, teachers in Tanzania are recruited by their employers according to the qualifications required. In the case of government schools, teacher graduates from different colleges are placed in regions and districts. Each district places the teachers according to demands in each school. On the other hand, the non-government schools advertise for teachers according to their needs.

Categories of teachers

The present profile of teachers in the country includes training through: a two-year certificate; a two-year diploma in education; a Post Graduate Diploma in Education (PGDE) that lasts for about one year; a Bachelor of Education (B.Ed.) lasting three to four years; and a three-year B.A. or B.Sc. with education. However, the majority of entrants to the teaching profession are trained through the certificate and diploma teacher education programme (Massenga, 2008, p. 14).

Appointment of teachers

In 2004, the Teachers' Service Department (TSD) was formed under the Public Service Management and deals with teachers' welfare. Once teachers are employed, they are registered by the TSD and receive promotions from the TSD, although the recommendations are made by the employer, which is the MoE. The TSD has powers to punish a teacher and in case of unpaid leave or attachment to another post, permission needs to be granted by TSD.

Recruitment, appointments and deployment of teachers is currently centralized. However, processes were under way to decentralize these responsibilities to the district level. The EMIS coordinator concluded that *"management of all teachers for both primary and secondary education will be done in the districts"*. For this reason the participant said that the MoE had already appointed DEOs for secondary education.

Teacher benefits

Teachers' salaries range from approximately US\$200 to US\$1,000. The interviews revealed that the salaries and benefits given to teachers were not attractive. In this regard, as the EMIS coordinator put it, *"teachers leave their profession to look for greener pastures"*.

Interviewees cited a number of problems related to teacher management. For instance the Director of Secondary Education mentioned lack of accommodation in large cities and in rural schools; poor transportation; long distances from teachers' residences to schools, as well as health service problems. The School Inspector mentioned delays in promotions, delays in salary adjustments after promotions and teacher absenteeism.

With regards to addressing teachers' grievances, one of the participants suggested that teachers have staff quarters close to schools. However, he pointed out that more challenging issues such as meagre salaries, difficult living environments and the like should be handled by the government in order to motivate teachers and retain them in their profession.

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

Teacher supply and demand

The findings from the interviews and document review indicated that significant projections of teacher supply and demand were made during the development of the Primary Education Development Plan (PEDP) in the year 2000 and the Secondary Development Plan (SEDP) in the year 2004.

However, the interviews revealed that the projection in the two plans did not take into account the impact of AIDS on the education sector. Because data on HIV and AIDS among teachers were not collected for reasons of confidentiality, the education sector was not able to make any serious plans to mitigate the impact of HIV and AIDS.

There is a shortage of teachers in Tanzania, which was confirmed by the EMIS Coordinator. She said the shortage of teachers in secondary schools stood at about 41 per cent for government schools and 24 per cent for private schools. The interviews revealed that, in primary schools, the overall shortage of teachers was around 54 per cent. The new projections for primary school teachers required by 2009 is 52,763.

The failure to meet the demand for teachers can be attributed to a number of reasons. It seems the data used to project the demand for teachers were not reliable. Also it appears that the attrition of teachers increased over the past decade due to deaths caused by HIV and AIDS, as well as teachers dropping out because of poor working environments or the overall unattractiveness of the teaching profession.

Teacher attrition

The document review conducted for this study revealed that the estimated attrition rate for teachers in Tanzania is 3 per cent (URT, 2006, p. 51). It is a challenge for the government to supply enough teachers to satisfy demand.

The interviews revealed that there were national attrition records for teachers. In fact, the Ministry of Education started to include database information on attrition due to AIDS-related causes in 2008. The teacher management database now includes information about the teacher attrition rate by reason, including a section asking about teachers who have died of a long illness. One participant (the Director of School Inspection) said that the database also intends to provide attrition rates due to HIV and AIDS. He also said that the MoE is in the process of estimating the attrition rate caused by the impact of HIV and AIDS in the education sector.

The Director of Secondary Education explained that teacher attrition is also a factor in secondary schools. He said, for instance, attrition is caused by teachers seeking further studies such as master's degrees. He explained that some teachers opt to study law, administration and Information Communication Technology (ICT), which opens them up to other professions. The participant also said that his department has gathered statistical information on attrition disaggregated by school region and gender but that this is not consolidated yet.

