



HIV/AIDS, Teacher Shortage and Curriculum Renewal in the Southern Africa Region

Capacity-Building Seminar

11-14 November 2003, Ezulwini, Swaziland

EXECUTIVE REPORT

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By

Christine Panchaud (IBE)

David Clarke (IIEP/DFID)

Sharmila Pillai (IBE)

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FOREWORD

ADDRESS ON CURRICULUM RENEWAL TO COPE WITH TEACHER SHORTAGE IN COUNTRIES WITH HIGH HIV/AIDS PREVALENCE IN THE SOUTHERN AFRICA SUB-REGION

Your Excellency the British High Commissioner,
Heads of the various United Nations Agencies in Swaziland,
Acting Vice Chancellor of the University of Swaziland,
Members of the Government,
UNESCO Representative to Swaziland and Head of the Windhoek Cluster,
Distinguished Delegates from South African Countries,
Ladies and Gentleman,

On behalf of the Government and people of Swaziland I would like to welcome you most warmly to this important seminar which the Swaziland Ministry of Education is hosting jointly with UNESCO. It gave us great pleasure and we felt highly honoured when the Ministry of Education was requested by UNESCO to host this seminar. It did not take us a minute to decide to accept the request particularly because of the relevance of the theme to the distinguished delegates from our sister states who have honoured our invitation. Our sub-region is indeed reeling from the effects of HIV and AIDS.

This seminar, targeted at Heads of National Curriculum Units, teacher educators, and Ministries of Education is aimed at addressing the ravages of the scourge as it depletes our human resources and thus adversely affects our carefully mapped out and ambitious strategies for the development of education, particularly Education for All. Not only has the epidemic caused havoc by depriving learners of their parents, it is also depriving them of their teachers.

Interventions such as this should be undertaken with all seriousness with great focus on the outcomes. If the workshop achieves its aims which are:

- To strengthen the capacity of curriculum developers and teacher educators to respond to the challenges posed by HIV/AIDS
- To enhance communication between developers of school curricula and those in charge of adapting teacher education curricula for more effective implementation of curricular change;
- To document processes of curriculum change in the countries of the region with a view to identifying relevant issues for the design of action-research projects that would support the capacity building in the management of curriculum change;

It is hoped that Government will give adequate support for further action to be taken. The aims articulated above are preparatory and call for further action. It is our wish that UNESCO gives support and also helps in soliciting assistance for us from willing partners. We have already had a lot of conferences, not only on HIV/AIDS but also on poverty and hunger – all related topics. It is my prayer that all conferences, workshops and seminars that I attend in the future are solely for purposes of evaluating progress already on the ground. Future planning should be on successes and failures of plans already implemented.

We are grateful to the Governments of neighbouring states for releasing their officers to attend this seminar. I will not say that they were released from their ‘important duties’ because being here is one of those important duties. The experiences of Ezulwini should be put to good use. Please convey the Swaziland Ministry of Education and UNESCO’s gratitude to your respective governments. Speaking on behalf of the various Ministries of Education represented here, I would like to give out thanks to the IBE and UNESCO for affording us this opportunity to address this important issue. I would also like to give thanks to the relatively new head of the

UNESCO Cluster to which Swaziland belongs, Ms Claudia Harvey who is based in Windhoek for all the assistance she has given.

I do hope that among the outcomes of this seminar will be the development of networks among participants in order not only to share experiences, but also to share our meagre resources, both intellectual and material.

Another important outcome should be, experiencing the friendliness and hospitality of the Swazi people, and appreciating their small, but beautiful country. The Ministry of Education will always be available to give you help if ever you experience difficulties.

I therefore wish you all, Ladies and Gentlemen, successful deliberations.

J.G Kunene
Permanent Secretary
Ministry of Education
Swaziland

11 November 2003

PART A: BACKGROUND AND CONTEXT OF THE SEMINAR

(1) HIV/AIDS and the delivery of education

While HIV/AIDS ranks fourth among the causes of mortality worldwide, the pandemic is the leading cause of death in the southern Africa sub-region. There is an estimated 40 million people who are living with HIV/AIDS worldwide at the end of 2003, among them ten million young people (aged 15-24) and almost 3 million children under 15.

In 2003, 25 to 28.2 million affected by HIV and AIDS live in Sub-Saharan Africa; during the same year, there were 3 to 3.4 million new infections in the region. In the last year an estimated 2.2 to 2.5 million Africans have lost their life to AIDS. Eleven million children have been orphaned with HIV/AIDS, in sub Saharan Africa alone.¹ The pandemic only in recent years is becoming evident in many African countries as the morbidity is taking its toll. As the efforts for prevention, treatment, and care are insufficient, the mortality rate is expected to rise before peaking. This, means that the effect of the epidemic will be felt at least over the course of the next ten years and probably beyond. The consequences of which are already being felt in the education sector.²

The epidemic poses serious challenges to education systems and countries with high prevalence of HIV/AIDS; and are thus experiencing additional difficulties in their efforts to attain the goals set in Dakar in 2000 for the education sector (Education for All-EFA) goals (Kelly 2002).³ The situation is particularly critical in the southern Africa sub-region with systems that are facing great challenges in carrying the unplanned for burden of HIV/AIDS. Studies show that the HIV/AIDS pandemic has affected the demand and supply for education, the management capacity of education systems, as well as the quality of education.⁴ The epidemic and its impact on the education system are forcing a critical re-examination of what education really is and how it can best be delivered. If education is to respond to the challenges of HIV/AIDS it must undergo radical transformations, in particular the education delivery system has to be adjusted creatively and flexibly.

