



Réseau Ouest et Centre Africain de Recherche en Education
Educational Research Network for West And Central Africa

Synthesis of multi-country study on the impact of HIV and AIDS on teachers and teaching in formal and non formal education in Benin, Ghana, Guinea and Niger



with financial support from USAID

*Educational Research Network for West and Central Africa
(ERNWACA)*

**SYNTHESIS OF MULTI-COUNTRY STUDY ON THE IMPACT OF
HIV AND AIDS ON TEACHERS AND TEACHING IN FORMAL
AND NON FORMAL EDUCATION IN BENIN, GHANA, GUINEA
AND NIGER**

**Educational Research Network for West and Central Africa
(ERNWACA)**
Bamako, Mali

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■ PREFACE

Thank you for sending me the report on formal and non formal education in Benin, Ghana, Guinea and Niger. I am honored to have the opportunity to read the results of this very important research.

Overwhelmingly, I am extremely impressed at the very high quality of the work that is being done in this area. I was especially impressed by the methodical and organized way in which the work was carried out. There was careful attention to detail across the four countries and this has helped to ensure that the results are consistent and comparable.

The findings are great cause for concern. The recommendations are relevant and appropriate but they possibly need to be emphasized in a way that will encourage people and agencies to pay attention to them. There needs to be real emphasis given to the fact that comprehensive training programs need to be developed in order to address this very grave situation. By training teachers and other key community groups it will be possible to break down the stigma and discrimination currently in place. This is clearly a major obstacle to making progress in the area of HIV and to increasing people's awareness of HIV.

A key factor is the involvement of people living with HIV and it would be good to see the development of strategies for this to happen.

I fully endorse this report and its findings. It is absolutely essential now that similar work be conducted in other countries of the region and that adequate resources be devoted to implementation of the recommendations in the four countries. It would be worth evaluating follow-up to measure its effectiveness.

Please pass on my congratulations and best wishes to all those people at ERNWACA who have worked so hard to carry out this important research.

from a regional reviewer of the synthesis report

EXECUTIVE SUMMARY

This multi-country study on the impact of HIV and AIDS on the education sector was carried out in four countries in order to identify current practices and to explore their strengths and weaknesses.

The study revealed that the various stakeholders in the education system had limited knowledge of national HIV and AIDS and education policies and as a result actions aimed at mitigating the impact of HIV and AIDS were largely ineffective. HIV and AIDS affect the offer, demand and quality of education due to an absence of administrative measures to manage infected and affected persons.

The involvement of decentralized administrative bodies and communities in the fight against HIV and AIDS in the education sector is practically non-existent.

Although provision of information and training for stakeholders in the education system is increasing, it is still inadequate in terms of changing attitudes and behaviors. The study shows that the school environment is not the best place to acquire knowledge on HIV and AIDS and that more often than not it is the media that fulfils this role.

This lack of information and knowledge leads to stigmatizing behavior affecting both infected and affected teachers and pupils.

The recommendations emerging from the study focus on three main areas:

- National HIV and AIDS policies;
- Putting in place administrative and legal measures to manage infected and affected persons in the school environment;
- Strengthening the provision of training and information in the education system.

In conclusion, the impact of HIV and AIDS on the education sector could be mitigated by the coordinated involvement of all stakeholders.

1. INTRODUCTION

Today, all sectors are affected by the AIDS pandemic. However, within the same sector the effect and progression of AIDS can be very different. In Africa, three sectors seem to be particularly affected: education, the armed forces and transport. In education, AIDS impacts on both the supply and demand for education, the very sector that is responsible for producing the future human capital of a country.

In other words, the education sector is vertically affected by a decrease in the quality and quantity of education i.e. infected or affected teachers cannot easily fulfill their duties. The impact of AIDS on the demand for education is illustrated by a slight decrease in the number of children enrolled in school but also in the actual number of school-age children. This would suggest that activities aimed at making schools an integral part of the development process are not working. The current and future situation of sub-Saharan African schooling will remain under threat if nothing is done to curb the pandemic.