In reference to teacher training colleges, a participant confirmed that HIV and AIDS contribute to rates of attrition, especially among pre-service teachers who are orphans and have no one to support them. She explained that trainee teachers from poverty stricken environments are unable to pay to complete their studies. She also said that attrition rates are higher in rural areas than in urban areas. In urban areas many people are more educated than in rural areas. Attrition in urban areas is reported immediately and measures are also taken more quickly in urban areas than in rural areas, she said.

One School Inspector elaborated that attrition is prominent in remote schools: *"...in schools that are not easily reachable teachers stay without salaries for more than three months up to six months..."*

This is just like death for the teachers". The participant related his own experiences, which reveal that attrition is caused by disappointments among teachers created by delayed salaries, lack of promotion and their grievances not being attended by responsible officials. The respondent also revealed that sexual harassment of female teachers by male leaders prompts female teachers to leave the profession. This situation is against the code of conduct for teachers and it is a serious problem, because it inhibits HIV and AIDS prevention efforts. In practice the code of conduct is not enforced and that is why affected teachers opt to leave the profession (see Chapter 7 below for more details).

Reports reveal that some areas of Tanzania are characterized by conditions that are not conducive to teaching (Massenga, 2008, p. 16). In regions like Singida, Tabora, Shinyanga, Lindi, Rukwa and Kigoma, schools are often far removed from social services. Basic needs such as water, transport, electricity and medical facilities are not readily available, a situation that makes teachers' lives very costly and difficult. In addition, housing is often poor or non-existent. As a result, teachers avoid working in these areas, and the few who take up their posts there face hardships that adversely affect their work performance.

This study's findings on teacher attrition show that there are a number of factors that have an adverse effect on teacher retention in Tanzania. Furthermore the findings reveal that there is inadequate data on teacher attrition due to HIV and AIDS, which has made it very difficult for the education sector to plan properly for the impact of HIV and AIDS.

Teacher absenteeism

All participants from the central level agreed that HIV and AIDS was one of the causes of absenteeism in schools. A number of explanations were given for absenteeism, including the following:

- The long illness and general weakness associated with HIV and AIDS mean that affected teachers fail to attend school regularly.
- Causes of absenteeism in school differ according to gender. Male absenteeism is caused by alcohol, travel to workshops, special duties such as marking national exams outside the school and family problems. According to the school inspector, among female teachers, causes of absence include attending hospital, compassionate leave, providing care and support to sick relatives, attending funerals and attending to family problems.
- Teachers travel from their duty stations to banks situated in towns, attend funerals, accompany children to hospitals (especially female teachers), care for the sick, as well as requesting transfers from remote schools.
- Absenteeism is caused by lack of commitment to the teaching profession. There are different forms of absenteeism such as: teachers teaching in 'tuition' classes while they know that they have their learners waiting for them; teachers arriving late to school and classes; teachers engaging in moonlighting activities during work hours.

The respondent from the Teachers' Trade Union (TTU) had this to say: *"Besides the usual challenges on meagre salaries, late promotions, lack of teachers houses and general poor welfare of teachers at workplaces, HIV and AIDS has increased absenteeism especially when the teachers fall sic [sic]"*.

According to the EMIS coordinator, from 2008 the Ministry of Education started to put in place database information on absenteeism linked to HIV and AIDS-related causes. One of the participants revealed that heads of both primary and secondary schools are supposed to keep records of absenteeism in schools and report them to higher authorities. However, in practice reporting was made only in the most serious cases, when the teachers' whereabouts were not known.

The participant from the Teachers' Trade Union (TTU) said that labour laws govern procedures for short- and long-term leave or absence. However, he stressed that no teacher is allowed to have their contract terminated due to HIV and AIDS infection. There are regulations in place that have to be followed before contract termination.

However, in terms of teacher management, this becomes a challenge. For instance, head teachers cannot continue to turn a blind eye when sick teachers make symbolic appearances at their workplace in order to keep their salaries without going against government regulations. The head can give the

teacher a verbal warning, and when the situation becomes more serious, the head teacher can give a warning letter and finally report the matter to the higher authorities.

However, one of the head teachers had this to say: *“Cases of absenteeism are rarely submitted to higher authorities for disciplinary action. The thing is, you cannot afford losing a teacher because of short term absenteeism... we resolve cases of absenteeism locally”.*

The District School Inspector (DSI) explained that short-term sickness requires permission from the head of school. Otherwise the normal procedure is to get a sick sheet and attend a government hospital in order to be officially excused from duty for a specified time. He stated that teachers attending a funeral are normally granted a half day or full day. If a close relative has died, leave of up to seven days is given. The participant observed that the number of teachers attending funerals has increased due to HIV and AIDS.

