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HIV and AIDS and Teachers

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Policy Brief 14

Some Key Questions on HIV/AIDS and Teachers

1. What policies should be in place to protect confidentiality of students and teachers with HIV/AIDS?

2. At what age should HIV/AIDS and other forms of health education begin in the schools and where are they best placed in the curriculum

3. What rules, laws and regulations need to be in place to protect children and teachers with HIV/AIDS from discrimination, and what support mechanisms are provided to assist orphans and other at-risk children?

4. What teacher training programs need to be conducted, both pre- and in-service, on HIV/AIDS?

5. What sexual harassment rules are in place and enforced to prevent teachers or others in positions of authority from passing on the virus to their students?

Executive Summary

- According to UNAIDS, over 8.6 million people are living with HIV in Asia.Two-thirds of HIV/AIDS infections in the region occur in India.
- HIV is transmitted via a number of possible routes: heterosexual transmission; transmission through male-to-male sex; and transmission through injecting drug use. Less commonly, although no less importantly, HIV is spread through mother-to-child perinatal transmission and transmission through the transfer of contaminated blood products.
- The quality of education is influenced by many factors. As teachers infected with HIV fall ill, they are increasingly absent from class and eventually die in the absence of access to anti-retroviral therapy (ART); many uninfected teachers (particularly women) are obliged to absent themselves from school to care for family members who are infected with HIV; teachers who are HIV-positive (or suspected of being infected) are often victims of stigma and discrimination; and HIV and AIDS is an educational quality issue in that it affects the "educability" of students.
- Transparent and equitable rules must be assured for the treatment of HIV-positive teachers and students, and that the classroom is a safe place for learning including: guiding principles; rights and responsibilities; employee-student relationships; access to prevention, testing, treatment, care and support; assurance of confidentiality and non-disclosure of HIV status; employment; disciplinary procedures and grievance resolution.
- To support implementation, it is important to: train education leaders; provide financial resources to ensure and sustain implementation; build the capacity of human resource departments; establish joint committees or structures, including the Ministry of Labor, teachers' unions, and HIV-positive teachers' networks; and ensure that grievance mechanisms are functioning.

Introduction

This policy brief identifies issues and policy options for ministries of education in countries with low HIV and AIDS prevalence, such as those in Asia, to prevent the HIV and AIDS epidemic[1] from spreading and defeating efforts to promote educational quality. This document addresses teacher issues in three domains: (i) how to identify and measure threats to the supply of teachers, (ii) how to protect teachers from AIDS-related discrimination and (iii) how to prepare and support teachers to respond to the needs of pupils in an AIDS environment. The questions posed and answered are based on those raised in policy discussions with various education colleagues, especially in South Asia. The purpose of the brief is to provide a concise knowledge resource on policy and implementation considerations, and alternative practices, regionally and internationally.

1. What is the current status of the HIV/AIDS threat in Asia?

According to UNAIDS, an estimated 8.6 million people were living with HIV in Asia in 2006, including the 960,000 people who became newly infected during that year. Approximately 630,000 died from AIDS-related illnesses in 2006. Two-thirds of HIV/AIDS infections in the region occur in India, with an estimated 2.5 million infections (0.23 per cent of population), making India the country with the third largest number of HIV patients, after South Africa and Nigeria. In Asia, an estimated 180,000 children were living with HIV. The number of people receiving antiretroviral therapy rose from 70,000 in 2003 to 180,000 at the end of 2005. Only about one in six people (16 per cent) in need of antiretroviral treatment in Asia are now receiving it. While concerted efforts at prevention are paying off in some countries which are now showing declines in HIV prevalence, other countries have rapidly-spreading epidemics. For example, significant progress has been made in Cambodia, which has benefited from well-focused and sustained prevention efforts to reverse an HIV epidemic. Nationally, HIV prevalence has fallen to 0.9 per cent among the adult population in 2006, down from a peak of 2 per cent in 1998. In Indonesia, on the other hand, the epidemic is spreading rapidly due to the use of contaminated injecting equipment and unprotected paid sex.

2. ***What is HIV/AIDS and how is the disease spread***?

The human immunodeficiency virus (HIV) is a virus that attacks the body's immune response system, ultimately rendering the body impotent in its ability to fend off infection. When an HIV positive individual develops illness, as a consequence of this degraded immune system, a diagnosis of AIDS (Acquired Immunodeficiency Syndrome) is applied. It is this illness due to opportunistic diseases that may ultimately lead to death.

