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Educational, Scientific and
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International Institute
for Educational Planning

The response of teacher training institutions to HIV and AIDS

A case study of Ethiopia

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The response of teacher training institutions to HIV and AIDS
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The publication costs of this study have been covered through a grant-in-aid offered by UNESCO and by voluntary contributions made by several Member States of UNESCO, the list of which will be found at the end of the volume.

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Ref: iiep/web doc/2008.15

Typesetting and printing: IIEP's printshop

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Note about the use of pseudonyms/fictitious names

To ensure anonymity of the individual informants and the four teacher training colleges that took part in this study, the authors have altered identifiable details, used pseudonyms/fictitious names and omitted references to places, while retaining the integrity of information and data presented.

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List of abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral treatment
BCC	Behaviour change communication
CSO	Civil society organization
DEMIS	District management information system
EFA	Education for All
EMIS	Education Management Information System
EMSAP	Ethiopian HIV and AIDS Prevention and Control Project
ESDP	Education Sector Development Programme
ETP	Education and Training Policy
FGAE	Family Guidance Association of Ethiopia
FGD	Focus-group discussion
HAPCO	HIV and AIDS Prevention and Control Office
HIV	Human Immunodeficiency Virus
IATT	Inter-agency Task Team for Education (UNAIDS)
ICTs	Information and communication technologies
IICBA	International Institute for Capacity Building in Africa
IIEP	International Institute for Educational Planning
JRM	Joint Review Mission
MDG	Millennium Development Goal
MOE	Ministry of Education
MOH	Ministry of Health
NAC	National HIV and AIDS Council
NFE	Non-formal education
NGO	Non-governmental organization
OSSA	Organization for Social Services for AIDS
OSSREA	Organization of Social Sciences Research in Eastern and Southern Africa
OVCs	Orphans and vulnerable children
PAP	Programme Action Plan
PLWH	People living with HIV
SNNPR	Southern Nations, Nationalities and People's Region
STI	Sexually transmitted infection
TEI	Teacher education institute
TESO	Teacher education system overhaul
TTC	Teacher training college
TTI	Teacher training institution

UIS	UNESCO Institute for Statistics
UNAIDS	Joint United Nations Program on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children’s Fund
UPE	Universal primary education
VCT	Voluntary counselling and testing
VSO	Voluntary Service Overseas
WHO	World Health Organization

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Executive summary

Objective of the study

The chief objective of this study was to explore the current situation with regard to HIV and AIDS in four selected teacher training institutions (TTIs) in Ethiopia, to analyze their responses to the pandemic and the measures taken to mitigate its impact. The ultimate aim was to identify the obstacles, problems and challenges faced by the TTIs, and to put forward evidence-based recommendations for a more effective and co-ordinated response.

Methodology

A total of four teacher training colleges (TTCs) took part in this study. The colleges were selected using multi-stage purposive and convenience sampling schemes that relied on three broad criteria: the existence of institutional policies, guidelines and/or programmes on HIV and AIDS; the prevalence rate of HIV and AIDS in the region where the institutions are located; and the variations in religious and cultural practices. The total number of informants was 86, which included 4 officials at the Federal Ministry of Education (MOE), 9 academic and administrative officials from the TTCs, 25 lecturers and 48 students. As the nature of the study was largely diagnostic and exploratory, a fairly straightforward method of data analysis was used.

Major findings

The qualitative data from all four TTIs revealed that no system of record keeping existed in any of the colleges in terms of HIV-related absences, withdrawals or mortality of teachers and students. Despite the fact that the MOE had put in place a nation-wide information system with the technical assistance of UNESCO, from the federal down to the school level, the system does not include parameters and indicators that measure the various aspects of HIV and AIDS, including impact and response.

At the federal level, the absence of a sector-wide HIV and AIDS policy (that identifies priority areas and provides a framework and explanations for internal decisions and legitimacy for actions to response to the pandemic) is identified as a serious constraint. This has hindered and slowed down the overall education sector response and has affected the pace, effectiveness, scale, efficiency and holistic nature of the TTIs' attempts to mitigate the impact of the pandemic. In addition, the study found that none of the participating colleges had developed HIV and AIDS responses in the form of policies, strategies and programmes. Neither were there any immediate plans to formulate one, as the modus operandi often is to wait until policy directions, guidelines and initiatives are issued from higher offices or from the federal MOE. Furthermore, none of the four colleges had ever conducted any proper planning on HIV and AIDS. Added to this, there were no appropriate structures responsible for managing or implementing interventions in any of the colleges. It was observed that there was an urgent need to adopt a holistic approach to respond to HIV and AIDS, and to harmonize activities and services according to priority areas and groups.

Obstacles to an effective and co-ordinated institutional response to HIV and AIDS

The study identified seven core and cross-cutting issues that impede effective and co-ordinated response to HIV and AIDS at all four colleges. These obstacles are:

- a lack of policies, strategies and guidelines;
- the lack of sufficient capacity on the part of teachers to initiate, facilitate, co ordinate and integrate HIV and AIDS issues into the teacher education programmes;
- a lack of commitment, effective and meaningful co-ordination, and harmonization of efforts at all tiers of the education system;
- limited awareness on the urgency of tackling HIV and AIDS;
- non-existence of committees or other structures (where students or student bodies are represented) that deal with planning and implementing HIV and AIDS interventions;
- absence of any form of incentives for members of staff involved in HIV and AIDS activities on top of their normal workload;
- inadequate priority given to HIV and AIDS issues by the college administration.

Leadership on HIV and AIDS: Challenges

Leadership by the college administration can make a considerable difference in mitigating the impact of HIV and AIDS by creating a sense of urgency, mobilizing resources and stakeholders, and planning and managing an institutional response. The major leadership challenges the study uncovered include:

- a climate of indifference and a lack of ownership;
- reliance on the initiatives of instructors and a call from civil society organizations (CSOs) and non-governmental organizations (NGOs);
- restrictive administrative structures and arrangements;
- varying levels of consideration of HIV and AIDS as a priority area;
- budgeting and structural issues;
- limited awareness and a lack of support and incentives.

Competence of teachers to address HIV and AIDS issues

The study also looked into the level of competence of teachers to address HIV and AIDS issues in their teaching and research activities. While variations could be noted in the different colleges, the common issues observed were the following:

- felt capacity gaps – knowledge, attitudes and skills;
- planning, co-ordination and management issues;
- lack of access to up-to-date HIV and AIDS resources;
- establishing an HIV and AIDS resource centre.

Policy and programmes recommendations

Based on the findings, the study has put forward a number of policy and programmatic recommendations in the areas of impact mitigation, institutional response and leadership, HIV and AIDS prevention education, and treatment, care and support.

1 Background and purpose of the study

1.1 Introduction

Ethiopia is the second most populous country in sub-Saharan Africa after Nigeria, and it is ethnically and linguistically very diverse. Ethiopia's population reached an estimated 73 million in mid-2005, and is expected to grow by over 2 per cent annually until 2025. Currently, Ethiopia's HIV and AIDS epidemic is classified as 'generalized'¹ among the overall population, and continues to impact every sector of society (Central Statistical Agency and ORC Macro, 2006). Based on the UNAIDS global summary of the AIDS epidemic, there were 39.5 million people living with HIV (PLWH) in 2006 (estimates range between 34.1 and 47.1 million), of which Ethiopia contributes 1.32 million. The country is the world's sixth hardest hit by HIV and AIDS in terms of both the number of PLWH and the number of AIDS-related deaths (UNAIDS and WHO, 2006).

Despite the overwhelming challenges, the Government of Ethiopia is working towards containing the epidemic, and the resulting achievements thus far are encouraging. As part of this endeavour, the government has put a national HIV and AIDS policy in place to create an enabling environment to respond to the epidemic. In addition, notable achievements are being made in developing and putting in place a comprehensive HIV and AIDS strategic plan (2004-2008) to intensify the multi-sectoral HIV and AIDS response, and to encourage multi-sectoral actors working on HIV and AIDS issues at all levels to develop and implement their respective plans based on this national strategic document. The ongoing multi-sectoral responses to the HIV and AIDS pandemic, both at the federal and national levels, are therefore framed around the National HIV and AIDS policy and the Five-Year Strategic Framework that were issued in 1998 and 1999 respectively.

In light of the National HIV and AIDS policy and Strategic Plan, it is deemed crucial that the education sector play a pivotal role in realizing the objectives of the multi-sectoral response to HIV and AIDS. In line with this, it is planned that the education sector will play a key role in "strengthening the capacity of the education sector and integration of HIV/AIDS into the system" (Ministry of Health, 2004: ii). The Strategic Plan stipulates that the education sector should strive to respond to the HIV and AIDS challenge by "integrating HIV and AIDS education into the curriculum of all levels of schools, including HIV and AIDS education in teaching curricula, promoting peer education, using effective communication and appropriate technology, strengthening civic education and mainstreaming HIV and AIDS into the education system" (Ministry of Health, 2004: 21). The education sector is the most apt for such a task due to its highly structured institutional nature, and the fact that it is the largest employer of civil servants, reaching out to multitudes of students who stay for long periods in a school environment. Teachers are also well placed to act as emotional contacts in school communities. From a close examination of the MOE's institutional structures, programmes, annual plans and periodic reports, it can be argued that not much has been done, and that the potential role of education, and the sector as a whole, in fighting HIV and AIDS and mitigating their impact in Ethiopia, remains to be exploited.

1. A generalized epidemic is defined as HIV prevalence among sexually active adults in the general population in excess of 1 per cent.

In recent years, the HIV and AIDS epidemic has emerged as a major threat to the achievement of the Education for All (EFA) targets and the Millennium Development Goals (MDGs) in Ethiopia (Federal Democratic Republic of Ethiopia, 2004). Ethiopia is at risk of not reaching the goal of gender parity even by 2015, both in primary and secondary education. Female teachers may encourage female students to stay in school through being positive role models. However, the increase in number of female teachers has been fairly slow. According to estimates presented in the most recent report of the UNESCO Institute for Statistics (UIS), Ethiopia will need to more than double its current stock of primary teachers (i.e. from its current stock of 111,000 to 264,000) if the country is to get close to achieving universal primary education (UPE) and have large teacher stocks and relatively low pupil-teacher ratios by 2015. In addition, Ethiopia is faced with a very high demand for teachers, and the primary pupil to teacher ratio – an important indicator of quality of education – is currently above 65:1 and is gradually increasing (UNESCO, 2006). The shortage of teachers is even likely to grow with HIV and AIDS taking their toll among teachers.

For HIV and AIDS preventive education to be effectively integrated and carried out, it can be argued that teachers need to be adequately informed and trained. In this respect, TTIs, as change agents, have a critical role to play in reversing the high incidence of HIV infection among young people. In light of prevailing conditions in the education sector, such as HIV and AIDS and information communication technologies (ICTs), the roles of teachers are being re-defined. These new roles include, among others: enhancing HIV and AIDS awareness; effecting positive behaviour change among college staff and the teacher trainees; strengthening the capacity of teachers to develop an HIV and AIDS curriculum and accompanying pedagogies; and acting as role models. The most natural and best-placed institutions where these new roles of teachers could be taught are TTIs.

The International Institute for Educational Planning (IIEP) has conducted this study in collaboration with the International Institute for Capacity Building in Africa (IICBA). Both institutes recognize the important role that educational institutions play in shaping the attitude and behaviour of young people (the most at-risk age group), in providing care and support for those infected and/or affected, and in laying the foundation for and contributing to improved social and economic development.

Thus, this diagnostic study focused on looking at the current state of affairs with regard to TTIs in Ethiopia and their response to HIV and AIDS in a bid to identify the associated problems, challenges and prospects. The study aims to create a knowledge base by reviewing the actual and potential role of TTCs in teaching appropriate prevention education and in fostering non-judgmental provision of care and support, while also suggesting ways for effective participation by educational institutions in general, and TTCs in particular.

Objectives of the study

The objectives of this study on TTIs' responses to HIV and AIDS in Ethiopia are as follows:

- (a) to identify the existence of institutional policies, structures, action plans, programmes and strategies for addressing HIV and AIDS within the selected TTCs;
- (b) to determine the impact of HIV and AIDS on staff and trainees in the selected TTCs;
- (c) to examine the extent to which these strategies are implemented and the obstacles encountered;
- (d) to document the role of various types of management and institutional leaderships in organizing different strategies for responding to the challenges of HIV and AIDS;

- (e) to put forward recommendations on strategies that would help the colleges to mitigate the impact of the epidemic and enhance HIV and AIDS awareness among staff and teacher trainees.

It is hoped that the results of this study will help inform and facilitate the development of policies, guidelines and training programmes, which in turn will enhance the capacities of TTIs to respond more effectively to the challenges presented by the adverse effects of HIV and AIDS.

1.2 Research methodology

The methodology sub-section is composed of five parts:

- 1) the rationale behind the country selection;
- 2) the characteristics of the study population in general, and identifies key issues in view of the study objectives;
- 3) the sampling schemes employed to select both the TTCs and individual participants for interviews and focus-group discussions (FGDs);
- 4) the data collection tools, the process of adapting the questionnaire and the methods of analysis used;
- 5) some of the limitations of the study.

Country of study and rationale

HIV and AIDS impact the supply of education through the resultant withdrawal of infected and/or affected teachers and education personnel from the education system, either through death or illness. Furthermore, HIV and AIDS impact on the demand for education by compromising the health and well-being of affected and/or infected students, and by reducing their willingness and ability to attend lessons and complete their education. At a more systemic level, HIV and AIDS also threaten to reduce the effectiveness and efficiency of education systems in high prevalence countries such as Ethiopia.

According to the *Sixth AIDS Annual Report*, the national HIV prevalence in 2005 was 3.5 per cent (10.5 per cent for urban and 1.9 per cent for rural areas). Based on these estimates, there were 1,320,000 PLWH (590,000 males and 730,000 females) in the country in 2005 (Ministry of Health, 2006). In view of investigating the impact of HIV and AIDS on the supply of and demand for education, an impact study was commissioned by the MOE in 2003. This report documents that at least 2,858 teachers and 640 support staff reportedly died in the five-year period between 1997/1998 and 2001/2002. This finding implies that, on average, more than 570 teachers died per year. In the 39 schools included in the study sample (17 primary, 20 secondary and 2 TTIs), a total of 133 teachers died in the 5 year period alone, i.e. about 27 per year (Ministry of Education, 2003b). With regard to the impact of the pandemic in the ensuing years, no recent studies were carried out. Besides, the Educational Information Management Systems (EMIS), on which the MOE relies to gather, store and analyze data on education-related indicators and parameters at all levels, does not include specific add-on modules on HIV and AIDS. Thus MOE does not systematically and periodically collect and analyze HIV and AIDS-related data (the impact that the HIV and AIDS pandemic is inflicting on the education sector, particularly on teachers and students, as well as institutional responses in Ethiopia), and does not base policy and programmatic decisions on such data.

The response of the Government of Ethiopia to HIV and AIDS is multi-sectoral and strives to engage the public and private sectors, non-governmental, faith-based and community-based organizations.

HIV and AIDS activities are decentralized, but are co-ordinated at the national level by the HIV and AIDS Prevention and Control Office within the Ministry of Health (MOH). In January 2005, the government launched a national programme to provide access to antiretroviral therapy (ART) free of charge across the country, together with a social mobilization strategy on HIV and AIDS and a national multi-sectoral strategy for the period 2004-2008. A national road map for accelerating access to HIV and AIDS care and treatment has also been finalized, and regional road maps are being developed (Abebe, 2004).

There is an awareness of the documented impact (though not recent and detailed enough) of the pandemic on the education sector (specifically on the recruitment, training and deployment of teachers and teacher educators, and generally on the chances of the country to achieve the EFA targets and the MDGs). It is recognized that HIV prevalence in Ethiopia is high. Despite this widespread recognition and need for urgent action, the government was, in March 2007, yet to develop an education sector HIV and AIDS policy.

Characteristics of the study population

There are a total of 27 government TTIs in Ethiopia, and these run first cycle, second cycle, secondary and graduate level teacher education programmes. A brief description of the various teacher education programmes is presented below.

Programme structure

In Ethiopia, TTIs provide training at the 'certificate' level permitting graduates to teach at the primary level. TTCs train at the 'diploma' level for the second cycle of basic education. Education faculties at universities produce graduates at 'degree level' to teach in high schools and colleges.

The first cycle primary teacher education certificate programme (10+1):

- is a one-year programme;
- admits students who successfully complete Grade 10;
- trains graduates to teach at primary level, with an integrated curriculum in self contained classes and multi-grade schools, using continuous assessment.

Presently, the percentage of qualified teachers teaching in the first cycle is 97.1 per cent.

The second cycle primary teacher education diploma programme (10+3):

- is a three-year programme;
- admits students who have successfully completed Grade 10, meeting the minimum requirements;
- offers courses in three components: the practicum, academic subject streams and common professional courses;
- produces academically and professionally qualified teachers who would be able to teach all subjects in their chosen stream effectively for Grades 5-8.

At the moment, the total number of teachers (both qualified and unqualified) teaching in primary schools, i.e. in the second cycle, is 171,038, of which 54.8 per cent are qualified.

The secondary school teacher education (degree programme):

- is a three-year programme;
- admits students who have successfully completed preparatory or pre-tertiary education;

- offers courses of all the teacher education system overhaul (TESO) components, which include the practicum, academic subjects, professional and other topical courses;
- produces academically and professionally competent teachers to teach in their major and minor areas in secondary schools or teacher education institutes.

At the moment, the total number of teachers (both qualified and unqualified) teaching in secondary schools and teacher education institutes is 17,641, of which 40.6 per cent are qualified.

The teacher education graduate programmes:

Curriculum design of graduate-level teacher training based on the new TESO framework is currently underway.

From the above four categories, the first three groups of TTIs are considered as forming the study population for this research undertaking.

Student population

With regard to student population, there are currently a total of 51,678 teacher trainees enrolled in various programmes at TTIs in the country, according to the Education Statistical Annual Abstract of the MOE (2006). Of these, 29,047 are enrolled in the regular programme, 19,497 in the evening and 3,134 in the summer programme. The 27 teacher education institutions are spread throughout the geo-political regions of the country, and all report to the respective regional educational bureaux which, in turn, report to the federal MOE (Ministry of Education, 2006b).

Sampling strategies

In this study, two methods of sampling were employed: multi-stage purposive; and convenience sampling schemes. The first sampling strategy was used to purposively select four regions, and thereafter pick one TTI from the selected regions using convenience sampling. To this end, the first stage of the sampling process (i.e. purposive sampling) relied on three carefully identified selection criteria, which are detailed below:

Existence of institutional policies, guidelines and/or programmes on HIV and AIDS

Given that none of the TTIs in Ethiopia had any institutional policy at the time of the study, the researchers selected TTIs both with and without demonstrated activities and programmes with a view to identifying the reasons behind the existence (or not) of such programmes, and to get an idea of the type and extent of institutional responses at both ends.

HIV and AIDS prevalence rate of the regions

The study uses the most recent data on the estimated and projected HIV prevalence and urban adult (aged 15-49) HIV prevalence rates from the *Sixth Annual Report of AIDS in Ethiopia*, by the National HIV and AIDS Prevention and Control Office of the MOH (Ministry of Health, 2006). Five of the regions were selected in the second round of the multi-stage sampling process (Ministry of Health, 2006).

Variations in religious and cultural practices

Ethiopia is a very diverse country with many different religious and cultural practices, which may have an impact on HIV prevention and intervention programmes. Therefore, attempts have been made to include regions with differing religious and cultural practices.