One of the participants at central level (the Director for School Inspection) commented that there are several problems arising from teachers who are infected and affected by HIV and AIDS. Firstly, they feel insecure and discriminated against. Secondly, they are unable to support their families and their performance is affected. However, teachers do not want to take long periods of sick leave because of fear of their contract being terminated.

The participant added that once teachers show signs of HIV and AIDS infection or prolonged illness, the head teacher will not select them to undertake activities that could strain them, or activities that would require absence from their home or duty station for long periods. Being excused from duty in this way is not official, yet it is a common practice in Tanzania.

The findings from the interviews for this study show that most cases of absenteeism are reviewed at district level for primary school teachers. In the case of secondary school teachers, cases are reviewed at the department of secondary education. Long-term absenteeism that may require termination of employment is referred to the department of human resource management where necessary actions are taken.

Teachers are replaced by the employer after receiving information about absences from schools. Replacement depends on the availability of teachers and also on funds available for salaries in the case of new teachers. In practice this process takes some time. The role of the head teacher in this case is to report the matter to the District Education Office (DEO) (see section on Teacher replacement below).

The opinion of one of the participants at central level (the Director of Secondary Education or DSE) is that absenteeism and long-term leave can be contained by flooding the market with teachers. However, this is wishful thinking because there is already a shortage of teachers in Tanzania. Clearly, this is not the right solution because flooding teachers into the sector without planning can be costly to the government. The response indicates that planning is not taken seriously as an important undertaking for proper use of resources.

Policy and management responses

Leave

Government employees are entitled to sick leave of up to six months, maternity leave of three months and annual leave of 28 days.

Medical checks

Government teachers are supposed to receive a pension. In this case, a medical check up is carried out when an employee is employed for the first time. However, the employer can ask for a medical check up of the employee.

Benefits for HIV infected and affected teachers

Benefits are within the guidelines provided by the Public Service Commission. For example, ARVs are free for those who have tested HIV positive and declared their status.

Death benefits

Benefits are provided in the government standing orders. For example, the dependants are paid final death benefits and the government covers burial cost.

Teacher replacement

One of the participants (DSI) revealed that, in most cases, covering teacher absenteeism is addressed locally at the school level under the management of the head of school. The interviews revealed that there was no special pool of teachers to relieve the duties of absent teachers. It was explained that departmental arrangements were made for some of the teachers to teach the class of absent teachers. Normally the heads of department record information about the absent teacher, and information about the need for a replacement teacher is relayed to the head of school. Otherwise the head of school arranges for teachers to teach the classes or directs the head of department to make the necessary adjustments.

The findings also revealed that no funds are given to teachers who replace the absent teacher. The participants agreed that teachers on long-term leave should be replaced because such teachers have no contact with their learners and therefore the teaching and learning process cannot take place. However, as pointed out earlier, the process to replace a teacher may take many months.

One of the participants summarized what happens when the workforce in a school is reduced in this way as follows; *"... in this case school routine is liable to change either to cancel some school activities or a teacher or two would have to carry the workload of the absent teacher"*.

Participants said that school leadership treats HIV-positive teachers like any other sick person who is absent for a while due to sickness or tiredness. The participant revealed that two teachers and a few students in their school were HIV positive. These people were also well known within the school community. The participant remarked as follows: *"The good thing is that they are not stigmatized or discriminated; this is one achievement of the impact of the AIDS Prevention Education Programme in School"*.

The respondent also said that HIV-positive teachers who were absent due to tiredness and sickness would still assign students work to do and once they felt better they would attend classes as usual.

The findings show that teacher absenteeism is a problem in Tanzania. Furthermore, HIV and AIDS have aggravated the problem. Yet there is no efficient system for replacing absent teachers. Absenteeism is treated lightly by the teachers themselves, as well as by those who manage teachers. However, it should be realized that teacher absenteeism adversely affects students' performance. Consequently, teacher absenteeism lowers the quality of education in the country in the long term. Thus, there is need for the MoE to monitor teacher absenteeism and have a replacement plan so that learners do not go without teachers.

Transfers

According to government regulations (Standing Orders), teachers can be transferred to any place in the country, according to need. Teachers may also ask for transfers. However, in order to be paid for the transfer, the teacher should have stayed in one station for not less than five years.

The findings from central level show that teachers ask for transfers for a number of reasons including: joining their spouse; staying near a hospital for medical care; staying near home so as to provide care and support for dependants; and moving away from areas known to have difficult living conditions.

