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la science et la culture



## HIV AND AIDS EDUCATION: TEACHER TRAINING AND TEACHING

### A Web-based desk study of 10 African countries

Working document commissioned by the Division of Higher Education and Secondary Education in order to facilitate the integration of HIV and AIDS in the Teacher Training Initiative in sub-Saharan Africa (TTISSA) and to promote effective teaching of HIV and AIDS in schools, especially at secondary level.

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For further information, please contact:

Ms Lucinda Ramos  
UNESCO Division of Higher Education  
7, Place de Fontenoy  
75352 Paris 07 SP, France  
Phone: +33 (0) 1 45 68 24 35  
l.ramos@unesco.org

Mr. Clement Siamatowe  
UNESCO Division of Secondary Technical and Vocational Education  
7, Place de Fontenoy  
75352 Paris 07 SP, France  
Phone: +33 (0) 1 45 68 10 16  
c.siamatowe@unesco.org

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# Part One

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## 1. Introduction

A properly trained teacher is crucial to having the quality of learning. UNESCO's Teacher Training Initiative in Sub-Saharan Africa (TTISSA) is a new 10-year project to improve the quality and teacher training capacities in 46 sub-Saharan countries. The programme is designed to assist countries to synchronize their policies, teacher education and labour practices with national development priorities for Education for All (EFA) and the Millennium Development Goals (MDG) through a series of four-year cycles (UNESCO, 2005a). The acute shortage of qualified teachers has been identified as one of the biggest challenges to EFA; some 4 million more teachers are needed in sub-Saharan Africa to meet the goal of Universal Primary Education (UPE) by 2015.

The effectiveness of an HIV and AIDS teacher training programme can be measured at two levels, namely; the change in attitude and behaviour of teacher training graduates and secondly, the change in attitude and behaviour of the students they teach. There is a strong case in favour of starting early in teaching about HIV and AIDS, yet attitudes and behaviour seem to be more dramatic in teenage years when youth start to be sexually active before onset of adulthood. There is merit in teaching HIV and AIDS in order to prevent youth from acquiring the pandemic through their sexual behaviour and other methods such as sharing syringes, hence the importance of relevant secondary school programmes.

This report partly focuses on teachers, both in their capacity as agents of HIV/AIDS education as well as a section of the population that has been shown to be vulnerable to the epidemic. The report is a web-based desk study providing background information on HIV/AIDS and the teaching profession in 10 African countries and should be viewed as a working document in order to facilitate the development of effective mechanisms and more useful tools for dealing with the pandemic. The countries described are selected from a list of 17 first wave target countries identified for the TTISSA: Angola, Burundi, Burkina Faso, Central African Republic, Chad, Democratic Republic of Congo, Ethiopia, Ghana, Guinea, Madagascar, Niger, Nigeria, Republic of Congo, Sierra Leone, United Republic of Tanzania and Zambia.

It is planned that this report be followed by an in-depth study of three countries, namely Tanzania, Central African Republic and Zambia to further analyse the complexity, the constraints and the level of efficiency of HIV/AIDS programmes for teachers.

From a strategic point of view, this report hopes to contribute to UNESCO's general response towards the EFA goals, to UNESCO's EDUCAIDS or Global Initiative on HIV/AIDS Education and - in extension - towards the UNGASS Declaration of Commitment on HIV/AIDS goals.

## 2. Challenges

Education and schools play a very important role in socializing youth as traditional institutions such as the family and church decline in influence. Although current efforts may be a far cry from what is actually required, the education sector is well placed as an effective medium for responding to the challenges of HIV and AIDS. Further strengthening of HIV/AIDS programmes in the education sector should focus on workable strategies that are based on political commitment and the countries' capacity to implement the strategy given limited financial resources. Realising the increasing importance of coordination and partnership (the '3 Ones'), the preventative effect of basic education (known as the 'social vaccine') and the significance of contextual factors such as gender disparity, armed conflict and poverty that are fuelling the pandemic, this report aims to provide an overview of the main issues related to 'teaching in a world with AIDS' in the 10 selected countries.

The relationship between HIV/AIDS and education is well documented and readily available via a number of excellent clearinghouses, databases and websites (see overview of 'useful links, p.9). Within the education response towards HIV and AIDS, teachers are increasingly receiving the required attention. A series of workshops and publications have resulted in a solid conceptual framework and the literature suggests that there is a consensus on what needs to be done (see box below).

## Teachers in a World with AIDS, an overview.

With regard to the new role of teachers and the new teaching skills required in the face of HIV and AIDS, there is a need to improve in-service and pre-service HIV and AIDS teacher training programmes. This can be achieved through:

1. The integration of HIV/AIDS and sexuality in teacher education curricula, preferably offered as a mandatory and examinable course, attuned to school curricula, paying special attention to distance education for inset programmes.
2. Institutionalizing continuous and accredited professional development and focus on motivated and youth-trusted teachers.
3. Enhancing pedagogical competencies (child-centered, participatory, creative, cultural sensitive, peer-led) based on a process of reflection on their own attitudes and values about the topic and their behaviours regarding HIV risks.
4. A systematic supply of education material and easy access to the World Wide Web.
5. Providing student teachers treatment literacy and counseling and psychosocial guidance skills.
6. The strengthening of Universities' capacity in research and pedagogical guidance related to behavioural change models, teacher preparation and actual teaching.

As far as protecting and managing teaching personnel in the face of HIV and AIDS is concerned there is a need to:

7. Review rules and regulations within the Ministries of Education in light of the impact of HIV and AIDS (sick leave, early retirement, replacement).
8. Develop scenarios on accessing treatment for teachers and advocate for prioritizing treatment for teachers.
9. Improve the teacher service conditions: adequate remuneration, housing, career development and other motivational incentives.
10. Put in place reliable HIV and AIDS-sensitive data and information systems to guide management responses.
11. Set up HIV/AIDS in the workplace/tertiary institutions programmes that increase access to information, access to condoms, stimulate the uptake of Voluntary Counseling and Testing, ensure referral networks for care and support and address stigma and discrimination.
12. Ensure teacher professionalism and role modeling, emphasizing a policy of zero tolerance for exploitation of students.

In order to make teachers effective agents in HIV/AIDS education a number of cross-cutting issues need to be dealt with:

13. To advocate for educational leadership and commitment.
14. To develop, promote and implement HIV and AIDS policies, strategies and legal frameworks.
15. To bridge the gap between what is taught at school and taught in the community and to strengthen community and school linkages.
16. To improve management and monitoring and evaluation skills of education personnel.
17. To promote gender empowerment and (girl) child rights.
18. To enhance the networking and collaboration inside and outside the education sector and between countries.
19. Put in practice the greater involvement of people living with HIV and AIDS (or GIPA principle).

With regard to teachers, two major challenges have to be addressed: (i) to minimize the impact of HIV and AIDS on teachers and by doing so minimize teacher absenteeism and attrition, and (ii) to maximize teachers' contributions in the fight against the pandemic, with special attention for quality HIV/AIDS education.

Of particular interest to this report is the teacher's role and skills in getting active student involvement in HIV/AIDS and sexuality through peer education programmes (PEP). There is evidence that youth peer education programmes builds life skills and imparts knowledge about sexually transmitted infections including HIV/AIDS among youth in a highly participatory and cost-effective way (Spiegel, 2004). The multiplier effect of most peer education programme also means that whole communities benefit indirectly from the training. Two dimension are critical: the formation of peer educators and the preparation of teachers as peer education coordinators. In all countries reviewed in this desk-study peer education programmes complement formal HIV/AIDS school and college programmes. The presence of (often mandatory) subjects such as Guidance and Counseling and Population Education, provide valuable platforms from which peer educators can work. Since PEP programmes have to involve and work together with a host of other organizations, peer education also implies a managerial dimension. Besides mastering the content and participatory skills, a teacher should also be equipped with skills that ensure school/community networking, continuous motivation and sustainability of PEP, systematic monitoring and evaluation and the development of referral networks. In this way, peer education can grow from 'nodes' of information and empathic communication into comprehensive HIV/AIDS programmes with a solid base in schools. Throughout the report examples of PEP are highlighted, illustrating the vast potential of youth to youth initiatives and the urgent need to address HIV and AIDS more forcefully in secondary education.

Education sector responses towards HIV and AIDS are, in addition to political will, largely determined and often stifled by a country's socio-economic situation. This limitation – and the urgency to respond – calls for realism in the implementation of HIV/AIDS and education interventions and compels to reflect on priorities and time-perspectives – short-, medium- and long-term – in formulating education sector responses. A realistic strategy is presented by Coombe and suggests two routes (Coombe, 2003a): (i) a slower, long-term development approach to prevention, care and counselling in which the aim is to change the behaviour of learners – as well as educators, parents, elders and others – so as to save lives and mitigate the consequences of HIV and AIDS; and (ii) a quicker, short-term direct intervention; a humanitarian approach to prevention, care and counselling in which the aim is to save lives now, keep learners safe and in school, and at the same time support the build-up of capacity to deliver on behaviour change.

### 3. Observations

All countries reviewed for this report show a degree of commitment in making efforts to develop or strengthen preset and inset HIV and AIDS programmes and to address the needs of teachers in an era of HIV and AIDS. Despite these efforts, there are virtually no country-specific data available for the 10 selected countries that would allow to assess the intensity and quality of HIV/AIDS and teacher programmes. This problem of paucity of data has been flagged on several occasions (Akoulouze, 2001; Coombe, 2003; James-Traore, 2004) and to date, the situation is not different. The example of South Africa (Chetty, 2005) should however stimulate and convince all stakeholders that a coordinated and well documented response is possible and much desired.

While literature shows that most Teacher Training Institutions have somehow integrated HIV and AIDS into their curricula, there is inadequate information with regard to how the subject matter is taught, the role and support of college administration, the quality of peer education programmes, the flow of funds towards HIV and AIDS initiatives and the scope of care and support programmes. Lack of coordination amongst sectors including education in drawing funds for HIV and AIDS education seems to be one of the main obstacles. The World Bank for example, reports that only 60% of their Education projects (1997-2004) include a budget component for HIV/AIDS and that only 40% of the Multi Country AIDS Programmes (MAP) disbursed funds to the Education Sector (Bakilana, 2005). Although falling outside the scope of this study, it would be useful to analyse the education sector budget allocations of other 'multi-sectoral' funds such as the Global Fund for AIDS, TB and Malaria (GFATM), the Heavily Indebted Poor Countries (HIPC) Initiative and the HIV/AIDS components for

education programmes such as the EFA Fast Track Initiative (FTI). This funding problem is a shared responsibility between Governments, Educational Institutions and donors.

A second major constraint is the limited management and monitoring and evaluation (M&E) capacity of education personnel with regard to HIV and AIDS programmes in the education sector. The need to train institutional managers in key management competencies that will enable them to manage the programmes within their institutions more effectively and efficiently is signalled in every country that was reviewed. Of particular interest in this respect are the online HIV/AIDS toolkits and learning modules aimed at supporting the development and management of responses to HIV and AIDS. Initiatives such as the HIV/AIDS toolkit of the African Association of Universities (AAU), the toolkit of the 'Focusing Resources on Effective School Health (FRESH)' and the HIV/AIDS module of the Virtual Institute for Higher Education in Africa (VIHEAF), provide valuable distance learning opportunities. An evaluation of these initiatives in order to inform further developments has not yet taken place.

Besides a paucity of data regarding HIV/AIDS and teachers preparation, poor fundraising mechanisms and limited management and M&E skills, the review of literature also shows that there is:

- High infection and attrition rates among teachers.
- Large number of school going youth affected by the pandemic.
- Lack of policy for assisting HIV and AIDS orphans and other vulnerable children.
- Limited guidelines and skills building initiatives to address the challenges posed on teachers resulting from the high number of Orphans and Vulnerable Children (OVC).
- A rather weak or fragmented research agenda that is guiding the education sector responses towards HIV and AIDS and teachers and a minimal role of universities in research and pedagogical guidance in teacher preparation and actual teaching. Only three out of the 10 countries reviewed, conducted an analysis of the impact of HIV/AIDS on demand and supply of human resources.
- No systematic scaling up of 'promising approaches'. (Due to a lack of concrete and measurable outcomes, promising approaches are identified by focusing on processes and methodologies such as partnerships, comprehensiveness, teacher involvement, etc., rather than on impacts)
- Inadequate review of human resource rules and regulations of the Ministry of Education in light of the impact of HIV and AIDS on teachers and students.
- A clear shortage of teaching and learning materials for teachers both in preset and inset.

#### 4. Country profiles

The result of the desk-study is presented in separate chapters in the form of country profiles that focus on teachers, paying due attention to the contextual factors that drive the pandemic and at the same time often hamper further developments in education. For each country there is a section on the education response to HIV and AIDS, a section on teacher training and HIV/AIDS and a section on the actual teaching in a world with AIDS. The aim is to highlight the situation in the different countries, to identify gaps and opportunities, to provide an outline for discussion and further action for fighting HIV and AIDS in teacher training programmes and in the teaching of HIV and AIDS in schools.