Sample sizes and sampling techniques

To adequately gather the required qualitative data (both via individual in-depth interviews and FGDs), 4 groups of data sources were relied upon: 4 officials at the federal MOE, 9 academic and administrative officials at TTIs (deans, vice deans, administrators, student deans and HIV and AIDS focal persons), 25 lecturers (both female and male) and 48 students (both female and male).

Purposive sampling was employed to select informants that fell under each of the above groups of data sources. Selection criteria included decision-making roles (including roles in HIV and AIDS-related matters), gender and post-holders such as HIV focal persons, student deans, heads of campus clinics, co ordinators/leaders of anti-AIDS clubs and student councils. The selection of students was made in close consultation with TTC officials.

The first group of data source (i.e. officials at MOE) is engaged with policy making at the highest levels of the education structure and is supposed to be well aware of the future policy, as well as of strategic and programmatic directions of HIV and AIDS activities. It was thus sought to solicit their views and opinions about policy, leadership, funding and structural issues surrounding the response of the education sector to the pandemic.

To this end, interviews were held with four senior MOE officials at the federal level. The four officials interviewed were key decision-makers in charge of teacher education, policy drafting and/or HIV and AIDS programmes and activities. The key informant interviews at the central level helped obtain the relevant information on the government's policy directions, the impact of HIV and AIDS, federal-level HIV and AIDS-related guidelines and activities, achievements and challenges, and existing support structures for TTIs. In addition, future plans of the MOE to strengthen the responses of the education sector to HIV and AIDS were discussed.

At college level, efforts were made to obtain detailed information on the impact of HIV and AIDS on the colleges, the roles of educational managers and institutional leaderships, HIV and AIDS preventive education, mainstreaming, networking and partnerships, existing HIV and AIDS-related programmes and services, challenges and opportunities, and future plans.

Data collection methods and analysis

The data collection instruments were adapted from the original questionnaire provided by IIEP and used as principal guides to conduct all interviews and FGDs.

The data collection instruments included four in-depth interview guides and/or protocols for:²

- senior officials at the MOE;
- college officials;
- lecturers and students (with separate areas of emphasis for the two groups);
- FGDs.

On average, individual interviews lasted about one hour and the FGDs took an hour and a half. Most of the interviews and group discussions were recorded using digital audio recorders, which helped significantly during the writing up of the interview and FGD reports.

At each college, a total of four FGDs (one with male teachers, one with female teachers, one with male students and one with female students) were carried out, except when circumstances did not allow it; i.e. in some colleges, the number of female teaching staff was not sufficient to run FGDs,

2. Refer to *Appendix I* – Adapted data collection tools.

as was the case in TTC-2 where there was only one female lecturer. Meanwhile, at least three or more interviews with college officials were carried out. In TTC-3, the researchers were unable to conduct a sufficient number of interviews and FGDs because of the difficulties in scheduling them at convenient times for all the respondents, and almost all members of staff were overloaded with teaching activities and commitments in various committees and working groups.

As the nature of the study is largely diagnostic and exploratory, and as its main objectives were geared towards identifying the impact of HIV and AIDS, structural and functional opportunities, and gaps in the response of TTIs to HIV and AIDS, a fairly straightforward method of data analysis was used that involved three steps.

Phase 1 – Classification of data

The gathered qualitative data was initially classified by data source, theme and region.

Phase 2 – Tagging of data and grouping of tagged data

Tagging involved the process of selecting from an amorphous body of material bits and pieces that related to the study objectives and helped support the purpose of the study and answer the basic research questions.

Phase 3 – Labelling

The last phase involved assigning some distinguishing marks to the tagged and grouped qualitative data. Some of the labels used came from the data itself, while the majority of the labels were taken from the original set of 57 research questions to ensure conformity with the report structures of the Kenyan and Zambian country reports. Once tagged and labelled, data with similar characteristics were placed and categorized into the same group, i.e. constructs, concepts, variables and themes (Baptiste, 2001).

Limitations of the study

There are three limitations that need to be acknowledged and addressed regarding the present study. The first limitation concerns the diagnostic or descriptive nature of the research, as a result of which both the data collection and analysis methods used were chiefly aimed at gathering and presenting data that describe the situation with regard to HIV and AIDS activities in the selected TTIs. Thus, this study should only be regarded as a preliminary step in understanding the complex interplay between HIV and AIDS and TTIs in Ethiopia.

The second, and perhaps the more restrictive, limitation is the absence of any form of national-level policy, periodic reports, documentation, etc. concerning HIV and AIDS activities in the education sector, except for the mapping study carried out by the MOE. This affected the depth of the data gathered to address the first three core research objectives, and thus the extent to which the findings can serve as a basis for planning and action-oriented programming.

The final limitation, which is the common pitfall of qualitative studies, is that the information collected during the study was largely of a self-report nature which, depending on the themes and issues being queried, may be prone to some inaccuracies as a result of problems of recollection, lack of information, or social desirability.

2 Review of related literature

2.1 Introduction

In this chapter, an overall situation of HIV and AIDS as it relates to teachers, TTIs and the education sector is presented and organized in fairly broad but inter-related sections. The first section gives an overview of the HIV and AIDS pandemic in Ethiopia and a contextualized discussion of the national-level response. This is followed by discussions of the Ethiopian education system, policies and reform programmes. These are considered as they pertain to teacher education programmes and institutions, and the impact of HIV and AIDS on the sector, particularly on teacher training, deployment and performance. This chapter also attempts to critically appraise the progress and the key challenges in co-ordinating and intensifying education sector responses to HIV and AIDS at various levels of government structures.

2.2 HIV and AIDS in Ethiopia: a brief overview

National HIV and AIDS estimates

The most recent estimates issued by the MOH in 2006 put the number of PLWH in Ethiopia at 1,320,000, about 104,000 of whom were children under

EDUCATION †	
Primary completion rate, total	55.0
School enrolment, primary (gross %)	91.3
Net primary enrolment ratio (2004)	77.5
Net secondary enrolment ratio (2004)	25
Primary teacher stock (approximately) □	110,900
Projected teacher stocks required to meet goal by 2015 (approximately)	263,500
HIV and AIDS INDICATORS*	
Number of adults living with HIV and AIDS	1,320,000
Number of new HIV infection	128,900
Number of new AIDS cases	137,500
Adult HIV prevalence rate (%)	3.5t
Adult HIV prevalence rate in Addis Ababa (%)	11.3t
Adult HIV prevalence rate, rural areas (%)	1.9
Total number of persons requiring ART	277,800
Number of AIDS orphans (aged 0-17)	744,100
Annual AIDS deaths (368 a day)	134,450
Overall HIV incidence (estimate %)	0.26
DEMOGRAPHIC INDICATORS ☒	
Total population (2004)	75.6 million
Annual population growth rate (%) 1975-2004	2.7
HUMAN DEVELOPMENT INDEX ◇	
Human development index (HDI) value (2004)	0.371
Life expectancy (years) (2004)	47.8
Combined gross enrolment ratio for primary, secondary and tertiary schools (%)	36
Education index	0.40

Source: † Ministry of Education, 2006b;
 ◇ UNDP, 2006 ;
 * Ministry of Health, 2006;
 ☒ World Bank, 2006;
 □ UNESCO, 2006

15 years. Of the total, 634,000 were living in rural areas and 686,000 in urban areas. In the age group of 15 to 29, there were more women living with HIV and AIDS than men; in the age group of 30+, there were more men living with HIV and AIDS than women. (For more indicators, refer to *Table 2.1.*)

According to the *Sixth Annual AIDS Report*, the estimated number of new AIDS cases in the adult population in 2005 was about 137,500, with an estimated 128,900 new HIV infections (i.e. 353 per day), including 30,300 HIV positive births and 134,500 (368 per day) AIDS-related deaths (of which 20,900 were children under 15 years). In 2005, it was estimated that there were 744,100 AIDS orphans aged 0-17 - 529,800 maternal, 464,500 paternal, and 250,200 dual orphans. AIDS accounted for an estimated 34 per cent of all young adult deaths (15-49 years) in Ethiopia, and 66.3 per cent of all young adult deaths in urban parts of the country (Ministry of Health, 2006: 6-7).

National-level policy and strategic response

The first HIV infections in Ethiopia were identified in 1984, and the first AIDS cases reported in 1986. In 1987, the government established a National HIV and AIDS Taskforce within the MOH and, in the following year, a national HIV surveillance system was set up. Since then, the HIV and AIDS Department has been planning and executing prevention and mitigation activities in wait for a national HIV and AIDS council to be established.

Ethiopia adopted a comprehensive HIV and AIDS policy in 1998 to mobilize the government, non-governmental, private and community sectors to prevent and mitigate the epidemic through providing prevention education, care and support. A National HIV and AIDS Control Secretariat, which is run by the National HIV and AIDS Council (NAC), was established in April 2000. The council is comprised of high-level government members, NGOs and religious bodies, and is mandated to implement the national policy.

Some of the key national responses undertaken by the Ethiopian Government (Ministry of Health, 2004) thus far include:

- the implementation of a policy, with the primary objectives of creating an enabling environment for the prevention and mitigation of HIV and AIDS;
- the promotion of a broad multi-sectoral response;
- the establishment of an HIV and AIDS Prevention and Control Office (HAPCO), with the mandate of co-ordinating and facilitating HIV and AIDS prevention activities in the country;
- the establishment of HAPCO regional offices;
- the development of a five-year national strategic framework (2000-2005);
- the launching of the Ethiopian HIV and AIDS Prevention and Control Project (EMSAP);
- the development of the Ethiopian Strategic Plan for Intensifying Multi Sectoral HIV and AIDS Response (2004-2008).

The achievements made were not without challenges. There was a shortage of qualified human power; weak leadership and poor management; a lack of well co-ordinated efforts at all levels; limited scope and coverage in the delivery of services; the lack of experience in multi-sectoral and multi-actor undertakings; low utilization of funds; turnover of experienced staff, particularly at the lower levels of government; and limited involvement of government organizations and other stakeholders.

2.3 HIV and AIDS and the education sector

Background to the Ethiopian education sector

The chief objective of the Ethiopian education sector is to provide access to quality primary education to all school age children by the year 2015. It aims to guarantee the creation of trained and skilled human power (at all levels) that will act as a driving force in the promotion of democracy and the pursuance of socio-economic development in the country. According to the MOE (1994), the mission of the education sector is to:

- extend quality and relevant primary education to all school-age children, and to expand and standardize education and training at all levels to bring about rapid and sustainable development with increased involvement of different stakeholders (community, investors, NGOs, etc.);
- ensure that educational establishments are production centres of all round competent, disciplined and educated human power at all levels through the inclusion of civic and ethical education, with trained, competent and committed teachers;
- take affirmative action to ensure that females, rural children and those from agricultural families, as well as those with special needs, have equal opportunities to participate in all education and training programmes, and increase their role and participation in development;
- expand non-formal education training programmes to non-school-age children and adults, to enable them to actively participate in poverty reduction (Ministry of Education, 1994).

To meet the above ends, the Government of Ethiopia is placing particular emphasis on the expansion of education with the firm belief that development of the country, in the long-term, rests upon the expansion and provision of quality education. The government's commitment to improve the provision of quality education resulted, in the formulation of the Education and Training Policy (ETP) in 1994, which encompasses the entire education and training sector. Since then, as part of a much wider socio-political transformation process (the key reforms being the introduction of a federal system of governance structure and the policy of decentralization across all aspects of governance), the education system has undergone profound changes. Along the course of undergoing system-wide changes, due attention has been given to make education and training responsive to the country's development. It is hoped that these education reforms and undertakings will enable the country to lift its population out of poverty and achieve the government's vision of placing the country among middle income countries in the next 20 to 30 years.

The impact of HIV and AIDS on the education sector

There is overwhelming evidence that HIV and AIDS are becoming a very serious threat to the provision of quality education and to the universalization of education, both of which are vital aspects of the comprehensive effort to eradicate poverty and attain the MDGs in Ethiopia. It is also undermining the education system by taking away a considerable number of teachers, teacher educators, education managers and administrators through temporary illness or death. Efficiency is also lost through underperformance of personnel who struggle to continue to carry out their responsibilities. In addition, the education sector is losing its teachers, planners and managers at all levels to AIDS. Hours of teaching, finances, and other critical resources are lost due to sickness, funerals and other complications related to HIV and AIDS. In view of the huge toll that HIV and AIDS are taking on the education sector and the ensuing far-reaching problems and challenges to achieving both the EFA targets and the MDGs, there appears to be a widespread recognition of and consensus on the urgent need to develop an education system capable of planning for and

managing the mitigation of the impact of HIV and AIDS. This should be done by putting in place appropriate policies, guidelines, management and co-ordination structures for responding to HIV and AIDS in education at the federal, regional, *Woreda*,³ *Kebele*⁴ and institutional levels.

Education sector response to HIV and AID

The following sections present a panoramic view of the Ethiopian education sector, policy reforms, sector development plans and teacher educations programmes, and examine how the HIV and AIDS challenge has been dealt with at policy and programme levels. A discussion follows then, of the strategies adopted and activities carried out by the Ethiopian Government to deal with HIV and AIDS at federal and regional levels. The processes through which education sector responses to HIV and AIDS have, in due course, progressed to a sector-wide approach, and the associated challenges of developing a comprehensive sector response to HIV and AIDS are also looked at.

Strategic plan for intensifying multi-sectoral HIV and AIDS response

The Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV and AIDS Response (2004-2008) is framed around the national policy and the five-year strategic framework. It is geared towards enhancing and strengthening the ongoing multi-sectoral prevention and control activities. The strategic plan recognizes that national response and intervention are still far from adequate considering the magnitude of the HIV and AIDS problem, and the plan particularly singles out the low implementation capacity in the education sector and calls for needs-based capacity enhancement programmes. Under its thematic areas, the strategic plan identifies national priority intervention areas for the education sector, and proposes that the sector should actively work towards integrating HIV and AIDS prevention education into the curriculum at all levels (Ministry of Health, 2004).

To this end, the document puts forward the following major activities that the education sector must take on:

- include HIV and AIDS prevention education in teaching curricula;
- promote peer education;
- use effective communication and appropriate technology;
- strengthen civic education;
- mainstream HIV and AIDS prevention into education.

The proposed responses from the education sector for 2004-2008 are summarized in the following table.

3. In line with the policy of decentralizing the education system by devolving power and authority from the federal level down to lower levels of government, there are 11 regions under the federal level, and under each region there are zones and districts (*Woredas*), which again are divided into *Kebeles*. The *Woreda* government tier is responsible for planning and delivery of basic education services.

4. *Kebele* is the smallest unit of political administration.

Table 2.2 Proposed response for the education sector (2004-2008) (as outlined in the Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV and AIDS Response)

Selected strategies	Major activities	Indicators	Verification	Responsible body
Include HIV and AIDS education in teaching curricula	Review and develop existing curricula	Percentage of schools that have incorporated HIV and AIDS education into the school curricula?	Document	MOH Regional HAPCOs MOE
Promote peer education	- Develop manuals and guidelines for peer education - Train and refresh critical mass of model teachers and students - Establish and strengthen school anti-AIDS clubs	Proportion of schools that established anti-AIDS clubs and mini-media	Report Documents	MOH Regional HAPCOs
Use effective communication and appropriate technology	- Expand and establish mini-media*			MOH Regional HAPCOs MOE
Mainstream HIV and AIDS into education	- Establish full time formal unit/person at all levels of the education system - Conduct joint operational research			MOH Regional HAPCOs MOE REB

* The 'mini-media' initiative in Ethiopia aims to foster amateur journalism through extra-curricular, school-sponsored media clubs.

Source: Ministry of Health (2004).

Within the framework of a multi-sectoral response and on the basis of the proposed set of responses, the federal MOE and regional bureaux of education are required to articulate and develop their strategic plans, taking their contextual realities into account.

HIV and AIDS and the Education Sector Development Programme

Based on the ETP, a twenty-year roll-out plan was developed in 1997. The first five-year plan, the Education Sector Development Programme I (ESDP I), was launched within the framework of the policy with the chief objectives of improving quality, relevance and equity. It also aims to expand access, with a special emphasis on primary education in rural and underserved areas, as well as the promotion of education for girls, in an attempt to achieve UPE by 2015. In the years that followed the implementation of ESDP I (1997/1998 to 2001/2002), significant strides were made in the direction of achieving UPE and the other EFA goals.

It is important to note here that ESDP I mentioned HIV and AIDS not as a challenge and a priority area that the education sector should respond to as a matter of urgency, but as an activity for school clubs. The corresponding Programme Action Plan (PAP) did not articulate or include strategies and mechanisms for responding to the pandemic (Ministry of Education, 1997).

In 2002, a task force on teacher education was set up by the MOE to, among other things:

- investigate the gap between expectations placed on teachers on the job and the realities of the school and out-of-school environment;
- examine the capacity of teacher education institutions;
- recommend solutions and design a concrete action plan.

With regard to strengthening the teacher education system to respond more effectively to the HIV and AIDS challenge, the task force report recommended the urgent need to develop and implement a sector-wide HIV and AIDS strategy. This should seek to “use and develop further the established mechanisms to engage the entire education system in an urgent but meaningful programme which will contribute to the defeat of HIV and AIDS.” (Livingstone, Woods and Leu, 2002: 25)

Since ESPD I, there has been an increased realization that HIV and AIDS have a multifaceted impact on the demand for, supply and quality of education, and threaten to counteract the remarkable gains and achievements made. The Ministry of Education therefore, ensured that ESDP II (2002/2003 to 2004/2005), among other things, put special emphasis on the integration of HIV and AIDS prevention education into the regular curriculum.

Alongside the mainstreaming of gender and the creation of space and incentives for CSOs and the private sector to play a greater role in the provision of education at all levels, ESDP II identified HIV and AIDS as a cross-cutting issue and proposed that:

“... the education sector should respond to this pandemic if it is to survive the impact of HIV and AIDS and counter its spread, especially in response to the impact on teacher supply and student demand. Hence, it will be made sure [in ESDP II] that students and teachers are informed about HIV and AIDS and have life skills learning opportunities to reduce their vulnerability and to enable them avoid risky behaviours. There is also a need to protect, care for and support children and others living with HIV and AIDS through the curricular approach (HIV and AIDS education integrated into all subjects and for all grade levels), the various extra-curricular activities including the Anti-HIV and AIDS Clubs and radio and TV programmes produced and broadcasted by the Education Media Agency. Supplementary materials, source books, posters, leaflets, etc. shall be produced in the different nationality languages and distributed to schools. Moreover, NGOs working on HIV and AIDS shall be encouraged to use schools as centres of intervention and entry points to prevent HIV infection among young people. Task forces shall be formed and strengthened at the various levels (MOE, Regional Education Bureau and *Woreda*) to follow up activities.” (Ministry of Education, 2002a: 51)

It is important to note that the sector development programme planned, as early as in mid-2002, for the integration of HIV and AIDS education into the newly developed curricula in order to mitigate the impact of HIV and AIDS. However, the funds required to implement the planned programmes and activities were not estimated and included in the budget, and this seriously affected the performance of ESDP II in the HIV and AIDS domain later.

Among the notable achievements with reference to HIV and AIDS-specific activities during ESDP II was the establishment of an HIV and AIDS task force at the ministry. Furthermore, the mapping

study commissioned by MOE reported that the following activities have been undertaken during the implementation period of ESDP II:

- An HIV and AIDS baseline survey was conducted on secondary schools in Ethiopia.
- A study was conducted on the impact of HIV and AIDS on the education sector and the role of HIV and AIDS prevention education in responding to the impact on teacher supply and student demand.
- Based on the report of the above-mentioned study, activities, though unco-ordinated and fragmented, continued to further strengthen the integration of HIV and AIDS prevention education into the curricula of various school subjects.
- A comprehensive source book on HIV and AIDS education was developed for teachers.
- HIV and AIDS-related teaching materials were prepared as readers for use in secondary schools.
- Posters and brochures on HIV and AIDS prevention, control and care were printed and distributed to schools, teacher education institutions, universities and other institutions.
- A video film on HIV and AIDS was produced for secondary schools, and 300 copies were distributed to the regions for delivery to all secondary schools in those regions (Ministry of Education, 2006a).