Teacher turnover has increased due to transferring HIV-positive teachers to schools near regional hospitals after being referred to those hospitals. As a result, some subjects have more teachers than required.

One of the participants (School Inspector) revealed that teachers living with HIV and AIDS do not want to be transferred to their home villages. They would rather leave the profession than return home. He added that the reason is fear of stigma and discrimination. Also it was revealed that HIV and AIDS are still associated with 'bad' behaviour, so that people who are infected feel ashamed.

The guidance and counselling coordinator gave an example of an HIV-positive teacher who refused a transfer to their home village and decided he would rather leave teaching if he was forced to transfer. The respondent quoted words said by one infected teacher as follows: *“it is far better to be known positive in the school than being transferred to a school in the village where I will be known to be positive. That is a disaster... it is better to be home when already dead otherwise I would rather terminate my teaching service”*.

The respondent said that attrition also has gender aspects. He added that a female teacher would rather leave the profession than be transferred to a remote school where she might not find anybody to marry. A single family (mother) would respond similarly if asked to transfer to a school in the periphery.

It is also possible that an HIV-positive teacher might seek a transfer to another school where he/she is not known.

Teacher management tools

The findings show that the school census was done annually as planned (EMIS coordinator). Database information was entered at central level. The EMIS data on teachers are disaggregated by sex, qualification and subject. And also the teacher management tool includes sections on the attrition of teachers and reasons for leaving the profession. As we have already seen, there is also now a section on the number of teachers who have died after a long illness. According to the EMIS coordinator, there is new information relating to AIDS introduced for the first time in 2006 to capture data on the impacts related to AIDS in both primary and secondary schools. The new items pertaining to teachers include: numbers of teachers trained and teaching HIV and AIDS in the class; numbers of school counsellors trained and providing counselling services; attrition of teachers with reasons; deaths of teachers with reasons; absenteeism of teachers with reasons. Database information has items related to AIDS that are specific to learners, such as pupils who are orphans.

However, these findings are not consistent with the findings from the review of documents. The new items added as regards to HIV and AIDS do not feature in the Basic Education Statistics (URT, 2008), which covers data for the past four years. Clearly, the inclusion of HIV and AIDS aspects in the education sector came late compared to when the first cases of HIV and AIDS were reported in 1983. Indeed, the Education and Training Policy (URT, 1995) does not have any statement on HIV and AIDS.

The findings indicate that data on HIV and AIDS in the education sector was neglected for a long time. It is only recently that efforts are being made to collect data related to HIV and AIDS.

7. The policy framework on HIV

National policy on HIV and AIDS for the education sector

National policy on HIV and AIDS

The participants at central level agreed that there is a national policy on HIV and AIDS (2001) for all public servants, but this policy does not include a specific statement on teachers. The policy's implementation was constrained by the lack of a clear source of funding to meet the prescribed care and support, such as supplemented food close to supply centres for accessing ARVs. Moreover, participants revealed that there was lack of commitment among leadership and enforcement as regards implementation of the policy.

The Head of the HIV and AIDS Unit said that the policy serves to provide a guide at a country-wide and general level regarding the prevention of HIV and AIDS and STIs, as well as regarding access to treatment, care and support and mitigation of impacts. However, the national policy has not changed or affected the education and training policy of the sector: *"We hear of only words. It has become a song about its review but until now nothing is known about the new policy"*.

Education sector plans

Another participant (the Human Resources Director or HRD) said that she was aware of circular number 3 of 2000, which translates Tanzania's national policy to fit the mandate of the MoE. However, this also lacks a statement on teachers. Furthermore, she revealed that the MoE has policy guidelines to inform and direct implementation of the circular. This document specifies teachers as a target group for HIV and AIDS interventions.

The education sector guidelines for implementing HIV and AIDS education in schools and teacher training colleges provides roles for teachers in schools and tutors in teachers colleges as specific target groups in HIV and AIDS prevention education programmes. The guidelines have created widespread positive attitudes towards teachers living with HIV and AIDS and their human rights. Indeed one of the provisions in the HIV and AIDS policy states that a person living with HIV and AIDS is entitled to all basic rights. This provides the basis for provision of care and support for infected teachers.

The participant from the Teachers' Trade Union (TTU) made the following observation for the existing HIV and AIDS policies and interventions: *"There should be a long-term programme for teachers and database for infected teachers so as to know the kind of support required"*. He spoke of the need for a greater concern for teachers not only as 'instruments' but as professionals to be protected. Furthermore, emphasis should be put on the control of stigma and discrimination among teachers and establishing services for care and support. The respondent emphasised the lack of a policy specifically addressing teachers. TTU has a major role in protecting the right of teachers in the country.