Generally speaking, teachers - the life blood of schools - are often victims of HIV and AIDS. Teachers are an essential link in education and therefore their absence due to illness negatively affects the delivery of school programs which in turn affects the quality of education. When teachers become ill, they are often forced to be absent while seeking treatment. In this way HIV and AIDS lead to high levels of teacher absenteeism and due to a limited supply of teachers those who are ill cannot be replaced and therefore teaching is disrupted and thus the school program.

Aside from impacting on human resources (death or illness of teachers and supervisors), HIV and AIDS also have repercussions on education budgets, as a part of these budgets are reallocated to support the families of deceased teachers.

Pupils generally fall into the category of affected persons when one or both of their biological parents becomes ill or dies as a result of the disease. Certain amongst them experience difficulties in following the normal school program. Others, particularly the eldest children and girls end up abandoning school to take care of their younger siblings. Ninety percent (90%) of HIV and AIDS orphans live in sub-Saharan Africa and for many of them there is very little chance of going to school in the first place, let alone finishing school for those who are already enrolled. It is estimated that when children lose one or both of their parents, there is only a 50% chance that they will go to school and this drops to 10% when both parents are deceased. The absence of support for orphans and vulnerable children is illustrated by the non-enrollment of pupils, the number of drop outs and the precariousness of schooling for those who do manage, against all odds, to continue their schooling.

This multi-country study conducted by the Educational Research Network for West and Central Africa (ERNWACA) on the impact of HIV and AIDS is part of the ERNWACA 2002-2010 general strategy that identified HIV and AIDS as the second priority research theme out of a total of eight. ERNWACA has already undertaken literature reviews, conducted case studies and organized training activities for researchers on HIV and AIDS.

The attention given to the impact of HIV and AIDS on formal education is still lacking and for non-formal education even more so. In fact, non-formal education plays a key role in education in Africa and the question of HIV and AIDS should be examined in this sub-sector. The issue of girls and women should also be addressed as they are the main beneficiaries of non-formal education as well as being among the first to be affected by HIV and AIDS. This study integrates these two issues, i.e. non-formal education and the education of girls.

This study on teachers working in formal and non-formal education in West Africa has been conducted with the support of USAID and aims to evaluate the impact of HIV and AIDS on educators in four countries (Benin, Ghana, Guinea and Niger) and highlights the situation of women and girls as well as exploring the situation of orphans and vulnerable children. Specifically, the study aimed to obtain data in order to:

- Be aware of the situation facing educators in terms of HIV and AIDS;
- Analyze actions carried out to prevent HIV and AIDS and stigma;
- Document pertinent responses;
- Recommend measures for policies and practices.

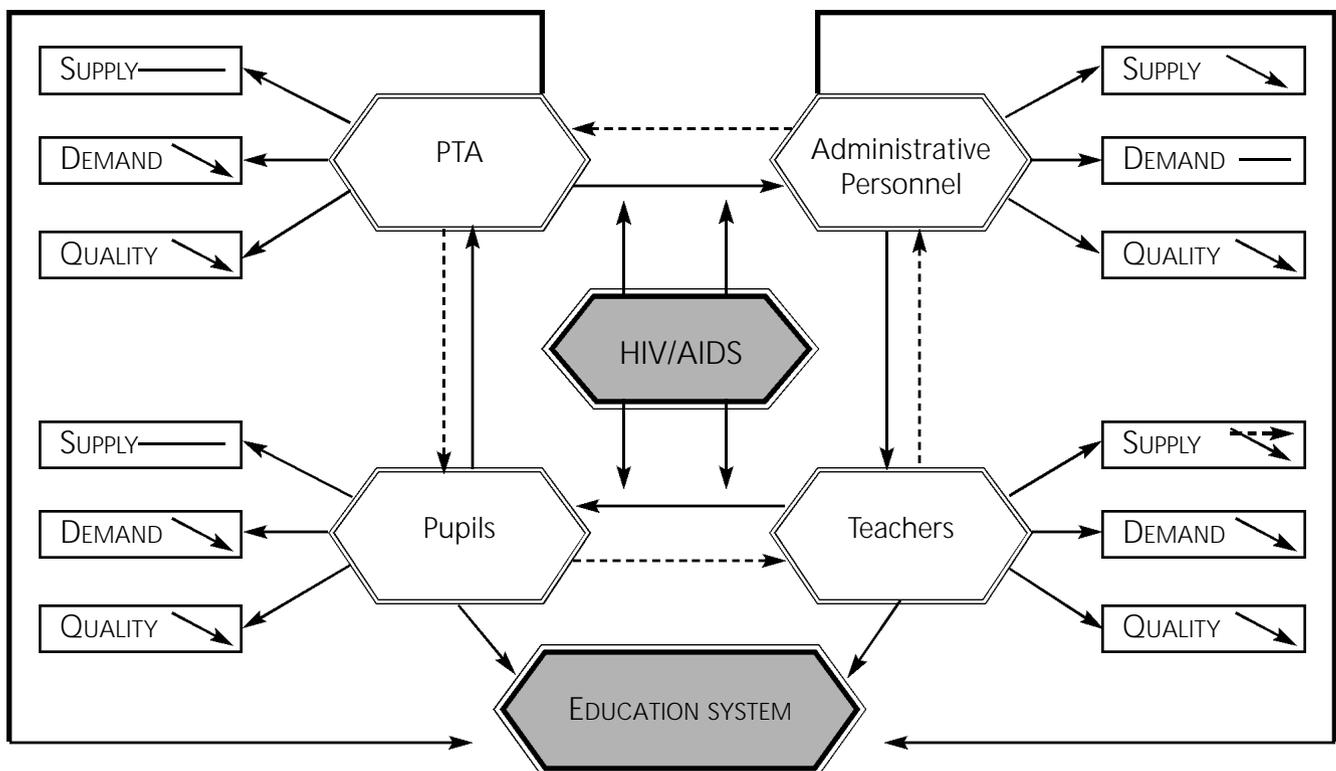
The study was conducted simultaneously in all four countries. This document summarizes the main results and compares the impact of HIV and AIDS in the respective countries.