(2) Context of the seminar

Upon request from countries in the Southern Africa sub-region, UNESCO, The International Bureau of Education in Geneva and the Ministry of Education of Swaziland, in close collaboration with the UNESCO Division for the Promotion of Quality Education in Paris, UNESCO IIEP, the regional Office BREDa in Dakar, UNESCO Office in Windhoek and the National Commission for UNESCO in Swaziland organized this seminar that brought together the Directors and Heads of Curriculum departments of national Ministries of Education, the Heads of National Teacher Training Institutes as well as HIV/AIDS focal points in Ministries of Education from the following 9 countries, namely:

- Angola; Botswana;
- Lesotho;
- Malawi;
- Mozambique;
- Namibia;
- Republic of South Africa;
- Swaziland;
- Zambia (did not participate);
- Zimbabwe.

¹ AIDS epidemic update December 2003, UNAIDS/WHO, Geneva, <http://www.unaids.org/en/default.asp>

² <http://www.avert.org/africa.htm>

³ EFA Global Monitoring Report 2002.

⁴ Kelly, M.J (2000). *Planning for Education in the Context of HIV/AIDS*. UNESCO: IIEP. Paris.

(3) Objectives

The seminar aimed to strengthen the capacity of curriculum developers and teacher educators in the above mentioned 9 countries in Southern Africa, the most highly HIV and AIDS affected sub-region in the world. The objectives of the seminar were:

1. to examine current processes of curriculum renewal in education in response to HIV/AIDS
2. to identify capacity building needs in view of enhanced communication between developers of school curricula and those in charge of adapting teacher education curricula for more effective implementation of curricula change;
3. to identify promising strategies in view of coping with teacher attrition and shortage and their adverse impact on the quality of school education.

(4) Methodology and expected outcomes

The seminar was organized around brief plenary country presentations, plenary thematic presentations, followed by discussion and group work. Group work occupied much of the seminar programme. Discussions in working groups allowed thus direct exchanges between participants regarding situations and experiences in each country on the following themes:

1. HIV/AIDS prevention and teacher training
2. Teacher attrition: implications for teacher training;
3. School curricular responses to overcome teacher attrition;
4. Partnerships for curriculum renewal.
5. Recommendations for further capacity-building for curriculum development, teacher training and policy-making for HIV/AIDS education.

(5) Expected outcomes

The expected outcomes were as follows:

- guidelines for development of curriculum for dealing with teacher attrition;
- identification of areas of potential support for regional capacity building in the management of curriculum change; and
- detailed and up to date documentation of national processes of curriculum change from participating countries

(6) Participants expectations

Participants were requested to define their main expectations regarding the seminar. Expectations expressed were high and may be summarized in four main categories:

1. Expectations related specifically to curriculum development (how to integrate better HIV/AIDS into the curriculum);
2. Expectation related to teacher training (how to better train teachers);
3. Expectation related to the outcomes of HIV/AIDS education (how to develop good teaching/learning material, so that preventive education will really have a positive effect on behaviors);
4. Expectations to learn from other countries and to meet and exchange with colleagues sharing the same challenges related to the three areas mentioned above.

PART B: MAIN OUTCOMES

Introduction

A major challenge is relating HIV and AIDS education to a more general consideration of education quality. Quality is arguably the most significant challenge for education systems in Africa. The impact of HIV and AIDS on education quality has been mentioned during the seminar by most participating countries although somehow marginally. It is difficult to assess and tools are needed to do so. However, beyond anecdotal or fragmentary data, several negative impacts on education quality can be identified and need to be addressed urgently. Among those are: teachers' diminishing productivity, growing numbers of orphans and vulnerable children (OVCs), declining student attendance and declining quality of attendance when students are grieving or caring for sick members of the family. This is mainly the case when it comes to the girl child, which may equally hamper the affected countries attaining gender equality in education.

Necessary attention to the needs of learners, children and young people, has been mentioned throughout the seminar. It is therefore not only important to train and retain teachers, but also attend to the needs of children: get them to go to school, keep them in schools, get them back in schools if they have stopped attending, provide conditions for quality education, providing relevant learning and a safe school environment for them. To do so, strengthening capacity and commitment to think in an innovative way is necessary to make HIV/AIDS education effective

(1) Policy development

Ministries of Education have started to acknowledge that they have a responsibility to address HIV and AIDS issues. However, they still need to take leadership in developing and implementing comprehensive responses for the education system. At the moment, in the nine participating countries, it seems that the challenges of HIV and AIDS are not yet sufficiently on the agenda of curriculum developers and teacher trainers.

As a result, it appeared clearly that HIV and AIDS could be better integrated both in the curricula and in teacher training. Several of the participating countries are still developing their policies and curricula, in a process that is often still incremental, fragmentary and ad hoc. Three countries: Botswana, Namibia and South Africa have developed a fairly comprehensive approach. HIV and AIDS in these countries is addressed multisectorally, and all partners, governmental and non governmental organizations, the private sector and development partners, play a crucial role in tackling the HIV and AIDS challenge. All the countries of the region need to take advantage of existing experience and capacity in the education sector in the region to develop more comprehensive responses.

Clear guidelines on how Ministries of Education should best respond to the impact of HIV and AIDS, guidance on policy options for governments regarding education and HIV, and AIDS accessible and comprehensive international guidelines on HIV and AIDS curriculum development and teacher training are all currently lacking.

The issue of resources is also crucial. There is a doubt that sufficient resources are made available to the education sector to address the fragmentation and lack of coordination of HIV prevention by and within the education sector, and to develop more comprehensive responses.