A similar assessment of the performance of ESDP II was also conducted by the Joint Review Mission (JRM) – comprised of education sector staff from a group of donor agencies and MOE. This mission reviewed the implementation of ESDP during August and September 2003, including the planned HIV and AIDS activities, and revealed in its final report (Ministry of Education, 2004) that the HIV and AIDS issue was still too often too taboo to be discussed in the open. But the report also indicated that many HIV and AIDS activities were successfully being implemented in the surveyed regions and schools, such as the following:

- HIV and AIDS clubs were established in schools.
- School mini-media were used to educate school children on HIV and AIDS issues.
- HIV and AIDS-related information, education and communications (IECs) were developed and disseminated during flag raising ceremonies, school opening days and hours.

However, the JRM report (Ministry of Education, 2004) revealed that specific bottlenecks at policy level were mainly responsible for the limitation of the mainstreaming of HIV and AIDS into all aspects of the education sector and the exclusion of HIV and AIDS education in the educational plans of the regional education bureaux. Besides, the report pointed out that there was a serious lack of data on the impact of HIV and AIDS on school children, teachers and the education personnel in general.

In giving an overall assessment of the education sector response, the JRM noted that, due to the emphasis on the promotion of HIV and AIDS awareness at all levels of the system, initiatives both at regional and school level tended to be:

“... ad hoc in nature and, at the moment, they still tend to lack co-ordination across the regions. In this regard, there is an increasing call for a national policy to be framed in relation to this insidious disease, its prevention and the role, responsibilities and duties of the education sector [sic] combating it.” (Ministry of Education, 2004: 46)

After having examined the opportunities and challenges in view of intensifying the education sector response in a more co-ordinated and effective manner, the JRM puts forward the following recommendations for the next sector development programme, i.e. ESDP III:

- establish a comprehensive monitoring and evaluation system that is also capable of assessing qualitative achievements with regard to education, training, gender and HIV and AIDS.
- improve and refine anti-AIDS clubs and encourage periodic evaluation and continuous support to help sustain these institutions over time and keep them effective in their work.
- strengthen efforts to develop peer education programmes since they are seen to yield positive results.
- systematically collect data on the effect of HIV and AIDS on children's participation in education and on the functioning of teachers and education personnel. It is essential in order to better understand the scope and effects of HIV and AIDS on pupils, schools and society.
- stress more HIV and AIDS issues in curricula under different subjects and supervise closely the implementation of curricula at school level. This will ensure that themes related to HIV and AIDS are properly addressed in all schools. Teachers also have to be trained and encouraged to raise these issues as an essential part of their teaching.
- collect data on the impact of HIV and AIDS on the participation of children in schools and the functioning of the educational personnel.
- share information, experiences and best practices on HIV and AIDS initiatives at school, *Woreda*, and regional levels, and among regions.
- develop materials directed at teachers to address issues related to HIV and AIDS at different levels, starting from Grade 1 (Ministry of Education, 2004).

The Government of Ethiopia recently developed ESDP III, which will span five years (2005/2006 to 2010/2011). Like the previous programme, ESDP III also puts HIV and AIDS at the heart of the sector-wide education reform programme. In addition, the programme document presents an unequivocal view on the huge impact of the HIV and AIDS epidemic on the education system, specifically by increasing the rate of teacher absenteeism and death, and by creating orphans and vulnerable children (OVCs) who are less likely to attend school, more likely to drop out (due to lack of family support) and need special psychosocial care and support. Furthermore, there is increased awareness that the HIV and AIDS epidemic has particularly serious consequences for girls' education, since girls are more socially and physiologically vulnerable to HIV and AIDS, and more susceptible to the negative impacts of the epidemic (Ministry of Education, 2005).

Thus, to reverse and mitigate the impact of the pandemic on the education sector, at all levels from pre-primary to tertiary level, it is planned in the ESDP III PAP to develop and implement the following interventions:

- Workplace policy and implementation guidelines will be in place for teachers, students and other employees affected and infected by HIV and AIDS at all levels.
- A situation analysis of OVCs in each region and at all levels of the education system will be conducted to address and ensure access to schooling.
- Systematic data collection will be in place to understand the scope and effect of HIV and AIDS on students, teachers and administrative staff.
- The impact of HIV and AIDS will be minimized through maximizing preventive education on the mitigation of the spread of HIV and AIDS. Hence, preventive education will be given to the

education sector community to enhance knowledge and skills, to foster and sustain behaviour that lowers risk, and to improve care and lessen the impact of illness.

- Training for teachers (on preventive education, integration of HIV and AIDS prevention education, psychosocial care and support for the infected and affected) will be strengthened at school and other training institution levels.
- The education sector will reach out to every potential learner and teacher in a bid to comprehensively respond to the crisis of HIV and AIDS.
- HIV and AIDS prevention education will be fully integrated and strengthened in formal and non-formal education programmes.
- All pre-service and in-service teacher training programmes will incorporate HIV and AIDS messages and preventive measures.
- Anti-AIDS clubs will be strengthened to minimize fear, stigma and discrimination against students and teachers infected and affected by HIV and AIDS.

In ESDP III, the Ministry of Education has articulated and prepared a set of key interventions for the education sector to implement, as can be discerned from the aforementioned proposed strategic responses to the HIV and AIDS pandemic for 2005/2006 to 2009/2010. However, it was extremely important and quite a significant step for the third sector development programme to have planned for the formulation of an HIV and AIDS policy for the sector.

Although such policy formulation is perhaps best carried out in the context of institutional strategic planning, it is too urgent an undertaking to be left until the next strategic planning exercise begins. The development and implementation of an education sector HIV and AIDS policy is a crucial step for creating an enabling environment for educational institutions at all levels (including TTIs) and to provide strategic guidance and directives for developing institutional policies, structures, action plans, programmes and strategies for addressing HIV and AIDS issues at all levels in the system. In addition, the policy will also create a favourable environment for CSOs, NGOs and other stakeholders to systematically and effectively tackle the HIV and AIDS pandemic. In this regard, the role and importance of a well-articulated and comprehensive HIV and AIDS policy that identifies key priority areas, provides a framework and explanations for internal decisions and legitimacy for actions to be taken in the fight against the pandemic cannot be emphasized enough.

In a nutshell, the absence of a sector policy is identified as a serious constraint, not so much by impeding, but by slowing down the overall sector response, and this will obviously have a direct bearing on the pace, effectiveness, scale, efficiency and holistic nature of a timely response to mitigate the impact of the pandemic.

HIV and AIDS and the pre-service teacher education programme

With a firm conviction that the role of the teacher education institutions (TEIs) within a society is a crucially important one, the MOE has embarked on a comprehensive programme to overhaul the teacher education system that offers a direct challenge to TEIs: “to redefine their role and to become active agents for change within the classroom, within their communities and ultimately, within the Ethiopian society” (Ministry of Education, 2003a: 35). There is also now widespread recognition that teachers and teacher educators have a key role to play in developing learning communities that are able to take control of their own development; and hence emphasis must be put on supporting the role the teacher has within the community.

To realize the objectives of the new pre-service teacher education system, it is proposed that the overhaul programme reviews and revises the teaching curricula to reflect and address better

the educational and social realities of Ethiopia, by particularly focusing on developing the rural community and creating equity for women.

In addition, the new pre-service programme is committed to producing competent teachers that have the desired academic knowledge, sufficient professional skills and attitudes, and the ethical values enshrined in the Ethiopian Constitution.

The new curriculum is designed to include only those things which are going to enable student teachers to teach well, especially in the first cycle of primary level, and it is envisaged that three common courses focusing on the development of practical skills and teaching strategies will be incorporated. These include the following:

- *Professional studies*
covers all the areas which students need to know regarding education: classroom management, organization, learning theories and psychology;
- *Civics and ethical education*
deals with all the areas concerned with the role of the teacher and the ethical dimensions of teaching and education;
- *Life skills*
provides a dynamic way of helping student teachers to develop crucial skills for present-day society, i.e. decision-making, problem-solving, critical thinking, creative thinking, interpersonal skills, self-awareness, coping with stress, etc. (Ministry of Education, 2003a).

Both the first and last courses, i.e. professional studies and life skills, are aimed at equipping student teachers with methods of teaching about important areas like HIV and AIDS, health and hygiene, personal safety, rural development issues, etc. Notwithstanding, the programme also specifies the scope of the courses, the course outline, methods of teaching, assessment, etc.

In conclusion, HIV and AIDS and life skills are integral components in the new curriculum of teacher preparation, but no documentation exists regarding the implementation of HIV and AIDS programmes in teacher training.

Federal and regional-level HIV and AIDS structures

The MOE plans, as expressed in ESDP II, to fight the pandemic through curricular and co-curricular activities and other ad hoc approaches. As far as the MOE is concerned, HIV and AIDS activity costs are embedded or mainstreamed in the different sub-programmes. The MOE also argues that HIV and AIDS prevention education should be integrated into curricula and textbooks.

Since the launch of ESDP II, HIV and AIDS have been included as an impacting force on further educational development. However, the MOE, despite ad hoc and unco-ordinated activities and interventions, has no specific HIV and AIDS policy, though there is an education sector HIV and AIDS strategic plan. To effectively implement this plan, a committee has been set up that is chiefly responsible for co-ordinating the education sector response to the HIV and AIDS pandemic, but there are no dedicated staff at the national level to deal exclusively with HIV and AIDS matters.

In terms of structures, there are poorly resourced focal offices at the federal and at most regional offices, but not at *Woreda* education offices, that have the mandate for primary education. The federal-level HIV and AIDS committee, led by the HIV and AIDS focal person, is comprised of officers who are full-time occupants of other posts and carry out HIV and AIDS-related activities on top of their responsibilities in their respective departments. In addition, the committee does not have a budget allocated to planning and implementing its activities; therefore, it heavily relies on external

assistance from the Education Pooled Fund, which was established by a group of donors. The reliance on external financial resources understandably undermines the sustainability of HIV and AIDS programmes at the federal level.

At regional and sub-regional levels, there are structures responsible for implementing the proposed response to the HIV and AIDS epidemic, but these structures do not work in synchronization and alignment with the federal committee (perhaps due to decentralization). Nor do they report to the MOE. Thus, it is difficult to ascertain their level of engagement with the education sector response, or to gauge the impact of their activities. MOE has recently developed a workplace policy for the education sector, and implementation guidelines for universal precautions based on the policy document developed by the Ethiopian Civil Service Commission.

The education sector response to HIV and AIDS at national level

The MOE introduced the HIV and AIDS education sector programme in 1996 and 1997 as a pilot project in selected schools. Based on lessons learned, the interventions were made to embrace all secondary schools in 1999 and 2000. While the main co-curricular strategy has been the establishment of anti-AIDS clubs in secondary schools, the curricular reforms have also attempted to integrate HIV and AIDS prevention education into education, starting from the first cycle, i.e. from Grades 1 to 4.

In 2004, the MOE, with technical assistance from UNAIDS, conducted a national workshop on Accelerating the Education Sector Response to HIV and AIDS in sub-Saharan Africa⁵ (February-March 2004). Following the recommendations from the workshop, focal persons have been designated to follow up on HIV and AIDS issues at federal and regional levels. In addition, guidelines for the organization of anti-AIDS clubs have been developed and disseminated to schools, and a process of identification of OVCs has started in order to collect data for EMIS with a view to addressing their needs for support services. In large part, however, the MOE is yet to translate many of the recommendations of the February 2004 national workshop into federal and regional policies, programmes and strategies, and further co-ordinate and monitor the sector's response to HIV and AIDS.

To provide a clear picture and to facilitate the articulation of the education sector response, four key thematic intervention areas are identified, and strategies and activities proposed under each key theme.

- planning and mitigation;
- prevention;
- OVCs;
- workplace policy at the federal, regional and institutional levels.

The proposed strategies and activities during the workshop are presented below, and the sections heavily rely on information from the workshop report (UNAIDS and MOE, 2004).

5. Accelerating the Education Sector Response to HIV and AIDS in sub-Saharan Africa is an initiative of HIV and AIDS affected countries and the UNAIDS Inter-agency Task Team for Education (IATT). This initiative calls for a multi-partner effort from countries, development partners, civil society and the private sector to promote high level understanding and leadership, and the development of effective national responses across the education sector.

Planning and mitigation

Under the 'Planning and mitigation of the impact of HIV and AIDS on education sector' component, the workshop adopted HIV and AIDS as a cross-cutting issue and put forward detailed strategies to curb the spread of HIV in the absence of a cure and prophylaxis (UNAIDS and MOE, 2004).

Following this key recommendation, the MOE planned and integrated preventive and control measures into primary, secondary and tertiary education curricula. Parallel to this development, the MOE also established an HIV and AIDS task force, whose responsibility is to develop a sector-wide HIV and AIDS policy and design implementation systems (directives, guideline, monitoring mechanisms, including specification of indicators). Currently, while there has been an effort to draft guidelines, a sector-wide HIV and AIDS policy is yet to emerge.

Prevention

Under the federal system, the chief role of the MOE is to provide policy guidance and technical assistance to the regional educational bureaux to create an enabling environment and to enhance capacity to offset barriers in the implementation of their respective sector development programmes of action.

In this regard, the MOE provided communication and audiovisual equipment to 86 schools to help promote HIV and AIDS health education. In addition, the ministry, in collaboration with national HAPCO and education bureaux, is providing technical support to enable the establishment of HIV and AIDS information centres in 6 universities, 16 TTCs and 100 secondary schools. Some schools have already established such centres, but at tertiary level, including teacher education institutions, they still have a long way to go before these resource centres are up and running (UNAIDS and MOE, 2004).

Orphans and vulnerable children

In 2005, it was estimated that there were 744,100 AIDS orphans aged 0-17 in Ethiopia (Ministry of Health, 2006) (the number gets much higher if non-AIDS orphans are included), and the trend shows that the figure will rise and could possibly reach 1.8 million by 2010. The substantial challenges this poses both to the education and health sectors in the universal provision of prevention, care, treatment and support services are quite obvious.

The workshop underscored that, in order to develop appropriate care and support interventions, it is important to undertake a needs assessment exercise, taking note of the fact that orphans have different characteristics, needs and peculiarities. However, progress in this direction is very limited (UNAIDS and MOE, 2004).

Taking into consideration the plight of OVCs, the MOE HIV and AIDS strategic plan outlines the various social and educational support services that schools and education personnel need to provide for this special group of children whose circumstances are difficult.

Workplace policy

The MOE has already adapted the workplace policy and guidelines developed by the Federal Civil Service Commission for the education sector, but effective and sector-wide implementation is yet to take place (UNAIDS and MOE, 2004).

Further, the immediate formulation of a sector HIV and AIDS policy can ensure the articulation of the roles of various actors in the education sector and provides directions for the formation of strategic partnerships among governmental, non-governmental, community service and faith-based organizations, as well as the UN and other stakeholders, to mitigate the spread of HIV and AIDS.

The education sector response to HIV and AIDS at regional level

Following the development of the strategic plan involving the aforementioned four thematic areas, the regional education bureaux started to implement the education sector response to HIV and AIDS. The goal has been to develop an education system capable of planning and managing the mitigation of HIV and AIDS impacts on the education sector at the regional and sub-regional levels.

By the end of 2006, a mapping study was carried out, among other things, to evaluate the progress in the implementation of the recommendations from the 2004 MOE and UNAIDS workshop. This study (Ministry of Education, 2006a) found that there are huge inter-regional variations. Other relevant findings are presented below:

- The HIV and AIDS strategic plan development was carried out in three regions, namely Addis Ababa, Benishangul-Gumuz and Tigray.
- HIV and AIDS education, however limited, has been integrated into primary school curricula in all the surveyed regions.
- EMIS is in place in Addis Ababa and is being effectively put into place in Dire Dawa.
- All activities under the theme 'HIV prevention' were implemented in all of the surveyed regions.
- Under 'OVC', three regions, namely Addis Ababa, the Southern Nations, Nationalities and People's Region (SNNPR) and Tigray, undertook needs assessments.
- Addis Ababa, Dire Dawa and SNNPR have organized activities to provide educational materials to OVC.
- Three regions, namely Benishangul-Gumuz, SNNPR and Tigray, have adapted the workplace policies of the civil service commission.
- Six regions, namely Afar, Benishangul-Gumuz, Dire Dawa, SNNPR, Somali and Tigray, have prepared workplace guidelines.
- Five regions, namely Afar, Benishangul-Gumuz, Gambella, SNNPR and Somali, have appointed HIV and AIDS workplace co-ordinators (Ministry of Education, 2006a).

The response of higher education institutions

In the Ethiopian context, many universities have education faculties that train high school teachers and teacher educators for TTIs. Abebe (2004) extensively examined the responses of Ethiopian higher learning institutions to HIV and AIDS. A summary of the key findings of this study (Abebe, 2004) is presented below:

- There has been very little effort by higher learning institutions to develop a policy on HIV and AIDS, and they lack a strategic framework for interventions. There has also been no apparent attempt to gather data on the prevalence and impact of HIV and AIDS in their communities.
- Inadequate understanding of the role that higher education should play in response to the HIV and AIDS pandemic is widespread.
- Strategic and/or operational plans in the education sector do not include planning for HIV and AIDS, and therefore there is no basis for allocating a formal budget line to finance HIV and AIDS activities, or for monitoring and evaluating the activities.

- In the absence of HIV and AIDS units within the formal structure, HIV and AIDS committees and/or student-based anti-AIDS clubs remain the focal points for spearheading piecemeal HIV and AIDS activities that are usually financed by a few NGOs.
- HIV and AIDS are largely regarded as a problem of the individual concerned, not that of the institution "... HIV and AIDS issues are considered the prerogatives of HIV and AIDS committees and/or anti-AIDS clubs."
- Limited partnerships with other non-state actors such as CSOs and NGOs etc. exist. Over and above, lack of institutional ownership (of HIV and AIDS programmes) resulted in ineffective and inefficient programme implementation, thus seriously affecting their success.
- Insufficient priority is given to the problem by leadership, expressed apathy and lack of co-ordination, and misconceptions among staff (Abebe, 2004: i-iii).

In a broader context, a report by the Association of Commonwealth Universities (2001) summarizes the response of higher education institutions in sub-Saharan Africa to HIV and AIDS as follows:

"... universities display characteristics similar to those shown by general education systems: considerable disarray, inadequate understanding, piecemeal response, lack of co-ordination, absence of well-developed action plans, minimal policy framework, and heavy reliance on the initiatives of a few interested and committed members of staff." (Association of Commonwealth Universities, 2001: 6)

2.4 Summary

Quite a number of prevention and support programmes for mitigating the impact of HIV and AIDS have been developed and are in place in the Ethiopian education system. The chief challenges, however, are of a structural nature and are well captured in the following quote from a recent MOE and IIEP document:

"The HIV and AIDS response is generally seen as an intervention that exists outside of the 'traditional' educational planning domains. It is considered to be the prerogative of the specialized agencies set up specifically for that purpose. As a result HIV and AIDS is left outside the mainstream issues of educational planning and management. Consequently mainstreaming of HIV and AIDS in the education sector has not been achieved, and even those appointed as focal points on HIV and AIDS do not see it as their primary responsibility." (Abebe, 2005)

In addition to the structural issues, other reported problems (related to programmatic planning and budgeting) include:

- a lack of policy directions and guidance from the MOE in light of the response to HIV and AIDS;
- the lack of clarity and consensus on sector and level (pre-primary, primary, secondary, teacher training, tertiary etc.) priorities;
- costly and time-consuming duplication of efforts;
- inadequate baseline data;
- limited HIV and AIDS-focused research and information management activities;
- insufficient monitoring and evaluation;
- limited capacity at all levels of the education system.