HIV is transmitted via a number of possible routes, mainly: heterosexual transmission; transmission through male-to-male sex; and transmission through injecting drug use. Less commonly, although no less importantly, HIV is spread through mother-to-child perinatal transmission and transmission through the transfer of blood products. Once infected, survival is estimated at approximately 8-10 years where there are severe restrictions on access to combination therapies. Many HIV-positive people are unaware that they are infected with the virus because of low levels of testing.

The purpose of this choice is to distinguish clearly between infection by the human immuno-deficiency virus (HIV), which does not produce visible symptoms for several years, and the Acquired Immuno-deficiency Syndrome (AIDS), a condition in which the body's immune system is suppressed to the point at which it can no longer fight off "opportunistic infections", such as tuberculosis. Persons living with AIDS inevitably die unless given anti-retroviral therapy (ART). Voluntary counseling and testing (VCT) is a major means of preventing and mitigating HIV infection.

[1] A short overview of HIV and AIDS is provided in Annex 1.

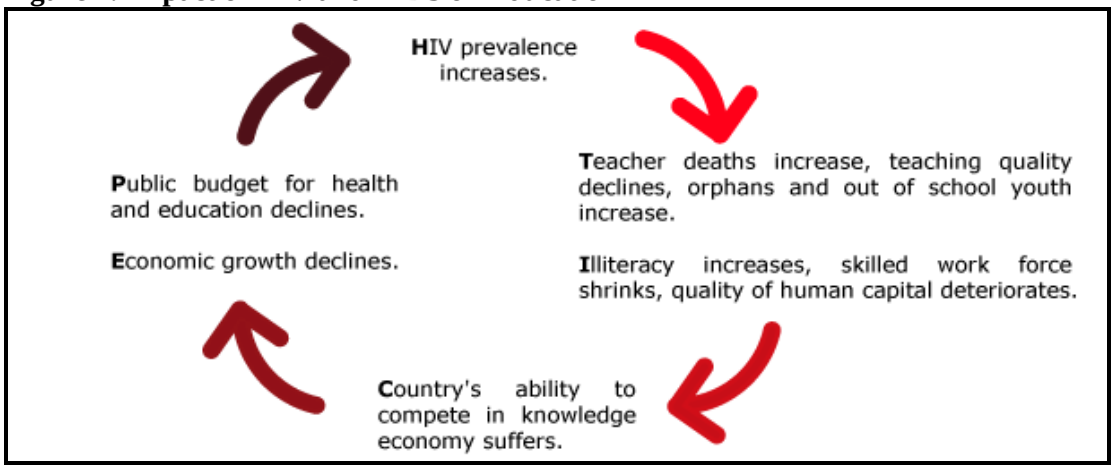
In Asia, a high proportion of new HIV infections are contracted during paid sex, and a relatively high HIV prevalence has been found among sex workers in many countries. In Viet Nam, HIV prevalence among female sex workers increased rapidly throughout the 1990s, from 0.06 per cent in 1994 to 6 per cent in 2002. In Indonesia, the rate of HIV infection among female sex workers is 3.1 per cent nationally but varies significantly from region to region. In Jakarta, it reached 6.4 per cent in 2003. In China, it is estimated that sex workers and their clients account for just less than 20 per cent of the total number of people living with HIV. In some Asian countries, levels as high as 15 per cent of men in the general population and 44 per cent of men in mobile, high-risk populations (e.g. long-distance truckers and men who work in mines or forests far from home) reported buying sex during 2004, putting themselves at risk of infection.

In China, Indonesia, Kazakhstan, Uzbekistan and Viet Nam, the large overlap between injecting drug use and sex work is linked to growing HIV epidemics. In Manipur, India, which has a well-established HIV epidemic driven by injecting drug use, 20 per cent of female sex workers said they injected drugs, according to behavioral surveillance. In Ho Chi Minh City, in 2002, 49 per cent of sex workers who reported injecting drugs were found to be HIV-positive, compared to 19 per cent of sex workers who used drugs without injecting them and 8 per cent of those who did not use drugs at all. Research also showed that drug-using sex workers in Viet Nam were about half as likely to use condoms compared with those who did not use drugs. In Kazakhstan, where an estimated 12,000 people were living with HIV in 2005. National adult HIV prevalence was 0.1per cent very high HIV prevalence has been found among injecting drug users: 56 per cent in a recent study in Kashgar City, for example.