(2) Teacher attrition

The participating country teams did not have access to data about teacher attrition or the magnitude of the AIDS effect upon it in their own country. The absence of specific data about HIV and AIDS prevalence among teachers, and about mortality and absenteeism due to AIDS among teachers made difficult to attribute increasing absenteeism or mortality of teachers to AIDS, even in countries with very high HIV prevalence among the general population.

However, available anecdotal evidence provided by several countries suggests that some teacher attrition is due to AIDS, but its scope tended to be estimated to be still relatively low at the moment.

Absenteeism due to AIDS was seen as a more serious problem affecting the productivity of teachers and the quality of education. In most countries, the supply of qualified teachers is recognized to be an important and problematic issue.

It also seemed that teachers are often lacking support from school authorities regarding prevention, counseling and care service provision.

(3) HIV/AIDS Curriculum development

In general, HIV and AIDS education is not yet adequately mainstreamed in curriculum development: in several countries a curriculum reform is under way, at different stages of planning, development or implementation. None of them was able to initiate a response to HIV/AIDS, although their main goal is to make contents of education more relevant to social, cultural and economic needs. As a result, the inclusion of HIV and AIDS education was deemed necessary, although it remained often modest in scope and was not mainstreamed in the curriculum.

A general feeling is that the education sector is still acting in a crisis mode in order to provide urgent and short-term responses that are certainly needed. However, longer-term responses are also necessary and need to be developed to secure the mainstreaming of HIV and AIDS education, as well as life skills education. Both are necessary elements to efficiently address behavioral outcomes among children and young people. "How can we change behaviors?" has been a recurrent question asked by the participants during the seminar, and is indeed crucial.

At the moment, in most countries the approach is still mainly knowledge oriented. The approach of life skills education is not sufficiently conceptualized and integrated into HIV and AIDS education. Life skills education needs to be developed and better understood in terms of its pedagogical implications, such as classroom management, teaching methods, teacher training, and the development of renewed teaching and learning material.

Most of the time, HIV and AIDS education is added to an already crowded curriculum, within one or several other subjects. It is not timetabled as such and is rarely included in core (examinable) subjects. A variety of approaches have been adopted to include HIV/AIDS education in the formal school curriculum:

- **Infusion** across the curriculum (Botswana),
- Inclusion in **one main carrier subject** (e.g. Life Orientation in South Africa, Lifeskills or Guidance and Counselling in Zimbabwe)
- **Cross curricular** approaches (Angola, Mozambique)
- **Combination of approaches** adopted by some countries (inclusion in a stand alone topic in the carrier subject "Life skills" and infusion throughout the curriculum (Malawi) or integrated on a few carrier subjects (cross-curricular approach) and further infused in other subjects throughout the curriculum (Lesotho and Swaziland).

However, from the country presentations, it is not always sufficiently clear what the approach really is. It seems necessary to clarify the concepts of infusion, cross-curricular approaches, etc. and how they translate in the actual curricula and syllabi. In addition, HIV and AIDS education is mentioned by several countries to be included in life skills education (e.g. Lesotho Malawi, Namibia, and Zimbabwe).

Coverage and quality are difficult to evaluate, but given all barriers and limitations to effective curriculum implementation that have been mentioned by the participants, it may be expected that it varies across countries and is in several cases insufficient. HIV and AIDS education may

also come too late in the curriculum and miss the so-called window of hope (10-14 year-old), when a majority of this age class is still not infected by HIV.

Assessment of learning outcomes is also a critical element. When integrated in an examinable subject, only a few questions relate to HIV and AIDS and are knowledge oriented. In fact, HIV and AIDS and life skills education are not examinable subjects per se. No assessment methods and tools to assess life skills have yet been developed and made available in the region. As a result, HIV and AIDS learning outcomes in terms of life skills are not assessed.

Last, but not the least, teachers are often left alone to address HIV and AIDS. Head teachers, advisory teachers and the inspectorate are often not aware of HIV/AIDS challenges for the schools and do not provide the necessary support to the teachers. Teachers are not sufficiently trained in terms of updated facts and knowledge on HIV and AIDS, and on life skills teaching methods; they also have too little access to relevant teaching material related to HIV and AIDS. As a result, the curriculum is not taught or taught only partially.

(4) Teacher training

The training provided to teachers is;

The scope and contents of teacher training is generally much more limited than deemed necessary, is not systematic and sometimes even questionable. Its impact on actual delivery of the curriculum in the classroom has not been evaluated.

In all countries, teacher training for HIV/AIDS education appears to be insufficient and not sustainable; it is done in an ad hoc basis is calling for training to be institutionalised and provided on a continuous basis rather than according to external projects being implemented.

In some countries HIV and AIDS prevention has been integrated in pre-service teacher training curricula. However, national strategies to integrate pre-service and in-service training seem to be particularly lacking. Among the nine countries of the region, several have no formal in service and pre-service training that has been put into place to train teachers. The discussions and the country reports exposed a significant point, that teacher training should have three main goals:

- (1) HIV/AIDS programmes for teachers to raise their awareness and help them protect themselves,
- (2) HIV/AIDS programmes for teachers to teach prevention to their students, including the delivery of life skills education,
- (3) To help teachers handle new situations created by HIV and AIDS in their communities and to better respond to specific needs of affected learners.

Many of implemented programmes are still in their infancy, and need to be up-scaled and implemented more systematically. Strong leadership of ministries of education is essential, as well as the assessment, and provision for adequate funding, in order to develop and implement rapidly effective training programs that will reach all teachers in need of HIV and AIDS training.

Linkages between HIV and AIDS curriculum development and teacher training appeared tenuous. Neither curriculum developers nor teacher trainers seemed to be aware of the UNAIDS technical resources available to assist them in their work. It seems that teachers themselves do not feel that they possess the necessary knowledge and skills nor sufficient legitimacy to teach HIV/AIDS education.