Finally, four 'main beliefs' have guided this HIV/AIDS and teachers desk-study:

- a. Girls and women are hardest hit by the pandemic and challenging negative gender roles and acknowledging that women and girls play a key role in looking after the affected, should be ingrained in any type of teacher programmes.
- b. Teacher training is a continuous process that begins in basic education, is shaped in preset and continues in inset. Teachers are crucial effective HIV and AIDS education system.
- c. Only a minority of teachers have a natural comfort to teach about HIV/AIDS and sexuality.
- d. HIV and AIDS programmes for teachers should be intended along a prevention to care continuum.



While this list of 'main beliefs' can be extended or even contested, their assumption helps shaping education sector responses towards HIV and AIDS that are realistic and do-able without losing sight of the complexity of the matter.

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## HIV/AIDS and Teachers: useful links

ADEA, [http://www.adeanet.org/workgroups/en\\_adhocvih.html](http://www.adeanet.org/workgroups/en_adhocvih.html)  
AED, <http://www.aed.org/HIVAIDS/>  
AVERT, <http://www.avert.org/educate.htm>  
African Youth Alliance, <http://www.ayaonline.org/CountryFiles/Tanzania/TZ-Projects.htm>  
CSA, [http://hivaidsclearinghouse.unesco.org/ev.php?ID=3559\\_201&ID2=DO\\_TOPIC](http://hivaidsclearinghouse.unesco.org/ev.php?ID=3559_201&ID2=DO_TOPIC)  
EI, <http://www.ei-ie.org/aids/en/publications.htm>  
ERNWACA/ROCARE, [http://hivaidsclearinghouse.unesco.org/ev.php?ID=3411\\_201&ID2=DO\\_TOPIC](http://hivaidsclearinghouse.unesco.org/ev.php?ID=3411_201&ID2=DO_TOPIC)  
FRESH, <http://www.freshschools.org> and <http://unicef.org/lifeskills>  
Global Campaign for Education [http://www.campaignforeducation.org/resources/resources\\_listall.php](http://www.campaignforeducation.org/resources/resources_listall.php)  
Horizons, [http://hivaidsclearinghouse.unesco.org/ev\\_en.php?ID=4462\\_201&ID2=DO\\_TOPIC](http://hivaidsclearinghouse.unesco.org/ev_en.php?ID=4462_201&ID2=DO_TOPIC)  
IBE, [http://portal.unesco.org/education/en/ev.php-URL\\_ID=11886&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](http://portal.unesco.org/education/en/ev.php-URL_ID=11886&URL_DO=DO_TOPIC&URL_SECTION=201.html)  
IICBA, [http://library.unesco-iicba.org/English/HIV\\_AIDS/cdrom%20materials/navigation%20pages/HOME.htm](http://library.unesco-iicba.org/English/HIV_AIDS/cdrom%20materials/navigation%20pages/HOME.htm)  
IIEP, [http://hivaidsclearinghouse.unesco.org/ev\\_en.php](http://hivaidsclearinghouse.unesco.org/ev_en.php)  
ILO, <http://www.ilo.org/public/english/protection/trav/aids/index.htm>  
International HIV/AIDS Alliance, <http://www.aidsalliance.org/sw5698.asp>  
MTT, <http://www.mttaids.com/site/awdep.asp?dealer=5562&depnum=9096>  
Policy Project, <http://www.policyproject.com/byTopic.cfm/HIV>  
School Health, <http://www.schoolsandhealth.org/HIV-AIDS%26Education.htm>  
SPW, <http://www.spw.org/countries.htm>  
Teachers without Borders, <http://www.teacherswithoutborders.org/>  
UNAIDS, <http://www.unaids.org/EN/other/functionalities/Search.asp>  
UNESCO Breda, <http://databases.unesco.org/breda/bsida/>  
UNESCO Harare, <http://www.harare.unesco.org/hivaids/db.asp>  
UNICEF, [http://www.unicef.org/publications/index\\_pubs\\_hivaids.html](http://www.unicef.org/publications/index_pubs_hivaids.html)  
VIHEAF, <http://www.viheaf.net/hiv.cfm>  
WB, <http://www-wds.worldbank.org/>

## Part Two

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# Angola



## 1. Introduction

Signing of the peace accords in 2002 marked the end of 27 years of civil war, leaving Angola with devastated basic health and education services and a crippled capacity and productivity. Today the country is moving from an emergency situation into a longer-term development approach centered around a Poverty Reduction Strategy Paper that is currently being finalized (World Bank 2005).

The Angolan HIV adult prevalence (estimated at 3.9% in 2003) appears considerably lower than in neighbouring countries, suggesting that the lack of mobility resulting from the armed conflict may have slowed the spread of HIV in the country. While there is no doubt that the epidemic will continue to spread in the foreseeable future, there is also a window of opportunity to avoid the high prevalence taxing other countries in sub-Saharan Africa. A multi-sectoral National Strategic Framework to fight HIV/AIDS 2003-2008 exists and is translated in Provincial Action Plans. In general however, there is a limited capacity for programme management (UNAIDS, 2004).

## 2. The Education sector and HIV and AIDS

Angola has never had a legitimate universally available education system. Before independence in 1975, educational facilities were largely limited to the immigrants, while the education of Africans became the responsibility of missionary personnel. Independence was followed by civil war and the development of the education system was further compromised. To date, progress in education is still hampered by a lack of access into the interior provinces as a result of the many landmines that were planted (WCRWC, 2003). Angola has a long-term Education Development Strategy (2001-2015) supported by a National Plan of Action for EFA and the Ministry of Education (MOE) is conscious of the threat that HIV and AIDS poses on the education system (MOE, 2004). UNDP supports the project 'Strengthening the Education System in Angola to Combat HIV/AIDS' which includes teacher preparation and the strengthening of community networks (UNDP, 2005). The Ministry of Education further teams up with UNICEF on a nationwide campaign with the theme 'I defend life learning about AIDS' (UNAIDS, 2005). Angola did not participate in the 'Global HIV/AIDS Readiness Survey', conducted in 2004 (HEARD/MTT, 2004). It appears however that the Ministry of Education has no specific HIV/AIDS policy nor an education sector HIV/AIDS strategic plan; discussions to develop the latter are taking place (UNDP, 2004). A study of the impact of HIV/AIDS on the Education System and the design of

### Facts

Population (2003) <sup>1</sup>: 13.625 million  
% urban population (2003) <sup>1</sup>: 36  
% population less than 18 years old (2003) <sup>1</sup>: 54  
GNI per capita in US\$ (2003) <sup>1</sup>: 740  
% of population living below \$1 a day (1992-2002) <sup>1</sup>: --  
HIV adult prevalence rate (2003) <sup>1</sup>: 3.9%  
Number of AIDS orphans/all orphans 2003 ( in thousands) <sup>1</sup>: 110/1000  
Primary gross enrolment ratio (1998-2002) <sup>1</sup>: 74.5  
Secondary gross enrolment ratio <sup>1</sup>: --  
Youth literacy rate % (15-24) (2000-2004) <sup>2</sup>: 19.4  
Number of primary school teachers (2001) <sup>2</sup>: 33,500  
Number of secondary school teachers (2001) <sup>2</sup>: 17,700  
Teacher/pupil ratio in primary education (2001) <sup>2</sup>: 35  
Teacher/pupil ratio in secondary education (2001) <sup>2</sup>: 23  
Number of extra teachers needed by 2015 to achieve UPE <sup>3</sup>: 47,136  
Average teacher salary (as multiple of per capita GDP) <sup>4</sup>: --  
Human Development Index ranking <sup>5</sup>: 166<sup>th</sup> of 177 countries  
Gender-related Development Index ranking <sup>5</sup>: 124<sup>th</sup> of 140 countries  
EFA Development Index and rank <sup>2</sup>: --  
FTI country <sup>6</sup>: no  
HIPC <sup>6</sup>: no

### Sources

<sup>1</sup> UNICEF Angola at a glance

<sup>2</sup> 2005 EFA Global Monitoring Report

<sup>3</sup> Nilsson, EFA: Teacher demand and supply in Africa, 2003

<sup>4</sup> Burns and Mingat 2003

<sup>5</sup> 2005 UNDP Human Development Report

<sup>6</sup> World Bank, HIPC Initiative. Overview 2005

prevention strategies are expected to take place within the framework of the UNDP-supported project (UNDP, 2005).

### 3. Teacher Training and HIV and AIDS

During the civil war, the teacher population in Angola was greatly depleted and the lack of teachers is one of the biggest challenges for the MOE. Overall, the actual portion of qualified, working teachers is extremely low (WCRWC, 2003) and despite the current efforts of teacher upgrading, there is a consensus that an overall revision of the teacher training strategy is a priority (Santos, 2005). More than 40,000 extra teachers are required by 2015 in order to achieve Universal Primary Education (UPE) (Nilsson, 2003). As part of the “Back to School” campaign, UNICEF and the Ministry of Education committed themselves to train 29,000 teachers and to add them to the government payroll (UNICEF, 2003). Many refreshment courses and accredited in-service training programmes that pay attention to HIV and AIDS exist, however no data could be obtained on the quality and the intensity of such programmes. In-service training is also provided by NGO’s such as the Open Society Institute, the Christian Children’s Fund and the Norwegian Refugee Council, who is responsible for the Teacher Emergency Package (TEP). TEP schools offer an accelerated programme for school drop-outs, allowing pupils to catch up with school time that was lost due to the conflict. The TEP programme relies on newly trained teachers that have gone through a crash-course of six weeks only and focuses on language and numeracy, but includes human rights education and HIV and AIDS (IBIS, 2005).

For pre-service teacher training, Angola has 39 public and six private establishments – Schools for the Teachers of the Future, ESF - managed by Humana People to People (HPP). ESF students are expected to reach a high level of competence and commitment, including HIV/AIDS education. An HIV/AIDS manual for teacher training institutions is ready for use and is currently being analyzed by the Ministry of Education in Angola with the aim of incorporating it in the curricula of the teacher training institutions in Angola (Website HPP, 2005).

### 4. Teaching in a world with AIDS

The teacher’s role and responsibility in the fight against HIV and AIDS in Angola is special since he or she may well be the first contact point for pupils and students who are entering or re-entering education after a long period of inactivity as the result of the war. Some of the problems that a teacher in Angola may encounter are: poor remuneration, insufficiently trained, a lack of support and guidance, an impoverished community, lack of infrastructure, shortage of learning material, language barriers as some children only speak a local dialect, French or English (returning refugees), high pupil/teacher ratios and multi-grade teaching. Recently the Ministry of Education and UNICEF created a partnership to increase the level of HIV/AIDS knowledge and awareness among 590,000 children and youth across the nation, involving approx. 9,500 teachers. Under the theme “I defend life learning about AIDS”, the campaign includes educational activities in secondary school classrooms with teachers using a Gender and Sexuality, Sexually Transmitted Infections (STIs) and HIV/AIDS curriculum as part of a participatory course that engages boys and girls for two weeks in learning through reading, writing, reflection and discussion (UNICEF, 2005). 1,200,000 handbooks were introduced and there is specialized training for teachers. Students also form HIV/AIDS clubs that carry on educational activities both in and outside of the schools. Youth involved transmit information about HIV/AIDS through youth-managed radio programs and in collaborative design of posters for school walls. Students also prepared HIV-theme theatre pieces, culminating in a national festival in Luanda. Other important youth programmes that also target in-school youth are the PSI-led ‘ABCs Among Youth’ initiative, providing intensive interpersonal communications (IPC) activities and the Southern African Youth (SAY) Initiative, with special focus on reproductive health services for girls.

As a result of war, HIV and AIDS and poor public health, 11% of the children in Angola are orphans. Some organisations such as the Christian Children’s Fund provide psychosocial support to children as part of their HIV and AIDS programme (CCF, 2005). The complexity of skills related to HIV and AIDS and its social disruption calls for collaboration between the MOE and other actors when focusing on teacher preparation. Although there is a fear that Angolan refugees returning from such high HIV prevalence host countries as Zambia and Namibia

may bring HIV/AIDS with them and increase the relatively low HIV prevalence in Angola, behavioural surveillance surveys found that refugees had better HIV/AIDS knowledge than non-displaced Angolans. Camp refugees have trained health and community workers, teachers, and peer educators who will benefit Angola upon their return. It is therefore important to work with the Angolan Ministry of Education in order to accredit the teacher's training in countries of asylum.

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# Burkina Faso



## 1. Introduction

Burkina Faso is one of the poorest countries in the world. The country's development programme is centred around a national Poverty Reduction Strategy Paper. Burkina Faso counts approx. 13.0 million inhabitants, who live in 13 administrative regions, 45 provinces, 350 districts and about 8000 villages.

In the mid nineties, Burkina Faso had an adult HIV prevalence of over 7%. This has since dropped to 4.2 % in 2003. The highest adult prevalence is in the 35 to 39 age group, the lowest in the 15 to 19 age group (0.8%) which may indicate a drop in the new infection rate. Urban HIV adult prevalence is three times higher than rural HIV adult prevalence (BTC, 2005) and prevalence amongst girls in the 13 to 24 age-group is much higher than among boys of the same age-group.