The findings from interviews show that Tanzania's policy on HIV and AIDS in the education sector is not well disseminated or implemented. These findings concur with the findings from the document review. In conclusion, it is clear that the education sector does not have a coherent policy on HIV and AIDS.

Workplace policy

The workplace policy in Tanzania was adopted in 2007, when the Government issued a Guideline for HIV and AIDS Prevention in Public Workplaces (Ofisi ya Rais, 2007). The purpose of these guidelines is to improve implementation of HIV and AIDS activities in public workplaces, with a view to providing improved care and support for infected and affected civil servants. Ultimately, the guidelines are intended to reduce HIV and AIDS infections. The guidelines were developed by the Civil Service Department in the President's Office. Thus, the guidelines are intended to be implemented by all

government ministries, ministry departments, government agencies and other government stakeholders. However, the MoE does not have a specific workplace policy on HIV and AIDS.

The guidelines recognize that: *“HIV and AIDS is a big problem that has adversely affected human resource in terms of numbers and absenteeism in work places and therefore there is need for concerted[sic] efforts to fight against the pandemic in the workplaces”* (Ofisi ya Rais, 2007, p. 12).

The guidelines are supposed to be implemented together with the following policies, among others: the Public Service Recruitment Code of Good Practice (2006); Employment and Labour Relation Act (2004); HIV and AIDS Policy of 2001; and Standing Orders of 1994 (Ofisi ya Rais, 2007, p. 11).

Implementation challenges

The workplace policy includes the right of infected teachers to form associations and committees on HIV and AIDS. However, some participants were not happy with the policy’s implementation. To emphasize this point, one of the participants in the focus group discussions with teachers had this to say: *“It is like a song, we hear that there is an agenda to provide care and support for the employees, but I don’t see it being implemented”*. Another participant lamented that the workplace policy has not trickled down to the school level. When the policy reaches schools, the participant said, *“it is read in the staff room only once and shelved for the rest of the time”*. This being the case, implementing the policy becomes difficult.

This study shows that there is national workplace policy. However, its implementation in the education sector is facing a number of challenges, including lack of finances. In view of this, the study concludes that the workplace policy in the education sector is not being implemented adequately.

Code of conduct on HIV and AIDS in the workplace

A tripartite code of conduct on HIV and AIDS in the workplace in mainland Tanzania was issued in 2008 by the Ministry of Labour, Employment and Youth Development, Trade Unions Congress of Tanzania and Association of Tanzania Employers. (It should be noted that the Teachers’ Trade Union in Tanzania is the only union specifically for teachers and it is part of the Trade Unions Congress of Tanzania).

The code of conduct recognizes that HIV and AIDS is a workplace issue and should be treated like any other serious illnesses/conditions in the workplace. However, the code specifies that there should not be any compulsory workplace testing for HIV and persons with HIV and AIDS should have the legal right to confidentiality about their HIV status in any aspect of their employment (URT, 2008, p. 6). The code puts emphasis on confidentiality as follows:

“HIV/AIDS related information of workers should be kept strictly confidential and kept only on medical files, whereby access to the information complies with occupational health services recommendations, 1985(No.171) and national laws and practices. Access to such information should be strictly limited to medical personnel and such information may only be disclosed if legally required or with the consent of the person concerned.” (URT, 2008, p. 19)

Like any other government guidelines, each responsible party is supposed to issue directives for enforcing implementation.

Implementation challenges

One of the participants at national level described implementing the workplace intervention as follows: *“it is faced with challenges of inadequate preparedness of the service providers to meet needs of infected employees and non-inclusion of the financial support in the education sector budget”*. The service providers include faith-based organizations and community based organizations.

Teachers’ code of conduct

The teachers’ code of professional conduct (URT, 1990, p. 941) states that: *“Every teacher shall recognize that he has certain responsibilities to the child under his/her care; the community in which*

he lives; the profession; the employer and the state". The findings show that the code of conduct for teachers was shelved and the government provided a general code of conduct for all public servants. This situation indicates that teachers in the country are treated like any other public servant. However, the teacher's role is not the same as other public servants, due to their immense involvement in the lives of learners.

The code states that the chief responsibility of the teacher is towards the child under his/her care. At all times, the teacher has a duty to guide the child in his/her full, physical, mental development, both as an individual and as a member of the community and to set an example in his/her conduct at all times to the children under his/her care.