The four countries were selected for their geographical proximity and for the following reasons:

- School enrollment and adult literacy rates are still low;
- Low HIV prevalence rates for three countries but higher and increasing in Ghana;
- Linguistic distinctions between French and English-speaking countries.

The impact of HIV and AIDS on education is due to several factors and affects education at different levels. A conceptual framework of the connection between education and HIV and AIDS is summarized in Figure 1 below. The impact of HIV and AIDS on the supply of, demand for and quality of education is visualized in relation to parents and pupils on the one hand and administrative personnel and teachers on the other.

Figure 1: Conceptual framework of the impact of HIV and AIDS on education



2. GENERAL PRESENTATION OF THE FOUR PARTICIPATING COUNTRIES

The four countries in this study are situated in West Africa and their Human Development Indexes are among the lowest in the world. Apart from Ghana, the other three countries are often ranked among the last 20 countries of the world (see Table 1).

In terms of education, numerous efforts have been made by government to achieve Education for All. However, the Human Development Index (HDI) still remains low with between 1 and 5 million of the population still illiterate. Niger, Benin, Burkina Faso, Mali and Senegal have the lowest rates of adult literacy (UNESCO BREDIA, 2006; UNESCO, 2006).

Table 1: Classification of education and HIV and AIDS indicators by country

	Benin	Ghana	Guinea	Niger
Total population	8 439 000	22 113 000	9 402 000	13 957 000
Human Development Index (ranking out of 177)	162 nd	138 th	156 th	177 th in 2005
Primary school gross enrolment rate (over 100)	99	88	81	54 in 2005-2006
Gender parity index (out of 100)	77	96	81	72
Literacy rate for 15 year olds and above (out of 100)	35	58	40	29
HIV prevalence rate (out of 100)	1,8	2,3	1,5	1,1
Number of children and adults living with HIV	77 000	300 000	78 000	71 000
Number of children orphaned by AIDS	62 000	170 000	28 000	46 000

Source: UNAIDS, UNESCO, UNDP, and Demographic and Health Studies (DHS)

The HIV prevalence rate (UNAIDS, 2006) for the four countries varies between 1% and 2.5%. These rates are relatively low compared to other countries in the region such as Togo (3.2%), Nigeria (3.9%) and Côte d'Ivoire (7%). The prevalence rate in Ghana is the highest of the four countries in this multi-country study.