## 2. The Education sector and HIV and AIDS

In 2001 the government adopted a ten-year basic education development plan (PDDEB) that is consistent with the PRSP. Burkina Faso has also been found eligible for the Education for All – Fast Track Initiative (EFA-FTI), a partnership for accelerated progress towards the Millennium Development Goal of universal primary education (UPE) by 2015 (IMF, 2002). Both the PDDEB and the EFA action plan have included HIV and AIDS as an impacting force on further educational development. The teaching curricula, including syllabi, exams and marking systems are still centrally determined and managed by the Ministry of Basic Education, and the Ministry of Secondary and Higher Education and of Scientific Research. Burkina Faso has a specific HIV/AIDS policy, an education sector HIV/AIDS strategic plan and a dedicated committee that is responsible for coordinating the education response to the HIV/AIDS pandemic. There are regional structures responsible for implementing a response to the HIV/AIDS epidemic. The education sector has a workplace HIV and AIDS programme, including awareness programmes for all employees, guidelines for implementing universal precaution and a policy of non-discrimination with regard to recruitment, advancement, continued employment and benefits for personnel affected by HIV and AIDS. Burkina Faso does not enforce confidentiality of information about ministry employees affected by HIV and AIDS. So far an analysis of the impact of HIV/AIDS on demand and supply of human resources in the education sector has not yet been conducted. Nevertheless a research agenda exists to inform the education sector response to HIV and AIDS (HEARD/MTT, 2004).

### Facts

Population (2003) <sup>1</sup>: 13.0 million  
% urban population (2003) <sup>1</sup>: 18  
% population less than 18 years old (2003) <sup>1</sup>: 54  
GNI per capita in US\$ (2003) <sup>1</sup>: 300  
% of population living below \$1 a day (1992-2002) <sup>1</sup>: 45  
HIV adult prevalence rate (2003) <sup>1</sup>: 4.2%  
Number of AIDS orphans/all orphans 2003 ( in thousands) <sup>1</sup>: 260/830  
Primary gross enrolment ratio (1998-2002) <sup>1</sup>: 46.2  
Secondary gross enrolment ratio (1998-2002) <sup>1</sup>: 10  
Youth literacy rate % (15-24) (2000-2004) <sup>2</sup>: 19.4  
Number of primary school teachers (2001) <sup>2</sup>: 19,600  
Number of secondary school teachers (2001) <sup>2</sup>: 6,200  
Teacher/pupil ratio in primary education (2001) <sup>2</sup>: 44.6  
Teacher/pupil ratio in secondary education (2001) <sup>2</sup>: 28  
Number of extra teachers needed by 2015 to achieve UPE <sup>3</sup>: 44,404  
Average teacher salary (as multiple of per capita GDP) <sup>4</sup>: 8.0  
Human Development Index ranking <sup>5</sup>: 175<sup>th</sup> of 177 countries  
Gender-related Development Index ranking <sup>5</sup>: 138<sup>th</sup> of 140 countries  
EFA Development Index and rank <sup>2</sup>: 0.43 (127)  
FTI country <sup>6</sup>: endorsed  
HIPC <sup>6</sup>: Eligible, completion point

### Sources

<sup>1</sup> UNICEF *Angola at a glance*

<sup>2</sup> 2005 EFA Global Monitoring Report

<sup>3</sup> Nilsson, EFA: *Teacher demand and supply in Africa, 2003*

<sup>4</sup> Burns and Mingat 2003

<sup>5</sup> 2005 UNDP Human Development Report

<sup>6</sup> World Bank, *HIPC Initiative. Overview 2005*



### 3. Teacher training and HIV and AIDS

Addressing the teacher shortage is a key challenge for Burkina Faso. A 77% increase of teachers is required between 2000 and 2015 in order to achieve UPE by 2015 (Nilsson, 2003). The 'Ecoles Nationales des Enseignants de Primaire (ENEP)' are responsible for the pre-service teacher training for primary school teachers in Burkina Faso. There are five institutions in different regions in the country, producing approx. 1,500 teachers per year (Lacroix, 2005). There is also one teacher training college in the country, offering a two-year post graduate training for secondary school teachers, teacher trainers, curriculum developers and inspectors of secondary school education. HIV/AIDS and life skills are an integral components in the curriculum for the professional preparation of all new teachers yet does not appear as a separate subject in the teacher training programme, a programme that was reduced from two to one year as a result of the acute teacher shortage (Lacroix, 2005). A situation analysis of HIV/AIDS programmes in the ENEP has seemingly not yet been conducted. From anecdotal sources a picture emerges of isolated institutions (distance to capital) with little educational material and a lack of pedagogical support (Lacroix, 2005). However, a portal 'Le Portail des ENEP du Burkina' exists, linking all institutions and aiming to provide up-to-date information in order to improve the pedagogical component in teacher preparation. The portal and a successful distance education programme (despite poor ICT infrastructure) for heads of schools on managerial and pedagogical issues (Nassouri, 2003), shows the potential of distance education in addressing HIV/AIDS and teacher training and guidance.

In the period 2002 – 2004 Burkina Faso had over 5000 in-service teachers trained through the 'Teacher Training Programme to Prevent HIV infection and Related Discrimination'. This successful skills-based and participative programme was jointly developed by the World Health Organization (WHO), Education International (EI) and the Education Development Centre (EDC) in close collaboration with Teachers Unions, the Ministries of Education and the Ministry of Health and supported by UNESCO (Pevzner, 2005).

#### Teaching in a world with AIDS

The majority of teachers in primary schools are certified. In schools, HIV and AIDS and Life Skills Education are mainly dealt with through Population Education (Education en matière de Population, EmP), a package of themes addressed in different subjects. EmP was introduced in 1987 and since 1994 regional structures have been put in place to ensure quality training and pedagogical follow-up for EmP teachers (Ministry of Health, 2001). A review in October 2005 has recommended (i) further training for pedagogical staff and educational non-teaching personnel, (ii) making EmP examinable for pupils and (iii) a systematic monitoring and capacitating of teachers involved in EmP (allAfrica 2005). Schools also form anti-AIDS clubs that organize discussion groups and theatre and are integrated in a wider multi-sectoral approach with the involvement of communities, NGO and other stakeholders (Akoulouze, 2001). Counseling services are reported to be available to most primary and secondary schools (HEARD/MMT, 2004).

Human resource policies have been amended to minimize vulnerability and susceptibility to HIV/AIDS (HEARD/MTT, 2004). School authorities, sometimes assisted by Parent Teacher Associations (PTAs) have adopted a variety of strategies to cope with infected teachers: (1) they have recruited replacement and temporary teachers to cover for those who are absent or have died; (2) infected and sick teachers are transferred out of the classroom to less demanding posts so that they can continue to justify their earning. These measures bear financial consequences that have not yet been researched (Tamukong, 2004).

Burkina Faso has a large number of orphans, yet there are no specific strategies developed by the Ministry of Basic Education regarding education for OVC (BTC, 2005). Special and promising initiatives carried by the communities such as Bi-Songo (UNICEF, 2005), Satellite Schools and the role of 'Mères Educatrices' (Brady, 2005) should be strengthened and would be served best through practical inputs such as the provision of education material and by a systematic process of monitoring and evaluation that informs the scaling up of promising and sustainable approaches.

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# Burundi



## 1. Introduction

Burundi counts almost 7 million people and its population has been left vulnerable by deteriorating social infrastructures, severe drought and eight years of civil war. The last five years however have been a period of peace and reconciliation and regain of political stability. The countries recovery and development programme is centred around a Poverty Reduction Strategy Paper.

The number of cases of HIV/AIDS continues to rise dramatically, particularly in rural areas. An estimated 20% of the country's urban population and 6% of the rural population are HIV positive. Infection rates in girls aged 15 to 19 are four times greater than boys of the same age. There are an estimated 230,000 children orphaned by HIV/AIDS in the country (UNICEF, 2005).

## 2. The Education sector and HIV and AIDS

Burundi has a Global Action Plan for Education 1997-2010 further supported by an Education for All plan. The country has also been found eligible for the Education for All – Fast Track Initiative (EFA-FTI), a partnership for accelerated progress towards the Millennium Development Goal of universal primary education (UPE) by 2015 (IMF, 2005). Burundi has a specific

HIV/AIDS policy, an education sector HIV/AIDS strategic plan and a dedicated committee that is responsible for coordinating the education response to the HIV/AIDS pandemic. There are regional structures responsible for implementing a response to the HIV/AIDS epidemic. The education sector does not have a specific HIV and AIDS workplace policy, yet awareness programmes for all employees at all levels are in progress. Human resource policies have not been amended to minimize staff vulnerability and susceptibility to HIV and AIDS and no guidelines for implementing universal precaution have been developed. The Ministry of Education however has a policy of non-discrimination with regard to recruitment, advancement, continued employment and benefits for personnel affected by HIV and AIDS. Burundi enforces confidentiality of information about ministry employees affected by HIV and AIDS. So far there has not been an analysis conducted of the Impact of HIV/AIDS on demand and supply of human resources in the education sector and no research agenda exists to inform the education sector response to HIV and AIDS (HEARD/MTT, 2004).

### Facts

Population (2003) <sup>1</sup>: 6.825 million  
% urban population (2003) <sup>1</sup>: 10  
% population less than 18 years old (2003) <sup>1</sup>: 54  
GNI per capita in US\$ (2003) <sup>1</sup>: 100  
% of population living below \$1 a day (1992-2002) <sup>1</sup>: 58  
HIV adult prevalence rate (2003) <sup>1</sup>: 6.0%  
Number of AIDS orphans/all orphans 2003 ( in thousands) <sup>1</sup>: 230/660  
Primary gross enrolment ratio (1998-2002) <sup>1</sup>: 71  
Secondary gross enrolment ratio (1998-2002) <sup>1</sup>: 10.5  
Youth literacy rate % (15-24) (2000-2004) <sup>2</sup>: 66.1  
Number of primary school teachers (2001) <sup>2</sup>: 16,700  
Number of secondary school teachers (2001) <sup>2</sup>: 5,500  
Teacher/pupil ratio in primary education (2001) <sup>2</sup>: 49  
Teacher/pupil ratio in secondary education (2001) <sup>2</sup>: 21  
Number of extra teachers needed by 2015 to achieve UPE <sup>3</sup>: 19,584  
Average teacher salary (as multiple of per capita GDP) <sup>4</sup>: --  
Human Development Index ranking <sup>5</sup>: 173<sup>rd</sup> of 177 countries  
Gender-related Development Index ranking <sup>5</sup>: 132<sup>nd</sup> of 140 countries  
EFA Development Index and rank <sup>2</sup>: --- (117)  
FTI country <sup>6</sup>: potential 2006  
HIPC <sup>6</sup>: Eligible, decision point

### Sources

<sup>1</sup> UNICEF Angola at a glance

<sup>2</sup> 2005 EFA Global Monitoring Report

<sup>3</sup> Nilsson, EFA: Teacher demand and supply in Africa, 2003

<sup>4</sup> Burns and Mingat 2003

<sup>5</sup> 2005 UNDP Human Development Report

<sup>6</sup> World Bank, HIPC Initiative. Overview 2005

### 3. Teacher training and HIV and AIDS

Primary school teachers in Burundi are trained in special institutions, in the 'Lycées Pédagogiques (LP)' and in the 'Sections Normales (SN)'. The minimum requirement for admission is 4 years of post-primary education. The minimum training to be able to teach in primary is two years. About 20 % of the current primary school teachers did not receive formal training, the situation being worse in rural areas (HDR, 2005). Secondary school teachers are being trained in two institutions: at the university and the Teacher's School or the 'Ecole Normale Supérieure (ENS)'. HIV/AIDS and life-skills are not included in the curriculum for the professional preparation of new teachers (HEARD/MTT, 2004). All training institutions suffer from a lack of didactic material and no information seems available on specific HIV/AIDS programmes in teacher training institutions. Both the well-being of students and staff, as well as the higher institutions' crucial role in respect of meeting quotas for teachers, their training and acting as a knowledge/research entity appears to be neglected (UNESCO 2003a).

With support of UNICEF, the Office of Rural Education of the MOE introduced in 2001, a 6-year in-service training programme for primary school teachers. Training takes place during the summer holidays and addresses all subjects and topics of the primary education curriculum, including pedagogical and methodological aspects.

Burundi has a large number of orphans and vulnerable children, yet there are no specific strategies developed by the Ministry of Education regarding teacher preparation and education for OVC (HEARD/MTT, 2004). Of particular concern is the plight of the internally displaced people, or IDP children. Although IDP sites have primary and secondary schools, school attendance of displaced children remains difficult (Global IDP, 2005). In Burundi the Teacher Emergency Package (TEP) was introduced in 1998 and remains UNESCO's core contribution for the Consolidates Appeals Process in the Great Lake Region in 2005 (OCHA, 2005). TEP schools offer an accelerated programme for school drop-outs, allowing pupils to catch up with school time that was lost due to the conflict. The TEP programme relies on newly trained teachers that have gone through a crash-course of six week only and focuses on language and numeracy. Despite the short preparation period of six weeks, inspectors signalled the success of this form of training (Kanyungu, 2001) and the concept of this sort of transitional training/education – including HIV and AIDS – could receive further attention.