***3. Why is the spread of HIV and AIDS a threat to educational quality*?**

AIDS is one of the most serious challenges currently facing the education systems of many developing countries. As the diagram below shows, the damaging effect of AIDS on schools is, in turn, aggravating the epidemic itself in a vicious cycle.

Figure 1: Impact of HIV and AIDS on Education



Source: Adapted from World Bank (2002)

The quality of education is influenced by many factors. Among the most important of these are an adequate supply of effective and professionally committed teachers, proactive school management and availability of instructional materials. High levels of instructional time and pupil presence in class are also important. Similarly, moderate teacher-pupil ratios also boost learning. It is evident that inadequate (or no) initial teacher education, lack of commitment and increasing attrition are factors that undermine the quality of instruction. The latter phenomena are exacerbated by the epidemic, which has already had devastating effects on many education

systems. In Africa, for example, educational quality has been declining for these reasons. How does this happen?

- As teachers infected with HIV fall ill they are increasingly absent from class and eventually die in the absence of access to anti-retroviral therapy (ART).
- Many uninfected teachers (particularly women) are obliged to absent themselves from school to care for family members who are infected with HIV.
- Teachers who are HIV-positive (or suspected of being infected) are often victims of stigma and discrimination. Some are ostracized or expelled from their schools.
- Similarly, HIV and AIDS is an educational quality issue in that it affects the "educability" of students. The disease has a negative impact on children and youth who lose their parents to the epidemic. These "AIDS" orphans suffer from depression, discrimination and malnutrition and have difficulty staying in school. Many end up as street children or child laborers, vulnerable to various forms of exploitation.

3. What are the quantitative and qualitative effects of AIDS impact on teachers?

Figure 2: Quantity and quality effects of HIV and AIDS on educational supply

Source: Risley and Drake (2007)

Quantitative effects mean the loss of teachers through AIDS-related illness and death or migration to other sectors. Qualitative effects include reduced instructional time due to increased teacher absenteeism, larger class sizes and larger numbers of inexperienced or untrained teachers. In addition, because HIV and AIDS affect educational administrators such as principals, educational management suffers.

The three issues covered for this brief on HIV and AIDS impact on teachers were selected because of the interlocking nature of strategies needed to assess the impact of the epidemic and design effective responses. For example, countries are encouraged to organize voluntary HIV testing among education sector staff. However, very few teachers or administrators will volunteer unless there is a credible policy to give them access to counseling and treatment should they test positive. Similarly, policies are needed to protect HIV-positive teachers from discrimination once their status is revealed. Finally, any strategy to understand and mitigate the impact of the epidemic on teachers has implications for their instructional role in the classroom. For that reason, this brief highlights issues in training teachers on HIV and AIDS education. Without addressing the three issues holistically, the education sector will not be able to develop effective and sustainable policies to mitigate the impact of the epidemic on teachers.

4. *How is the spread of HIV and AIDS affecting teacher supply and attrition?*

As stated above, educational quality is sensitive to several teacher factors, including teacher qualification, motivation and presence in the classroom. Teacher-pupil ratios also affect quality in terms of learning outcomes. Teacher absenteeism and death during the school year reduce instructional time and result in larger class sizes or even the cancellation of classes. Small rural schools are particularly vulnerable to teacher absenteeism and loss, as it is difficult to find

adequate substitute teachers, especially for subjects like mathematics and science. District educational authorities may not be informed about teacher absenteeism and death until the end of the school year. It is therefore important for ministries of education and district education offices to have tools to monitor teacher presence and attrition or to project trends of teacher loss. Three methods of assessing HIV and AIDS impact on education systems are highlighted below.