3. METHODOLOGY

3.1- Establishing a common framework and work process (preparatory work by the coordinators and training in Niger for the four country teams)

Two researchers (principal and assistant) were selected according to their curriculum vitae and their experience of working on HIV and AIDS issues with ERNWACA. They met in Bamako with representatives of ERNWACA's regional coordination to draft the Methodology Guide.

A week-long training workshop was held in Niamey in Niger with two of each of the researchers from the national teams. The aim of the workshop was to familiarize the researchers with the contents of the Methodology Guide in order to provide a common framework for the different teams contributing to the multi-country study.

The specific objectives for using the Methodology Guide were to:

- Assist researchers in the research process;
- Suggest qualitative and quantitative data collection instruments;
- Use a common analytical approach for the collected data;
- Offer advice on writing the report.

To ensure quality each team was supported by the study coordinators and the ERNWACA National Scientific Committee and several readers provided comments on the draft regional synthesis report.

3.2- Literature review

Following the training workshop the four teams returned to their respective countries to start the literature review that examined the following documents:

- National policies and strategies;
- Strategic frameworks and sector plans;
- Secondary databases of the national programs for the fight against AIDS;
- Knowledge, Attitude and Practice (KAP) studies.

3.3- Data collection process at the country level

The data collection process was carried out at different levels:

- **Institutional/decision-making level (macro level):** Ministries in charge of primary and secondary education and the ministries of higher education and of technical and vocational training, directors of human resources, HIV and AIDS Focal Units (ministerial units working on HIV and AIDS-related issues) and development partners were identified within these ministries.
- **Operational level (meso level):** Heads of departmental services of the ministry of national education (for basic and secondary education).

- **Executive level and managers of school inspections:** heads of school catchment areas, pedagogical advisors, heads of training establishments (primary, middle and secondary school heads) and primary and secondary school teachers.
- **Peripheral and/or community level (micro level):** Parent and Teachers Associations or Mothers of Pupils Associations, NGOs, associations of people living with HIV and AIDS, families of infected teachers, health services, social services, and students and learners in the non-formal education sector.

Students were chosen from:

- Primary education, ages 9 to 12;
- Secondary education, ages 13, 15 and 16;
- Technical and professional education (agriculture, mechanics and electronics).

Learners from the non-formal sector are those enrolled in training centers for sewing, mechanics, hairdressing, driving and literacy.

- **Transversal:** this level concerns the trade unions whose presence and actions are related to the first four levels.

3.4- Data collection methods

Individual interview guides were addressed to stakeholders at the Institutional, Operational and Executive/management levels, i.e. heads of national and international institutions. The themes discussed were policies and strategies, practices, effects of the pandemic, prevention, support for orphans and vulnerable children (OVC) and partnerships.

Questionnaires were addressed to stakeholders from the Executive/management and Peripheral levels: teachers and students aged 13, 15 and 16 and covered knowledge of HIV and AIDS, HIV and AIDS training, the impact of HIV and AIDS on teaching, and the attitude of the respondent when faced with a person living with HIV and AIDS.

Focus group discussions were conducted with stakeholders from the Peripheral and Executive/management level: students and teachers. The themes discussed covered managing attitudes and behaviors when a teacher or colleague becomes ill, the enrollment/drop out of affected students, and prevention and improvement activities.

Projective essay writing was solicited from stakeholders from the Peripheral level: students aged 13. This exercise required students to write an essay about an imagined situation. Two choices of themes were given to the students.

3.5- Study sites

The sites were selected according to the area of residence and prevalence levels. This gave four principal sites in each country (Table 2a) and sites according to the type of teaching (Table 2b). For each study site the teachers and pupils were classified by type of education: Formal or non-formal (Table 2b).

Table 2a: Classification of study sites by prevalence rates and area of residence		
Prevalence	Area of residence	
	Urban	Rural
High	Site 1	Site 2
Low	Site 3	Site 4

Table 2b: Subdivision of study sites by prevalence rates and type of teaching		
Type of education	Prévalence	
	High	Low
Formal	Site 1	Site 3
Non-formal	Site 2	Site 4

Source: ERNWACA interview data

In each country, the study was conducted in sites which combined the area of residence and the HIV prevalence levels of (Table 3).