### 4. Teaching in a world with AIDS

HIV/AIDS and life skills are included in primary and secondary education. At primary level, HIV/AIDS and life skills is integrated in Languages and Environmental Education. In secondary, HIV/AIDS and life skills is integrated in Sexual Reproductive Health Education, in itself integrated in several subjects. Very few efforts have been made to orientate teachers and parents and reports show that HIV/AIDS and life skills programmes are not taken serious by many teachers (Niyongabo, 2003). This is acknowledged by the Ministry of Education and the country priorities in HIV and Education are: appropriate curricula in school, teacher preparation and material development (UNESCO, 2003a). With regards to the management of human resources, Burundi is committed to establish staff protection and prevention programmes. An AIDS solidarity fund for the support of Teachers Living With HIV and AIDS and the provision of ARV already exist though suffers from a lack of funds (UNESCO, 2003b).

Youth associations have taken an important position in the fight against HIV and AIDS in Burkina. With the support of the Ministry of Education, the National AIDS Council and the Bureau of Research and Programmes in Secondary Education, anti-AIDS clubs have been established in more than half of the secondary schools, reaching about 30,000 young people. The main focus of the anti-AIDS clubs is to raise awareness and to promote risk reduction. Several recommendations have been made to improve the efficiency and impact of the anti-AIDS clubs: access to VCT through a mobile clinic, the development of better educational material, outreach to out-of-school youth, better access to condoms and the development of income generating initiatives to ensure the and sustainability of clubs (UNDP, 2003). The success of youth-to-youth initiatives brings out the important question of the role of the teacher: should the teacher be trained to teach about HIV and AIDS or rather be trained to capacitate students to organise themselves and address HIV, AIDS and sexuality? Since 1999 and with the support of the Catholic Relief Services (CRS) and the National AIDS Council, the 'Bureau National de

'l'Enseignement Catholique' is conducting a HIV and AIDS school Programme. The programme reaches out to 200 heads of schools, 30,000 students and 300,000 out-of-school youths. Evaluation has shown a significant raise in awareness (UNDP, 2003).

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# Central African Republic



## 1. Introduction

The Central African Republic (CAR) is currently one of the world's forgotten humanitarian crises. Although a National Union Government has been established since 2003, massive assistance is needed to help the Government and the population to deal with the post-conflict situation and to restore basic social services (UNICEF, 2005). The CAR has a population of 4 million people, who live in 16 prefectures, 69 sub-prefectures, 174 communes and about 8,000 villages. The reconstruction of the country and the National Dialogue Forum is backed up by the United Nations Country Team through a Consolidated Appeals Process that is built around three core strategies: good governance, post-conflict relief and recovery and the fight against HIV and AIDS. The restoration of basic social services (health, education water and sanitation) is an important component in the CAP (UN, 2003 & UN, 2005).

CAR has a high HIV/AIDS prevalence of 15%, one of the 10 worst affected countries in the world. This deplorable situation is compounded by regular mutinies and atrocities such as rape of young girls (UNICEF, 2004).

## 2. The Education sector and HIV and AIDS

The CAR has a single Ministry of Education with 8 regional inspectorates to manage the education sector. The education strategy and action plan is outlined in the National Plan for Educational Development of 1997 (République Centrafricaine, 2004). Education is one of the hardest hit sectors resulting from the armed conflict, with continuing closure of schools as teachers move to urban areas. Bangui, the capital currently accounts for 19% of all primary schools, accommodating 33% of all children and absorbing 40 of all primary school teachers (République Centrafricaine, 2004). CAR is currently developing a specific HIV/AIDS policy. The country has an education sector HIV/AIDS strategic plan, a committee that is responsible for coordination and regional structures responsible for implementing the education response to the HIV/AIDS pandemic. The education sector is working on a workplace policy relating to HIV and AIDS and awareness programmes for employees at all educational levels are reported to exist. No guidelines for implementing universal precaution have been developed; a policy of non-discrimination with regard to recruitment, advancement, continued employment and benefits for personnel affected by HIV and AIDS however exists. An analysis of the Impact of HIV/AIDS on demand and supply of human resources in the education sector was conducted (HEARD/MTT, 2004), but no further research was commissioned to inform the education sector response to HIV and AIDS. No human resource policies are in place to minimize vulnerability and susceptibility

### Facts

Population (2003) <sup>1</sup>: 3.9 million  
% urban population (2003) <sup>1</sup>: 43  
% population less than 18 years old (2003) <sup>1</sup>: 50  
GNI per capita in US\$ (2003) <sup>1</sup>: 260  
% of population living below \$1 a day (1992-2002) <sup>1</sup>: 67  
HIV adult prevalence rate (2003) <sup>1</sup>: 13.5%  
Number of AIDS orphans/all orphans 2003 (in thousands) <sup>1</sup>: 110/290  
Primary gross enrolment ratio (1998-2002) <sup>1</sup>: 66  
Secondary gross enrolment ratio (1998-2002) <sup>1</sup>: 10,5  
Youth literacy rate % (15-24) (2000-2004) <sup>2</sup>: 58.5  
Number of primary school teachers (2001) <sup>2</sup>: 6,200  
Number of secondary school teachers (2001) <sup>2</sup>: NA  
Teacher/pupil ratio in primary education (2001) <sup>2</sup>: 74  
Teacher/pupil ratio in secondary education (2001) <sup>2</sup>: NA  
Number of extra teachers needed by 2015 to achieve UPE <sup>3</sup>: 10,779  
Average teacher salary (as multiple of per capita GDP) <sup>4</sup>: 4.9  
Human Development Index ranking <sup>5</sup>: 169<sup>th</sup> of 177 countries  
Gender-related Development Index ranking <sup>5</sup>: --  
EFA Development Index and rank <sup>2</sup>: NA  
FTI country <sup>6</sup>:  
HIPC <sup>6</sup>: Eligible, pre-decision point

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<sup>1</sup> UNICEF *Angola at a glance*

<sup>2</sup> 2005 EFA *Global Monitoring Report*

<sup>3</sup> Nilsson, EFA: *Teacher demand and supply in Africa, 2003*

<sup>4</sup> Burns and Mingat 2003

<sup>5</sup> 2005 UNDP *Human Development Report*

<sup>6</sup> World Bank, *HIPC Initiative. Overview 2005*

to HIV and AIDS. The HIV/AIDS/STD education sector response is generally considered as weak (République Centrafricaine, 2004).

### 3. Teacher training and HIV and AIDS

In the education sector, pedagogical management (such as the monitoring of teachers) and institutional management (such as human resources and teacher training) need to be re-developed virtually from scratch (WB, 2004). In principle, teacher preparation for primary level covers two years and takes place in the only Primary teacher Training College, 'l'Ecole Normale d'Instituteurs' (ENI). The college has less than 100 students per year (Dorléans, 2003), far too little for the growing pupil population. The professional staff of the ENI are secondary school teachers and are little motivated (Dorléans, 2003). Teacher training for secondary level takes place in the 'Ecole Normale Supérieure' (ENS) in Bangui and takes three years. In addition, the college offers a two-year pedagogical course for primary school inspectors while the University also turns out teachers. There are no records available of efforts to integrate HIV and AIDS in the professional preparation of new teachers (HEARD/MTT, 2004). A further situation and needs analysis seems required.

### 4. Teaching in a world with AIDS

The available literature depicts a very grim picture of a crippled post-conflict education system, compounded by the effects of HIV and AIDS. Records are scarce, but a 2001 report revealed that 85% of teachers mortality was due to AIDS (IRIN, 2001). Data from the same school year show a pupil/teacher ratio of 74 to 1 with only 32% of the primary school teachers who are qualified to teach (République Centrafricaine, 2004). School buildings and local school inspectorates have been looted and destroyed and tables and benches have often been used for firewood. Parents are completely impoverished and the conflict has left them without resources to pay teachers from their own pockets. School is also perceived as useless (not resulting in a concrete job) and to an extent dangerous as there is a risk and insecurity accessing school because of minors sexual abuse (UN, 2003). Teacher-student sex is a widespread phenomenon and seems to be ingrained in the educational system (SFGate, 2001). Furthermore, the acute shortage of teachers has led to situations whereby one teacher at times attends two or three multi-grade classes, sometimes assisted by someone who has not received any training at all (République Centrafricaine, 2004). No HIV/AIDS and life skills programmes have been established in the education system, there have not been orientation programmes for teacher or parents and counseling services are not available at the primary and secondary school level. Neither are there guidelines for teachers on dealing with HIV and AIDS in schools (HEARD/MTT, 2004). The International Federation of the Red Cross reports the training of peer educators who also target schools and teachers and assist them in setting up school-based initiatives (IFRC, 2002).

UNICEF reports the revitalization of the education system through re-establishing access to basic education in former conflict zones. This includes the return and transport of teachers back to school along with their families back to their villages and schools (UN, 2003). Capacitating such teachers to address HIV and AIDS alongside other pressing health issues such as nutrition, sanitation and malaria as well as child protection (abuse and sexual violence), is a pressing matter. Making the education system as responsive as possible in post-conflict situation is a difficult task, but is receiving more and more attention. Essential actions suggested for the teachers are: (i) the provision of psychosocial support to teachers who are coping with their own psychosocial issues, (ii) to brief teachers on the code of conduct which prohibits sex with children and (iii) to make sure that educational material is available ( IASC, 2004).

Coordination, partnership and community participation are imperative in education responses in a post-conflict situation. NGOs such as Care International and the International Red Cross have built considerable expertise in the area of education. Linking teacher training with such organisations could have various advantages: teachers would gain knowledge, could learn from participative approaches such as peer education routinely applied by the NGO's and the partnership would bring teachers closer to Voluntary Counseling and Testing and access to treatment.

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# Ethiopia



## 1. Introduction

Despite the country's strong leadership commitment to poverty reduction, Ethiopia remains one of the world's poorest countries, with a lack of food security being the greatest barrier to its long-term development. Ethiopia has a population of over 70 million and with Africa's 13<sup>th</sup> highest fertility rate, Ethiopia's population is expected to reach 93.8 million by 2015 (CIDA, 2005). Over 80% of the population is rural, characterized by great ethnic and cultural diversity.

Ethiopia has an adult HIV prevalence of 6.6% (2003), with uneven geographical distribution: 13.7% urban and 2.7% rural. Girls 15 to 24 are four to six times more likely to be infected than boys in the same age group (UNAIDS, 2004).

Donors have aligned their support around Ethiopia's homegrown poverty reduction strategy, the Sustainable Development and Poverty Reduction Program (SDPRP), that is building on an analysis of the inputs required to reach the MDGs (World Bank, 2005).

## 2. The Education sector and HIV and AIDS

In 1997 the government of Ethiopia launched the Education Sector Development Plan (ESDP) and adopted the EFA goals (2000) of ensuring universal access to and completion of basic education and reducing the adult illiteracy by 2015. Of particular concern is the gender gap in primary school enrolment, which is at the level of 20%. Ethiopia has also been found eligible for the Education for All – Fast Track Initiative (EFA-FTI), a partnership for accelerated progress towards the Millennium Development Goal of universal primary education (UPE) by 2015 (IATT, 2004). The ESDP II (2002-2006) has included HIV and AIDS as an impacting force on further educational development. The Ministry of Education has no specific HIV/AIDS policy, though there is an education sector HIV/AIDS strategic plan. A dedicated committee that is responsible for coordinating the education response to the HIV/AIDS pandemic exists but there are no staff at the national level who deal with HIV and AIDS only. There are regional and sub-regional education structures responsible for implementing a response to the HIV/AIDS epidemic. The education sector is currently developing a workplace policy programme; awareness programmes for all employees at different levels of the education sector and guidelines for implementing universal precaution already exist. The ministry does not have a policy of non-discrimination with regard to recruitment, advancement, continued employment and benefits for personnel affected by HIV and AIDS and Ethiopia does not enforce confidentiality of information about ministry employees affected by HIV and

### Facts

Population (2003) <sup>1</sup>: 70.678 million  
% urban population (2003) <sup>1</sup>: 16  
% population less than 18 years old (2003) <sup>1</sup>: 52  
GNI per capita in US\$ (2003) <sup>1</sup>: 90  
% of population living below \$1 a day (1992-2002) <sup>1</sup>: 26  
HIV adult prevalence rate (2003) <sup>1</sup>: 6.6 %  
Number of AIDS orphans/all orphans 2003 ( in thousands) <sup>1</sup>: 720/4000  
Primary gross enrolment ratio (1998-2002) <sup>1</sup>: 64  
Secondary gross enrolment ratio (1998-2002) <sup>1</sup>: 24  
Youth literacy rate % (15-24) (2000-2004) <sup>2</sup>: 57.4  
Number of primary school teachers (2001) <sup>2</sup>: 126,900  
Number of secondary school teachers (1999) <sup>2</sup>: 15,000  
Teacher/pupil ratio in primary education (2001) <sup>2</sup>: 57  
Teacher/pupil ratio in secondary education <sup>2</sup>: --  
Number of extra teachers needed by 2015 to achieve UPE <sup>3</sup>: 224,872  
Average teacher salary (as multiple of per capita GDP) <sup>4</sup>: 6.8  
Human Development Index ranking <sup>5</sup>: 170<sup>th</sup> of 177 countries  
Gender-related Development Index ranking <sup>5</sup>: 134<sup>th</sup> of 140 countries  
EFA Development Index and rank <sup>2</sup>: 0.54 (122)  
FTI country <sup>6</sup>: Potential 2005  
HIPC <sup>6</sup>: Eligible, completion point

### Sources

<sup>1</sup> UNICEF *Angola at a glance*

<sup>2</sup> 2005 EFA *Global Monitoring Report*

<sup>3</sup> Nilsson, EFA: *Teacher demand and supply in Africa, 2003*

<sup>4</sup> Burns and Mingat 2003

<sup>5</sup> 2005 UNDP *Human Development Report*

<sup>6</sup> World Bank *HIPC Initiative Overview 2005*

AIDS (HEARD/MTT, 2004). One of the eleven Regional Education Offices reported to implement a policy relating to teacher transfers that gave priority to requests from HIV positive teachers who wish to move nearer to relatives or to centers where health care is available (IATT, 2004). An analysis has been conducted of the impact of HIV/AIDS on demand and supply of human resources in the education sector and a research agenda exists to inform the education sector response to HIV and AIDS (HEARD/MTT, 2004).