Although reactions from the teachers to the introduction of HIV and AIDS prevention at school are in general positive, it is perceived as challenging: it represents an additional task in an already crowded curriculum, teachers feel ill-prepared to deliver such a sensitive topic. Teachers are exposed to critics from parents and the community and often lack support from school authorities. There are also opinions in some communities that teachers should not teach

subjects related to sexuality. Lack of commitment from teachers, since HIV and AIDS education is not mandatory has also been mentioned as an additional barrier. Since it is not an examinable subject, teachers feel that they are not obligated to teach it and prefer to concentrate on those subjects that they will be assessed on.

Neither curriculum developers nor teacher trainers seemed to be aware of various international technical resources available to assist them in their work, such as through the UNAIDS Interagency Task Team on Education.

(5) Partnerships for HIV and AIDS education

As mentioned by several participants, inputs from the non-formal sector and NGOs often allow approaches to be developed and implemented at local level in to the classrooms and the schools as a whole. They can provide a contribution and support to teachers that have to adapt to a new and difficult topic and to new teaching approaches without the necessary training and support. Such innovative approaches need to be evaluated and tools and resources for their up-scaling, adaptation and generalization whenever relevance is made available

However, coordination between NGOs and other community initiatives needs to be improved also at a higher level. International, regional and national integrated dialogue to develop policies and guidelines that have strong legitimacy in order to better coordinate partnerships between NGOs and Ministries of Education, and to better steer interventions in schools, are missing or still too limited. Dialogue is also necessary in order to better integrate and mainstream external resources from NGOs and other funding agencies into a national legitimate framework that addresses short term and longer term development of HIV and AIDS education.

(6) Regional approach

There is little cross-country exchange and learning. Quality of implementation of existing formal HIV and AIDS curricula and effectiveness of teacher training schemes appear problematic and has hardly undergone any evaluation. However, evaluations of preventive education programmes have been carried out, and although they cover mainly experience in developed countries, most of their findings may also be considered valid for developing countries. These findings should definitely be taken into account in order to develop efficient programmes, in particular all those that enter in the category labelled life skills programmes, taking into account constraints specific to local contexts.

The Africa Centre for Guidance and Counselling in Malawi has already a regional function within the SADC HIV/AIDS strategy. Its capacity would need to be developed to better serve the needs of the region for HIV and AIDS education. It could serve as the institutional framework to put into place future curriculum development and teacher training activities.

PART C: RECOMMENDATIONS

(1) Diagnosis

After several years of analysis and needs assessments, case studies and regional seminars and workshops, what needs to be done is largely known, and the diagnosis made during this seminar confirmed several aspects that need to be repeated before making recommendations for action:

- HIV and AIDS seem to remain outside the mainstream of education reform thinking, when it should be put ***at the heart of the education sector***, especially in so highly affected countries.
- ***Adequate policy framework*** is necessary to put in place a comprehensive and coherent response, to mobilize adequate financial support and achieve effective coordination

with financing and implementing partners, such as NGOs and bilateral and international organizations.

- Overall, there is a need to raise awareness of HIV and AIDS throughout the education sector and to increase the support to HIV and AIDS education. The Ministries of Education have to assume a greater responsibility for HIV and AIDS education and have to **take leadership for action**.
- It is necessary to enable and empower school staff in general, even more so, school managers, in order to enable them to bring about a **more comprehensive approach** of HIV and AIDS at school level.
- There is a real and urgent need for **capacity building** in curriculum development and teacher training (to ensure that HIV and AIDS are appropriately embedded within mainstream education practice).
- Teacher Institutes also have their responsibility to take and assume in mainstreaming HIV and AIDS in education. There is an urgent need that **HIV and AIDS is professionalized** in education, by providing specific training to teachers, by assessing qualification and recognizing formally specific skills related to HIV and AIDS education. Training has to address all three aspects of self-awareness and prevention, teaching of prevention and life-skills and handling of affected learners. Needs of teacher trainers have to be addressed as well.
- Regarding curriculum development and implementation, there is a need to apply to HIV and AIDS education what has been learned from **what works in curriculum development**. In particular, the importance of establishing learning outcomes and performance standards linked to teacher training and assessment is to be addressed.

(2) Recommendations for action

Until HIV and AIDS education is included centrally within the framework for qualitative improvement, the likelihood is that the curricula will be poorly delivered and ineffective. In order to safeguard quality education in contexts with high HIV and AIDS prevalence, the response should go beyond the curriculum and be systemic. Overall, it is also necessary that country responses are supported by a strong regional approach.

1. Develop clear and **evidence-based guidelines on policy options** for governments regarding HIV and AIDS education. It is crucial that best practice for curriculum development and implementation as well as for teacher training and work conditions, and for school environment feeds the policy level (at regional level and with countries, and UNESCO-IIEP, IATT UNAIDS, etc.).
2. Support effective **curriculum development** to address HIV and AIDS. Evidence-based guidance has to be provided to assist and improve decision-making process. Ministries of Education have indeed to make hard choices to accomplish educational outcomes, in particular when deciding what to include in the curriculum and how it can best be delivered in (and out of) the classroom in a particular educational environment.

It is essential to take advantage of on-going (or about to start) curriculum reform processes, to make sure that HIV and AIDS response is given sufficient and adequate weight. In particular, it is necessary to develop and make accessible comprehensive guidelines and best practice evidence on HIV and AIDS teacher training and curriculum development (at regional level and with countries, and UNESCO-IBE and its partners).