The code of ethics and conduct for public service (URT, 2005, p. 26) stipulates that: "Public servants shall discourage all forms of sexual relationships at the workplace and during working hours. ...they will avoid all types of conduct which may constitute sexual harassment...". The punishment includes demotion and termination of employment.

The participants also revealed that there was a code of conduct for teachers. One of the participants had this to say: "The code of conduct is given pre-maturely to pre-service teachers, as most do not understand it... there is poor orientation on it". The participant was of the opinion that the code could help in defending the rights of HIV-positive teachers. The current practice requires all teachers to abide by the code of ethics and conduct of public service.

Another participant was of the opinion that, if the code of conduct could be adhered to by teachers, it would be possible to minimize risk behaviours such as alcoholism and unprotected sex among teachers.

8. Teacher support and referral structures

Structures

Evidence from interviews shows that the HIV and AIDS Unit in the MoE started in 1988. However, the official establishment was made in 1993 through MoE circular number 3. The participant, who joined the unit 12 years after its inception, responded that the responsibilities of the unit included: preparing the HIV and AIDS education implementation programme; coordinating activities of the programme; and monitoring and evaluating the programme objectives. Furthermore, she said coordination was a full-time job. The participant felt that the unit has done very little in implementing its programmes because of inadequate funds provided for the education sector HIV and AIDS plans.

The findings from the interviews and focus group discussions revealed that, in practice, teachers are treated just like any other infected or affected person. In that case, infected teachers access treatment, ARVs and other healthcare services as determined by general public regulations of accessing the services. If a person declares that he/she is HIV positive, they have the right to free ARVs.

It was evident from the focus group discussions that the first port of call for teachers affected by HIV is their employer. Participants identified information on treatment and financial support as the first information needed by HIV-positive teachers. One of the participants spoke in a discouraged manner by saying: *“without financial support I don’t see the support structures”*. The workplaces need to have a budget to take care of infected and affected workers.

The findings revealed that there was no financial support provided to infected and affected teachers. However, it was pointed out that there were government financial regulations governing the sick teacher as an employee. Regulations stipulate that the employer may grant financial support depending on the needs. When a teacher dies, the MoE provides support for funeral expenses including the coffin, shroud and transport to the home village.

The MoE has also been providing in-service training of teachers on HIV and AIDS prevention in collaboration with development partners such as UNESCO and UNICEF.

One of the participants at the national level commented that national policies do not cater for the kind of environment where teachers work. The participant concluded that one weakness in the provision of care and support to teachers was lack of a specific guide for teachers on how to access, counselling, care and support services.

The participant said: *“People with weak health status are left to cater for their own in attending hospital and in purchasing of medication. Teachers have health insurance, but it does not support all illnesses”*.

The findings revealed that the kind of support teachers get from their employers includes counselling, reduced workload and transport to hospital or to their referral clinics. One of the head teachers complained, however, that his school had HIV-positive teachers and students who he has supported without any help from the MoE. He said: *“The school receives little from organizations outside the school and the local church... I have toiled with my teachers to support these people... but the ministry has done nothing... it is tough”*.

The participant was asked why he was doing such a tough job. He replied: *“As a head of school receiving sick students and teachers, I have to find ways of helping them. I am responsible for that. It is my duty as the head of the school. This is what the Ministry of Education expects of a school head to do... nevertheless, the Ministry has not prescribed this task officially. That is, to take care of the HIV and AIDS positive students and teachers!”*

The participant suggested that the MoE should clearly come up with a policy statement regarding workplace intervention in the school setting with clearly defined roles and responsibilities for care and support services to teachers and other staff. Also the government should provide specific and adequate budget allocation for care and support services.

Access to treatment

The National Care and Treatment Plan, which was approved by the Tanzanian Cabinet in October 2003, started to be implemented by October 2004, when it introduced ARV drugs into the first 32 sites. Currently, there are more than 200 health facilities providing care and treatment services with ARV access across the country. They include: referral, regional, district, private, NGO and faith-based organization facilities. More than 327,900 PLHIV have been enrolled for ARV care since then, and 166,639 of them were receiving ARV drugs by the end of July 2008 (URT, 2008).

Collaboration between MOE, agencies and associations

The interview with the Head of the HIV and AIDS Unit revealed that the MoE works with external partners, including the Ministry of Local Government. A major issue of concern is about the release of teachers to attend training seminars for capacity building to deliver HIV and AIDS education through participatory methods. Most seminars are organized during school sessions, depending on the flow of funds. The participant also said that there was a close interaction between the teachers' associations, TTU, TACAIDS, UNICEF and UNESCO.