Table 3: Classification of study site by country

	Benin		Ghana		Guinea		Niger	
Area of residence	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
High prevalence county	Malanville Savalou Dogbo	N'dali	Koforidua	Agormanya	Conakry (Ouest)	Labé (Nord)	Agadez	Konni
High prevalence county	Kandi	Covè Klouékanmè	Ho	Sokode	Mamou (Centre)	Kindia (Centre- Ouest)	Maradi	Tessaoua

Source: ERNWACA interview data

3.6- Examination and analysis of data

A literature review was carried out to analyze the content of policies and other national and sector strategies developed.

All four countries processed the quantitative data using the SPSS version 13 (Statistical Package for Social Science) program. However, certain countries such as Guinea entered the data using Epi-info before transferring it to SPSS for analysis.

The qualitative data (quotations and verbatim) obtained from the interviews and focus group discussions were examined manually.

3.7- Sharing of research findings

Sharing research findings is an important part of the research process at ERNWACA. ERNWACA Cafés were organized in each country involved in the study either to share and validate findings before the national reports were finalized or to share and discuss findings reported at national and regional level. These events are covered by the national press. See in Figure 2, for example, a clipping from a daily newspaper in Benin.

Figure 2: Clipping from daily newspaper in Benin



3.8- Difficulties and limitations of the multi-country study

► Difficulties

- The teams' lack of capacity in mastering the information technology tools necessary for analyzing the data, and the need to consult external resource persons that lead to a delay in finishing the individual country reports.
- Difficulty in accessing information from national institutions. All four countries experienced difficulties obtaining information on the national situation. In Niger, the team was unable to obtain data on national HIV and AIDS prevalence rates as epidemiological data appears only to be available at the regional level.

► Limitations

- Comparison difficulties between the countries due to different contexts, e.g. national policies, implemented actions, etc.
- Short timeframe to carry out an impact analysis.
- Weakness in the methodology which did not include the participant interviewer due to limited time. For such a sensitive area the participant interviewer would have allowed the researchers to integrate and become familiar with the workplace, etc. of the respondents and build relationships based on trust.

4. RESULTS OF THE MULTI-COUNTRY STUDY

4.1- Demographic profiles of respondents

The most represented targets (Table 4) are pupils (74.62%) and teachers (12.31%), in line with the study's objectives. Other targets correspond to the identified levels in the hierarchy of the education sector: decision-makers and managers (6.13%), PTAs and associations (3.91%), national and international institutions (2.4%) and NGOs (0.62%).

Table 4: Number of targets by group

Level	Benin	Ghana	Guinea	Niger	Total
International and national institutions	22	11	12	9	54
Decision-makers and managers	50	9	50	29	138
Teachers	79	79	44	75	277
Pupils	308	323	496	552	1 679
Parents / PTA / Mothers of Pupils Associations	15	28	20	25	88
NGOs	3	6	0	5	14
Total	477	456	622	695	2 250

Source: ERNWACA interview data

4.2- National policy in the fight against HIV and AIDS in the education sector

With HIV and AIDS prevalence levels of around 2%, the four countries have made the fight against HIV and AIDS a priority in their development programs. The respective governments decided to draft HIV and AIDS policies. In the four countries focal units or sector committees were established in all ministerial departments. In Ghana every agency of the Ministry is empowered to educate its workforce on the prevention of HIV and AIDS and how to care and support infected persons. In Benin the focal units against HIV and AIDS have been created as a link between the National Program against HIV and AIDS and stakeholders. In Niger and Guinea, HIV and AIDS policy is managed by the national council against HIV and AIDS.

The study showed that all four countries have their HIV and AIDS focal units or sector committees at all levels of education: primary, secondary and higher. These units or committees serve as relays between national HIV and AIDS programs and activities in the field. They also implement actions in schools and universities.

Despite these efforts aimed at mitigating the effects of AIDS by governments, development partners and civil society, prevalence rates are worrying and add to the fear that HIV and AIDS could have a serious effect on various social and economic aspects of life. If almost four out of ten permanent agents of the State are teachers and if education is a strategic sector for development, then the effects of the pandemic if they are not managed in an appropriate and sustained manner will be catastrophic.

4.3- National knowledge of HIV and AIDS

▶ Teachers' knowledge

Teachers' knowledge of HIV and AIDS is still low due to a lack of training.