(i) Organize a voluntary HIV testing campaign

It is recommended that the education authorities organize voluntary HIV testing of teachers and administrators. The results will indicate how many sector staff need treatment and support. The survey results will also reveal regional and urban-rural variations in seroprevalence, which will help to develop appropriate management measures. The precise extent of HIV infection is unknown in any education sector except in that of South Africa, where the Education Labor Relations Council (ELRC) undertook a survey with voluntary HIV testing in 2004-2005 among 24,200 public school teachers and administrators in 1,766 schools. Forty per cent of the sample was working in secondary schools. Besides the need to know how many teachers and staff needed treatment for infections, the study also yielded information on teacher attrition. Overall, 12.7 per cent of the sample tested positive; however, prevalence varied considerably by race and location. Staff needing counseling and treatment have access to these services. However, many have not asked for them for fear of stigmatization should they reveal their status. However, the teachers' unions and civil society partners are working hard to organize access to confidential counseling, testing and treatment for those who need it.

(ii) Organize on-going district-level monitoring or teacher and pupil presence and attrition

Responses to HIV and AIDS must be organized at district and local levels in addition to the national level. Data from the school level can be collected on teacher deaths, retirements and other forms of attrition due to HIV and AIDS. The collection of monthly statistics from schools - on teachers, pupils, support staff and school governing bodies and which is normally collected in most schools – would be the source of the data. The information can be aggregated at the district level to plan for the recruitment, training and deployment of new teachers as well as other management interventions. By analyzing data on enrolment, absenteeism, attrition, contact time, drop-out, pregnancy, orphaning and fee collection, district education officials can build indicators of HIV and AIDS impact, which can be quickly and easily derived from these data. Some of the reports that can then be generated include:

- changes in enrolment patterns during the school year;
- temporary or permanent absence of teachers and pupils;
- loss of contact time between pupils and teachers;
- pupil pregnancy rates;
- orphaning issues;
- reduction in school fee income.

It can be seen school monitoring is an educational management tool that provides useful indicators not only on HIV and AIDS issues such as attrition and orphaning but broader quality issues such as changes in class size and absenteeism during the school year.

(iii) Anticipate provincial or national needs in teacher replacement and financial resources due to HIV and AIDS impact

As a complement to on-going monitoring at the local and district levels, it is important for educational planners to forecast the impact of HIV and AIDS in the medium to long term. The

data are important not only in order to determine the number of extra teachers that will be needed to replace those who die of AIDS-related causes but also to work with ministries of health and national AIDS commissions in order to estimate needs for ART.

It has been found that even in low-prevalence countries, a certain percentage of teachers is lost prematurely each year to HIV and AIDS-related causes. This information is important in building scenarios to reach EFA targets and quality objectives such as lowered teacher-pupil ratios.

Table 1: Planning for the Effects of HIV/AIDS on the Teaching Profession

Country	Intervention	Comments
South Africa/Province of KwaZulu-Natal	Data from the annual school census are collected and aggregated by district education offices before being sent to the central ministries of education, which generally have an Educational Management Information System (EMIS) in their planning or statistics units. These units will then computerise the data forwarded by district education offices. This case study outlines the experience of the South African Province of KwaZulu-Natal in devising an EMIS at the district level in order to obtain data on important educational indicators on a monthly basis *during* the school year. The statistics collected via DEMMIS provide data on enrolment; absenteeism and permanent attrition (including reasons for this); loss of contact time; drop out, pregnancy and other rates; incremental orphaning rates; and reduction in school fees – all by sex and grade in the case of pupils, as well as age in the case of teachers. Relevant HIV and AIDS impact indicators can be immediately derived from these without compromising the management value of the data.	See Annex 1 for further details Designed as a management and monitoring tool for both district educational managers and school principals, the KwaZulu-Natal District-Level Educational Management and Monitoring Information System (DEMMIS) was piloted in the Ladysmith Education Region (within KwaZulu-Natal) in 2001. Although DEMMIS was created to monitor school-level impacts related to HIV and AIDS, it has come to be used as a tool for monitoring and managing educational quality.
Kenya	The Education Sector Strategic Plan will encompass the activities of ACUs at all levels of the education sector. The ministry of education will be expected to plan for and mobilize resources from within the country and from external sources to support the HIV and AIDS within the education strategic plan. The education sector will also mobilize and advocate for adequate resources in areas such as pensions, care, relief systems or other interventions that protect the ability to deliver quality, accessible education.	The ministry of education's ACU will coordinate resource planning and budgeting and liaise with other sectoral partners to develop a shared strategy aimed at preventing the spread of the epidemic and mitigating its impacts on the education sector. Management structures at all levels must be capable of planning, developing and co-ordinating partnerships and interventions within and outside of government. Resource utilization at all levels will be carefully prioritized to ensure that interventions in the sector have maximum impact and are sustainable.