3 Presentation of results and findings

3.1 Introduction

In this chapter, the study findings from the four TTCs are presented. The chapter first gives an overview of the institutional responses to HIV and AIDS and existing policies and plans (or lack thereof). Then, the current leadership situations and challenges related to the response to HIV and AIDS at federal, regional, and institutional levels are discussed.

In addition, based on the qualitative data gathered from the four TTCs, the situation is presented of past and present HIV and AIDS programmes, activities and related services including research, partnerships and networks.

The findings of the study are organized under the following six thematic areas:

- awareness of the impact of HIV and AIDS on TTIs;
- institutional response: HIV and AIDS policies, strategies and programmes;
- leadership on HIV and AIDS;
- education related to HIV and AIDS;
- prevention, treatment, care and support services;
- other key issues.

3.2 Awareness of the impact of HIV and AIDS on teacher training institutions

The qualitative data from all the four TTIs reveals that no regular record-keeping exists in any of the colleges in terms of HIV-related absences, withdrawals or mortality of teachers and students. Notwithstanding, indirect and often subjective judgements are the only modes of gauging the perceived impact of HIV and AIDS. Impressions about the HIV and AIDS problem are based only on guesses and speculations, as there is still total silence about the pandemic and a lack of action from federal-level authorities to include HIV and AIDS as a key domain in the education management information system (EMIS) and the district management information system (DEMIS) that have only recently started being rolled out.

Despite the fact that the ministry of education, with technical assistance of UNESCO, has put in place a nation-wide information system, from the federal level down to the school level, the system does not include parameters and indicators to measure the various aspects of HIV and AIDS, including impact and response. This has created a serious problem for TTCs and other educational institutions in both planning for and reporting on HIV and AIDS, which would have helped decision-makers at the federal level in setting policy directions.

Notwithstanding the lack of information management system for HIV and AIDS-related issues, FGD participants (both teachers and students) from the four TTIs generally maintain a sharpened sense of the potential impacts of HIV and AIDS on the education sector and the need to act to counter these impacts.

At higher levels, all college officials expressed the need for objective and accurate information-gathering tools that can feed information to officers involved in decision- and policy-making.

Indirect assessment of the situation of HIV and AIDS in TTCs

In line with the first objective of this study, i.e. identifying the impact of HIV and AIDS on staff and trainees in the selected TTCs, an attempt was made to solicit data and information. However, due to the absence of systematic recording-keeping, college officials were unable to supply figures to demonstrate the impact of HIV and AIDS in their respective colleges. Thus, in this section, the views and opinions of members of the TTC community are presented, on the prevalence and impact of HIV and AIDS (i.e. the TTC community diagnosis).

In TTC-1, for example, both male teachers and students reasoned that, owing to the fact that students stay on campus only for three years, coupled with the high turnover of teaching staff and the fact that it may take years for HIV infection to progress to AIDS, they found it difficult to calculate the number of HIV and AIDS-related deaths or sickness. The teachers, however, admitted that they had heard rumours about colleagues who had died of AIDS.

On the other hand, male students from TTC-1 reported that many student trainees had been sent to their home towns when they got ill, although they could not provide more details or give actual numbers. In 2005, two students were sent to their families, where they died. Two members of staff (a teacher and a driver in 2000 and 2002 respectively) were also reported to have died in the same college, and the cause of these deaths, though not clinically confirmed, is considered by the male students to be AIDS.

Information about people infected with HIV and resulting deaths was gathered from both staff and students in TTC-2, which could be regarded a little more objectively than rumours and hearsay.

As the Dean of TTC-2 pointed out:

“... Over the past few months, there have been two reported student withdrawals, one for an intestinal problem and the other for TB and the TB case is suspected as resulting from opportunistic infections related to HIV and AIDS. There are also reported illness-related absences due to AIDS but often attributed to malaria and water-borne diseases to avoid potential stigmatization.” (Dean, TTC-2)

The Dean also added that the fact that reimbursement costs for students' expenses related to hospital and clinic treatments and drugs are seen to be much higher than usual is regarded as an indication that HIV treatment is being sought. However, the doctors do not state so in the claim papers for reasons of privacy and confidentiality.

The prevalence and infection rates of HIV and AIDS in the region where TTC-2 is located are high. Compounded with this factor, as the majority of male and female students are already married before they join the college, with very few coming directly from schools, the students – particularly female students – are reported to be involved in income-generating activities to support their families while in college. Some of the money-earning activities could put them at risk of contracting HIV, especially self-financing female students who attend evening classes, some of whom engage in commercial sex work or work as housemaids, daily labourers, etc.

As a first year female student put it:

“... The vulnerabilities of girls to HIV and AIDS is even greater after joining the college because of the urban lifestyle, the nominal maintenance stipend, the exorbitant prices of accommodation etc. ... all these factors compel female students to seek additional sources of income so that they could go beyond making ends meet ... Getting paid to sleep with men, working as maidservants, bar tenders or streetwalkers ... almost anything ... if it brings her easy money ... quick cash ...” (First year female student, TTC-2)

In addition, male teachers from TTC-2 reported that individual teachers had helped three students to get medical treatment for HIV. Most male students also admitted during an FGD that there may be some cases of persons infected or affected by HIV that the college community ignored, but no such cases had been confirmed or divulged.

The realities in TTC-4 are no different from in other colleges with regard to the lack of information on the impact of HIV and AIDS on the TTC community. Often erroneous or unrelated signs, such as students or staff that are absent from the college for extended periods of time, on top of other visible physical signs, arouse suspicion that the cause is HIV or AIDS.

Looking at the data from TTC-4, during the last few years, there have been only two deaths among students, although the cause was not clinically established as being due to AIDS. Furthermore, there were no reported deaths among teachers. Neither were there subsequent absences, except for the occasional three-day mourning leave to attend funerals of relations.

With regard to the perceived impact of HIV and AIDS on student trainees, the Dean of Students in TTC-4 pointed out that:

“... Here at our college, we have a teaching practice course for our second year students whereby students leave campus for a year to do practicum work in schools. When they return after completing the practicum, we observed that some students got pregnant. This indicated to us that those students who have no exposure to sex education, reproductive health issues including family planning must have had unsafe sex practices. In addition, they did not bring about positive changes in their behaviour. The increased rate of unwanted pregnancy may be a sign that points to incidence of HIV infections.” (Dean of Students, TTC-4)

As illustrated in the above quotation, in the complete absence of any documentation of the prevalence and impact of HIV and AIDS in the college, it is often the case that references to anecdotes are common to communicate the perceived impacts of the pandemic.

In close connection, there is a certain level of recognition of the risk factors involved in making students vulnerable to HIV and AIDS and the urgent need to devise mechanisms that can ultimately help minimize those risks. The Dean of TTC-4 expressed the issues surrounding risk and risk minimization, as well as the college’s responsibility, in the following excerpt:

“As you know this college is not a boarding school, and all students are required to find their own accommodation with a mere stipend of 180 birr. The stipend is not enough to cover their maintenance expenses. Due to this, students live in groups; even share a room with the opposite sex. As they live in groups, they face lots of problems including rape, unwanted pregnancy etc. ... In light of protecting our students, we recognize that our academic plan has many gaps, and we believe that it needs re-organizing. In general, we understand that our plan needs re arrangement, I think this is what I believe we should do.” (College Dean, TTC-4)

At TTC-1, it was found that there is a general perception among the TTC community that the prevalence and incidence rates of HIV and AIDS in the college are higher than average. This is reportedly due to the fact that the college is not a boarding school and that student trainees are believed to be at greater risk of contracting HIV as they tend to rent accommodation in groups (boys and girls) to save on their meagre stipends. Furthermore, since the college is the only one in the region that provides a 10+3 programme, students are required to do their teaching practicum during the whole of the second year of their course, during which they are assigned to various schools in the region. During their practicum, it is reckoned that students are more susceptible to

increased sexual activity, as evidenced by cases of unwanted pregnancies (upon their return to the college), and thereby increasing the likelihood of HIV infection.

The college clinic nurse had something similar to say:

“... Despite the campaigns on campus with the Model Youth Centre with the Family Guidance Association of Ethiopia, and increased awareness among students about the pandemic, female students come to me for contraception, but not for condoms ...” (College clinic nurse, TTC-1)

Increasingly, there is a tendency to question and even label the focus on awareness and knowledge about HIV and AIDS by frontline service providers, as the following excerpt demonstrates:

“I can confidently say that everyone has a good deal of awareness about HIV and AIDS ... because of exposure to the active campaign work and the overwhelming information via the media. The issue at stake here is not about who is and is not aware but ... it is one of linking knowledge to actions ... Now the issue is about ‘staying committed’ ... about real commitments and actions ... Research needs to be done in this area ...” (College nurse, TTC-3)

In TTC-4, referring to indirect sources, such as the number of students put on a special diet for PLWH at the students’ dining hall, participants of the study argued that there are definitely people living with AIDS on the campus, but the number cannot be estimated with any degree of confidence. Male students at the college stated that cafeteria workers and drivers were rumoured to be HIV positive. They also presumed that many teachers could also be HIV positive. Last year, students of the college wanted to organize mass voluntary counselling and testing (VCT), and many (including teachers) refused to be tested, which was taken as an indication that they feared that they might be, or that they would be found out to be, HIV positive. The male students further expressed that they wanted teachers to be tested so that they could serve as role models for students.

On top of the absence of statistical data to indicate the scope and type of the problem that TTIs are facing as a result of HIV and AIDS, there seems to be a certain level of awareness about the impact of the pandemic on teachers and students overall. However, it should not be presumed that such awareness will trigger concrete action in the fight against the pandemic.

Perceived impacts of HIV and AIDS

No formal impact studies were carried out in any of the colleges; thus it is difficult to provide evidence-based information regarding the impact of HIV and AIDS on the TTIs.

Though not supported with statistical data, HIV-related impacts do affect the way in which the teacher training programmes are run, for example, by increasing the workload on other teachers who have to fill in for ill teachers when they are unable to undertake their teaching tasks, as was reported to be the case in TTC-2 by the Teacher Education Programme Co-ordinator. If and when these teachers die, their colleagues have to take on the extra workload until a replacement is hired. There are also other problems related to staff deaths: for instance, when a lady in the finances department in TTC-2 died, reportedly due to AIDS, nobody could handle monies, which resulted in many of the college’s logistics being put on hold, including payment of salaries.

In sum, the TTC-2 community seems to have a heightened awareness of the potential and real impacts of HIV and AIDS on the overall efficiency and performance of the college.

On the contrary, the impact of HIV on teaching was reported as being “not so serious” in TTC-1, because, according to a senior administrative official, the college:

“... has sufficient number of staff, if we lose some due to HIV and AIDS and we could easily fill in the vacant posts immediately.” (Senior administrative official, TTC-1)

Such views, though not commonplace, are detrimental and give the impression that HIV and AIDS are not a serious challenge that needs an urgent and co-ordinated response.

3.3 Institutional response: HIV and AIDS policies and strategies

As secondary sources indicate, at college level, strategic institutional response to HIV and AIDS must involve both the prevention of the spread of HIV on campus, and management and mitigation to reduce the impact of HIV and AIDS on the college community. Accordingly, an institutional policy on HIV and AIDS must generally be composed of the following four main components:

- the rights and responsibilities of staff and students;
- the integration of HIV and AIDS prevention education into teaching, research and community service;
- the preventative services and supportive care on campus;
- the structures for policy implementation, monitoring and review.

An institutional policy on HIV and AIDS typically contains, among other things, provisions on safety procedures for staff and students, services and resources, legal aspects of HIV and AIDS, and conditions of service.

In this study, an investigation was made to find out if the participating colleges have developed HIV and AIDS responses in the form of policies, strategies and programmes. No college was found to have an HIV and AIDS policy or guidelines. Neither were there plans to formulate one, as the practice often is to wait for initiatives from higher offices or from the MOE. This was explicitly expressed in TTC-1. According to college officials there, the reasons for the absence of a policy could be that the college considers the activities of the anti-AIDS club sufficient, and that there is little awareness, or even none at all, of the need and relevance of such policies.

During the interview with officials, the following was stated:

“Your visit here today and this discussion is an [eye-opener] to the fact that we had neglected this important issue and I feel that we should do something about it.” (Senior administrative official, TTC-1)

In TTC-2, although the college officials answered that they did believe that their institution saw it as its duty to inform members of the college on the modes of HIV transmission and prevention, as well as care and support, there was little evidence of any substantive activities to support this affirmation. Students from TTC-2, both male and female, related the absence of an explicit policy at the college level with a lack of commitment and a lack of meaningful co-ordination and harmonization of efforts between and among regional HIV secretariat, federal and regional bureaux of education and the college.

Furthermore, the Dean of Students mentioned that the college benefits from the new teacher education programme (i.e. TESO) that revamped the teacher education curriculum in a bid to make it more relevant, and these reforms are helping enhance the capacity of the college, as captured in the following excerpt:

“At the moment, we do not have any institutional policy, but it is quite necessary that we should develop one. In the meantime, the ongoing reforms on teacher education are a positive step in the direction of enhancing the capacity of teachers and teacher educators and equipping

them with core knowledge and skills in the fight against the pandemic ... through the Higher Diploma Programme. We realize that this is a transient arrangement but we hope it will take us up until our college is strategically prepared to take on the challenges of HIV and AIDS.” (Dean of Students, TTC-2)

In TTC-4, initiatives are underway to craft a college-level HIV and AIDS policy as expressed by the Dean. A meeting has already been held among the three TTCs in the region, the regional education bureau and HAPCO to discuss the issue. Thus far, it has been agreed to use the same framework as the national one, but with careful adaptation to the contextual realities of the region. Aside from the policy formulation, mainstreaming is generally taken as an option until a comprehensive response at college level is developed.

The fact that the college did not have well co-ordinated HIV and AIDS programmes could be directly related to the lack of policies, strategies and guidelines at the federal level. As the Dean put it:

“The federal HIV and AIDS policy for the sector will create the opportunities for the regional bureaux of education to develop their own institutional policies based on the Federal Policy. We also hope that during the implementation of this policy, we will get support from the MOE. But until now, we are working on our own ... with a piecemeal approach ... and without a broader national framework for the education sector.”

The best example, according to the Dean, that demonstrated the value of having a broad national framework is the success story of extra-curricular clubs, such as gender and anti-AIDS clubs at the colleges and schools, which are guided by federal-level provisions and stipulations.

Across the board, almost all participants from TTC-4 mentioned that the absence of policies and guidelines has undoubtedly hampered the college’s HIV and AIDS activities, and the college’s heavy reliance on the initiatives of instructors for planning and developing HIV and AIDS-related programmes is ineffective and unsustainable in the long run. These prevailing circumstances, compounded by the lack of funding for implementing such activities, have crippled ongoing efforts. On top of this, there is no reporting mechanism for HIV and AIDS; thus the college administration tends to regard HIV and AIDS as a low-priority area. The following citations attest to the low level of commitment of the colleges to respond to the challenges posed by HIV and AIDS:

“The colourful picture that some of my friends are trying to paint with regard to the depth of understanding of HIV and AIDS and its impact by the college admin, I believe, is simply wrong. I understand that there is so much more to do in that regard ... and increasing levels of commitment can come after enhancing their understanding and capacity to respond ...” (Third-year male trainee, TTC-2)

“The officials of the college are generally aware and responsive to the needs and problems of the student population. But their responsiveness is limited only to ‘academic needs and issues’. They do not even attempt to look into and address issues of HIV and AIDS in any meaningful and sustainable manner. I would characterize their commitment as ‘bogus’ ... very far from bona fide and sadly, it is externally driven.” (First-year female trainee, TTC-4)

In a similar vein, the institutional response of TTC-3 is characterized as ad hoc, fragmented, unco-ordinated and haphazard by a large number of informants. In line with this, two typical views from respondents are presented below (referring to the state-of-affairs of the college’s response during the previous administration):

“The college has no clear plans or programmes on HIV and AIDS despite the toll the pandemic is taking on the student population. Its activities are largely done on a ‘funds come, projects

developed' basis ... the priorities of the college are undefined. In short, the officials are merely acting to avoid any likelihood of charges or accusations that may hold officials to account.” (Third year male trainee, TTC-3)

“We have not dealt with HIV and AIDS with the required level of involvement and with clarity of purpose. The co-curricular clubs, departments ... the clinic ... or the student council ... They all seem to do their own thing ... A very participatory and serious priority-setting and strategic planning must happen soon if our response is to have any meaningful outcomes in fighting HIV and AIDS.” (Student Dean, TTC-3)

As can be discerned from the above views and from the interviews we had with students, none of the four colleges had ever conducted any proper planning on HIV and AIDS. Added to this, there were no college structures responsible for managing or implementing interventions. It was also observed that there was a felt urgent need to adopt a holistic approach to respond to HIV and AIDS, and to harmonize activities and services according to priority areas and groups.

To sum up, seven core and cross-cutting issues should be noted as inhibiting factors to an effective and well co-ordinated response to HIV and AIDS at all the colleges:

- the lack of policies, strategies and guidelines;
- a lack of sufficient capacity on the part of teachers to initiate, facilitate, co ordinate and integrate HIV and AIDS issues into the college education;
- a lack of commitment, effective meaningful co-ordination and harmonization of efforts at all tiers of the education system;
- a limited awareness on the urgency of tackling HIV and AIDS;
- in terms of managing the institutional response, the absence of steering committees or other structures in colleges (where students or student bodies are represented) that deal with planning and implementing HIV and AIDS interventions;
- the absence of any form of incentives for members of staff involved in HIV and AIDS activities on top of their normal workload;
- the inadequate priority given to HIV and AIDS issues by the college administration.

In close connection with the aforementioned points, there is only a sense of urgency among a few administrators that a co-ordinated response should be mounted to address the key problems that arise as a result of the propagation of HIV and AIDS.

3.4 Leadership on HIV and AIDS

An institutional HIV and AIDS policy is only as effective as the leadership that owns and supports it. Leadership provided by senior members of the college administration can make a huge difference in mitigating the negative impacts of HIV and AIDS by creating a sense of urgency, mobilizing resources and key stakeholders, and, more generally, by planning ahead and managing effective institutional response.

The key findings that cut across all the TTIs are presented below, categorized by themes.

Climate of indifference and lack of ownership

From interviews held with key administrative officers, it was learnt that there is a climate of indifference among the TTC-3's community to the seriousness of the HIV and AIDS challenge to education. This observation also holds true for TTC-2, where HIV and AIDS are also seen as the

problem of the individuals that have to deal with them, not as an issue and challenge that the colleges should feel concerned about.

The inattention to HIV and AIDS, as openly expressed by TTC-1 officials, was perhaps an extreme case, as the following quotation demonstrates:

“Actually it is impossible to say we have done enough. Because of the overwhelming workload we have, we do not give the necessary attention to the problem of HIV and AIDS. You know ... we believe that students get the support and information they need from institutions like clinics, health bureaux and other sources. Thus, developing HIV and AIDS programmes for our college is wasting time and that is why we did not give proper attention for this issue. In addition to this, our main problem is lack of budget. If we had sufficient budget, we would have provided the college community sufficient and relevant information and services. We, however, do this sometimes by inviting people living with HIV to share experiences and raise the awareness for our students. But generally we expect our teachers and students to stay informed.” (Senior college official, TTC-1)

In close connection, some respondents remarked that HIV and AIDS are seen as a means of securing funds from HAPCO or other NGOs for the colleges' other non-HIV and AIDS activities and as an easy route to making personal gains by way of taking part in training workshops (per diem and travel). Such attitudes of higher officials in the three TTCs are believed to have led to the lack of ownership of HIV and AIDS-related programmes or activities at their respective colleges.