In Niger, 61% of teachers have not received any HIV and AIDS training and those who have are unable to pass this information on to their students.

In Ghana, where teachers do receive training on HIV and AIDS issues, 74% have not carried out any prevention activities in their workplaces.

It was also noted in these countries that two thirds of teachers did not know that women can reduce mother-to-child transmission of HIV and 15% believed that mosquitoes could transmit the disease. It was also found that teachers believed that HIV was a punishment from God and they also questioned the efficacy of condoms in preventing the disease.

In Guinea, 70% of teachers receive training whereas in Benin this figure drops to 25%.

In all the countries, it was found that teachers rarely raise the subject of HIV and AIDS with their pupils and therefore school remains a poor channel of information (less than 30%) unlike the media which is responsible for informing 70% of students.

This lack of information and indeed its absence could go some way to explain the stigmatizing and discriminatory actions towards teachers and students.

▶ Students' knowledge

In Guinea, for example, the percentage of students prepared to stay in the class of an infected teacher (55%) or those willing to share a meal with an infected person (41%) remain low. The majority of students believe that they can become infected through contact with an infected person.

Sympathetic and supportive behavior is low in all the countries but particularly so in Niger (13%).

Due to a lack of information in all the countries, the majority of students (particularly in Benin, 95%) expressed a desire to receive training on HIV and AIDS issues.

4.4- Impact of HIV and AIDS on the supply of education

None of the four countries has accurate data on the situation of HIV in schools. All the countries mentioned that they were aware of teachers living with the virus, but none had accurate statistics on the number of infected teachers or mortalities at the national level. Nevertheless, all the countries recognized that the disease is a threat to their education systems. All admit that HIV and AIDS has a negative effect on education systems due to the fact that when teachers and other personnel become ill or die, levels of absenteeism increase and supervision of classes decreases.

In terms of demand for education, it is negatively affected when the children of infected parents have to leave school to help out in the household. The impact of HIV and AIDS on the demand for education is perceptible by the growing number of orphans and children who abandon school.

The silence surrounding HIV and AIDS in schools makes measuring the real impact of the disease difficult. Discrimination and stigma are seen by infected teachers as real and very serious, but also by students and their parents. It was stated in Niger that teachers living with HIV and AIDS hide their status because of stigma. Relatives are unaware of their seroprevalence status. Neither do people at the ministry or their school know.

In Guinea teachers who reveal their seroprevalence status are often stigmatized and relationships between them and other teachers suffer. Furthermore, the infected teachers are treated differently by parents and students as among them some may be assisted and others rejected. In Benin, there is little open discrimination and stigmatization towards infected teachers. Generally, there is no discrimination in teachers' behaviors towards their colleagues who revealed their seroprevalence status. In addition, students said that they are all ready to accept to be taught by infected teachers on one condition, which is that those teachers avoid any risky behaviors that could expose students to HIV. However, some infected teachers declared that they are subtly stigmatized and discriminated against sometimes.

In Ghana, teachers suffering from HIV and AIDS experience stigma and discrimination from colleagues, which impacts negatively on their health. Due to stigma and discrimination, they are often compelled to leave their living areas with their families. Students and even teachers' relatives do not feel at ease with a teacher infected by HIV and AIDS. This leads to the lack of financial and psychological support to the infected teachers.

Overall, the negative impact of HIV and AIDS is well documented by the qualitative data collected from the focus groups and projective essays.

Generally all the students said they felt pity and solidarity for sick teachers. In Niger, in the projective essays, stigma was expressed in the following written phrases: *"When the teacher arrives all the students look at him and make fun of him; everyone leaves him; some students stop coming to class."* The study revealed that when a teacher is suspected of being ill they are treated with a lack of consideration, suspicion, fear or rejection.

In Benin it was also noted that HIV and AIDS creates a distance between the infected teacher and the students. *"The teacher scares us. In certain cases, it is his close friends who avoid him, make fun of him, and criticize him. His colleagues won't eat with him."*

In Guinea, the attitude of the students remains ambiguous. About 2.5% of students say that teachers with HIV are treated differently than other teachers, 20% say they are not treated differently, and 25% say they do not know how sick teachers are treated, and over half did not answer the question.