5. *How can transparent and equitable rules be assured for the treatment of HIV-positive teachers and students, and that the classroom is a safe place for learning?*

The education sector is the largest public sector employer in most countries. It is widely accepted that AIDS is a serious threat to the health of many employees in this sector. An HIV and AIDS workplace policy enables an institution, an organization, or a ministry to make a statement about its role in protecting the legal rights of its employees and diminishing the impact of HIV and AIDS within the workplace. Education sector policies on HIV and AIDS must harmonize with national policy on HIV and AIDS, institutional policies on HIV and AIDS and the other policy or regulatory procedures that affect the world of work.

All policies must ensure, among other issues, continued support to staff infected or affected by HIV and provide a framework for ensuring a caring and supportive environment for HIV-positive pupils. Moreover, all policies must be developed in partnership with all key stakeholders – teachers' unions, networks of people living with HIV, civil society and community-based organizations. Ministries of education should consider the following components in a workplace policy:

- **guiding principles**: including the recognition of HIV as an issue affecting the education workplace; non-discrimination and reduction of stigma; confidentiality; social dialogue and the continuation of the employment relationship based on the *ILO Code of Practice on HIV/AIDS and the World of Work*;

- **rights and responsibilities** of teachers and other staff, students, parents and other education stakeholders. This might include a commitment to non-violence, a code of conduct for staff and no tolerance for HIV-related stigma and discrimination;

- **employee-student relationships**: includes a code of conduct prohibiting sexual relationships between education personnel and students, with clear guidance on disciplinary action;

- **access to prevention, testing, treatment, care and support**, including information on available prevention, treatment, care and support services;

- **assurance of confidentiality and non-disclosure of HIV status**;

- **employment**: including recruitment, job security and provisions related to benefits and assistance programs, in particular for teachers and non-teaching staff living with HIV;

- **disciplinary procedures and grievance resolution**.

To support implementation, it is important to:

- train education leaders (e.g. principals) on policy contents and on how to implement workplace policies in the school setting;

- complement the development of workplace policies with financial resources to ensure and sustain implementation;

- build the capacity of human resource departments to play a key role in ensuring that educational institutions uphold workplace policies;

- establish joint committees or structures including the Ministry of Labor, teachers' unions, HIV-positive teachers' networks (where existing) and private education authorities at national and workplace level – to discuss the development of policies, to plan for implementation and finally, to operationalize policies at the school level;

- ensure that grievance mechanisms are functioning and that any grievances are processed in strictest confidence without fear of discrimination or punishment;

- strengthen collaboration and consultation with teachers' unions in order to increase the potential of the policy reaching a large number of teachers.

6. *How can teachers be enabled to respond to the needs of pupils in an AIDS environment?*

A third issue in exploring the implications of HIV and AIDS for teachers is their instructional role. Discussing HIV and AIDS issues is difficult and teachers need special training in order to be effective in this area. .

- Teachers are at the center of efforts to educate youth about the epidemic and prepare the way for achieving an "AIDS-free generation". Ignorance and complacency about AIDS are very widespread in Asia. For instance, among young Filipinos, three in five 14–20-year-olds believe they cannot contract HIV, which gives cause for concern, because this age group is sexually active. Therefore, teachers must be prepared to respond to HIV and AIDS issues, not just as this issue affect them personally, but also as the epidemic affects life in the classroom (see Annex 2 for information about pre- and in-service training on HIV and AIDS for teachers).

- Teachers must also be aware of the risks faced by some of their pupils in the community. In certain Asian countries, youth and even young children are exposed to sexual exploitation either voluntarily or through coercion (see Annex 3 for a brief overview of some issues regarding Asian youth and HIV and AIDS).

7. What are some curriculum options for discussing HIV and AIDS issues?

Education has been called "the social vaccine against AIDS". This is because the education sector is strategically placed to reach young people with information and skills that can help them protect themselves against STIs, HIV and AIDS and unwanted pregnancy. It is important to intensify instruction on HIV and AIDS at all levels of the education system and incorporate such knowledge in the formal curriculum. So far, teaching and learning materials on HIV and AIDS have not reached all the schools and teachers and not all countries have provide HIV and AIDS education in their school system. HIV and AIDS education can be given as a stand-alone subject or incorporated into "carrier subjects" in the curriculum.