This climate of indifference is compounded by the lack of seriousness at higher levels. As male teachers in TTC-2 stated, “the regional government and the secretariat are not serious; no HIV and AIDS-related activity has been witnessed during the last 11 months.” Other teachers stated several factors, such as the high rates of HIV infection in the town where TTC 2 is located, but that still no effort is being made to address the issue. For instance, posters announcing HIV and AIDS Day celebrations are put up, but little else can be seen. Students' efforts receive little support from the leadership.

Reliance on initiatives of instructors and periodic calls from CSOs and NGOs

Some dedicated and/or concerned members of staff take the initiative to solicit external funds for HIV and AIDS-related activities or interventions. However, these initiatives are not strategically guided by a work plan, and when these members of staff leave, the project activities are not sustained.

TTC-2 does not have institution-wide structures for co-ordinating and implementing the institution's response, except for the HIV and AIDS focal person who, on a voluntary basis works on HIV and AIDS, but “rather according to his whims” and with no serious planning, “often for the benefits of regular travel to bigger cities” to attend workshops. Furthermore, the focal person does not have any articulated terms of reference, or list of duties or responsibilities, thus is not officially expected to report on HIV and AIDS activities. In sum, it can arguably be said that the college does not have any form of planned or co-ordinated response to mitigate the impact of HIV and AIDS.

In line with this, all male and female students at TTC-1, contrary to the claim of male teachers during the FGD, maintained that they run HIV and AIDS activities on the basis of personal contribution. Reportedly, there is no goodwill on the part of the college administration even to write a letter of support to solicit funding to celebrate AIDS Day. The students also stressed that it is only the Family Guidance Association of Ethiopia (FGAE) that provides them with material and financial support. The college only bought them an amplifier and tape recorder for mini-media. They complained

about the unavailability of audio cassettes. They went on to describe their need for tapes, both with recorded music about AIDS and blank ones to record educational messages or music. Even unavailability of chalk and other materials to teach their peers about HIV and AIDS was said to be a common problem. They also pointed out the impeding bureaucratic procedures to do things and even get permission to use the college auditorium to hold HIV and AIDS-related gatherings and meetings once a month.

At TTC-3, male students pointed out that the HIV and AIDS focal person did not take initiative or guide the college community on what should be done and how to go about it. According to most of the male students, it is only students who take initiatives and the HIV and AIDS focal person has never even visited the office of the anti-AIDS club. They further indicated that other clubs in the college, such as those concerned with the environment or sports related, are more active than the HIV and AIDS club.

It was noted that TTIs tend to expect calls and invitations from external organizations instead of proactively taking on the HIV and AIDS challenge. For example, efforts have been made by the administration of TTC-2, but these efforts are often driven by the regional bureau, HAPCO, unanticipated funds, or invitations to participate in training workshops by NGOs working on HIV and AIDS. Thus, the level of commitment of the college administration is far from sufficient to demonstrate effective and genuine leadership, which consequently affects ownership.

In a nutshell, college administration simply does not pay attention to forming partnerships or linking up with governmental or non-governmental organizations to obtain financial support to cater for staff welfare, cover employee benefits or training, and draw up and implement workplace interventions (including health and safety procedures).

Restrictive administrative structures and arrangements

In all the colleges, the vertical and horizontal relationships of the teacher education colleges within the broader education system are not well established to allow joint planning and programming, monitoring and evaluation, and sharing of experiences. For instance, TTC-1 is not represented in HAPCO or any other regional institutions working on HIV and AIDS.

In a similar manner, in TTC-2, given the inflexible administrative arrangements, such as not allowing slots in academic schedules for HIV and AIDS activities, teachers reportedly find it difficult to put to use the knowledge and skills obtained from HIV and AIDS-related trainings. Thus, wastage of acquired skills and knowledge is commonplace.

College clinics exist in all the colleges, but they are understaffed and do not provide HIV and AIDS-related services. Rather, they focus on first aid and refer students to hospitals or health centres.

Varying levels of consideration of HIV and AIDS as a priority area

In none of the colleges do HIV and AIDS feature in their annual work plans or reports to the regional bureaux of education. There is no regular reporting on HIV and AIDS, except for sketchy reports drawn up by anti-AIDS clubs.

It is also the case that HIV and AIDS are not well integrated into the regular activities, and it is also uncommon for the administration to engage the college community in an open and participatory manner in handling HIV and AIDS-related issues, such as in the selection of participants for training workshops, on-campus distribution of condoms, acquisition of key learning and teaching resources, etc.

At TTC-3, HIV is seen only by a few people as a topical issue that needs an urgent response. Male students blamed the previous administration for not doing anything seriously meaningful on HIV and AIDS. However, the new administration, which took office in September 2006, has shown itself to be committed. Female students maintained that the college provides accommodation for all female students, a modest budget is allocated for anti-AIDS club activities, leadership takes action against perpetrators of violence against women (from disciplinary measures up to dismissal), and that all the necessary support is given to females. Instances were reported in which students, including girls, had been removed from dormitories and dismissed for violent behaviour. Given the current arrangements, students can report cases of violence against women to the dean of students and the gender officer. However, in spite of these advancements, it is not sure that this will bring about lasting change and an effective response to HIV and AIDS.

In a similar vein, according to college officials and female teachers in TTC-4, the authorities in this college are committed to HIV and AIDS and gender equality which is expressed in terms of providing all requested support, including a modest budget. The TTC leadership has a positive attitude toward gender equality, as is demonstrated in the recruitment of female teachers and the support given to them in any activity they engage in to empower them and enhance gender equality. There are currently 7 female teachers out of a total of 20 – a good proportion, which is a result of active female teacher recruitment by the college authorities. Of the seven female lecturers, six teachers were employed in 2006 alone, with the aim of motivating female students, as female lecturers serve as role models and mentors, and ultimately to ensure gender equity. The female teachers seem to have taken their responsibility of role modelling and mentoring very well. They work closely with female students and have created girls' and gender clubs, both of which work toward addressing gender and HIV and AIDS issues. Financial and other support is also provided by the management for anti-AIDS activities such as drama productions.

With increased awareness of the impact of HIV and AIDS on teacher supply and efficiency and the changing roles of teachers in the face of HIV and AIDS, TTC-4 has set up an HIV and AIDS working committee entrusted with co-ordinating the college's HIV and AIDS-related activities.

In conclusion, there is a firm belief that office holders who make decisions with regard to HIV and AIDS (as should be the case with other central issues as well) need to be more transparent and accountable.

Budgeting and structural issues

Participants from TTC-1 believed that HIV and AIDS activities should be budgeted for. From the MOE down to the regional education bureaux and to the TTCs, there is a need for a dedicated unit and human power that leads HIV and AIDS programmes. There is also an urgent need for an independent body at the TTCs, with offices and an adequate budget. Co-ordination of the various efforts to integrate HIV and AIDS is also emphasized.

When asked about the commitment of deans, unit heads and other administrative leaders to address HIV and AIDS in terms of provision of administrative and other support to committees and clubs, all the male teachers at TTC-1 who took part in the FGD argued that college administration provides the necessary support to the best of its ability. It provides a hall and an office for meetings and other material support. However, they also acknowledged the existence of budget constraints. The budget for the TTC is allocated to specific purposes and there is no regular or defined budget for HIV and AIDS. They also stressed that the HIV and AIDS co-ordinator has no extra time outside regular teaching duties to dedicate to HIV and AIDS issues.

Female teaching staff in TTC-1 reported that they are not aware of any commitment among the leadership, but they could only presume that there was some level of commitment as some activities were undertaken. According to the female students, support from the leadership was limited to provision of office space, storage space, a hall for staging dramas, and the such. Also, posters and leaflets are distributed by college officials, but not much is done in terms of availing finances for various HIV and AIDS-related activities.

At TTC-1, however, the officials (both vice-deans) do not believe that enough attention is given to HIV and AIDS or that what is being done is satisfactory. The budget is a constraint, even for regular programmes, let alone for HIV and AIDS, which are not seen as an urgent issue as yet.

In TTC-2, there are reported instances where students have identified problems that hindered activities on HIV and AIDS, and have prepared a proposal, but failed to get funding. Financing is reportedly a serious problem.

In a nutshell, it was learnt that whenever the college administration is committed, structural and financial barriers often create impediments for effective and co-ordinated response at college level.

Limited awareness and lack of support and incentives

At TTC-2, members of staff are knowledgeable about HIV and AIDS and are well aware of the urgent need to mount effective prevention programmes. Members of staff admitted that well-designed initiatives are not forthcoming, mainly due to lack of support from the college administration and the sheer lack of funds. Despite these hurdles, the Health Sciences Department of TTC-2 has managed to carry out a few awareness-raising workshops for both teachers and teacher trainees in tandem with the regional bureau of education. In addition, the department is currently designing a reproductive health course for teacher trainees, which covers key issues such as sexuality, HIV and AIDS, sexually transmitted infections (STIs) and VCT.

Male students from the same college reported that there is limited awareness on many issues and lack of recognition of the importance of HIV among the college community. Corruption is also rampant: money budgeted for various activities is often released at a time when they cannot use it, for instance just before school closure. Even when the anti-AIDS club wants to correspond with other clubs outside the college or with other organizations like the Red Cross, getting a support letter from the college is a problem, according to male students.

Male students who took part in the FGD claimed that the student community does, however, try to do what it can, but there are many obstacles and they have not been able to get that far in dealing with HIV and AIDS. The participants of the same FGD pointed out many administrative hurdles that tied them down and they could not do much even if they wanted to, at least not while there are all sorts of administrative problems that must first be resolved. They have, against all odds, tried to organize educational dramas and managed to present a few, but the college has not given them any meaningful support.

3.5 Education related to HIV and AIDS

Competence of teachers to address HIV and AIDS

The study looked into the level of competence of teachers to address HIV and AIDS in their teaching and research activities. While there are variations in the different colleges, the key common issues observed are presented below.

Felt capacity gaps: knowledge, attitudes and skills

When male students of TTC-2 were asked about whether teachers were competent to teach about HIV and AIDS and shared their knowledge adequately, all participants of the discussion agreed that their teachers did not have knowledge beyond the basics of HIV and AIDS. They further narrated that the most important issue is talking about sexuality openly and in a very sensitive way and convincing people to change their behaviour, and that teachers are not equipped with such skills.

At TTC-2, it was reported that teachers have not had any formal training in addressing HIV and AIDS in their regular curricula or in incorporating it into their day-to-day teaching. This, the teachers believe, is despite the widespread understanding and felt need that it should be integrated into the staff development scheme of the college. Teachers generally felt that they do not have specific competences to address and teach trainees about HIV and AIDS. Added to that, most are young, untrained and inexperienced.

Even if there have been infrequent claims in TTC-2 that a few teachers have received relevant training, the training is generic and does not explicitly cover integration and mainstreaming of HIV and AIDS prevention education, the re-defined roles of teachers and the education sector, and the development of learning materials. As learnt from the college administration, no attempt was ever made by TTC-2 to assess the training needs of its teaching staff with regard to their knowledge and skills in dealing with HIV and AIDS issues in an integral manner in the classroom. Added to the lack of information on identified training needs, there are no proactive efforts to solicit interested government or non-governmental organizations to train staff in methodology, curriculum development and best teaching practices related to HIV and AIDS issues. This lack of proactive engagement also applies to the introduction of life skills, HIV and AIDS preventive education, and the development of context-aware HIV teaching materials. What is even more notable is the lack of support and incentives for individual teachers who show willingness to mainstream HIV and AIDS prevention education in their classroom teaching, and endeavour to organize awareness campaigns in a bid to sensitize student teachers on HIV and AIDS awareness and prevention methods.

It was noted in TTC-2 that HIV and AIDS-related trainings are mostly for teachers of health sciences, because either the invitations are directed to them or they are selected after the invitation letters arrive at the college. Either way, the reasoning is that HIV and AIDS are viewed as a health issue. One of the female respondents approves the approach, because, unless all can be included, field of specialization should be the first selection criterion. Others might participate in short trainings, but this is not sufficient, and the level of awareness on the subject, i.e. integration of HIV and AIDS education into the curriculum, is extremely low. The best option, as agreed among FGD participants, would hence be to provide HIV and AIDS prevention as a separate course. There is also no special training for teachers on curriculum and content development or teaching methods and approaches in relation to HIV and AIDS prevention education, but teachers attend workshops organized by the college with the assistance of the medical doctors from the health sciences department and instructional video cassettes.

Training on HIV and AIDS education integration methodology is given to some teachers, for instance, in environmental education and other courses, but actual implementation is always a problem. According to the male teachers in TTC-2, courses related to gender and HIV do exist, but incorporation and effective implementation are inadequate. For instance, one arts teacher reported that he tries to use artistic techniques to promote HIV prevention, but does not believe he addresses the issue adequately because of his lack of expertise in the area.

With regard to the competence of teachers at TTC-1, the teachers involved in the study argued that training on HIV and AIDS prevention education has not been given to teachers. As a result, teachers are not equipped with up-to-date knowledge, skills and information on responding to HIV and AIDS. The guidance counsellor of the college mentioned that it is only the mass media such as radio, TV and newspapers that serve as the sole source of information about HIV and AIDS. They stressed that teachers do not have enough knowledge about HIV and AIDS, and this, coupled with the culture of secrecy (not talking about sex openly) and time constraints (heavy workloads), incapacitates teachers from being effective. Since HIV and AIDS are considered as primarily a health issue, teachers repeatedly suggested that health workers should give them training on HIV and AIDS.

Each teacher at TTC-4 is expected to integrate HIV and AIDS issues into subject-specific teaching activities and address gender and other related issues, but capacity is often a limiting factor. It used to be required of every lecturer to use the first 5 to 10 minutes of lectures to discuss HIV and AIDS issues, but this is not practiced anymore. Slogans, e.g. at the bottom of exam papers, posters and billboards, are used to convey key messages concerning HIV.

Planning, co-ordination and management issues

It was reported in TTC-3 that training of teachers on HIV and AIDS, as is the case with all the TTCs, is not planned for, nor is it actively regarded as an important area for inclusion in refreshment courses or training workshops. Added to this, teachers are overloaded with teaching assignments, and thus show minimal efforts to update their knowledge of HIV and AIDS. Some even see it as a distraction from their work and feel inundated with overwhelming information and invitations to get involved.

Rather, it was found in all the colleges that training or any other capacity-enhancing activities are organized whenever invitations are sent for the college staff to take part in training workshops that focus on issues other than the education sector response. The impact of the sporadic training workshops on generic knowledge and skills (i.e. not directly applicable or usable in the education sector and in relation to the college community) is not formally studied or documented. If it were, it is believed that it would be found to be insignificant.

Thus, there is a felt need to proactively address the lack of planning, co-ordination, accountability and transparency issues surrounding the colleges' efforts to respond to HIV and AIDS.

Lack of access to up-to-date HIV and AIDS resources

In none of the colleges have there been efforts to provide up-to-date HIV and AIDS resources and to build the capacity of teacher educators to be able to effectively integrate HIV and AIDS education into their teaching. The only co-ordinated HIV and AIDS activity in TTC-2, for example, is the provision of information to students via mini-media. Since mini-media are under the control of the college administration, they cannot properly serve as a viable channel for organizing information, education and communication (IEC) and behaviour change communication (BCC) spots on HIV and AIDS for the college community. Besides, publications on HIV and AIDS are not accessible to teachers and trainees. Despite the lack of access to resources, some lecturers at TTC-2 take their own initiative to integrate HIV and AIDS issues into the subjects they teach, such as geography and biology.

Female and male students in TTC-1 who were involved in the study also admitted that NGOs such as FGAE provide refresher courses to students once a year. The members of the anti-AIDS club also hold review meetings every month to learn from each other and to decide how to proceed.

Overall, they claimed that even the student trainers are not knowledgeable in HIV and AIDS, and they are not expected to be effective teachers to bring about behavioural change. Regarding the teachers, the students stated that some are competent and others are not. They went further and argued that professional course teachers are outsmarted by students, and that sometimes this can cause arguments and unnecessary disputes between teachers and students due to their lack of knowledge about HIV and AIDS.

Key issues, such as what HIV and AIDS are, how the virus is transmitted and prevention methods, home-based care etc. could be incorporated in professional science courses offered to all students, but teachers in TTC-2 feel they do not have relevant and current data and knowledge. Knowledge on gender issues is also extremely limited, as none of the teachers have had any training in this area but are expected to teach it. Harmful traditional practices, such as front lower tooth extraction among the Nuwer ethnic group, and polygamy can be cited as practices that expose people to the risk of HIV infection. Such issues could serve as entry points for the integration of HIV and AIDS prevention education into many subjects, but fear among teachers of possible negative reactions when addressing such culturally-sensitive issues holds them back.

Establishing an HIV and AIDS resource centre

The teachers' guide to integrating HIV and AIDS prevention education could not be implemented because of teachers' limited capacity to deal with HIV and AIDS. Part of the problem, according to teachers in TTC-2, is that the ministry of education puts 90 per cent of its efforts into curriculum design and preparation of teaching materials, and only 10 per cent into training and upgrading teachers. Furthermore, access to information is limited in remote colleges, such as TTC-2, and there is always a long queue to use the Internet which is only available on a single computer and is often out of order.

The male teachers also mentioned the lack of access to recent and region-specific information, which could be used as teaching resources and concrete examples in classrooms. For instance, the HIV prevalence rate (14 per cent) in the town where TTC-2 is located was unknown to all the teachers.

In relation to HIV prevalence in TTC-2, one male teacher said:

“... This 14 per cent prevalence rate has come to me as a [breaking news], and it has further reminded me of our limitation in accessing up-to-date data and resources, and making me feel inadequate to teach others ...” (Male teacher, TTC-2)

Hence, the usual practice is to incorporate inappropriate or out-of-date information from general reference books. Teachers also stated that the relationship between gender and HIV and AIDS cannot be given due emphasis because there are no reliable resources that teachers can refer the trainees to.

According to male teachers at TTC-2, as a modest step forward in enabling the teaching staff, the college has a keen interest in establishing an HIV and AIDS resource centre and requires the assistance of both the government and NGOs working on HIV and AIDS.

In summary, the participants in the study generally expressed the view that teacher educators at their respective colleges do not feel competent in acting out their new roles in the face of HIV and AIDS, and more specifically to teach about HIV and AIDS, integrate HIV and AIDS prevention education into their subject teaching, and develop sensitive and appropriate learning materials. Added to this, despite the urgency of the problem, none of the surveyed colleges have dedicated

units or structures to deal with it, except for focal persons that plan, manage and co-ordinate HIV and AIDS activities. Furthermore, training on HIV and AIDS integration methodologies, and on content development and teaching approaches has been observed as a crucial area for capacity enhancement programmes. Strengthening existing efforts to solicit and forge partnerships is another area that was frequently noted as enabling the colleges to pull resources and expertise to respond to the HIV and AIDS pandemic.

3.6 Awareness creation among trainees

Formal HIV and AIDS prevention education

At the time of the study, some attempts were being made to integrate HIV and AIDS prevention education into TTC-2 and TTC-3, while there was practically nothing happening in TTC-1 and TTC-4 with regard to infusing and presenting HIV and AIDS issues through the formal education programmes. Although female students at TTC-3 said that formal education incorporates gender and HIV issues, they also stated that their inclusion in the curriculum was based on the initiatives of teachers.

In TTC-2, modest efforts are made to integrate HIV prevention education into existing regular curricula and courses, like natural sciences and psychology, and some basic information is provided. It is also taught as part of biology, and students are informed about how to protect themselves, how to support and care for the infected, and the key aspects of HIV and AIDS that they, in turn, should teach their students when they become qualified teachers.