3. **Capacity-building** of curriculum developers and teacher trainers should be addressed **at sub-regional** level through the strengthening of the Africa Centre for Guidance and Counselling in Malawi that has been identified by the group as the relevant regional

centre of SADC for capacity-building. In fact, many of the countries in the sub-region have been benefiting from capacity-building in guidance and counselling provided by the Centre for school counsellors. Such a regional centre is lacking now, would allow for sharing of experience and already existing regional capacity. Built upon an already existing pool of resources at regional level and upon further development of such resources, it would represent an opportunity to put in place a sustainable solution to respond to the lack of occasions and facility to exchange experience that have been identified by all the participants.

To develop such a regional capacity and secure sufficient resources, it is expected that the development of a strategic approach may be the first necessary step (to be done at regional level and with countries, IBE with MIE and country- and regional partners, and through existing initiatives and programmes for teacher training for HIV and AIDS education, such as those of UNESCO-PEQ, IICBA, UNESCO Harare, UNESCO Windhoek, UNESCO Maputo, etc.).

4. **Capacity-building** of curriculum developers and teacher trainers should also be addressed in a more customized way at **country level**. Guidelines, tools and experiences developed and shared at the regional level will have to be made more available to all countries of the sub-regions. Reform processes under way will also be an opportunity to apply and integrate existing experience and resources put together by the region. The analysis, sharing and adaptation of evidence-based best practice for HIV and AIDS teacher training and curriculum development will have to be part of this process (see # 7 below) (same approach as above).
5. **Train as many teachers as necessary** (in pre-service and in-service education) and provide them with existing teaching and learning material that has been identified as good practice material. A framework and evidence-based criteria for good practice in teacher training should be developed and shared at regional level. All four aspects of teacher training should be formalized in the developed criteria:
 - a) self-awareness and prevention,
 - b) awareness of needs of affected children and colleagues and skills in guidance and counselling;
 - c) skills in teachers HIV and AIDS education, and life skills;
 - d) awareness and respect of codes of practice, in particular regarding the rights of learners and the rights of teachers, especially to confidentiality and information.

Raising awareness of training institutes regarding their crucial role in mainstreaming of HIV/AIDS in education will also be part of the action to be taken. (to be done with MIE and country- and regional partners, and through existing initiatives and programmes for teacher training for HIV and AIDS education, such as those of UNESCO-PEQ, IICBA, UNESCO Harare, UNESCO Windhoek, UNESCO Maputo, ILO, etc.)

6. Strengthen **communication and partnerships**: At national level, Ministries of Education have to take a stronger leadership and assume a more active role in coordinating with implementing and financing partners to increase partnering. Communication between different levels (policy, curriculum development and teacher training), also need to be improved in order to develop a coherent and comprehensive response, and to use resources efficiently.
7. Provide a **better access to tools and knowledge** to improve the exchange of good practice. The establishment and animation of networks on HIV and AIDS education to enable regional lesson learning and exchange are needed. They already exist somehow through UNESCO IIEP and IBE clearinghouses, and IICBA resource pack. They however need to be strengthened and be more interactive. Such networks provide support to individuals often professionally isolated (as the seminar showed it is the case

in the region); it allows professional growth; strengthen motivation; provides access to better evidence and practice; provide support to a fragile professional group due to HIV and AIDS. However, we expect to have to also provide occasions for face-to-face meetings and occasion to exchange material and meet colleagues in person.

8. Implementation of HIV and AIDS education needs to be addressed. Good practice and guidelines for implementing different approaches of HIV and AIDS education: pilot project, up-scaling, or adaptation of project. Developing **programme monitoring and tools for assessment** is necessary. Particular attention has to be given to life skills education, and in particular to **assessment of learning outcomes**. A UN interagency working group has started to address this issue and outcomes of such efforts (and others) should be shared and included in efforts to improve HIV and AIDS education.

PART D: FOLLOW-UP ACTIVITIES

First activity: *Development of a strategic framework for a collaboration with the Africa Centre for Guidance and Counselling in Malawi (April-November 2004)*

Inventory is to be made by countries at different levels (with one country partner for each level to be our resource person and to coordinate with):

- a) policy development
- b) curriculum development
- c) teacher training

Information will be gathered, reviewed and analysed for the following aspects:

1. Review of needs and gaps identified during the seminar and that are specifically relevant to the country
2. Review existing specific initiatives and what they mean in terms of **concrete** opportunities for actions related to the needs and gap reviewed specifically for each country
3. Review already existing partnership and resources
4. Draw a proposition for concrete action at country level (can be at short term, medium term or long term) and at regional level: A framework will be prepared by IBE and IBE will coordinate and move forward the process.

As a follow-up to the workshop and a first step in the strengthening of teachers and teachers trainers capacity-building, the UNESCO Windhoek Office conducted a training in February 2004, during a workshop with the all the teacher educators who participated in the Swaziland workshop of November to develop a module of HIV and AIDS for teacher training institutions. The module will be pilot tested in southern Africa.

Second activity: *Develop a strategic plan and framework of action to set up a regional capacity for HIV and AIDS education (June-November 2004)*

Based on the information collected during the seminar and along activity one, and after having jointly identified with countries of the region and other partners and key-stakeholders to include in such a project, IBE will work with MIE and selected key-stakeholders to explore the potential of setting up a regional capacity for curriculum development and teacher training for HIV and AIDS education. IBE will inform country partners and all stakeholders of the advancement of the work, to get inputs and feedback. This activity will also be the occasion to set up a regional network around HIV/AIDS education that could be activated also around more specific issues or following ad hoc individual and collective needs and issues.