### 3. Teacher training and HIV and AIDS

In Ethiopia Teacher Training Institutions (14) train at the 'certificate' level permitting to teach in the primary classes, while Teacher Training Colleges (5) train at 'diploma' level for the second part of basic education, whereas education faculties prepare 'degree level' permitting to teach in high school and college (UNESCO, 2005). HIV/AIDS and life skills are integral components in the curriculum of teacher preparation (HEARD/MTT, 2004), yet no systematic monitoring and reporting system seems in place with regards to the implementation of HIV and AIDS programmes in teacher training. Student teachers are also supported through the 'Ethiopia Basic Education Strategic Objectives (BESO), an initiative that aims to improve the quality and equity of basic education in Ethiopia by supporting reform at the national and regional levels, including HIV/AIDS (AED, 2005). Evidence from the regions however shows that teachers are insufficiently trained in HIV/AIDS compliant and culturally appropriate content and methods (IATT, 2004).

Several UN agencies, NGOs and Faith Based Organisations (FBO) are currently giving support to HIV and AIDS programmes in teacher preparation. Information regarding in-service and pre-service teacher training support is available from the International Red Cross, PACT Ethiopia, International Organization for Migration (IOM), UNICEF, Pathfinder (in collaboration with Teacher Unions) and UNESCO-IICBA. All support programmes are built on sound concepts; the main bottleneck however is of a structural nature and is well described in a recent MOE/IIEP document (Adebe, 2005). *'The HIV/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/AIDS is left outside the mainstream issues of educational planning and management. Consequently mainstreaming of HIV/AIDS in the education sector has not been achieved, and even those appointed as focal points on HIV/AIDS do not see it as their primary responsibility.* Generally, a picture emerges of an HIV/AIDS education program of the Ministry of Education (MOE) that has successfully created awareness, a feeling of concern and a degree of commitment among the education community, but that is hampered in its implementation as a result of a lack of reliable resources, inadequate coordination and management structures (donor and NGO driven), stigmatization and discrimination with respect to both HIV/AIDS and gender, a lack of adequate regional data on HIV/AIDS impact for planning purposes and a lack of commitment and urgency among some members of the school community, compounded by other pressing social problems such as poverty and famine.

### 4. Teaching in a world with AIDS

4 of the 11 Regional Education Bureaus (who are fully responsible for primary education) that participated in the World Bank-led meeting 'Accelerating the Education Sector Response to HIV/AIDS in Ethiopia, 2004' have integrated HIV/AIDS into the curriculum, and although a comprehensive supplementary booklet is available for teachers, none of these regions has established a systematic teacher training process that will result in the implementation of the curriculum in all schools. In addition to the curricula, school HIV/AIDS activities are conducted through student clubs. It was also noted that where training was in place the focus was on secondary schools, with no apparent implementation at the primary school level (IATT, 2004). Although almost all Ethiopian secondary and primary schools have anti-AIDS clubs, a 2003 youth-led survey in Addis Ababa supported by the World Bank showed that youth participation was actually weak, due to a lack of capacity on the part of those engaged in running anti-AIDS clubs. As a result of the youth group's findings, a youth consultancy group was established who has developed plans to push forward. The emphasis is on the exchange of experiences and the development of HIV/AIDS corners in high schools country-wide (WB, 2006). UNICEF also supports several youth focused capacity building activities and has identified the following needs of anti-AIDS clubs: youth group

management and leadership to Anti-AIDS club (AAC) leaders; peer education and life skills training; youth programming training to club leaders to ensure youth to claim their rights, make informed decisions, draw programs that concerns them and take steps to participate in various interventions; training on VCT for youth volunteers to avail counseling services at community level; establishment of networks among Anti-AIDS youth groups to promote cross fertilization of experiences; development of standardized training materials on life skills and peer education, youth programming, youth focused VCT; and operational researches on youth and youth clubs, which feeds in to programming.

Although the Ministry claims to have a programme to address the needs of OVC in the education system, the regions report that there is no systematic support for OVC access to education (IATT, 2004).

Although the MOE has not amended human resource policies in order to minimize vulnerability and susceptibility to HIV and AIDS (HEARD/MTT, 2004), government is aware of the importance of teacher residences in the rural areas in order to create better conducive working environment and reduce teachers' vulnerability (MOE, 2002). This is particularly important for female teachers, who are currently under represented in the education system. Female teachers may encourage female students to stay in school through positive role models and hence strengthen education as the 'social vaccine' against the HIV/AIDS epidemic (Lasonen, J., 2005).

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# Nigeria



## 1. Introduction

Nigeria has a population of around 140 million living in 36 States and the Federal Capital Territory. It is an ethnically and religiously complex country with over 250 ethnic groups and even more languages. 50% of the population are Muslim, 40% Christian and 10% hold indigenous beliefs. Nigeria is the 5th largest oil producer in the world and oil dominates the economy. Despite the wealth, Nigeria has 70% of its population falling below the poverty line of \$1 a day. This puts it among the 30 poorest countries in the world (CIA, 2005).

Nigeria has the biggest population in Africa although adult HIV prevalence rates are much lower in Nigeria (5.4% in 2003) than in other African countries, the size of Nigeria's population meant that by the end of 2003, there were an estimated 3,600,000 people living with HIV/AIDS. This is the largest number in the world after South Africa and India (UNAIDS, 2005).

## 2. The Education sector and HIV and AIDS

Education is administered by three branches of government. Primary education is under the control of local governments. Secondary schools fall under the jurisdiction of the state governments except for the so-called "Unity Schools" which are administered by the federal government. Since the Abuja Summit on HIV/AIDS in 2001 and the launching of the HIV/AIDS Emergency Action Plan (HEAP) in the same year, Nigeria has recognised the importance of a multi-sectoral approach. With the support of UNESCO and the World Bank a (well documented) education sector response took place, succinctly captured in a 2004 literature review (Chinyere, 2004). The Ministry of Education (MOE) of Nigeria is currently developing a specific HIV/AIDS policy, and has completed a draft workplace policy. The MOE has an education sector HIV/AIDS strategic plan, a dedicated committee that is responsible for coordinating the education response to the HIV/AIDS pandemic, staff at the national level who deal with HIV and AIDS only and regional and sub-regional education structures responsible for implementing a response to the HIV/AIDS epidemic. Awareness programmes for all employees at different levels of the education sector exist and guidelines for implementing universal precaution are being developed. The ministry has a policy of non-discrimination with regard to recruitment, advancement, continued employment and benefits for personnel affected by HIV and AIDS and Nigeria does not enforce confidentiality of information about ministry employees affected by HIV and AIDS (HEARD/MTT, 2004).

## 3. Teacher training and HIV and AIDS

### Facts

Population (2003) <sup>1</sup>: 124,009 million  
% urban population (2003) <sup>1</sup>: 47  
% population less than 18 years old (2003) <sup>1</sup>: 51  
GNI per capita in US\$ (2003) <sup>1</sup>: 320  
% of population living below \$1 a day (1992-2002) <sup>1</sup>: 70  
HIV adult prevalence rate (2003) <sup>1</sup>: 5.4%  
Number of AIDS orphans/all orphans 2003 (in thousands) <sup>1</sup>: 1,800/7,000  
Primary gross enrolment ratio (1998-2002) <sup>1</sup>: 96.5  
Secondary gross enrolment ratio (1998-2002) <sup>1</sup>: 30.5  
Youth literacy rate % (15-24) (2000-2004) <sup>2</sup>: 88.6  
Number of primary school teachers (2001) <sup>2</sup>: 487,300  
Number of secondary school teachers (2001) <sup>2</sup>: 7,700  
Teacher/pupil ratio in primary education (2001) <sup>2</sup>: --  
Teacher/pupil ratio in secondary education (2001) <sup>2</sup>: --  
Number of extra teachers needed by 2015 to achieve UPE <sup>3</sup>: 210,609  
Average teacher salary (as multiple of per capita GDP) <sup>4</sup>: 4.9  
Human Development Index ranking <sup>5</sup>: 151<sup>st</sup> of 177 countries  
Gender-related Development Index ranking <sup>5</sup>: 123<sup>rd</sup> of 140 countries  
EFA Development Index and rank <sup>2</sup>: --  
FTI country <sup>6</sup>: NA  
HIPC <sup>6</sup>: NA

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<sup>1</sup> UNICEF Angola at a glance

<sup>2</sup> 2005 EFA Global Monitoring Report

<sup>3</sup> Nilsson, EFA: Teacher demand and supply in Africa, 2003

<sup>4</sup> Burns and Mingat 2003

<sup>5</sup> 2005 UNDP Human Development Report

<sup>6</sup> World Bank, HIPC Initiative. Overview 2005

Higher education is administered by both the federal and state governments. With regards to teacher preparation, there are currently 22 federal teacher training colleges, 38 state teacher training colleges and 4 private teacher training colleges. The new minimum qualification required for teaching in the primary school will be the 'Nigerian Certificate in Education' (NCE) awarded after three years of full-time post secondary study (Clark, 2004). The 'National Commission for Colleges of Education' provides advise to the Federal Ministry and co-ordinates all aspects of non-degree teacher education in the country. With the support of UNESCO Abuja the National Teachers Institute of Kaduna (responsible for distance education) established a HIV and Preventive Education Unit, the National Universities Commission (NUC) received support for an HIV Youth Programme at universities in Nigeria and the National Commission for Colleges of Education serves as portal for teacher networking on HIV/AIDS and preventive education (UNESCO, 2003). HIV/AIDS and life skills are integral components in the curriculum of teacher preparation (HEARD/MTT, 2004) but the capacity of educators and education personnel to deal with issues of HIV and AIDS remains low (Chinyere, 2004).

Quality coordination, supervision, monitoring and evaluation is needed for preventative education programmes that have already been initiated. Management capacity is lacking in Nigeria (Chinyere, 2004). Of interest in this respect is the Literacy Enhancement Assistance Project (LEAP), currently running in three states and nine local governments in Nigeria. This multi-dimensional project encompasses a management component, implemented by RTI (Research Triangle International) and is innovative insofar the focus is capacitating local level structures. Regarding possible enhancements of the program, NGO partners noted that it would like LEAP to begin to incorporate HIV/ AIDS education into the primary school curriculum (RTI, 2005).

#### 4. Teaching in a world with AIDS

Sex is traditionally a very private subject in Nigeria for cultural and religious reasons. Up until recently there was little or no sexual health education for young people and this has been a barrier to reducing sexually transmitted infection (STI) and HIV rates. One significant response of the education sector to HIV/AIDS is the infusion of Family Life Education (FLE) and HIV/AIDS issues into the school curricula at the basic and secondary school levels and teacher training institutions. A recent impact study in three States shows that though many teachers are not aware of its existence, such FLE curriculum will receive a positive reception in the schools provided proper training accompanies the course (Ssengonzi, 2004). The same study also shows an unanimous disapproval of teaching about condoms by parents, hence the National Family Life and HIV Curriculum (which was developed in consultation with religious leaders and community leaders) will have to incorporate a sensitization component for the wider community. The suggested in-service training strategy is one of cascading and building on promising approaches that are currently being piloted (IATT, 2004).