4.5- Impact of HIV and AIDS on the demand for education

The demand for education means everything that contributes to the need to be educated as well as the request for this education. It is necessary to understand how the pandemic affects pupils and parents, the influence of HIV on the schooling of children and the interaction between the

supply of and the demand for education. The impact of HIV and AIDS on the demand for education can only be studied if first it is understood how the epidemic develops in society and how students and their parents perceive HIV-positive teachers.

Whatever the country, the sources of existing data give very little information on prevalence rates and many students do not really know what having HIV or AIDS means. This is the case in Niger where 78% of students of age 9 say they have only ever seen someone with HIV or AIDS on the television. The same tendency was observed with 16 year olds, where almost 40% of the students said they would not eat from the same dish as someone with HIV or AIDS, nor would they touch anything handled by someone with HIV or AIDS. The report from Guinea indicates that the knowledge that a teacher is HIV-positive is enough to marginalize him from his students and colleagues: *"The students are shocked because they don't expect such a thing from their teacher; it's really bad because in the village everyone criticizes the sick teacher a lot, people have bad reactions. The sick teacher doesn't deserve the respect or the consideration of his students."* (Guinea)

Certain parents do not hesitate to change schools if they find out that their children's teacher is ill: *"The parents ask students to be careful; they are hesitant about sending their children to school."* (Niger).

However, the illness of a parent can slow down the education or the academic success of a child: *"In general, the death of a parent places a child in one of two situations: the student or learner is taken care of by a relative in the same area or in a different area; in the latter case we help with the move and the subsequent difficulties, such as adapting to a difficult situation, physical and material instability of the school child which results in disturbed schooling (frequent absences, lack of concentration in class)."* (Benin)

In Ghana stigma is the cause of isolation of sick teachers. If nothing is done to limit the stigma directed towards teachers and to improve relations between the stakeholders of the supply and demand for education and support children affected by HIV and AIDS, then education will be hard hit and educational quality will suffer.

4.6- Impact of HIV and AIDS on the quality of education

► Teachers' perceptions

Almost three teachers out of twenty (14.6%) who filled in a questionnaire suppose that parents would not be happy if their child's teacher was ill as this would mean that their children were not being properly supervised. And 17.1% think about the rejection of the teacher or parent withdrawing their children from school. Whether in Ghana, Niger, Guinea or Benin, the study found that teachers with HIV and/or AIDS were less effective and were frequently absent. Because of these absences teachers were often unable to complete the school program on time which has an effect on school results: *"Increased rates of absenteeism of students and teachers due to HIV and AIDS seem to have a significant impact on the quality of teaching."* (Benin). However, the teachers put this into perspective. What came out of the focus group discussions and individual interviews was that the overall absences linked to mortality or illness of teachers is still low in the majority of schools and does not have a significant effect on the morale of the teaching corps or on the quality of teaching: *"What does affect the quality of teaching are the low salaries, poor working conditions and the large number of community teachers who have received no basic training."* (teachers from Benin)

► Reduction of stigma

At the students' level

Nine students out of ten (88.6%) aged 16 (six of whom are girls) state that the school could reduce stigma towards those living with HIV and AIDS by raising awareness. To change attitudes towards those living with HIV and AIDS pupils aged 15 think it is necessary to raise awareness and to encourage HIV-positive people to *"break the wall of shame they hide behind."* The school's contribution to reducing stigma should be to raise students' awareness and organize discussions and debates. One teacher out of ten (9.7%) believes that parents would help to raise students' awareness to sympathize with and support an ill teacher; however the majority of teachers (58.6%) do not believe that this is the case. According to the students and learners aged 15, parents would be guarded and need to be made aware of the issues.

At the teachers' level

Generally, for all the countries, when a teacher discloses his/her status it does not change the existing relationship with colleagues. Most teachers are not aware of colleagues living with HIV and are unable to say how parents would react if confronted with the disease. Most teachers would like to know their status. Of teachers, 81% (79% in high prevalence zones and 83% in low prevalence zones) said they would like to know their HIV status. Over a fifth of teachers (22%) believe that stigma can be reduced through raising awareness and 2.4% mentioned training.