The Dean of TTC-2 noted that little time is allocated to HIV and AIDS prevention education in other subjects, as it is also included in the common course for all students, i.e. topical and professional issues,⁶ along with gender and other issues. This, according to the Dean, could be positive, but at the same time could hamper serious work on HIV and AIDS, while giving the impression that the issue is being addressed.

During an FGD, male students were asked if they learned about HIV and AIDS in any of their courses, and whether the scope, quality and teaching methods were adequate, appropriate and relevant.

A second year male trainee (aged 23) from TTC-2 responded as follows:

“We do take a course about HIV and AIDS as a global issue and I think it is good that we do. We have learned such things as HIV can be transmitted through sharp utensils like razors and that such materials shouldn’t be shared. We took this course during our first year and it was a good course and we have learned things like the value of abstinence, and about the dangers of sharing sharp materials. And that having concubines or having more than one wife is not good.”

The above anecdote implies that students are taught the basics, such as how HIV is transmitted and how it can be prevented, but that the information imparted does not go beyond that to discuss issues like sex and sexuality. The course does not include topics like how to resist peer pressure,

6. As part of its teacher education reform programme, the ministry of education recently implemented TESO in a bid to enhance the quality of teacher training programmes in the country. TESO required all TTCs, among other things, to introduce a set of mandatory courses in their respective programmes. Topical and professional issues is one of these courses that are intended to address the pedagogical dimensions of gender, HIV and AIDS, environment, life skills etc.

how to overcome situations where students may find it difficult to resist or say no to sex, how to care for the infected, etc.

Further, the course covers a lot of other thematic issues such as gender (besides HIV and AIDS), and a few hours are allocated to teaching about HIV and AIDS. Other students also added that only 40 minutes are allocated to this subject per semester. They further indicated that they learned more from what they read in the library out of their own curiosity than from the course itself. When asked whether there are enough materials and resources about HIV and AIDS in the library, they maintained that there are pamphlets, flyers and publications of that sort, but they did not always have as much time to read them all as they would like. They also indicated that the college community needs and wants to see a more tangible and systematic response to HIV and AIDS than mere distribution of pamphlets.

At TTC-3, a reform programme had recently been implemented to provide student trainees with courses such as topical and professional studies, and civics and ethics as part of the formal programme. According to the male participants of the FGD, these compulsory courses are meant to address topical issues including HIV and AIDS and gender. It was said that this integration effort is well-received by both students and teachers. Apart from these latest additions, occasional seminars and brief orientations, there have not been any formal efforts to organize and streamline HIV and AIDS prevention education, and the impact has not yet been assessed.

In TTC-4, all female students shared the view that HIV and AIDS prevention education is covered in the topical and professional issues course, a common course provided to all students that covers six major areas, namely:

- the environment;
- gender;
- heritage;
- reproductive health;
- HIV and AIDS;
- life skills.

In addition, it was reported that a female English teacher, out of interest, tries to integrate HIV and AIDS education into language lessons through practise and discussion under three headings: social issues, gender, and health and HIV and AIDS. Both male and female students produce sketches or plays on topics akin to HIV and AIDS, which are then used as part of an assessment of English proficiency. In conjunction with the attainment of English proficiency, the practice is believed to enhance awareness on HIV and AIDS issues.

In line with the new TESO, the teacher education curriculum is re-designed to include only essential and core topical issues pertaining to the development of practical skills and teaching strategies that will enable student teachers to teach well, especially in the first cycle. These core topical issues are classified into three common courses, i.e. professional studies, civics and ethical education, and life skills. Thus, according to the new TESO curriculum, all colleges are expected to integrate HIV and AIDS education both into the topical and professional studies and into the life skills common courses. To review the extent to which teacher education colleges are implementing the new curriculum and the associated challenges, a curriculum review meeting, as learnt from a couple of college deans, is planned at regional and federal levels. This review is hoped to include the inclusion of HIV and AIDS education as a separate subject in TTC curricula.

Non-formal education

In all the four colleges, students are active in HIV and AIDS activities through anti-AIDS clubs, gender clubs, and literature and drama clubs. Other non-formal educational activities include: peer education activities (based on the life skills approach), educational programmes via school mini-media, awareness campaigns and orientation programmes, and limited IEC and BCC interventions.

Co-curricular activities (anti-AIDS and gender clubs)

It was stated by female students and male teachers in TTC-2 that while there is an anti-HIV and AIDS club in the college, it is inactive and does not undertake any non-formal educational activities. Among the modest efforts, they mentioned that a ten-day training event on counselling was given to ten participants (two teachers and eight trainees) in 2006; one of the teachers was the HIV co-ordinator. Of those trained, one teacher and four students are still on campus. The training took place just before school closure, thus nothing was done the following academic year; but the teacher who participated in the training hopes that useful work will be done next year.

The activities of the anti-AIDS club and the celebration of World AIDS Day once a year are the only non-formal educational activities that take place on campus, said male teachers from TTC-2. However, neither is principally geared toward educating the college community in any meaningful way. The activities of the anti-AIDS club are also regarded by the participants as 'nominal', because they rarely address HIV and AIDS issues squarely and only take place at the very beginning of the academic year at the request of the Dean of Students to reactivate all clubs and set them in motion after the long summer break.

The participants recall carefully planned project initiatives by concerned members of the anti-AIDS club a few years back, which did not receive the support of the college administration. Thus, it is strongly recommended that support and assistance be accorded to students in their efforts to contribute to the institution's response in the form of extra curricular or non-formal pursuits.

At TTC-2, co-curricular activities of various sorts exist:

- The anti-AIDS club is engaged in creating awareness by means of drama, folklore, etc. However, views on this club were mixed, as two officials claimed it was strong and two other respondents thought it weak.
- The arts and literature club organizes educative and entertaining programmes on HIV and AIDS issues.

The gender club also deals with HIV and AIDS issues by discussing violence against women, particularly sexual harassment, which, as the female students confirmed, is a common phenomenon. Some cases of sexual harassment are reported to the female students' focal person, the Dean of Students, but many go unreported. Most local girls are reluctant to join clubs, including the gender club, because of the language barrier.

As male teachers at TTC-2 pointed out, financial problems affect the co-ordination of the school clubs, and the co-ordinator works without any form of remuneration. It was the general opinion that if the teachers in charge are remunerated, they can be made accountable, but not if the service they are offering is voluntary. In general, it was felt by the male teachers that not enough attention is given to financing HIV and AIDS activities.

Though not considered adequate by the authorities of TTC-4, several initiatives are undertaken by the college to address HIV and AIDS, including awareness creation. There is a working committee

on HIV and AIDS co-ordinated by a teacher, and an anti-AIDS club led by students. The latter is engaged in drama and literature. Abstinence is highly promoted in the awareness creation programmes. Female students intend to actively promote virginity by periodically awarding virgin girls in a bid to demonstrate that abstinence is possible, but this practice has not taken off. Women are given separate awareness training from the health department. There have also been attempts to dedicate every Wednesday afternoon to HIV and AIDS-related events, such as presentations of papers or talks by invited guests, including PLWH, but this initiative was discontinued.

According to female students and teachers, the anti-AIDS club, the girls' club and the gender club all address the HIV and AIDS issue and also work on the relatedness between gender and HIV and AIDS. The girls club and the gender club work together in collaboration with female teachers and the anti-AIDS club co-ordinator, and have plans to collaborate in the future.

Male teachers and students of both sexes at TTC-1 commented on the informal activities in the college involving students and staff members to increase the awareness of the college community on HIV and AIDS. The following activities have been carried out with regard to HIV and AIDS education during 2004-2005:

- Two dramas on HIV and AIDS (with key preventive messages) were shown.
- Education about sexual reproductive health and family planning was given by trained students and FGAE staff members.
- IEC and BCC brochures were distributed.

The following year (i.e. 2005-2006) the following activities were carried out:

- 115 students were recruited as members of the anti-AIDS club. Out of these 115 students, 2 groups of service providers were selected, 5 peer educators and 15 reproductive health trainers. The remaining 95 were regular members.
- Students wrote and produced theatrical shows to the college community on two occasions.
- A panel discussion was also arranged, and people from FGAE participated in a workshop on family planning and how to organize and structure anti-AIDS clubs. Panel discussions were also organized on the situation of HIV and AIDS in Oromiya and the role of peer education service providers.

Awareness campaigns and orientation programmes

Through its Gender Office, TTC-3 has carried out a number of effective awareness campaigns and orientation programmes for new students. In addition, efforts are made to focus on girls, who are more vulnerable to infection, by providing walk-in guidance services. It was also reported that a two-day orientation programme on assertiveness had been organized by the Gender Office.

Educational programmes via school mini-media

Female students from TTC-1 run educational mini-media programmes involving educative interviews, and believe that this is an effective way of reaching the TTC community. However, the educational programmes via these media were interrupted during the year of the study because of lack of finances. Members of the youth association from the FGAE come and teach subjects like gender, safe sex, family planning and HIV and AIDS.

As female students in TTC-1, TTC-2 and TTC-3 affirmed, the education and training they received on HIV and AIDS while in high school and elementary school was more effective than that received at their respective colleges. As mentioned before, informal HIV and AIDS education through peer

education is carried out every Wednesday afternoon in TTC-4. In TTC-1, students are trained on HIV and AIDS prevention and family planning to teach other fellow students, and hold student panel discussions during morning tea-breaks (and in the afternoons when there are no lectures). The students principally focus on four preventive methods: abstinence, staying faithful, testing, and condom use.

Most male teachers in TTC-2 stated that their source of information on HIV and AIDS is the mini-media that run programmes twice a week under the title *Let Us Prevent HIV Infection* within the health programme. However, not all teachers agreed with the educative value of the mini-media programmes and doubted the usefulness of such services as a source of information, especially for teachers.

Student peer education programmes

Peer educators mainly teach about the three preventive methods: abstinence, staying faithful to one partner, and use of condoms as a last resort. Many students are interested to be trained as peer educators, but membership to this group is limited to 5 in each class, who will then teach 40 others, bringing the total number of peer educators to 200. This is to ensure good quality.

IEC and BCC interventions

IEC and BCC services were notably the only extra-curricular activities TTC-3 carried out in a bid to raise the awareness of students and get them involved in the response to HIV and AIDS. For one, these activities are not sustainable and are apparently carried out under the direction of the college, but act as either a service recipient from NGOs or as a response to requests to join national celebrations of events.

In effect, the college was described as dormant in its response to HIV and AIDS for many years, until a new administration was appointed a couple of months ago. Informants expressed their hope that the new administration would provide all the necessary support, including an office for the anti-AIDS club, some furniture and other facilities.

Impact of educational activities on teacher trainees

Like all other TTCs, formal studies have not been done in TTC-3 to evaluate the impact of the occasional training workshops or orientation sessions that students attend because these trainings are neither well-planned nor needs-driven. Rather, the motivation behind them is that the organization offering the training expresses an interest to raise awareness about or enhance capacities in selected areas of HIV and AIDS prevention and intervention.

In TTC-2, there has not been an assessment of the impact of educational activities (including short trainings) to monitor the quality of HIV and AIDS education, neither has there been any activity to evaluate the overall performance of the college in that regard. Thus, the college does not have any recorded empirical information on the impact of its educational activities on students and teaching staff. However, the opinions and views of students on the perceived impact were solicited. When asked whether the male students thought they knew enough about HIV and AIDS from what they had heard from the mass media and in their courses; whether they were confident that they had successfully achieved a change of behaviour on the basis of what they had learned; and whether they could teach this to their future students and serve as role models for them and the community at large (since they would become teachers in about a year), the reaction was mixed.

A second-year male student (23 years old) from TTC-2 replied:

“We do have enough knowledge about HIV and AIDS. It is not just on that particular course that we have learned about HIV, we have also learned a lot about it in other courses like ethical education specially in connection with harmful traditional practices like abduction, marriage and so on. So I think we have sufficient knowledge about it and we are quite capable of teaching our future students.”

Another second-year male student (23 years old) also echoed the previous student’s position as follows:

“If we had the opportunity [if such an opportunity was arranged] we could teach the community even now, like on weekends and holidays, like in churches and places where people gather. We are quite capable of doing that if there was someone who could facilitate that.”

The rest of the participants, however, disagreed with the above claim, arguing that they were not capable of teaching others about HIV and AIDS. They admitted that they had been taught about HIV, but that the same things were repeated over and over again without going into depth.

“If you ask me what exactly we have been taught, it is just the same things about what HIV and AIDS is, its origin, how it is transmitted, how it can be prevented, how to use a condom, it is that sort of thing that we have been taught. So I am not at all convinced that we are capable of teaching others about it. And to tell you the truth, I don’t even think our teachers have any knowledge beyond the stuff you hear every day, you know, how it is transmitted and how it can be prevented and so on. I don’t think they know any more than that.” (Male student, 21, TTC-2)

Some others argued that they were taught better about HIV and AIDS in high school than in the college:

“I don’t think there is anything I have learned here as a student or as a member of an anti-HIV and AIDS club that is any different from what I have heard from the mass media or even from what I knew when I was just an elementary student. It has been two years since the anti-HIV and AIDS club of the college was formed, but as far as I know, there has only been one training so far and even that was given to just a handful of students. And even those who received the training haven’t tried to teach what they have learned to other students. So I can’t say I have learned anything in this college that is [significantly] different from what I have learned in elementary and high school. It is just the same thing over and over again.” (Male student, 20, TTC-2)

It can thus be concluded that the way the HIV and AIDS information is presented and made available to students is not convincing enough and does not give them new insights and information.

In TTC-2, the male students who took part in the FGD were questioned on their sex life and that of their friends: if they used condoms, if they abstained or if they remained faithful to one partner, if they realized that AIDS can kill, and finally, if it has made them concerned enough to use condoms. Almost all pointed out that one cannot be completely certain about other people’s behaviour, but from what they had seen, the students in the college are either faithful to a single partner or, if they find it restrictive to do so, will use protection methods. They did not believe, however, that there are students who engage in unsafe sex. What is quite contestable is to make a direct link between a college’s HIV and AIDS educational activities and the reported behavioural changes among student teachers.

Female students at TTC-4 believed that the awareness they obtained from the college is adequate to change their own behaviours, as well as to enable them to achieve a change of behaviour among their students when they start to teach. For instance, they stated that they were able to confidently address HIV and AIDS during their practicum year.

One of the notable issues at TTC-1 was that illegal abortion was reported to be high by Marie Stopes Clinic, but also to be declining since the anti-AIDS club's activities on reproductive health. When the male teachers at the TTC were asked whether they believed enough work had been done to impact on the TTC community's readiness and response to HIV and AIDS, the HIV and AIDS co-ordinator notably was convinced that enough had been done. Many of the other teachers, on the other hand, argued that the college had done dismally little, and whatever had been (or is being) done was (or is) not co-ordinated. MOE and higher educational institutions in general are not seen as taking HIV and AIDS issues seriously. As a result, TTCs and students are not informed, protected or supported as well as they ought to be.

TTC-3 is no different in this regard, i.e. no monitoring and evaluation schemes are in place to gauge the significance of education initiatives on HIV and AIDS, however limited and irregular they are. This view was expressed by both teachers and students. Male students during the FGD expressed that students are not well-informed about HIV and AIDS. The knowledge they acquired at high school and elsewhere is even being undermined by peer pressure and the freedom they experience at college. They believe that many young people in the college lack skills on how to use condoms or resist peer pressure. Although they are all members of the anti-AIDS club, they expressed that they are not well equipped to teach others about HIV and AIDS and expressed a felt need for training. The participants of the discussion said that they did not know of any TTI that does have well integrated and better co-ordinated programmes on HIV and AIDS, or any educational establishment with an exemplary institutional response to learn from. In this regard, the participants suggested that the MOE or the regional educational bureaux should strive to single out and reward such model institutions, document their best practices, and disseminate the print and audio-visual data gathered from the case studies to all TTIs.

On the other hand, some informants were of the opinion that, with the recently developed strategic plan, TTC-3 is set to do better in the future.

From the data gathered from the four colleges, the general consensus was that there were no co-ordinated programmes on HIV and AIDS until recently. Some informants indicated that the high schools they had visited were more active in HIV and AIDS prevention than their college is currently.

3.7 Prevention, treatment, care and support services

Prevention

Condom distribution

According to the Dean of TTC-2, condom dispensers were made available in two locations on campus. However, this service was discontinued as it was argued that this contradicts an article in the college's rules and regulations stipulating that students must not engage in any sexual relationships on campus. Participants of the group discussion with male teachers did not, in the first instance, believe that the service goes against the college regulations and that the rules are misinterpreted by the college administration. Furthermore, they insisted that more should be done,

if at all the rules are restrictive, to revise them accordingly, so as to allow condom distribution and help protect students from HIV infection.

With regard to the best method of making condoms available, male teachers in TTC-2 suggested that the best places to put dispensers are in or near bars rather than on the campus. They seem to be concerned about the risk of encouraging sex by promoting condom use among students. The concept that condom distribution encourages sexual activity and could lead to illegal sexual relationships between students and teachers is not acceptable by some of the teachers. Condom distribution, as many have argued, cannot be equated to condoning sex on campus; indeed the same rule is applied on the Addis Ababa University campus where condoms are also distributed. Such attitudes, the participants believed, disregard students' behaviour, or even other circumstances that could arise off campus.

One male teacher from TTC-2 specifically expressed:

“... The same rules and regulations apply to the Addis Ababa University as well, and yet condoms are distributed to students there. Thus I cannot accept this as a valid explanation to the non-distribution of condoms on Campus; it is just a lame excuse not to do the required job ...”

In addition, the college officials expressed the view that condom distribution on campus is a non-positive preventive method that the college attempted to put in place once, but despite the readily available condom supply and logistical support from NGOs, the effort did not bear fruit. This was largely due to the controversy it sparked among the college administration and teachers that the condom distribution service goes against the college's codes of conduct and promotes promiscuity among students.

The issue of on-campus condom distribution was also raised during the FGD with male students. It was asked of the participants whether they thought that condoms should be made available on campus, and where would be the most convenient place to put them. This question generated much debate and argument.

A second year male student (23-year-old) from TTC-2, for example, opposed condom distribution and use as follows:

“We know that condoms are [only] 99 per cent effective. And I am not willing to use a condom because that 1 percent might affect me. But if other people are willing [to take that risk], they can. But for me I don't think it is such a good thing to use condoms. And besides, even when you use condoms, you might use it improperly and incorrectly. And I don't support the idea of bringing condoms here to the campus because if they see a lot of condoms around, they might go out and have sex always. I have a wife and two children and I have never used a condom. I think it is better to be faithful to one partner or abstain from sex altogether than use condoms. And if condoms were distributed in the campus, students might think it would provide them with 100 per cent protection against HIV and that might lead to promiscuity in the campus. I don't think it would be a good idea.”

Another participant (male second year student, 21, TTC-2) echoed this opinion and said that he was not sure if distributing condoms on campus would be such a good idea. It would be far better if students were encouraged to have one partner and be faithful to him or her.

The above comments gave rise to negative reactions from the rest of the participants:

“I have heard what has been said. And I think we are here as representatives of students and we shouldn't just talk about our own feelings. And I think what should be done is we have a

clinic and a health professional and worker here. So condoms could be deposited with him and students might get condoms from that health worker in the appropriate way. That by itself may not be the complete solution, but if like three out of ten students used condoms, that is something. Some of you said it was better to have one partner or abstain from sex completely than use condoms. But what if I had a constant urge [for sex]? When you said those things, perhaps you may know enough about HIV to make sure you don't get it yourselves, but I might not be as knowledgeable and wouldn't it be better for me to use condoms and save myself from getting HIV or an unwanted pregnancy? I think my friends were talking about themselves and in that respect what they have said is right. There are the three 'ABC's, you could abstain from sex all together, you could be faithful to one partner or you could use condoms.