A study on peer education in secondary schools showed positive impacts. Students exposed to training from Corps members and peer educators were better informed than other students on ways of contacting HIV/AIDS, passing on the virus and reducing the risk of becoming infected with HIV/AIDS virus; 5.6% of students have ever been tested for HIV or the AIDS virus, while only 62.0% of those that have never been tested would want to be tested; students exposed to the peer education training showed better attitudes towards people living with HIV/AIDS (PLWHA). The study concluded that the peer educator programme is having a positive impact in reducing the rate of HIV/AIDS spread in the country (Chinyere, 2004). Furthermore, the use of other non-formal strategies such as art and music are becoming important (UNESCO, 2003). In the state of Lagos, the State Ministry of Education and a local NGO - Action Health Incorporated - developed a curriculum and scheme of work for sexuality education in 100 secondary schools in the state, including sensitization of inspectors who are responsible for the monitoring and evaluation of the project. In addition, the programme enables a peer education programme on sexuality life planning issues and leadership skills, developed a Trainers' Manual for teachers and opened a Youth Friendly Clinic (AHI, 2005). The success of youth-to-youth initiatives brings out the important question of the role of the teacher: should the teacher be trained to teach about HIV and AIDS or rather be trained to capacitate students to organise themselves and enable them to address HIV, AIDS and sexuality?

A recent impact study shows that Nigeria is witnessing a heightened level of teacher absenteeism related to illness and funerals. In the Nasarawa State, 20% of the interviewed teachers confirmed to have cared for someone with HIV and AIDS (Ssengonzi, 2004). Assuming that such impacts will only be higher in the coming years, guidelines for school administrators need to be developed, including care and support mechanisms for ill or caring teachers. The same study found out that a significant proportion of educators has negative attitudes towards colleagues who are living with HIV, calling for urgent adoption and implementation of the draft 'National HIV/AIDS Workplace Policy for the Education Sector'. More openness regarding HIV and AIDS can also be achieved through better access to counseling and treatment centres and it is recommended to provide such facilities in schools, institutions and youth centres (Chinyere, 2004). The American Federation of Teachers (AFT, 2005) highlights support to Nigerian Teacher Unions in areas such as HIV/AIDS education and prevention, counseling and referral, and care for teachers and their families affected by AIDS.

None of the states in Nigeria has a policy in place to provide systematic support for orphans and vulnerable children (OVC) and their access to education and there are no capacity-building programmes for teachers to enable them to address the psychosocial and other needs of OVC (IATT, 2005).

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# Republic of Congo



## 1. Introduction

The Republic of Congo is a post-conflict country that has been engaged in consistent development since the Peace Accord in 2003, following a ten year armed conflict that led to the destruction of health and other social infrastructure. 80% of the education infrastructure has been damaged and many children are vulnerable (UNICEF, 2005). The country's economy is dominated by production from off-shore petroleum wells. The government of the Republic of Congo is currently preparing an Interim Poverty Reduction Strategy (I-PRSP) with input from a large number of stakeholders (World Bank, 2005).

In 2003 Congo's population was estimated at approx. 3.7 million people, with an adult HIV/AIDS prevalence of 4.9%. Significant differences in rates are observed around the country, ranging from 10% to 1.3%. Congo's multi-sectoral response reflects in the National HIV/AIDS Strategic Framework 2003–2007, which was adopted in December 2002.

The First Lady of Congo through the Foundation Congo Assistance and Organization of African First Ladies against HIV and AIDS (OPDAS), is playing a successful advocacy role in partnership with the UN System and civil society (UNAIDS, 2005). Congo was the first country in Africa to benefit from the offer to obtain Nevirapine free of charge for a period of five years (Afronews, 2003) and anecdotal sources suggest a degree of openness regarding the HIV sero-status.

### Facts

Population (2003) <sup>1</sup>: 3.724 million  
% urban population (2003) <sup>1</sup>: 53  
% population less than 18 years old (2003) <sup>1</sup>: 54  
GNI per capita in US\$ (2003) <sup>1</sup>: 640  
% of population living below \$1 a day (1992-2002) <sup>1</sup>: --  
HIV adult prevalence rate (2003) <sup>1</sup>: 4.9%  
Number of AIDS orphans/all orphans 2003 ( in thousands) <sup>1</sup>: 97/260  
Primary gross enrolment ratio (1998-2002) <sup>1</sup>: 85.5  
Secondary gross enrolment ratio (1998-2002) <sup>1</sup>: 32  
Youth literacy rate % (15-24) (2000-2004) <sup>2</sup>: 97.8  
Number of primary school teachers (2001) <sup>2</sup>: 9,300  
Number of secondary school teachers (2001) <sup>2</sup>: 7,700  
Teacher/pupil ratio in primary education (2001) <sup>2</sup>: 56  
Teacher/pupil ratio in secondary education (2001) <sup>2</sup>: 26  
Number of extra teachers needed by 2015 to achieve UPE <sup>3</sup>: 8,446  
Average teacher salary (as multiple of per capita GDP) <sup>4</sup>: 3.4  
Human Development Index ranking <sup>5</sup>: 168<sup>th</sup> of 177 countries  
Gender-related Development Index ranking <sup>5</sup>: 131<sup>st</sup> of 140 countries  
EFA Development Index and rank <sup>2</sup>: --  
FTI country <sup>6</sup>: approved but not implemented  
HIPC <sup>6</sup>: Eligible, pre-decision point

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<sup>1</sup> UNICEF *Angola at a glance*

<sup>2</sup> 2005 EFA Global Monitoring Report

<sup>3</sup> Nilsson, EFA: *Teacher demand and supply in Africa, 2003*

<sup>4</sup> Burns and Mingat 2003

<sup>5</sup> 2005 UNDP Human Development Report

<sup>6</sup> World Bank, HIPC Initiative. Overview 2005

## 2. The Education Sector and HIV and AIDS

The civil conflicts in Congo have left the education system in crisis, resulting in low enrolments, overall poor quality and wide urban/rural discrepancies in budget allocations, teacher distribution and performance. Education is the responsibility of three ministries: the Ministry of Primary and Secondary Education in charge of Alphabetization (MEPSA), the Ministry of Technical and Professional Education and a Ministry of Higher Education and Research. The highly centralized structure is inefficient and education data are unreliable. Positive is that the EFA Action Plan of 2002 has been put in action and that the process of decentralization that started in 2003 should create opportunities of better management of teaching personnel and budgets (World Bank, 2004). The IATT Readiness Survey reveals that the Education sector has a specific HIV/AIDS policy and an education sector HIV/AIDS strategic plan. A dedicated committee that is responsible for coordinating the education response to the HIV/AIDS pandemic exists and there is staff at the national level who deal with HIV and AIDS only. There are regional structures responsible for implementing a response to the HIV/AIDS

epidemic. The education sector does not have a workplace policy relating to HIV/AIDS, awareness programmes for employees at different levels of the education sector do not exist, nor are there guidelines for implementing universal precaution. The ministry does not have a policy of non-discrimination with regard to recruitment, advancement, continued employment and benefits for personnel affected by HIV and AIDS and Congo does not enforce confidentiality of information about ministry employees affected by HIV and AIDS. No impact study has been conducted so far and no research agenda has been defined to inform the education sector in order to address the impact of HIV and AIDS on the system. A programme to address the needs of OVC in the education system is reported to exist (HEARD/MTT, 2004), yet no specific information could be retrieved on the subject.

### 3. Teacher Training and HIV and AIDS

Preset teacher training is the responsibility of the Ministry of Technical and Professional Education and takes place in five colleges, four for primary and one for secondary teachers. The colleges are in dire need of furniture and instructional materials (World Bank 2004). HIV/AIDS and Life Skills programme are not integrated in the curriculum for the professional preparation and there are no HIV/AIDS materials available for students in tertiary education (HEARD/MTT, 2004).

With support from the French Cooperation, the National Institute of Pedagogical Research (INRAP) has developed a new curriculum for primary level with complete revision of textbooks and teachers' guides, as well as the relevant in-service teacher training programme. This in-service programme has been developed following a cascade approach, in which trainers have been selected and trained in all departments. This effort has been done with the idea of creating regional networks of pedagogic advisors and trainers, and to enable the inspections to provide pedagogical support to schools. HIV/AIDS and life skills are an integral component of the programme (MEPSA, 2004).

Another capacity-building programme with focus on education decentralisation and better quality is the 'Projet d'Appui à l'Education de Base' or PRAEBASE, implemented by the MEPSA. Although the 2005 Action Plan does not specifically mention HIV and AIDS, the project activities provide a platform to ensure advocacy and the integration of HIV/AIDS in education planning and management at decentralised level (MEPSA, 2005).

### 4. Teaching in a world with AIDS

Rather than a shortage of teachers, Congo faces a poor distribution of teachers, marked by an extreme shortage of qualified teachers in rural areas mainly as the result of the migration of female teachers to the urban areas. Moreover, a large number of teachers in urban areas are not in the classroom but engaged as education personnel in the administration (MEPSA, 2002). The redeployment and relocation of the existing teaching force is being considered (World Bank, 2004) but raises questions of vulnerability and needs due attention in the context of HIV and AIDS.

With the support of UNICEF and UNDP (and some funds from an oil company present in Congo), Congo's education ministry is implementing an AIDS prevention project in schools known as 'Projet pour la Prévention du Sida dans les Ecoles du Congo'. The 3 main pillars of the PRESIEC Project are: (1) Student Peer-Educators: Over 6,500 young people have been trained as peer-educators; (2) Young People's Clubs: The student peer-educators have established 135 clubs that meet once per week to learn and discuss HIV/AIDS awareness and prevention, life-skills development as well as offering cultural, social, sports and income-generating activities; (3) Teacher Training: About 40 Congolese facilitators offer 3-day teacher training courses to primary and secondary school teachers, guiding them in their role as active leaders and role models to both their students and other teachers. Over 3,500 teachers have benefited from these courses, learning participatory techniques such as theatre, role plays and debates to guide their students on issues such as communicating effectively with their family and friends, stress management and healthy life-styles. The Ministry of Primary and Secondary Education – department of technical and professional training – also joined with the ministry of health to develop early and voluntary screening programs, and to provide free medical care for students and teachers. Recently, PRESIEC

has extended its efforts to similar behavioral-change programs to educate the Congolese military on the prevention of the spread of HIV/AIDS, with the support of the Congolese government (UNDP, 2003 & IFC, 2004).

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# Sierra Leone



## 1. Introduction

After 25 years of poor governance under one-party rule followed by an 11-year brutal civil war which ended in 2002, Sierra Leone is now on a steady but difficult path to recovery. The decade-long civil war caused huge displacement, loss of life and widespread destruction of infrastructure, including schools. Sierra Leone, with a population of approx. 5 million people is ranked last in the Human Development Index. The Poverty Reduction Strategy Paper provides the basis for a transition towards sustained long-term development beyond the post-conflict requirements of the war (WB, 2005).

HIV prevalence data are scant. In 2002 HIV prevalence among adults aged 15-49 was 1.4 percent. The prevalence rate in Freetown was 2.3 percent. 1996 data from antenatal clinic attendees in Sierra Leone indicate that 7 percent were infected with the virus. Sero-surveys in 1997 conducted among sex workers, police officers and security forces showed alarming high HIV prevalence (IRIN, 2005). Very recently, Nimba Research Consultancy, a Ghanaian researching firm that was contracted by the World Bank to conduct the HIV Sero Prevalence Survey, has revealed its findings putting Sierra Leone at a 1.53% adult HIV prevalence rate. The study further revealed that there is no differences between sexes, that urban areas are more affected than rural areas and that prevalence rates are higher amongst those with tertiary education than those without education (Awareness Times, 2005). The International Federation of Red Cross however gives an HIV prevalence of 4.9%, rural 4% and Freetown 6.1% respectively (IFRC, 2004).