4.7- Response and strategies of partners in the fight against HIV and AIDS in the education sector

To tackle the AIDS pandemic which has become a global problem, development partners have been aiding the four countries.

In each of these countries, the people with whom we were able to talk in the interviews are aware of the existence of national partners, national and international NGOs, and development partners working in the fight against HIV and AIDS in the education sector. The role of partners is to support technical and financial stakeholders, initiate activities and produce information and training documents.

All these partners work with the ministries responsible for education or with each other. This is the case of the institutions of the United Nations system that organize monthly or quarterly meetings.

In Ghana, the main national partners, NGOs and bilateral partners working in education and HIV and AIDS are USAID, UNICEF, Partners Child and Teens Focus, Philip Foundation & Prolink, Ghana Red Cross Society in Koforidua, Rural Watch in Koforidua, KLO Drivers Alliance, Manya Krobo, District Queen Mothers Association, and Krobo Development Foundation.

In the francophone countries (Guinea, Benin and Niger) the main partners are the Ministry of Health, GTZ, PSI, the national Council against HIV and AIDS, European Union, UNICEF, USAID and many national and international NGOs. These partners are involved in awareness campaigns and the implementation of activities against HIV and AIDS. Some of them are specialized in the care of people living with HIV.

5. PERSPECTIVES and RECOMMENDATIONS

- Develop national policies about HIV and AIDS in the education sector in countries which do not have them yet.
- Widely disseminate the HIV and AIDS policy throughout the education system.
- Strengthen the awareness of the impact of HIV and AIDS in all planning processes in the education system.
- Make provision for financial and material resources in ministry of education budgets.
- Encourage sector campaigns for voluntary testing especially for teachers and pupils. This will help to reduce stigma and improve access for those living with HIV and AIDS and those affected by the virus.
- Encourage the opening of pre and post test spaces at school level and train teachers to be peer counselors.
- Simplify texts concerning the rights of infected persons and introduce penal sanctions to reduce discrimination and stigmatization at schools.
- Motivate infected and affected teachers to become peer educators to raise awareness of HIV and AIDS in schools.
- Collect data on infected and affected persons at the district level to have accurate information on the impact of HIV and AIDS on the education system.
- Develop in primary schools the peer education approach, especially for the standard four and five (CM1 and CM2 for francophone countries).
- Develop a HIV and AIDS training spaces that can help parents and teachers to regularly dialogue about the consequences of HIV and AIDS. This can help reduce stigmatization towards infected teachers.
- Prevent new infections by promoting Behavioral Changes Communication programs. Through these, the Ministry supports efforts to link learners and workers to available treatment and support services and strengthens the provision of guidance and counseling services.
- Establish HIV and AIDS task force and secretariat to coordinate all HIV activities in the education sector.
- Develop education sector strategic plan and training manuals for the workplace program.

6. CONCLUSION

HIV and AIDS have a negative impact on education. Teachers become too weak to teach or even die from the pandemic. There are more and more malnourished children/orphans in schools who cannot do any serious academic work. National human resource development will be affected due to less effective learning and teaching.

HIV and AIDS affect individuals, families, communities and the nation at large. This situation leads to stigmatizing behavior towards people living with HIV and AIDS and orphans and vulnerable children in the school environment, as well as impacting on the supply, demand and quality of education. So a conscious effort needs to be made to reduce the impact of HIV and AIDS on the educational system.

All sectors of education need to be involved in the fight against this pandemic. Although the education sector does carry out HIV and AIDS training activities, they are still inadequate for both teachers and students. The level of knowledge and observed changes in behaviors is progressing although the school environment does not play a major role in increasing knowledge on HIV and AIDS. Furthermore, the involvement of communities and institutional stakeholders remains limited. Local NGOs have a role to play in the effective implementation of the education sector HIV and AIDS program.

The studies conducted in four countries and reported on here have shown that the consequences of HIV and AIDS on education could be disastrous if schools do not have programs to mitigate the impact of HIV and AIDS.

If HIV is not immediately brought under control, there will be low enrolment of pupils and fewer teachers available. The standard of education will continue to fall and Education for All objectives will be further from reach. Loss of valuable human resources at national level could be devastating. Resources should be strategically used in campaigns for more serious prevention and management of HIV and AIDS.

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