Third activity: *Follow-up seminar at the Africa Centre for Guidance and Counselling in Malawi (November-December 2004)*

The seminar will be an occasion to review progress made in a year and to discuss and agree on a common regional framework for capacity-building and exchange of knowledge.

- *Session 1. Plenary (HIV/AIDS focal points, curriculum developers, and teacher trainers and teachers):*
Discussion and agreement of a strategic framework to set up a regional capacity at the Africa Centre for Guidance and Counselling for curriculum development and teacher training in the southern Africa region.
- *Parallel session 2a): for curriculum developers only:*
In-depth comprehensive analysis and sharing of good practice for HIV and AIDS education (3-5 examples from the region or from elsewhere): what is a good practice in curriculum development and why (criteria)? how to adapt it and implement it (tools and processes)? → development of a fist toolbox a) to take back home and b) to be further developed through further MIE regional activities) (the Africa Centre for Guidance and Counselling /IBE)
- *Parallel session 2b): for teacher and teacher trainers only:*
In-depth comprehensive analysis and sharing of good practice for HIV and AIDS teacher training program (3-5 examples from the region or from elsewhere): what is a good practice and why (criteria)? How to adapt it and implement it (tools and processes)? → development of a toolbox a) to take back home and b) to be further developed through further MIE regional activities) (the Africa Centre for Guidance and Counselling/PEQ-UNESCO, IICBA-UNESCO)
- *Parallel session 2c): HIV/AIDS focal points (Policy developers)*
In-depth comprehensive analysis of some examples of good practice of HIV/AIDS policy and strategy; capacity-building in policy dialogue and advocacy, and for policy dissemination and review.
- *c) Session 3: Plenary (HIV/AIDS focal points, curriculum developers, and teacher trainers and teachers):*
Sharing of main results, need for common action and coordination

APPENDICES

1. Teacher attrition

Although mortality rates among teachers may be lower than has been suggested by most expert commentators, the number of teachers who have died of AIDS related illnesses is still unfortunately high.⁵ The death of one teacher deprives a whole class of children of education.⁶ The implications can be dramatic in rural areas, where schools depend heavily on one or two teachers, the loss of whom can deprive an entire community of their schooling.⁷

“Although there is little data available to determine exact causes of attrition, anecdotal evidence from schools and the Government Pension Fund suggests that schools are experiencing teacher attrition due to HIV and AIDS” (Namibia)

High infection rates also have a direct (when the teachers are sick themselves) and indirect impact on teacher absenteeism, as teachers need to tend to sick relatives. Although there is a lack of data on such trends (Cohen 2002)⁸, it has been observed that the nature of the disease causes increasing periods of absenteeism from classes as teachers are sick themselves, take time off to attend funerals or to take care of sick relatives.

The HIV/AIDS epidemic is thus not only causing teacher attrition and shortage, but it is also affecting the quality of teaching/learning in a number of ways:

- 1) The recruitment of less experienced younger teachers, volunteers, and untrained teachers who are being deployed in response to the teacher shortage, is having an adverse effect on quality of teaching/learning processes.
- 2) Moreover, the psychological trauma experienced by teachers through repeated episodes of grief and mourning, loss of friends and family, and the mental and financial burden that is forced upon them is resulting in poorer classroom teaching performance.
- 3) Finally, many of the teachers are on a reduced workload and they no longer pay much attention to the preparation of lesson plans, homework corrections or co curricular activities: as the disease progresses teachers are no longer able to work in a meaningful way.

“HIV/AIDS has negatively affected the quality of teacher education. It has led to the absenteeism of both the students and their lecturers from colleges due to illness or funeral attendance. The death of the lectures and their students in colleges due to HIV/AIDS has led to a cumulative loss of skilled labor and potential skilled labor” (Zimbabwe)

What has been the impact of HIV/AIDS on teachers, in particular in terms of teacher attrition and absenteeism? Has HIV/AIDS had a significant impact on teacher supply? What has been done in terms of teacher training and employment to respond to teacher shortage due (or not) to HIV/AIDS? Has teacher education curricula (pre service) been adjusted to respond to the shortage of teachers? Have in service strategies been adopted to provide training for untrained and volunteer teachers? Has the quality of education been affected in any way because of HIV/AIDS?

““The situation aggravated when Free Primary Education was introduced in 2000”. (Lesotho)

⁵ Bennell, P. (2003), Knowledge and Skills for Development, IDS: England

⁶ Kelly, M.J (2000). *A Window of Hope*. World Bank.

⁷ UNAIDS (2002-2003). *The Global HIV/AIDS Epidemic*.

⁸ Cohen, D (2002), HIV and education in sub-Saharan Africa: Responding to the impact. Perspectives in Education Vol 20(2). University of Pretoria: South Africa.

The situation regarding supply of teachers varies across the nine participating countries. Some countries are facing a shortage of teachers without the impact of HIV/AIDS (for example, Malawi, Lesotho in primary schools). The implementation of EFA to raise pupil enrolment (in particular measures such as an introduction of free education) is cited as one of the causes making the problem of teacher shortage worse.

The incapacity of teacher training institutes to prepare enough teachers to respond to new needs is another source of concern. Botswana seems to be an exception, reporting that teachers are in sufficient numbers and replacement rates are high enough to substitute for teachers affected by HIV/AIDS. In addition ARVs are more readily available to the affected population (including teachers) at no costs, than in other countries. Although hard and systematic data are still missing in the region, anecdotal evidence from a majority of countries in the sub-region shows that teachers are infected by HIV, become sick and are dying from AIDS.

“The teacher training college programme has not managed to produce enough teachers on a regular basis” (Malawi)

Data on absenteeism due to AIDS are also lacking, but teacher absenteeism (for long periods due to the illness or shorter periods due to funeral or caring for sick relatives) is a common phenomenon reported in most countries. Teachers who are sick are reluctant to declare it officially.