And in that respect they are all right to chose the first two, but this is an institution and there are all kinds of students with all kinds of different attitudes and opinions. You can't expect everyone to have the same views and adhere to the same principles. So if we were provided condoms within the campus, which would solve part of the problem even if it is not the complete solution by itself. It means that we have saved a few lives. So if there was a place where students could pick up a condom, like around their dormitories or in the clinic if that be necessary, I think it would be a good thing. There are many students from very poor families here who might think it is better to have sex without a condom and use the few cents they have spared for their coffee. Most students are also a bit shy and nervous and ashamed to go and buy a condom. It doesn't mean that just because you made condoms available, everyone will start having sex, or everyone will start using condoms. But those who want to use condoms will find a convenient way of getting them." (Male second year student, 21)

Another student also expressed his approval for condom distribution on the campus in such powerful words, linking sex with passion and abandonment:

"Sex is a desire; it is a desire more powerful than a hurricane (*simet demo ke awilonifas yefetene neger new*). The desire for sex is the king of all desires and sometimes it might be so strong that you might end up having sex under circumstances you will regret later. And as long as we are trying to save lives, I completely agree that making condoms available to students is a good idea." (Male second year, 20 years old)

Overall, five out of the seven male students agreed with the idea of condom distribution on campus, thereby highlighting the need to convince the administration of TTC-2, which is against condom distribution.

On the same issue of condom distribution, two teachers at TTC-1 (including the guidance counsellor) maintained that condom distribution encourages and promotes sexual relations with multiple partners. Others, on the other hand, said that they advise students to abstain from sex as much as possible and not to disregard condom use. They stressed that whether condoms are distributed or not, children and young people become sexually active at the age of 11 or 12 (at elementary school level) and there is no way of stopping sexual activity. They recommended that condoms be distributed on campus.

At TTC-1, there is no clear policy on condom distribution. The interviewees (vice deans for academic affairs and administration and development) are personally opposed to condom distribution because they believe it would encourage sexual activity. They also question its reliability. In this regard, students suggested (as did students in TTC-2) that the college administration organize a forum to openly address the concerns and negative attitudes of some groups on the matter, and take a clear stand on the issue in a bid to reanimate the distribution of condoms on campus.

All male students who participated in the FGD at TTC-1, on the other hand, endorsed condom distribution on the campus unanimously. They said that they teach 'ABCD' (Abstinence, Be faithful, Condom use and Death) with an emphasis on Abstinence if possible. When asked whether students felt ashamed when asking for condoms, they said no, even when having to ask for them from females. They claimed that female condoms were distributed, but not as plentifully as needed. They also maintained that they teach about the use of condoms to prevent STIs and unwanted pregnancy, as well as about HIV and AIDS.

At TTC-1, the anti-AIDS club distributes condoms in addition to providing information on how to use them. Male student FGD participants claimed that they receive condoms from the Nazareth Model Youth Centre, and that students could get 12 to 24 condoms for free on request.

In TTC-3, the fact that the clinic was the point of condom distribution was believed to have discouraged some students from picking up free condoms, for the obvious reason of lack of anonymity. However, this could be rectified by arranging convenient points of distribution, such as at public conveniences.

Four out of six students who participated in the male FGD at TTC-3 favoured condom distribution (male and female condoms) on the campus. Two members, including the head of the anti-AIDS club, opposed condom distribution, citing the common argument that condoms, if distributed freely and ubiquitously, promote sexual relations with multiple partners. These two students were also opposed to condom distribution as it contradicts the college's policy on sexual matters. They argued that students would be dismissed if found having sex on campus. When hinted that condoms also serve as a means of preventing unwanted pregnancy, they responded that pregnancy could be prevented by other contraceptive methods than condoms. On the other hand, the girls emphasized the importance of awareness and the need to focus on abstinence.

In TTC-4, attempts to distribute condoms have not been successful. A box was placed in the lounge, but was seldom used and was consequently removed.

STI diagnosis and treatment

STI diagnosis and treatment do not exist in any of the four colleges.

VCT and reproductive health services

In view of preventive programmes and services, the college clinic in TTC-3 provides reproductive health services and consultations, free condoms and referral to voluntary counselling and testing (VCT) services. Four AIDS patients were making use of the consultations and support at the clinic during the fieldwork. From clinical records, it was learnt that the number of STIs is very high, which is indicative of unprotected sexual practices. The clinic, despite its symptomatic approach to STI treatment, was unable to effectively treat these STIs, primarily due to the fact that patients do not come with their partners; thus the treatment regime leaves the remaining partner untreated and this obviously heightens the chances that the untreated partner will infect others. In the same vein, the existing rate of STIs is also seen as a possible indicator of cross-infection in the college community.

Both male and female students mentioned TTC-3's plan to set up a VCT centre in concert with Addis Ababa HAPCO and hoped that the testing and counselling services would be given free of charge.

In TTC-1, there is an expressed need for the provision of VCT services on campus, as observed by the college nurse:

“About two years ago, students asked the college to organize and offer VCT services. But the college could not provide it because of budget limitations. Then students went to other centres where they were informed that they needed to pay for the services which they obviously cannot afford ... But recently things are changing ... free VCT services are available ... even free ART ... Nowadays quite a number of students come to the clinic especially female students for counselling. They also take contraceptives; they prefer longer-term contraceptives such as the intravenous ... My suspicion is that ... their aim often is to prevent pregnancy ... not HIV and AIDS. Whenever I get a chance, I advise them to abstain, if abstinence is not possible, to stay in a one-to-one, faithful relationship. Six (one boy and five girls) students tested for HIV and three of the girls were positive. Although I am trained in counselling and have a plan to offer services, many of the female students are not always forthcoming due to privacy issues.”

Except in TTC-3, there are no reproductive health services at the other three colleges. It was claimed by the college officials that members of the TTC-2 community marry and are sexually active from a very early age, and advising abstinence would be unacceptable. For instance, a 15 to 16-year-old girl could be sexually active, and this would be perfectly acceptable to society; in fact if she were not, the community would wonder why. It was also reported that polygamy is common and multiple sex partners rare, and traditionally men stick to their wives. Still, this tradition, according to some respondents, is gradually phasing out, as local men have been seen with different women. All students are allowed five days per semester to visit their families, and the assumption is that partners remain faithful to one another. However, it was reported by informants that it was common for students to have multiple sexual partners, notably those coming from other regions and those who do not belong to the Nuwer and Agnuak ethnic groups, though such relations may be conducted off campus.

IEC and BCC and other information services

At TTC-1, activities related to HIV and AIDS prevention mainly consist of those undertaken by the anti-AIDS club, which was established in 2005 and started collaborating with the Nazareth Model Youth Centre under the FGAE. A two-day training on peer education was provided, covering issues such as counselling, pills and condom use, family planning methods, gender, including women's increased vulnerability, etc. The peer educators then provided gender training to other members of staff, though there was no co-ordination with the gender unit in the college. Strong peer education is given by five peer educators and students, with one student assigned to each day of the week. Peer educators have forms for referring students to FGAE for further counselling and testing, and they keep a record of those referred, who hand in a return slip.

Except for the unplanned and sporadic circulation of IEC and BCC materials in the form of flyers, billboards and brochures, there have been no preventive programmes or services targeting the entire TTC-2 community. Whereas in TTC 1, mechanisms for disseminating information on HIV and AIDS include placement of pamphlets, journals and leaflets in the library, posters and flyers, no one is sure whether the messages are gender sensitive. Music, students' discussions and drama are also used to transmit information. Women may not benefit as much as men because of the language barrier. At TTC-4, posters and billboards are in place for students to raise awareness.

Guidance and counselling services

No guidance and counselling unit exists at TTC-3, but the health assistant is a committed individual who does his best to provide guidance and counselling, though he does not have the required training. There are no condom distribution spots on campus so far, but the college plans to put a few in place this year.

As learnt from the female students, HIV and AIDS prevention activities at TTC-4 consist mainly of awareness creation. There is no guidance and counselling unit, but services are provided by the education department, often by a psychology teacher who would also have some gender training. In addition, female students get counselling from one of the female teachers on all issues, including HIV and AIDS.

Treatment and care and other support services

None of the colleges surveyed provide treatment and care for infected members of the college communities. According to female students at TTC-4, treatment, care and support at college level are absent, but students are treated in health facilities either by directly going there themselves or taking a referral slip from the college.

As is common in most TTIs in the country, TTC-1 does not provide any treatment or care for HIV-positive members of the college community. In a similar vein, neither social or educational services, or any other means of support, are being offered to students or teachers. And, as it stands during the time of data collection, the college does not have any plans to offer such services in the near future. A number of students were counselled and sent for VCT to FGAE, and the college received feedback from FGAE regarding the number of students who went for testing. Students pay only five birr (0.52 US dollars) for VCT, and if they cannot afford to pay, they can access the service for free.

TTC-3 does not have any treatment, care or HIV-related support services for the college community. The college clinic does not offer any type of STI diagnosis or treatment services, mainly because it is under-resourced and under-staffed. The guidance and counselling services are also not fully functioning, owing to the fact that a qualified counsellor is a lecturer at the college and is co-opted to provide the services to the college community during his spare time on top of his regular teaching duties. In addition, due to concerns about privacy and confidentiality, not as many students use the counselling services. Emergency contraceptive services (i.e. the pill) are provided to female students, along with the necessary professional guidance for usage.

Community outreach services

No community outreach programme has been planned or organized for the purpose of providing voluntary community services in relation to HIV and AIDS by any of the colleges. This is with the exception of educational trips, particularly practicum courses, that are organized by TTC-4 and that solely focus on education issues but not on HIV and AIDS. TTC-1 and TTC-2 also regularly organize trips to educational institutions chiefly for the purpose of experience-sharing, and students leave the campus every day to go to schools and return in the evening, and do not seem to have either the time or the administrative support to address HIV-related issues in the community.

When male students involved in the study at TTC-1 were asked if they or the college have provided or are providing any community outreach service, they replied that time and budget constraints did not allow for such services. They also maintained that they do not get the opportunity to serve the campus community, let alone the outside community. Further, the college does not allow them

to do so and, if they do it at all, it would be without obtaining the approval of the relevant college authorities and they would risk facing disciplinary action as a result.

In TTC-2, community outreach is also non-existent except for the one-off event where the anti-AIDS club was strong enough to go out into the nearby community schools on an awareness-raising mission. Teachers from a number of surrounding schools came to TTC-2 to participate in workshops organized by the Health Department of the college, if that can at all be considered as an outreach service.

According to male FGD participants, there has not been any occasion where they, especially those who are involved in the anti-AIDS club, have organized programmes to serve the community outside the campus: they have never presented any shows, dramas, educational programmes or anything of that sort.

According to officials in TTC-4, no community outreach has been undertaken, except for 25 hours of practicum activities per month in schools, and hence there is no time for students to engage in community outreach activities. Other than a drama production on HIV and AIDS that was staged in nearby towns for both teachers and students, not much else is done by students while they are at the college.

Partnership and networks

TTC-1 seems to work actively in partnership with FGAE. Both male and female students acknowledged financial and material contributions of FGAE in the college's HIV and AIDS activities. All respondents felt that TTC-1, as a direct result of being located in a town where there are several NGOs and CSOs working on HIV and AIDS, has benefited from effective partnerships with other organizations.

When it comes to TTC-2, the Dean is a member of the regional board for the HIV secretariat, which meets twice a year, and HIV activities are discussed. The possibility of partnering up with or obtaining financial support from the secretariat is slim, because the secretariat has serious operational and reporting problems, and unless that issue is resolved, fresh funds are not released from the national secretariat.

The problems were expressed by some college officials as follows:

“... Capacity is also a limitation in terms of inability of the regional HAPCO to submit timely activity and expenditure reports to the national HAPCO for a funding they have received and provided, without which further funding cannot be released for planned anti-HIV activities in institutions like the college ...” (Senior college official, TTC-2)

According to the Dean of TTC-2, the regional HIV secretariat is seen by the college administration as inactive and has not been responding or providing any technical or financial assistance to some of the students' initiatives.

Partnerships and networks were regarded by the participants (TTC-2) of the FGD with teachers as rather strategic modalities meant to be employed and pursued by the NGO sector. When probed that creating effective partnerships and networking would allow the college access to funds, expertise, best practices and resources, the participants agreed to the potential benefits and admitted that the college had not pursued or taken advantage of these approaches of improving efficiency, soliciting funds and increasing visibility. According to the male teacher respondents of TTC-2, there are no planned or co-ordinated partnerships or networks with other governmental, non-governmental or educational institutions to collaboratively undertake HIV and AIDS activities in ways that benefit the college community.

Almost all students who took part in the study claimed that the Ethiopian Women Lawyers' Association gives training on gender, sexual and reproductive health, and HIV and AIDS to college students once during their college stay. Of the few partnerships TTC-4 has established, the networks with Voluntary Service Overseas (VSO) and UNICEF are noteworthy, as these donor organizations are providing assistance in the area of life skills and preventive HIV and AIDS education. However, their willingness to support the college both technically and financially is not matched by the college in identifying its needs and developing project proposals. Thus, there is a visible knowledge and skills gap, as noted by the Dean of TTC-4, in doing business with donors and partners by developing quality project proposals and maintaining effective networking. In the same college, it was reported that linkages were not strong with any establishment, but exist with the following:

- the Organization for Social Services for AIDS (OSSA) for access to condoms;
- HAPCO for assistance (training and finances);
- college-school linkages (47 cluster schools);
- in the past, up to 15,000 birr from VSO annually, subject to the presence of VSO volunteers teaching in the college.

Other gender-related HIV and AIDS issues

Unlike TTC-2 and TTC-3, TTC-1 is not a boarding school, therefore young people at this college are often exposed to relative freedom as they flee the nest for the first time and rent houses on their own, away from parental control. This change in circumstance may have consequences on their sexual behaviour. As reported by male FGD participants (both students and teachers), most of the female students are seen around hotels and bars late in the evening. Since they are living outside of the campus, they could even be suffering from sexual abuse. This, in turn, exposes them to the risk of contracting HIV, given that TTC-1 is a vibrant roadside town (very close to known resort areas in the country) with a high HIV and AIDS prevalence. The town where TTC-1 is found is regarded as a 'workshop town', where many governmental and non-governmental organizations prefer to organize workshops. The students involved in the study pointed out that there are more female than male students in the college. To share the financial burden of lodging and other costs, many female students are forced to share flats with male students. As a result, many female trainees get pregnant.

As learned from female students at TTC-1, harassment is common on campus. Girls face gender-based violence everywhere; they are unable to work late in the library or walk home alone at night. As most female students in the college are very young and come mainly from rural families, they become sexually active mainly while at the college. Drug use (such as khat) and alcohol consumption are also common. The cost sharing mechanisms, including pooling resources and stipends and sharing accommodation, have expanded male and female relationships and given rise to associated problems such as withdrawals etc. Unwanted pregnancy is common, and the rate of illegal abortion is high. Transmission of STIs is also reportedly high.

In TTC-3, girls often experience harassment by teachers and students. Male students can either use tactical approaches and create circumstances that put the girl at risk, or actually assault the girl to achieve what he wants. In 2005, members of a group that calls itself the Death Squad, who claim to be HIV positive, victimized female freshmen, especially those from rural areas. It was also reported that female students were involved in assisting the Death Squad to achieve their ends, for which five female students were removed from their dormitories. The discussants believed that the problem of harassment is gradually decreasing with increasing gender awareness.

Sex is also reportedly practiced during the hours of darkness. The compound is large and full of trees, thereby creating an environment conducive to sexual activity. New female students are sexually abused by seniors. Although they believe that sexual harassment is not one sided and stated that males are also sexually harassed, they feel that most victims are female. They believe that many female students may not report incidents of sexual harassment by teachers for fear of being dismissed from the college. When they do report the case, they may be asked to give in, or some college officials might even perceive that they brought it upon themselves. When one female student claimed in a meeting that she was being or had been sexually harassed by teachers, her allegation was received with warm applause from other female students, implying that it is a widespread problem affecting many female students.

In TTC-4, most girls have faced problems of gender-based violence, including harassment in schools, in the streets and at home, especially during the practicum year. The perpetrators can be any of the following:

- male school officials and teachers who threaten that the girl's evaluation will be doomed unless she complies with their sexual demands;
- male co-practitioners;
- unemployed young men asking for money for khat or making other demands, and who could use violence against the girls;
- community members, even their own students.

Life is stressful for girls: they find it difficult to go about in the rural town or village, are unable to do their shopping, etc. Those who face such problems find that even their homes are unsafe.

One of the female students bitterly stated the difficulties she faced as follows:

“... I had to stay in a hotel longer than was necessary because I was scared to rent a house in anticipation of harassment that is rampant in the district. Male students assigned with me could not help in any way, as we cannot always move together and hence I always felt exposed and vulnerable ...” (Third-year female student, TTC-4)

During the practicum, two other girls assigned to the same district had to report to the college authorities and had to be reassigned. The consequences are that female trainees are now more scared and make sure to always move around together, especially after they have had some bad experiences during the practicum.

4 Summary of findings and recommendations

In this section, the major findings of the study are presented in relation to the literature review and, based on the findings, practical recommendations are made to help mitigate the impact of HIV and AIDS on the education sector.

4.1 Findings of the study

Educational institutions are well placed to respond to the HIV and AIDS pandemic, and TTCs are among the first to take action. Today, around the world, many educational institutions are involved in sex and HIV and AIDS education, as well as care and support programmes. Whilst TTCs have a wide reach, influence and capacity to mobilize their trainees and communities to respond to HIV and AIDS, their responses have lagged behind the challenges. Thus, the response from the colleges studied has been lukewarm, and leaders in general were found to be slow to take action in all of the study sites. The MOE should encourage them to carry out mainstreaming of HIV and AIDS, and help them develop the policy and allocate the budget accordingly.

Mainstreaming in HIV and AIDS requires developing new or adjusting existing policies, programmes and daily practices, and incorporating new insights and developments into one's work. The MOE and TTCs need to adjust policy and practice in recognition of TTCs' susceptibility to the impact of HIV and AIDS and to reduce their vulnerability. Educational institutions, such as the colleges involved in this study, should make it their duty to educate members of the TTC community on the modes of HIV and AIDS transmission and prevention, as well as provide treatment and care. They should also revise their policies and practices in recognition of the important role the trainees could play when they are assigned as teachers in different parts of the country.

It became clear from the study that the commitments of TTC officials involved in the study were uneven. Some officials (like the case of TTC-1) were not even well aware of the role that their institution could play in HIV and AIDS prevention and the danger that the pandemic is causing. Others (like TTC-2) tended to give politically-correct answers or paint rosy pictures, while the reality on the ground was quite different. The new administration at TTC-3 was rated by the students as committed, but it was very difficult to prove that as nothing has been done as yet. HIV and AIDS activities in the colleges can only be effective if the administration is committed to the cause. The realities in TTC-4 are slightly different in that the college administration is aware and well informed of the challenges that HIV and AIDS pose, and seem to have the commitment and readiness to respond to these challenges.

HIV and AIDS are a sensitive issue that is linked to the most intimate aspect of life (sexuality), stigma and discrimination. If TTCs decide to integrate HIV and AIDS activities, the atmosphere in which teachers, administrative officials and students discuss matters has to be safe and respectful. This requires courage and training in how to convey such sensitive matters in a respectful and culturally-sensitive way. Open dialogue also requires political will and efforts from administrative officials. The data clearly show that some TTC authorities propagated judgmental attitudes towards condom use and distribution. The officials should be aware of the need to distinguish private morality and public responsibility.