### Facts

Population (2003)<sup>1</sup>: 4.971 million  
% urban population (2003)<sup>1</sup>: 39  
% population less than 18 years old (2003)<sup>1</sup>: 51  
GNI per capita in US\$ (2003)<sup>1</sup>: 150  
% of population living below \$1 a day (1992-2002)<sup>1</sup>: 57  
HIV adult prevalence rate (2003)<sup>1</sup>: --  
Number of AIDS orphans/all orphans 2003 (in thousands)<sup>1</sup>: All:350  
Primary gross enrolment ratio (1998-2002)<sup>1</sup>: 79  
Secondary gross enrolment ratio (1998-2002)<sup>1</sup>: 26.5  
Youth literacy rate % (15-24) (2000-2004)<sup>2</sup>: 38.2  
Number of primary school teachers (2001)<sup>2</sup>: 14,900  
Number of secondary school teachers (2001)<sup>2</sup>: --  
Teacher/pupil ratio in primary education (2001)<sup>2</sup>: 37  
Teacher/pupil ratio in secondary education (2001)<sup>2</sup>: 27  
Number of extra teachers needed by 2015 to achieve UPE<sup>3</sup>: 10,479  
Average teacher salary (as multiple of per capita GDP)<sup>4</sup>: 4.3  
Human Development Index ranking<sup>5</sup>: 177<sup>th</sup> of 177 countries  
Gender-related Development Index ranking<sup>5</sup>: 139<sup>th</sup> of 140 countries  
EFA Development Index and rank<sup>2</sup>: --  
FTI country<sup>6</sup>: Potential 2005  
HIPC<sup>6</sup>: Eligible, decision point

### Sources

<sup>1</sup> UNICEF Angola at a glance

<sup>2</sup> 2005 EFA Global Monitoring Report

<sup>3</sup> Nilsson, EFA: Teacher demand and supply in Africa, 2003

<sup>4</sup> Burns and Mingat 2003

<sup>5</sup> 2005 UNDP Human Development Report

<sup>6</sup> World Bank, HIPC Initiative. Overview 2005

## 2. The Education sector and HIV and AIDS

The government of Sierra Leone, through the Ministry of Education Science and Technology's (MEST), has given education a very high priority, committed to increase enrolment throughout the country and to improve its quality. Amongst other targets, a 30% increase in the percentage of qualified teachers is expected by 2015. Similar to other post-war countries, the education sector has to rehabilitate and rebuild destroyed schools, retrain and re-introduce teachers and in addition significantly expand the whole system. The challenges are massive, especially in rural areas and the teachers seem to be taking the strain in Sierra Leone (Bennell, 2003).

MEST takes HIV and AIDS serious and organised a national workshop to 'Accelerate the Education Sector Response to HIV/AIDS' in April 2005 (Schools and Health, 2005). To date, no workshop report however could be found on the web. Sierra Leone is currently developing a specific HIV/AIDS policy. The country has no education sector HIV/AIDS strategic plan, yet a dedicated committee that is responsible for coordinating the response to the HIV/AIDS pandemic exists. There are no regional structures in place, responsible for implementing the education response to the HIV/AIDS pandemic. The education sector has no workplace policy and human resource policies or other rules and regulations within the Ministry have not been reviewed in light of the impact and implications of HIV and AIDS. HIV and AIDS awareness programmes for employees at different educational levels exist, but not in education institutions. No guidelines for implementing universal precaution have been developed; a policy of non-discrimination with regard to recruitment, advancement, continued employment and benefits for personnel affected by HIV and AIDS however exists. No analysis of the impact of HIV/AIDS on demand and supply of human resources in the education sector was conducted, but a research agenda that prioritizes gaps in knowledge relating to the impacts of and response to HIV/AIDS within the education system was defined (HEARD/MTT, 2004).

### 3. Teacher training and HIV and AIDS

Sierra Leone has 6 Teacher Training Colleges and 3 other institutions of Higher Education. In the 2000/2001 academic year the colleges produced 10,000 teachers (Annual Statistical Digest, 2001). HIV/AIDS and life skills are integral components in the curriculum for the professional preparation of new teachers (HEARD/MTT, 2004); yet no information seems available with respect to the quality and scope of the HIV/AIDS programmes.

Free primary education and the Complementary Rapid Education for Primary Schools (CREPS), conceptualized in 2000 to cater for the educational needs of over-aged children whose schooling was disrupted by the war, have compounded the already critical shortage of trained teachers. In response MEST introduced a 1-year Teacher Elementary Certificate (TEC), a programme for lower primary teachers, using distance education. Teachers stay at post while accessing training. With the support of UNESCO, UNICEF, Commonwealth of Learning and Plan Sierra Leone, a distance learning teacher-training programme has also been initiated by the Freetown Teachers' College (IBE, 2004).

The Teacher Development Initiative (TDI) which was piloted in the Western Rural Area is showing distinct signs of success in the areas of child/girl friendly schools, community involvement, school based teacher development, and school based HIV/AIDS and peace education programmes (UNICEF, 2005). The training of head teachers and supervisors in the three districts schools was also based on the TDI model. The Sierra Leone Teachers' Union (SLTU) - with international support - runs an in-service training for teachers, practical courses, based on working with classes of over 80 students (ATL, 2005).

### 4. Teaching in a world with AIDS

HIV/AIDS and Life Skills programmes including gender issues have been developed for primary and secondary education and orientation programmes have been undertaken for teachers (HEARD/MTT, 2004). Special support in the improvement of pedagogical skills and knowledge of the core subject areas and curriculum improvement to address emerging issues of peace education, HIV/AIDS and human rights are also taking place (UNICEF, 2005). Counseling services are said to be available at most secondary schools but not at the primary level (HEARD/MTT, 2004) and MEST is making efforts to improve the conditions of service of teachers through the construction of teacher quarters especially in rural areas so as to encourage retention (IBE, 2004). Guidelines for teachers on dealing with HIV/AIDS in schools have not yet been developed (HEARD/MTT, 2004). UNICEF further reports supporting the establishment of Teachers' Resource Centres to render support services to and train teachers in local production of simple learning and teaching aids (UNICEF, 2005).

The school supervision system is extremely weak in Sierra Leone (UNICEF, 2005) and in order to improve education management at the local level, MEST has devolved authority for the supervision to the district level (IBE, 2004). This form of decentralization is a positive development for HIV/AIDS and life skills programmes insofar as local level responses – with interaction between school and community – are likely the most effective ones; however, the issue of capacitating the local level and sufficient supervisors remains a challenge.

Regional instability continues to pose a considerable threat to peace and stability in Sierra Leone. The continuing influx of refugees from Liberia for example, requires specific HIV/AIDS programmes and relevant teacher preparation for Internal Displaced People (IDP). Certain NGO's such as Concern Worldwide, International Rescue Committee (IRC), GOAL and the International Federation of the Red Cross have built considerable expertise in this area. Systematically linking teacher training with such organisations could have various advantages: teachers would gain knowledge, could learn from participative approaches such as peer education routinely applied by the NGO's and – in some cases - would bring teachers closer to Voluntary Counseling and Testing and access to treatment (IFRC, 2004).

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# United Republic of Tanzania



## 1. Introduction

The United Republic of Tanzania comprises of Tanzania mainland and Zanzibar and has a total population of about 37 million people. Tanzania is among the poorest countries in the world and HIV/AIDS is reported to be the greatest single threat to the United Republic of Tanzania's security and socio-economic development. It is placing an increasing burden on the country's resources through rising medical expenditures, absenteeism from work, labour shortages and training of replacement labour. The number of orphans is estimated at almost two and a half million (UNICEF, 2003).

The national prevalence in Tanzania mainland is estimated at 8.8% among sexually active adults aged 15 and above at end of 2003 and at 0.6% in the general population of Zanzibar. Women on Zanzibar show infection rates (0.9%) three times higher than their male counterparts (0.3%) (UNAIDS, 2005). Tanzania's response to HIV and AIDS is multi-sectoral and pays attention to participatory planning and management at district level. There is good coordination between donors, government and institutions and a joint support for realising the main priorities of the Poverty Reduction Strategy Paper (PRSP) and HIV/AIDS targets. Under the Heavily Indebted Poor Country Initiative (HIPC), the country benefits from public sector international debt relief, which freed an estimated \$85 million last year for the pursuit of health and education objectives (WB, 2005).

## 2. The Education Sector and HIV and AIDS

Since 2000, the Education Sector Development Program (ESDP) framework provides structure and guidance through which sector dialogue between the Government, Development Partners, and the Civil Society Organizations takes place. The ESDP has different Development Committees who bring together the main ministries involved in education: the Ministry of Education and Culture (MEC) (primary and secondary education); the Ministry of Community Development Gender and Children and the Ministry of Labour and Youth Development (vocational training); and the Ministry of Science Technology and Higher Education (Tertiary and Higher Education). In the absence of a sectoral policy upon which to formulate legislation and to develop a strategic framework, the MEC currently operates within the framework of the National Policy on HIV/AIDS. The day-to-day work of the MEC in the prevention of HIV/AIDS is guided by circulars, directives and guidelines. As part of the

### Facts

Population (2003) <sup>1</sup>: 36.977 million  
% urban population (2003) <sup>1</sup>: 35  
% population less than 18 years old (2003) <sup>1</sup>: 52  
GNI per capita in US\$ (2003) <sup>1</sup>: 290  
% of population living below \$1 a day (1992-2002) <sup>1</sup>: 20  
HIV adult prevalence rate (2003) <sup>1</sup>: 8.8%  
Number of AIDS orphans/all orphans 2003 (in thousands) <sup>1</sup>: 980/2,500  
Primary gross enrolment ratio (1998-2002) <sup>1</sup>: 69.5  
Secondary gross enrolment ratio (1998-2002) <sup>1</sup>: 5.5  
Youth literacy rate % (15-24) (2000-2004) <sup>2</sup>: 78.4  
Number of primary school teachers (2001) <sup>2</sup>: 105,000  
Number of secondary school teachers (2001) <sup>2</sup>: --  
Teacher/pupil ratio in primary education (2001) <sup>2</sup>: 46  
Teacher/pupil ratio in secondary education (2001) <sup>2</sup>: --  
Number of extra teachers needed by 2015 to achieve UPE <sup>3</sup>: 57,623  
Average teacher salary (as multiple of per capita GDP) <sup>4</sup>: 3.6  
Human Development Index ranking <sup>5</sup>: 162<sup>nd</sup> of 177 countries  
Gender-related Development Index ranking <sup>5</sup>: 127<sup>th</sup> of 140 countries  
EFA Development Index and rank <sup>2</sup>: 0.74 (100)  
FTI country <sup>6</sup>: Potential 2005  
HIPC <sup>6</sup>: Eligible, completion point

### Sources

<sup>1</sup> UNICEF Angola at a glance

<sup>2</sup> 2005 EFA Global Monitoring Report

<sup>3</sup> Nilsson, EFA: Teacher demand and supply in Africa, 2003

<sup>4</sup> Burns and Mingat 2003

<sup>5</sup> 2005 UNDP Human Development Report

<sup>6</sup> World Bank, HIPC Initiative. Overview 2005

2003-2007 national multi-sectoral strategic framework on HIV/AIDS, the education sector developed the Education Sector Strategic Plan (ESSP) on HIV/AIDS, 2003-2007. A dedicated committee that is responsible for coordinating the education response to the HIV/AIDS pandemic exists. There are regional and district structures responsible for implementing a response to the HIV/AIDS epidemic. The education sector has no workplace policy relating to HIV and AIDS. An awareness programme for all Ministry employee exists, but there are no guidelines for implementing universal precaution and no policy of non-discrimination with regard to recruitment, advancement, continued employment and benefits for personnel affected by HIV and AIDS. Tanzania enforces confidentiality of information about ministry employees affected by HIV and AIDS. So far there has not been an analysis conducted of the impact of HIV/AIDS on demand and supply of human resources in the education sector. Nevertheless a research agenda exists to inform the education sector response to HIV and AIDS (HEARD/MTT, 2004).

### 3. Teacher Training and HIV and AIDS

Just like many other African countries, Tanzania faces a shortage of qualified teachers and the MEC is making efforts to train more teachers and to upgrade teachers with only primary level education to secondary level. Since 2002, the pre-service teacher training program has been changed from a two year residential training to a two-tier system during which, students spend one year at college and another year in school to practice teaching. The teacher trainees are supposed to be under supervision and mentored by head-teachers and occasionally by the school inspectors, however, such support and guidance has been limited. The recent revised curriculum by the MEC and the Tanzania Institute of Education (TIE) is designed for a two-year-college based training. It seems, therefore, that the two-tier system is for temporary and transitory measures and not as a permanent delivery system for teacher training in the country (WB, 2005). HIV/AIDS, other STIs and life skills education curriculum requirements are treated as topics in the syllabi of carrier subjects: in civics for the Certificate in Education, and in general studies for Advanced Level and the Diploma in Education. In-service and pre-service training sessions have been provided for teachers, resulting in 80 teacher training college tutors, 1,460 secondary school teachers and 21,000 primary school teachers nationally been trained in HIV/AIDS and life skills education (Kauzeni, 2004). A situation analysis of HIV/AIDS programmes in the Teacher Training Institutions has seemingly not yet been conducted and little can be said about the quality and the intensity of the HIV and AIDS programmes.

In Teacher Training Colleges in Zanzibar a system of 'learners clubs' exists (Akoulouze, 2001). A group of teachers have been trained on peer education and life skills programmes and with support of the local community the learners club supports other students and reaches out to the community.

With respect to in-service training, seminars and workshops are organised for teachers, in collaboration with zonal and district school inspectors and local NGOs. Carrier subject teachers at primary and secondary schools (primary science and biology teachers respectively) receive further training on how to teach the new parts of the syllabus. In the case of the Iringa Urban District, only one primary and two secondary teachers are trained per school (Kauzeni, 2004). The Peace Corps supports schools and teachers through volunteers who combine a half-time teaching job with supporting comprehensive HIV/AIDS programmes that reach out to students, fellow teachers, neighbouring schools and the surrounding community (Peace Corps, 2005).