Stigmatization is still an important risk and may be one reason. Sick leave schemes and the fear to lose their salary once their sick leave time is over (in general 6 months) is another strong reason to hide that one suffers from AIDS.

“Although there is no reliable data on teacher attrition in the system, it is visible that teachers are increasingly leaving the profession due to HIV/AIDS” (Mozambique)

The main impacts mentioned by the participants were “reduced productivity” and “loss of skilled staff”.

With regard to changes in the management of the national school curricula, various avenues are being discussed and considered to overcome the strains caused by teacher attrition. The following plans and measures already exist or are under consideration in countries to respond to teacher shortage (due to HIV/AIDS or not):

- Call volunteers from the community (mostly rural areas)
- Use grade 12 school leavers as relief teachers
- Call retired teachers
- Teach in several shifts/increase the number of shifts (mostly in urban areas)
- Create multi-grades classes (mainly in rural areas)
- Reduce the number of teaching hours a year along with the number of subjects being taught (Angola)
- Use information technologies to complement teacher instruction (Namibia)
- Have a colleague take-over, substitute on stand-by (to respond to absenteeism)
- Give extra lessons on Saturdays (Mozambique)

Most of the above measures are however considered as short-term solutions and far from ideal, to respond to an emergency and crisis situation. Moreover, there is a general reluctance and concern from all participating countries that bringing in unqualified teachers will compromise quality of education.

Some other countries have reorganized teacher training in order to have teachers in the field after a shorter training period, either by shortening altogether pre-service training (Lesotho) or by reorganizing pre-service training to have trainees teaching sooner (Malawi: 16 weeks training, 10 weeks in the field, 16 weeks training). The use of information technologies to complement teacher instruction is another solution that has been mentioned in Namibia. In Swaziland, a part-time diploma programmes may be introduced for unqualified personnel, who are already in the classroom.

“ The use of unqualified Grade 12 school leavers will compromise the quality of teaching and learning” (Namibia)

The provision of ARV therapies to teachers would also have a beneficial effect. A projection presented by Namibia shows that providing ARV therapies to HIV positive teachers will keep many of them from falling sick, and ultimately reduce significantly mortality related to AIDS. Projections suggest that around one-in-seven educators are HIV-infected.

Key conclusions from these projections are:

- There is potential for continued growth in infection rates among educators if prevention among educators and trainees is not effective
- Death rates could rise substantially over the decade and result in a cumulative loss of a high number of educators in the absence of ARV access.
- ARV treatment can massively reduce the rise in death rates and cumulative loss of teachers

“Projections made for Namibia also show that if ARV treatment is made widely available to teachers, 5% of all teachers could be lost to AIDS by 2010, whereas 20% could be lost without ARV treatment” (Namibia)

Under ARVs scenarios, a rapidly expanding number of educators on chronic medication will accumulate.

In terms of recommendations to better respond to teacher attrition, following needs have been identified:

- Need for more data on teacher attrition and absenteeism
- Need to find ways to attract and retain more trainees: make training more relevant and to improve work conditions
- Need to review structural organisation of training
- Need to review curricula
- Need to train trainers

HIV/AIDS, Teacher Attrition and Curriculum Renewal in the Southern Africa Region

Ezulwini, Swaziland, 11-14 November 2003

AGENDA

11 November 2003, Tuesday	
8:00-9:00	Registration
9:00-9:30	Opening Ceremony <ul style="list-style-type: none"> • Welcome Address (by Dorothy Littler) • Chief Guest: Ministry of Education, Swaziland • Welcome by Christine Panchaud on behalf of the IBE Director and by Shankar Chowdhury on behalf of the Division for the Promotion of Quality Education (PEQ), UNESCO
9:30-10:00	COFFEE BREAK
10:00-10:45	Ice breaker and setting the agenda (Shankar Chowdhury UNESCO/PEQ)
10:45-11:15	Scope and objectives of the seminar (Sharmila Pillai, UNESCO/IBE)
11:15-11:45	Regional HIV/AIDS Scenario (Brigitte Imperial, UNAIDS Swaziland)
11:45-13:00	Country presentations by country delegates (5 countries)
13:00-14:00	LUNCH BREAK
14:00-15:00	Country presentations - Continued (5 countries)
15:00- 15:30	HIV/AIDS prevention and teacher training - Lesson Learned (Shankar Chowdhury, UNESCO/PEQ)
15:30-16:00	COFFEE BREAK
16:00-16:15	Introduction to Working Group 1 Part A: HIV/AIDS prevention, teacher training and working
16:15-17:30	Group Session 1 - (4 Groups)
Evening session	How to use IICBA HIV/AIDS electronic library (T. Phendla, IICBA)