The role of teachers' unions

The findings show that the teachers' union was providing support to teachers. The participant from TTU revealed that, apart from prevention education, the union provides some financial support for HIV-positive teachers. However, the interviews with teachers, as well as the focus group discussions, did not mention the financial support provided by TTU. These findings indicate that the financial support provided by TTU is of little consequence to the teachers.

The participant from TTU stated that the role of the union is to work with the government to ensure provision and delivery of quality education, including in-service and pre-service teacher education programmes. The participant revealed that the members of the union make up more than 50 per cent of the teaching force in the country.

The participant described union-led efforts and revealed that the TTU has embarked on programmes to train teachers to protect themselves from HIV and to enable them to provide the same training to their students and community members living close to the school. According to him, this has improved collaboration between the TTU and with the Ministries of Education, Health and Local Government.

Association of HIV-positive teachers

Participants were aware that there is an association for HIV-positive teachers. However, they could not locate the offices of the association. One of the participants gave the following explanations: "the union has not been that strong. It is too dependent on donations and I think it is not well organized to have an impact". These findings show that the association of teachers living with HIV and AIDS is not yet strong enough to attract a significant number of infected teachers.

One of the participants concluded as follows: "one of the successes is the campaign initiated by the President asking everyone to go for VCT and declare the status. Now many people are going for VCT and the number of people declaring their HIV status is increasing. However, follow up of interventions is weak as resources to reach the sites such as schools and colleges are not available and at the Ministry level the guidelines are silent on care and support of teachers". Another participant noted that successes have also included organizing training seminars for teachers and the promotion of VCT services to teachers.

Professional

In-service training of teachers on HIV and AIDS

The interviews with the head of EMIS show that in-service training of teachers is recorded. Data on teachers' receiving training on HIV was available but this data had not yet been analysed, therefore it was not accessible.

Another participant said that in-service training on HIV and AIDS was done through career subjects in primary and secondary schools, as well as in teachers' training colleges. The reason for this is that HIV and AIDS is not taught as a subject but it is integrated in other subjects.

Discussion and recommendations

Main strengths and weaknesses of the existing policies on teachers in a context of HIV and AIDS

Strengths

The findings reveal that the National Policy on HIV and AIDS recognizes different groups in the country and directs each sector to deal with HIV and AIDS challenges within their own context (see Chapter 2 of this study). The HIV and AIDS prevention act makes it mandatory for employers to establish workplace programmes. In addition, national action plans that elaborate on priorities as well as implementation approaches have been developed to guide actors addressing challenges facing vulnerable groups (see Chapter 4 of this study). Likewise, the MOEVT has developed guidelines for implementation of HIV and AIDS programmes in workplaces. In this regard, policies relating to teachers and HIV and AIDS have well-defined structures and roles for the implementation of HIV and AIDS interventions.

The policy on HIV and AIDS provides a general framework for all actors that are tackling HIV and AIDS. The guidelines issued by the MoE have specific statements for teachers. However, on the whole, teachers are treated just like any other civil servant. Apparently, this helps to avoid stigma and discrimination against teachers.

Weaknesses

The findings revealed that implementation of the policies related to teachers and HIV and AIDS in Tanzania have not been successful due to a number of challenges, including:

- There are teachers who are infected and affected by HIV and AIDS, yet they are not adequately recorded. This adversely affects efforts made in providing care and support to teachers and administrative staff. There is a lack of accurate data on infected and affected teachers.
- There are inadequate funds for implementing HIV and AIDS interventions for teachers.
- Reports show that efforts to provide drugs, including ART, to HIV infected people have been adversely affected by the shortage of drugs due to lack of funds (Mungusi et al, 2005). This is particularly the case in government clinics.
- There is stigma and shame surrounding HIV and AIDS. There is a perception that people living with HIV and AIDS have behaved badly. Because this brings shame on them and their family, it is difficult for HIV-positive people to disclose their status.

Infected and affected teachers need help to reduce the stigma and fear surrounding HIV and AIDS. They also need help with changing their coping mechanisms to help life continue smoothly with HIV and AIDS, at the same time as providing prevention, care and support to their learners. Teachers are required to provide leadership and act as role models for their learners. Thus, with the nature of the teachers' role, it seems reasonable to have specific policy statements that addresses management of teachers in the context of HIV and AIDS. Clearly, the findings show that one of the weaknesses of the HIV and AIDS policy is grouping teachers together in one category with other employees.