Of particular interest is the work done by the African Youth Alliance (AYA). With funds of the Gates Foundation and with a programme developed by Path, Pathfinder and UNFPA, the AYA aims to improve adolescent sexual and reproductive health (ASRH) in Tanzania. AYA was charged with a two-fold mandate: to create a model of comprehensive, integrated and scalable ASRH and HIV prevention programmes, and to build the capacity required for governments and other development agencies to take those programmes to scale. In partnership with AYA, the University of Dar es Salaam provides high-quality, youth-friendly reproductive health services to over 50% of university students and to faculty members, and provides age-appropriate information and services to youth from the surrounding community. In addition to clinical services, 100 university students are trained as peer educators to provide information, counseling, and service to university, secondary and upper primary school



students in the surrounding area. The University will also promote ASRH by linking to HIV voluntary counseling and testing services and participating in youth meetings. Because the Government of Tanzania has established an extensive vocational education training programme, AYA is also linking with local vocational education authorities in order to integrate ASRH tools and activities into their existing programmes (AYA, 2003).

#### 4. Teaching in a World with AIDS

HV/AIDS and Life Skills Programmes have been established at Primary and Secondary level, including gender (HEARD/MTT, 2004). There are also peer education programmes, counseling committees and services at primary and secondary education level (Kauzeni, 2004). Life Skills Education orientation programmes for parents do not take place systematically (HEARD/MTT, 2004), yet the 'School Youth Programme', implemented in two districts (Akoulouze, 2001) and the School Health Education Programme, implemented in one district in Tanzania (WB, 2003) are good examples of effective collaboration between school and community on HIV/AIDS related issues.

According to official Ministry of Education data, primary school teacher deaths in Tanzania have increased fairly steadily from 345 (mortality rate 0.37 percent) in 1991 to 893 (0.75 percent) in 2003. AIDS-related mortality could be as high as 50-60 percent in Dar es Salaam (Bennell, 2005). In absence of both an education sector HIV/AIDS policy and a workplace policy and since the HIV/AIDS related Education Circulars do not address issues connected with PLWHA, administrators at all levels are reported to rely on common sense only, when such issues arise amongst their own staff (Kauzeni, 2004). Low staff morale is also a serious problem at all levels of the education sector. In addition to the funding and resourcing criticisms, those involved in implementing HIV/AIDS interventions at the 'front line' (e.g. school AIDS counsellors, subject teachers and MoEC peer educators), complained that responsibilities had simply been added onto their existing tasks, were not reflected in their job descriptions and were not considered as criteria for promotion (Kauzeni, 2004).

Tanzania has a massive number of orphans and vulnerable children (OVC) and is currently developing a policy to provide systematic support for (OVC) and their access to education. The HUMULIZA pilot project in the north-western part of the country has shown the importance of the teacher's ability to identify and address psychosocial and other orphan needs (UNAIDS, 2001).

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# Zambia



## 1. Introduction

Although Zambia is a low-income country, it has long been recognized for its economic and political potential. It is an important influence in regional peacemaking and has had a history of political stability since independence in 1964 (CIDA, 2005).

Zambia has adopted a number of poverty reduction objectives to guide its development efforts and those of its development partners. In its implementation of the Poverty Reduction Strategy Paper (PRSP) and in its efforts to attain the Millennium Development Goals, the Zambian government is focusing on diversification, growth and investment, budgetary reform, HIV/AIDS (identified and dealt with as a crosscutting issue) and anti-corruption measures. Zambia has also taken the necessary steps to reach its completion point under the enhanced Heavily Indebted Poor Countries (HIPC) Initiative; debt relief from all of Zambia's creditors will surpass US\$3.9 billion over time (WB, 2005).

Zambia's population of about 11 million people is currently experiencing the health, economic and social impacts of a mature AIDS epidemic, regularly compounded by prolonged dry spells. The national adult HIV prevalence is 16%; 18% female, 13% male, with the majority in urban areas. The Zambian multisectoral response is guided by the National AIDS/STI/TB Implementation Plan and can rely on provincial and district local government structures. Commitment is high but the implementation of comprehensive action plans is hampered, mainly as a result of a lack of human resources (UNAIDS, 2004).

## 2. The Education Sector and HIV and AIDS

Most of the current HIV/AIDS education sector responses are situated within the Basic Education Sub-Sector Investment Programme (BESSIP) framework. This Investment Programme is the basis of a major reform of the basic education sector, has been prioritized by the Ministry of Education (MOE) and receives wide support by several donors, mainly through a basket-funding mechanism (Willems, 2002). The MOE is represented at the national Country Co-ordinating Mechanism (CCM) and in several National AIDS Council technical working groups. The ministry develops annual work plans, but the NAC does not give funds to the ministry of Education. The MOE of Zambia has a specific HIV/AIDS policy and an education sector HIV/AIDS strategic plan. A dedicated committee that is responsible for coordinating the education response to the HIV/AIDS pandemic exists

### Facts

Population (2003) <sup>1</sup>: 10,812 million  
% urban population (2003) <sup>1</sup>: 36  
% population less than 18 years old (2003) <sup>1</sup>: 54  
GNI per capita in US\$ (2003) <sup>1</sup>: 380  
% of population living below \$1 a day (1992-2002) <sup>1</sup>: 64  
HIV adult prevalence rate (2003) <sup>1</sup>: 16.5%  
Number of AIDS orphans/all orphans 2003 (in thousands) <sup>1</sup>: 630/1,100  
Primary gross enrolment ratio (1998-2002) <sup>1</sup>: 78.5  
Secondary gross enrolment ratio (1998-2002) <sup>1</sup>: 24  
Youth literacy rate % (15-24) (2000-2004) <sup>2</sup>: 69.4  
Number of primary school teachers (2001) <sup>2</sup>: 36,200  
Number of secondary school teachers (2001) <sup>2</sup>: 10,100  
Teacher/pupil ratio in primary education (2001) <sup>2</sup>: 45  
Teacher/pupil ratio in secondary education (2001) <sup>2</sup>: 23  
Number of extra teachers needed by 2015 to achieve UPE <sup>3</sup>: 11,495  
Average teacher salary (as multiple of per capita GDP) <sup>4</sup>: 0.93  
Human Development Index ranking <sup>5</sup>: 164<sup>th</sup> of 177 countries  
Gender-related Development Index ranking <sup>5</sup>: 130<sup>th</sup> of 140 countries  
EFA Development Index and rank <sup>2</sup>: 0.77 (94)  
FTI country <sup>6</sup>: Potential 2005  
HIPC <sup>6</sup>: Eligible, completion point

### Sources

- <sup>1</sup> UNICEF Angola at a glance  
<sup>2</sup> 2005 EFA Global Monitoring Report  
<sup>3</sup> Nilsson, EFA: Teacher demand and supply in Africa, 2003  
<sup>4</sup> Burns and Mingat 2003  
<sup>5</sup> 2005 UNDP Human Development Report  
<sup>6</sup> World Bank, HIPC Initiative. Overview 2005

and there is staff at the national level who deal with HIV and AIDS only. The MOE has an HIV/AIDS workplace policy and rules and regulations within the Ministry are being reviewed in light of the impacts and implications of HIV and AIDS. There has been an analysis conducted of the impact of HIV/AIDS on demand and supply of human resources in the education sector and awareness programmes for all employees at different levels of the education sector exist. Guidelines for implementing universal precaution are being developed. The ministry has a policy of non-discrimination with regard to recruitment, advancement, continued employment and benefits for personnel affected by HIV and AIDS and Zambia enforces confidentiality of information about ministry employees affected by HIV and AIDS. Research is being conducted to inform the education sector response to HIV/AIDS (HEARD/MTT, 2004).

### 3. Teacher Training and HIV and AIDS

Zambia has 24 Colleges of Education (CE), a total which includes 8 government and 14 private pre-service institutions and 2 in-service facilities. The Primary School teacher's course is run on the format that students are in college in the first year and the second year in school practicing teaching. All subjects, as they appear in the primary school curriculum are regrouped in six so called study areas. HIV/AIDS and Life Skills is considered as a cross-cutting issue, to be dealt with in all six study areas. A manual on Interactive Methodologies for HIV/AIDS prevention in Zambia Schools was developed in 2003, but getting all the teachers trained in interactive methodologies and life skills for psychosocial competencies remains a challenge. A lack of high level commitment, curriculum congestion and inadequate training of trainers are the three main reasons for this problem. Generally there are very little HIV/AIDS activities in Colleges of Education (MOE, 2004) and HIV/AIDS materials are not available to all students in Tertiary Education (HEARD/MTT, 2004). With the support of UNESCO Harare, an HIV/AIDS Policy Implementation strategy for CE has been developed, which should serve as a guiding instrument for comprehensive HIV/AIDS programmes (MOE, 2005 and UNESCO, 2005).

Several strategies have been put in place to reach teachers with in-service training for HIV/AIDS. Teachers' group meetings in the School Programme of In-Service of the Term (SPRINT) share HIV/AIDS information and methodology. SPRINT is a school-based system, that delivers in-service through a cascade model, involving Heads of schools, Zonal Resource Centers and District Resources Centers. The Primary Diploma, which is provided through distance learning has a specific module on Life Skills, and the Primary Reading Programme (PRP) has introduced HIV/AIDS related texts (Willems, 2002). Several books have been produced, printed and are being distributed to help teachers to integrate HIV/AIDS in their lessons.

In the period 2002 – 2004 Zambia also had 21,600 in-service teachers trained through the 'Teacher Training Programme to Prevent HIV infection and Related Discrimination'. This successful skills-based and participative programme was jointly developed by the World Health Organization (WHO), Education International (EI) and the Education Development Centre (EDC) in close collaboration with Teachers Unions, the Ministries of Education and the Ministry of Health and some support by UNESCO (Pevznzer, 2005).

Like in many other African countries, there is a growing number of orphans in Zambia and their psycho-social needs are not addressed as part of teacher preparation (MOE, 2004).

### 4. Teaching in a World with AIDS

HIV/AIDS and Life Skills Education are integrated in primary education but not in secondary (HEARD/MTT, 2004). HIV/AIDS Education in Zambia is compulsory in the sense that it is a cross cutting issue that is taught in every subject. However, not being a stand-alone subject also means that HIV and AIDS are not examinable, except for a few questions included in the context of another subject. To date the MOE has not succeeded in getting all the teachers to include HIV/AIDS education activities in all their lessons. Despite the high number of anti-AIDS clubs and some well documented 'promising approaches' such as the Kafue Adolescent Reproductive Health Project and the Copperbelt Health Education Project (WB, 2003), it is felt that effective peer education programmes in schools are not yet a reality (MOE, 2004). In order to strengthen peer education programmes,

the MOE in partnership with Students Partnership Worldwide (SPW) has set up a youth-led programmes to supplement their current Health Education and HIV/AIDS Strategy for schools. SPW volunteers on Zambia's health education programme are based in Primary and Secondary Schools in the Central Province, working both in the school and with the surrounding community. Peer educators utilise non-formal and interactive methodology to inculcate life skills such as communication, assertiveness and self-esteem. As well as timetabled lessons, volunteers organise extra-curricular activities in the form of sports, expressive and performing arts and Youth Clubs with HIV/AIDS related themes. SPW has created Youth Friendly Resources Centres which also act as a basic counselling centre for pupils who wish to speak to SPW peer educators about sensitive issues and community activities and events provide the opportunity to raise awareness in and between schools and communities as a whole. All initiatives are closely monitored in order to underpin evidence-based intervention and to scale up effective youth-led programmes nationwide (SPW, 2004).

The infection rate among teachers in Zambia is not known but it's estimated between 20-25%. The MOE in Zambia is making efforts to mitigate the impact of HIV and AIDS on teachers. Plans are being put in place for 'Ora-sure' testing among staff and teachers, counseling services are offered to teachers and a scheme to provide anti-retroviral therapy to teachers and other staff in the MOE is being piloted. A VCT/ARV programme also exists at the University of Zambia (UNZA) using resources from the US President's Emergency Plan for HIV/AIDS (PEPFAR) (PlusNews, 2005). Furthermore, transfers of teachers on account of poor health are tolerated and several hundred infected and affected teachers remain on the payroll without actually teaching. MOE is also encouraging the scaling up of efforts by the Teachers Against HIV/AIDS Network (TAHAN) a teachers' NGO which promotes HIV/AIDS prevention and targets in and out-of-school youths, teachers and persons living with AIDS (MOE, 2003).

Although there is no empirical evidence, there seems to be a lot of child/pupil/teacher and student/lecturer sexual abuse that is not adequately addressed and quite a number of female students return from their school-based year training with either a pregnancy or with a baby, an indication of both vulnerability and high-risk behaviour (MOE, 2004).

The shortage of teachers and widespread poverty has led to the development and growth of Community Schools and Community Preschools in Zambia. Community Schools strive to attain primary education in 4 years that children receive in 7 years in the formal education system. Currently, community schools absorb a large proportion of pupils. Teachers are usually not formally trained, come from the community and their livelihood depends on the community. Recently, radio instruction methodology has grown in popularity in community schools countrywide and provide an opportunity to strengthen both day-to-day teaching and teacher training.

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