12 November 2003, Wednesday	
8:30-8:45	Reflections by 2 nominated delegates.
8:45-9:15	Presentation on needs assessment of teacher training by Mr. F.H. Musegedi (Zimbabwe)
9:15-9:30	Introduction to working group 2: Teacher attrition: implications for teacher training
9:30-10:30	Working group session 2
10:30-11:00	COFFEE BREAK
11:00-12:15	Presentation of results from working group sessions 1 and 2 by delegates (4 group presentations)
12:15-13:00	Curriculum renewal to face HIV/AIDS and teacher attrition: a prospective view from South Africa by Professor Morrow
13:00-14:00	LUNCH BREAK
14:00-15:00	Curriculum and curriculum renewal by Christine Panchaud (IBE/UNESCO) Curriculum renewal to face HIV/AIDS and teacher attrition: a prospective view from South Africa by Professor Morrow
15:00-15:15	Introduction to working group 3: School curricular responses to overcome teacher attrition
15:15-15:45	COFFEE BREAK
15:45-17:30	Working group session 3 (first part)
Evening session	Session on OVC (Ben Boys UNESCO Windhoek)
13 November 2003, Thursday	
8:30-8:45	Reflections by 2 nominated delegates
8:45-10:30	Working group session 3 (second part)
10:30-11:00	COFFEE BREAK
11:00-13:00	Working group session 3 (third part)
13:00-14:00	LUNCH BREAK
14:00-15:00	Presentation of results from working group session 3 by country delegates (4 group presentations)
15:00-15:30	Linkages between formal and non-formal education (Tizie Maphalala, UNICEF Swaziland)
15:30-16:00	COFFEE BREAK
16:00-16:15	Introduction to working group 4: Partnerships for curriculum renewal
16:15-17:30	Working group session 4
19:00-21:00	Cocktail

14 November 2003, Friday	
8:30-8:45	Reflections by 2 nominated delegates.
8:45- 9:30	Presentation of results from working group session 4 by country delegates (4 group presentations)
9:30 - 11:00	Group work by country: Project of guidelines for curriculum renewal and recommendations for follow-up action regarding further capacity-building activities for curriculum development in the region
11:00-11:30	COFFEE BREAK
11:30-12:30	Presentations of Group work
12:30-12:45	Evaluation
12:45-13:15	Closing Ceremony
13:15-14:15	LUNCH BREAK
14:15-16:30	Field visits
16:30-17:00	Reports on field visits

Participants list

Surname and First Name	Title/Function	Institution	Country
Boys Ben	Nat. Official UNESCO	UNESCO Windhoek	Namibia
Chalebgwa Maggie K.	Teacher Trainer	Ministry of Education	Botswana
Chirimamhunga Winnie L	Director Curriculum Development	Ministry of Education, Sport & Culture	Zimbabwe
Chona Mavis	Zone In-service Officer	Dept. of Teacher Education and Development	Malawi
Chonco Phuti	D. Director HIV/AIDS	Dept. of Education	South Africa
Clarke David	Senior Specialist HIV/AIDS	IIEP UNESCO/DFID	France
Chowdhury, Shankar	Programme Specialist Division of Quality Education	UNESCO PEQ/UNESCO New Dehli	France/India
Costa Antonio	Deputy Director	INFQ	Angola
Da Costa Daniel	Teacher Education Head of Department	Ministry of Education	Mozambique
Da Fonseca E.	Tecnica	INDE	Mozambique
Dlamini Evert V.	HIV/AIDS Co-ordinator	SNAT	Swaziland
Imperial B.	UCC UNAIDS	UNAIDS	Swaziland
Harvey Claudia	UNESCO Windhoek	Director & Representative	Namibia
January, William F.	Deputy Director: Curriculum Research and Development	Ministry of Basic Education, Sport & Culture	Namibia
Kabuye Matilda	Director Quality Consultant and Quality Assurance	MOEST	Malawi
Khonje Dorothy	Principal Planning Officer	MOEST	Malawi
Leukes Steve	CI Officer	UNESCO Windhoek	Namibia
Mabitle Pascalina	Teacher Trainer	Lesotho College of Education	Lesotho
Magagula Phineas	Principal	William Pitcher College	Swaziland
Manyatsi Jeanne	Director	N.C.C.	Swaziland
Maphalala Tizie P.	Project Officer – Education	UNICEF	Swaziland
Mavise A.	Director	MOESC	Zimbabwe
Miedema Esther	HIV/AIDS Focal point	UNESCO	Mozambique
Mntungwa Muntu	Executive Secretary	T.S.C. Education	Swaziland
Maiane Cesaltina	Tecnica	Min. of Education	Mozambique
Montsi P.	Programme Co-ordinator Education	Lesotho National Commission for UNESCO	Lesotho
Morrow Wally	Ministerial Committee on Teacher Education	Dept. of Education	South Africa
Moyane Lucy H.	Acting Director-School Education	Dept. of Education. South Africa	South Africa
Musegedi Fidelis H.	Principal Manpower Planning Officer-Teacher Education	Ministry of higher & Tertiary Education	Zimbabwe
Naanda Aune	Programme Specialist	UNESCO Windhoek	Namibia

Surname and First Name	Title/Function	Institution	Country
Nel Walter	Head:HIV/AIDS Management Unit	Ministry of Education	Namibia
Nkoane Oemetse Sally	HIV/AIDS Coordinator	Ministry of Education	Botswana
Nolapo Adolphine Masekoala	Director in Developer of Curriculum	NCDC	Lesotho
Nsiangengo Pedro	Deputy Director	INIDE	Angola
Nsibande D.D.	Director ETGPS	Ministry of Education	Swaziland
Panchaud Christine	Coordinator HIV/AIDS programme	IBE-UNESCO	Switzerland
Pillai Sharmila	Research Assistant: Capacity Building Programme	IBE-UNESCO	Switzerland
Pomuti H.	Senior Education Officer	MBESC(NIED)	Namibia
Sarr Bachir	HIV/AIDS Focal Point	UNESCO BRED	Senegal
Simelane D.P.	Under Secretary	Ministry of Education	Swaziland
Tau Nontobeko	HIV/AIDS Curriculum Officer	Ministry of Education	Botswana
Dr. Phendla Thidziambi	Director	UNESCO IICBA Pretoria Node	Republic of South Africa.
Williams S. Gwendoline	Management/Training Consultant	University of the West Indies	Trinidad Tobago
Zuza Nlando-nkula	Teacher/Researcher	INIDE	Angola