Teacher management problems related to HIV and AIDS policies

HIV and AIDS policies have good intentions to address the human rights of people living with HIV and AIDS and to advocate for care and support of infected and affected people. Absenteeism for infected teachers is often not reported to higher authorities. This means the magnitude of the problem is not realized by the authorities that make policies, plan and give directives. Clearly, this is a problem in teacher management issues.

In terms of human rights, teachers have the right to privacy; they also have the right to reveal their HIV and AIDS status or not (see Chapter 4). In this case, it becomes difficult to collect accurate data on teachers infected with HIV and AIDS. Consequently, planning for absenteeism and care and support for teachers also becomes difficult.

Recommendations

Review national policy on HIV and AIDS

Given the changing social, political and economic environment, it would seem most appropriate to review the national policy on HIV and AIDS of 2001 to reflect the groundwork that has been done and to incorporate new ideas and goals with a view to increasing the effectiveness in policy implementation.

Enforce workplace policies

There is no doubt that HIV and AIDS are seriously affecting teachers, including their families. Certainly, the MoE as an employer has a significant responsibility towards its employees in giving care and support. In this regard, there is a need to have HIV and AIDS-sensitive school management to enforce workplace policies and support systems. There is a need to provide teachers and administrative staff with guidance on professional conduct and to deal with cases of absenteeism, attrition, abuse, harassment or violence related to HIV and AIDS.

Improve care and support through collaborative efforts

It is not the mandate of the MOEVT to provide treatment for HIV and AIDS. However, it is reasonable to work with the social and health sectors to extend care and support services to those in need. Care and support in schools and other workplaces in the education sector can be improved through the supplementary efforts of social and health sector resources.

Help teachers to go for VCT

Voluntary counselling and testing (VCT) is important in the identification of HIV-positive individuals who ultimately may need care and support. Even after knowing that one is infected, guidance and counselling is important to enable an individual to live a normal life with HIV and AIDS. Therefore, VCT is an important entry point to care and support and there is a need to encourage teachers to go for VCT and to reveal their status. This might help to establish an efficient HIV and AIDS care and support system and to reduce absenteeism and attrition among infected teachers. Ultimately, this will improve work performance and minimize teacher management problems.

Improve EMIS to provide an adequate database for HIV and AIDS

Providing care and support for infected and affected teachers requires planning effective and realistic care and support services. To make these plans, relevant information is needed. The challenge is how to gather adequate information and data on teachers infected and affected with HIV and AIDS. Establishing a database for HIV and AIDS in EMIS would help in this respect.

Training leaders of schools and workplaces on HIV and AIDS management

Given the complexity of HIV and AIDS care and support, it seems advisable to initiate a training programme to improve the HIV and AIDS management skills of heads, assistant heads and other officials for planning, managing and implementing HIV and AIDS care and support activities.

Supporting trainee teachers

In most cases, trainee teachers who are just starting out in their careers are young people who fall under the youth group defined by the World Health Organization (WHO) as individuals aged from 15 to 24 years of age. They constitute 31 per cent of the population in Tanzania (Mungusi et al, 2005). This particular age group needs attention because available data shows that 60 per cent of new infections

were occurring at this age. Trainee teachers are at risk of being infected if they are not given correct care and support.

Care and support for trainee teachers should be given immediately when they report at their respective workplaces. This can be done at regional, district and school levels. The new teachers may have some knowledge of the risks of being infected with HIV and AIDS, but giving them facts about the status of HIV and AIDS in their working area, and reminding them of their special responsibility as role models, may help them to protect themselves against HIV infection.

Conclusions

The findings of this study show that the National Policy on HIV and AIDS of 2001 provides direction for the government's response to the impact of HIV and AIDS in Tanzania. The policy has been translated into a national strategy coordinated by TACAIDS. The education sector has also developed its sector strategy and guidelines for implementation. The findings also reveal that the policy and the strategy cover all groups in the education sector. Teachers and administrators are not happy with this situation. They would like to see specific statements that address teachers. This means that there is need for a policy on teacher management in the context of HIV and AIDS.

It has been noted in this study that quality care and support for teachers in Tanzania has not been realized. Clearly there is a need to improve this situation. A number of recommendations were made by teachers and administrators during the course of this research. A mechanism for providing care and support to teachers should make sure that teachers have access to the services they need. However, having a mechanism in place is one thing and implementing it is more challenging. More effort is needed in this area. There is a need to explore all available options that will prolong the lives of teachers living with HIV and AIDS. This is a human rights issue that requires the involvement and commitment of all stakeholders.

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