Further, HIV and AIDS seem to have been infused with different courses, and trainees are taught only fragmentary information. In light of this, HIV and AIDS education should be introduced as a stand-alone course. The response to HIV is not just the responsibility of the MOH or MOE, and it is not a fight that can be won single handedly. Educational institutions (teachers in particular) can play a major role in this fight. The attitude that 'business is the usual practice' needs to be changed, and teacher education colleges should play a proactive role in HIV and AIDS prevention.

Statistical information is essential for the scientific understanding of any field of study, and more so in designing projects intended to benefit a particular group or society as a whole. The rate and extent of the problem or impact of HIV and AIDS cannot be meaningfully understood without adequate and clearly worked-out statistical data. Theoretical generalizations, the forecasting of future trends and designing projects would be difficult (if not impossible) without adequate data that lend themselves to manipulation. Plans and strategies cannot be drawn without facts and figures. Such facts and figures will not be available unless records are kept of the facts in as careful and systematic a manner as possible, and which should then be made available to concerned individuals and organizations for analysis and interpretation. Without such data, plans and interventions will be based on assumptions, which eventually make interventions less effective and daunting.

Furthermore, structured and disaggregated data, official or otherwise, are extremely useful to evaluate the effectiveness of ongoing interventions or practices. Structured information can also be used to guide policy-making, to play a role in setting priorities, and to monitor and evaluate interventions and the rational allocation of limited resources. This means that valid and reliable structured data are vital for policy-making and for directing social actions at different levels.

No TTC involved in this study had done an impact analysis of ongoing activities or kept structured data on AIDS-related absenteeism, withdrawal and mortality rates of trainees and teachers. As a result, no information was available to give an idea of the magnitude of the pandemic and its impact on TTCs. Indeed, the colleges did not seem to appreciate the importance of keeping records of such data.

Ideally, TTCs could play a significant role in teaching communities about HIV and AIDS through practicum and other arrangements. The findings, however, revealed that almost all of the TTCs involved in the study did not provide any community service. To move in this direction, internal mainstreaming needs more attention. This is important not only to maintain the health and well-being of the TTC community, but also to build the necessary expertise and capacity for an HIV and AIDS intervention that reaches the community.

The internal work on HIV and AIDS is an important entry point, and building the capacity within helps the TTC community to understand what can be done in (and for) the community. There is a wealth of resources for HIV and AIDS prevention in the country, and active networking and partnership with governmental, non-governmental and civil society organizations is another area that these educational institutions should capitalize on.

4.2 Recommendations

Awareness of the impact of HIV and AIDS

- Recording systems (and more broadly, information management systems) for HIV and AIDS events must be established in all colleges, and HIV and AIDS must be given due coverage in EMIS.

- The MOE or regional educational bureaux should strive to single out and reward model institutions in addressing HIV and AIDS, document their best practices and challenges, and disseminate the print and audio-visual documentation of the case studies to all TTIs.
- Federal-level institutions should attempt to document best practises in the education sector and share the documentation with TTIs.
- There must be a strong awareness campaign to change the attitudes of both staff and students regarding the need for community participation and the holistic approach required to mount effective interventions. The college community must be supported to appreciate the importance of integrating HIV and AIDS education and have a common understanding on policy issues.

Institutional response: policies, strategies and programmes

- At the federal level, the MOE must develop an HIV and AIDS policy and strategies that regions can adapt to their own circumstances and thereby guide and support TTCs in their response to the pandemic. This needs to be done as a matter of urgency.
- Each college should develop its own institutional policy and strategy in a participatory and all-inclusive manner, as well as establish an ICTs centre and assign a focal person for HIV and AIDS.
- Linkages with clinics and NGOs must be strengthened to benefit from their free ART and training services.
- Participation of and partnership with NGOs, other civil society and government organizations like HAPCO, and the media should be actively solicited to strengthen the capacity of colleges (and anti-AIDS and gender clubs) in terms of budget, information and experience-sharing, and other support issues.

Leadership on HIV and AIDS

- College authorities should focus more on HIV and AIDS than they do at present, and equip staff with the skills to address this national issue.
- Colleges must create and strengthen relevant bodies, such as anti-AIDS clubs, mini-media, arts and literature clubs, through the allocation of an appropriate budget, provision of support for both the infected and affected, and by encouraging teachers as well as male and female students to participate in these co-curricular activities.
- VCT centres need to be set up to provide free testing and counselling, as well as reproductive health services. If possible, teachers should consent to be tested and act as role models. Students and administrative staff should also be encouraged to be tested.
- The MOR should create a hotline for TTCs to address the information needs of both student teachers and teacher educators.
- Colleges need to set up recreational facilities on campus, such as swimming pools, tennis courts, etc., where possible, as these facilities would be used as pastime activities and help students to put their excessive energy to good use.
- IEC and BCC materials must be available to conduct taining. These include pamphlets, posters, magazines, chairs for offices, and other facilities to arrange traditional Ethiopian coffee ceremonies to discuss HIV and AIDS. Facilities for mini-media must also be available so that students can engage in more effective IEC and BBC interventions.

- College clinics must be strengthened to conduct VCT as well as to provide reproductive health services in close collaboration with HIV and AIDS focal persons.
- Personnel should be assigned who deal purely with HIV and AIDS issues, and HIV involvement should be incorporated as an evaluation criterion in teachers' assessments.

Education related to HIV and AIDS

- HIV and AIDS must be integrated into curricula and teachers must be trained in how to do this. All necessary means should be utilized to raise HIV and AIDS awareness, including dedicating five minutes at the beginning of the lesson to discuss HIV and AIDS, which should cover the most current developments in the area.
- Manuals and explicit guidelines on curriculum integration need to be developed and customized training provided to teachers.
- Teaching materials and resources such as instructional videos, manuals, inspirational talks, pedagogically sound methods of HIV mainstreaming, impact assessment methodologies, press briefings, etc. should be made more accessible to TTCs. In light of this suggestion, the timeliness and relevance of the information resources are stressed. Where possible, HIV and AIDS resource centres should be set up.
- A formal mechanism must be implemented to reward individual teachers engaged in HIV and AIDS activities.
- Level of participation in HIV and AIDS activities should be included as a separate item in the standard performance appraisal forms for teachers to encourage more involvement.
- Training on HIV and AIDS prevention education should be integrated into the staff development scheme of the TTCs, and upgraded through refresher summer programmes.
- Addressing the needs of special groups, such as students with disabilities, substance abuse habits, behavioural disorders etc., is crucial in the response to HIV and AIDS.
- Dedicated structures and personnel must be in place to change the attitude that HIV and AIDS are everybody's problem but nobody's responsibility, and to make an effective contribution to the response to HIV and AIDS through planning, co-ordinating and implementing HIV and AIDS education and activities within colleges.
- Student-to-student (peer) learning and information-sharing must be promoted as key to the success of HIV and AIDS interventions.
- Promoting the dynamically changing roles of teachers (i.e. their re-defined roles) among the TTC community is imperative, in this HIV and AIDS era.
- Training should be given, including for leadership of anti-AIDS clubs. Skills on training how to translate knowledge into practice, how to resist peer pressure, how to handle sexual harassment and how to use condoms must be provided repeatedly. Experienced volunteers must be identified to talk on various topics in support of programmes organized by students.
- Appropriate training must be provided for personnel working on HIV and AIDS, especially those providing counselling and psychosocial care and support.

Prevention, treatment, care and support

- Restrictions to condom distribution must be lifted in all colleges. The excuse that it is against college regulations is unacceptable, as it obviously hampers the institutional response to HIV and AIDS. Condoms should be made available to teachers and trainees at convenient locations on the campus. In addition, the MOE should attempt to harmonize the rules and

regulations of TTCs in a manner that does not put any efforts at mitigating the spread of HIV in jeopardy.

- In this regard, regional bureaux of education, in concert with the TTCs, should lay down an acceptable form of compensation or incentive scheme that would motivate the staff involved and ensure sustainability of the services.
- The expertise and services of qualified members of the teaching staff of TTCs could be solicited to strengthen the operations of clinics in providing VCT, reproductive health and STI services, as well as AIDS treatment and related support. This and similar opportunities must be exploited fully.

Other key issues

- Assertiveness training must be provided for all trainees, as well as volunteer counsellors.
- College rules and regulations must be formulated and enforced with regard to sex offenders and rapists, to minimize the risk these pose on vulnerable groups.
- Many female students are exposed to sexual abuse as they rent a room off campus. It is strongly recommended that at least female students be accommodated in dormitories on campus.
- Providing special tutorials and academic support is vital for girls so that they are not dependent on male students. Funds should be allocated for strengthening support activities for female students.
- For effective HIV and AIDS prevention and to realize the institutional response to the pandemic, gender issues must be seriously considered.

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Appendix I Adapted data collection tools

For MOE officials/TTI administration

Section I – General questions

1. Name of respondent
2. Title of respondent
3. How long has the respondent worked in the TTC?
4. How is the respondent's work been related to HIV and AIDS?

Section II – Impact of HIV and AIDS on teacher training institution (staff and trainees)

1. Existence of information systems and institutional records for tracking and monitoring the impact of HIV and AIDS (on staff and trainees)
2. What is the level of AIDS-related ...
 - 2.1 absenteeism (number of days and months);
 - 2.2 withdrawal (number of trainees);
 - 2.3 mortality rates (number of trainees and staff and year);
 - 2.4 attrition rates (number of staff and year)?
3. What do records say about the degree of impact during the past few years?
4. What is the institute doing to deal with and minimize the impact of HIV and AIDS in terms of mobilizing financial resources?

Section III – Institutional HIV and AIDS-related policies, programmes and strategies

1. Do you have an institutional policy or guidelines on HIV and AIDS?
If yes,
 - 1.1 When was it or were they developed?
 - 1.2 How was the development of the institutional policy or guidelines influenced by the national HIV and AIDS policy?
 - 1.3 Why was an HIV and AIDS policy developed?
 - 1.4 In what ways did different groups participate in the development of the institutional policy or guidelines?
 - 1.5 Who funded the development of the policy or guidelines?
 - 1.6 What are the major components of the policy and guidelines, and what are they intended to address with regard to:
 - i. finance (employee benefits, sick leave, pension, recruitment, training);
 - ii. programme (prevention, treatment, care and support);
 - iii. trainee and staff welfare;
 - iv. gender-based violence and sexual harassment;
 - v. workplace issues (health and safety procedures).

If no,

- 1.7 Why is there no policy or guidelines?
- 1.8 Is there a policy or any guidelines being developed?
- 1.9 When will the policy or guidelines be completed?
- 1.10 Are certain practices in place?

Section IV – Implementation of HIV and AIDS-related policies, programmes, strategies and associated challenges

1. What action plans have been put in place for the implementation of the policy or guidelines?
2. How much budget has been allocated for the implementation of the action plan, and what is the source of this funding?

Section V – Roles of educational managers and institutional leaderships

1. Which administrative leaders (e.g. principals, senior managers and heads of department) are also members of national committees on HIV and AIDS and education?
2. How are HIV and AIDS issues included in the TTI's annual report? What reports on HIV and AIDS have been made to the council, senate, etc.?
3. How have administrative leaders (e.g. principals, senior managers, heads of department) and student leaders shown visible commitment to addressing HIV and AIDS?
 - i. In what ways?
 - ii. What is the gender balance of leadership? Are women actively involved, or are efforts being made to support women's leadership?
4. How have trainee and administrative leaders been involved in the formulation, planning, implementation and evaluation of activities?
5. How have people living with HIV and AIDS been involved in the formulation, planning, implementation and evaluation of activities?
6. Describe the role and function of institution-wide structures for co-ordinating and implementing the institution's response, e.g.:
 - i. HIV and AIDS co-ordination unit or committee;
 - ii. Institution-wide task team (inter-house, inter-subject and inter discipline)
 - iii. Describe their functions, members and budget.
7. Describe the functions of the HIV and AIDS focal person designated full time responsibility for the institutional response?

Section VI – HIV and AIDS preventive education: mainstreaming, networking and partnerships

A. Teacher training

1. How is the TTI preparing teachers to raise their HIV and AIDS awareness and helping them to protect themselves?
2. How have academic staff been trained in methodology, curriculum development and teaching practices related to HIV and AIDS?

3. How is the TTI preparing teachers to teach prevention to their trainees, including life skills such as critical and analytical thinking, decision-making, problem-solving, stress management, coping, and communication and negotiation skills?
4. What support has been provided to faculties to integrate HIV and AIDS prevention education into their curricula?
 - i. materials and curriculum development;
 - ii. training on communication of sensitive issues including sex, sexuality, and HIV and AIDS;
 - iii. refresher courses;
 - iv. mentoring;
 - v. supportive supervision.
5. What incentives are provided to staff to include HIV and AIDS education in their curricula (e.g. involving them in planning and facilitation, offering continuing education credits or certification, or public acknowledgement of efforts)?
6. What monitoring and evaluation of the quality of HIV and AIDS education are conducted?
 - i. Who does or did the monitoring and evaluation?
 - ii. What have the results been?
 - iii. How are teachers supported to provide quality education on HIV and AIDS in the case of negative evaluations?

B. Impact of preventive education on teacher trainees

1. What HIV and AIDS training do teacher trainees receive?
2. How is it taught (oral, video, books, pamphlets)?
3. What do teacher trainees think of the effectiveness in the way the HIV and AIDS training is presented to them?
4. How suitable and/or well prepared are their tutors to teach HIV and AIDS?
5. What do trainees think of the content of the HIV and AIDS training curriculum?
6. In the assessment of the trainees, is the curriculum on HIV and AIDS aimed at enabling the trainees to change their own behaviours, or is it targeted at equipping teacher trainees to teach others, or both?
7. What do teacher trainees think of the content of the HIV and AIDS curriculum they are taught?
8. Do teacher trainees experience any problems in understanding and internalizing the contents of the training they receive?
9. What would the trainees identify as the most critical aspect of the HIV and AIDS curriculum that has influenced them to change their own sexual behaviour and practices?
10. What do trainees see as the major strengths and weaknesses in the teaching they receive on HIV and AIDS in their college?
11. Are trainees aware of other colleges which have better programmes on HIV and AIDS?
12. What recommendations would teacher trainees make to improve the teaching of HIV and AIDS prevention in college?

C. Formal HIV and AIDS prevention education

1. How has HIV and AIDS prevention education been integrated into curricula?
 - i. In what subjects (e.g. sciences, social ethics, art, music)?
 - ii. How does it include life skills education to assist young people to develop a wide range of capabilities such as: critical and analytical thinking, decision-making and problem-solving, stress management and coping, and communication and negotiation skills?
 - iii. What compulsory courses are related to HIV and AIDS prevention?
 - iv. What AIDS-related courses offered at the certificate, diploma, and post-graduate levels for students and teachers?
 - v. How many students are reached by which methods?
 - vi. How was the process managed?
 - vii. What has the response been to these changes?
2. What HIV and AIDS centres or units for studying AIDS have been established?

D. Non-formal HIV and AIDS education

1. What types of non-formal HIV and AIDS education programmes are there in the TTI and how is the latter supporting them in ways such as:
 - i. peer education programmes;
 - ii. life skills education programmes to assist young people to develop a wide range of capabilities, including critical and analytical thinking, decision-making and problem-solving, stress management and coping, and communication and negotiation skills;
 - iii. student welfare or AIDS societies, or anti-AIDS clubs that sensitize trainees on HIV and AIDS issues, provide peer support, and promote HIV and AIDS awareness? What are the levels of participation in these clubs? Gender balance?
 - iv. IEC campaigns;
 - v. ICTs-based HIV and AIDS programmes;
 - vi. periodic activities on national or international days (e.g. International HIV and AIDS Day)
2. How is information on HIV and AIDS programmes and services (e.g. VCT, psychosocial support, and referrals) included in trainee orientation?

E. Impact of educational activities

1. How has the TTI attempted to measure the impact of education activities, for example, on changes in:
 - i. knowledge;
 - ii. attitudes;
 - iii. practices.
2. What have been the results?

F. Partnerships and networks

1. With which other higher educational institutions, NGOs, faith-based organizations, local hospitals, PLHWA networks, private sector corporations, or provincial departments of education and health is the TTI partnering in its response?
2. Is the TTI a member of any national inter-teacher training body working towards a comprehensive response to HIV and AIDS in the teacher training profession? Which ones?
3. Is the TTI a member of any regional networks or associations of teacher colleges? Which ones? How has the TTI been involved with associations to develop a response?

G. Programmes and services

(a) Prevention

1. What types of HIV and AIDS prevention programmes and services are available at the TTI, and how can people access them? Are these programmes and services gender-responsive, age-specific, anonymous, confidential and affordable?
 - i. billboards, newsletters, resource corners, or web-based AIDS-related information;
 - ii. condom (male and female) distribution. From what distribution points (health clinics, outlet points in student halls or residences, counselling centres, outreach activities are they offered)?
 - iii. STI diagnosis and treatment;
 - iv. VCT;
 - v. precautionary measures when the potential exists for exposure to blood or other body fluids;
 - vi. post-exposure prophylactics available for incidents of exposure to staff and trainees (e.g. incidents involving needles, exposure to blood or other body fluids);
 - vii. other policies and plans as related to HIV and AIDS prevention e.g. zero tolerance policies on sexual relations between staff and trainees, policies regarding gender-based violence, etc.
2. Are services extended to spouses or partners of trainees and/or staff members?
3. What data are available on trends in the use of services?
4. How is the TTI addressing the specific needs of young women, e.g. institutional, sexual or social practices that render girls more vulnerable to HIV infection?

(b) Treatment and care

1. What types of HIV and AIDS treatment, support and care programmes are available at the TTI and how can people access these services?
 - i. medical support to treat opportunistic infections (e.g. tuberculosis);
 - ii. access to ART;
 - iii. blood testing to monitor progression of the disease for PLWHA;
 - iv. home based care programme for PLWHA;
 - v. referral networks to other health services.
2. Are services extended to spouses or partners of trainees and/or staff members?
3. What is the scope and coverage? (Are they comprehensive?)
4. What data are available on trends in the use of services?

(c) Support services

1. What types of HIV and AIDS support programmes are available at the TTI and how can people access these services?
 - i. confidential counselling services including pre- and post-test counselling;
 - ii. counselling services provided on an individual and/or group basis for loss, grief and bereavement;
 - iii. financial assistance mechanisms for terminally ill trainees to return home;
 - iv. referrals for other forms of social, legal and financial support.
2. Are services extended to spouses or partners of trainees and/or staff members?
3. What is the scope and coverage? (Are they comprehensive?)
4. What data are available on trends of use of services?

(d) Community outreach

1. How have the TTI and its staff and trainees been engaged in community outreach to advance HIV and AIDS education such as:
 - i. home-based care programme for PLWHA;
 - ii. community improvement projects;
 - iii. peer education for secondary schools and communities;
 - iv. talks on the campus radio station and a young people's radio programme.
2. What incentives does the TTI provide for outreach opportunities (e.g. course credits, certificates, etc.)?

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The book

This book explores the current situation with regard to HIV and AIDS in four teacher training institutions in Ethiopia. It aims to analyze their responses to the pandemic and the measures taken to mitigate its impact.

Despite the fact that the ministry of education has put in place a nation-wide information system, with the technical assistance of UNESCO, from the federal to the school level, there are no records kept, including of impact and response. None of the colleges have developed HIV and AIDS policies, nor have they ever conducted any related planning.

This study identifies core issues that impede effective and co-ordinated responses to HIV and AIDS, as well as the level of competency of teachers to address the topic in their teaching and research activities. It puts forward a number of recommendations for impact mitigation, institutional response and leadership, HIV and AIDS prevention education, and treatment, care and support.

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