- The fact that most Asian children and youth are enrolled in a network of schools, at least in primary and lower secondary levels, makes schools an ideal setting for educating about HIV and AIDS in age- and sex-appropriate ways.

- Fears that teaching young people about sex will lead them to become sexually active are unfounded. UNAIDS conducted a review of studies looking at the relationship between the provision of sex education and the onset of sexual behavior in young people, and found no such influence. Instead, some studies presented evidence that sex education actually delays the onset of sexual activity among young people (UNAIDS 2001).

It is difficult to teach students about HIV and AIDS and sexuality in a classroom setting, avoiding the embarrassment that often occurs both on the part of some teachers and on the part of some

students. Effective teaching about sexuality, STIs, drug and alcohol abuse and HIV and AIDS is often done in the context of "life skills education". This approach to teaching and learning, which is described more fully in Annex 2, defines life skills as a set of psycho-social competencies that shape informed behavior. Life skills include *reflective skills* such as critical thinking and problem-solving, *personal skills and qualities* such as self-esteem and tolerance, and *interpersonal skills* such as communication and negotiation (UNICEF, forthcoming).

8. What pre- and in-service training on HIV/AIDS should be conducted for teachers?

In order to prepare teachers for giving instruction on HIV and AIDS, both pre- and in-service training is needed. Teachers need not only to learn medical information about the HIV and AIDS epidemic but also the social and psychological issues related to it, such as denial, stigma and discrimination.

- HIV and AIDS should be the subject of a full-semester course in all pre-service teacher-training institutions. Teacher trainees need to learn not only how to protect themselves from infection but also how to teach about the epidemic to pupils. Life skills methodology should also be part of pre-service training on HIV and AIDS. One important part of the training would be the learning of participatory teaching methods, including role playing and the organization of small group work.

- Teachers must learn to recognize orphans in their classes and respond appropriately to the needs of these children, including referring them to competent professionals or social services. Basic counseling skills should be provided to help teachers provide support to colleagues or pupils.

- For teachers already in the field, HIV and AIDS education must be organized in such a way to ensure that all teachers can participate. The majority of the training so far has been informal (through workshops and seminars) and has not reached all teachers in most countries.

9. *What are some of the HIV and AIDS Work Place Policies available for Teachers*?

HIV and AIDS workplace policies are a necessary framework for responding to the impact of the epidemic on the education sector staff. Such policies were first developed in the private sector, where large enterprises became alarmed by the attrition of skilled and experienced labour to the epidemic. AIDS came to be seen not only as a threat to business but also a menace to the human rights of employees and their families, who may fall into poverty if the principal wage earner is fired because of his HIV status. Many large corporations operating in Africa have seen HIV and AIDS workplace policies to be to their advantage and often extend them to cover the families of employees.

HIV and AIDS work place policies for the education sector are very recent developments. So far, they have focused on formal primary and secondary education. However, policies developed for formal primary and secondary education need to be adapted to vocational and technical training as well as tertiary education.

HIV and AIDS workplace policies comprise a code of conduct and legal guidance on how to respond if the code is violated. With respect to HIV and AIDS, a workplace policy will typically include regulations regarding: prevention; care and support; confidentiality; stigma and discrimination; planning, management and impact mitigation; grievance procedures; and universal precautions. Depending on the country, the employer of teachers and educational administrators needs to support the process of developing and implementing a work place policy.

Ultimately, the employer is responsible for enforcing rules against discrimination and infringement of rights. In some countries, teachers may be employees of the ministry of education, in others they are employees of the Civil Service Commission or an equivalent ministry. In decentralized systems, teachers may be employees of provincial departments of education. Teachers unions, which are powerful forces in many countries, are critical allies in developing and enforcing work place policies. Strategic partnerships are needed with other sectors including, for example, ministries of health (e.g., on antiretroviral therapy, or ART), ministries of labor (e.g., harmonization with national legislation frameworks and policy on labor protection) and National AIDS Commissions (e.g., national policies on AIDS often include workplace issues).

At the local level, school governing bodies, parent-teacher associations and a variety of community- and faith-based organizations must be consulted and included in the implementation process and in providing on-going support for enforcement.

Table 2: Teacher Workplace Policies

Country	Intervention	Comments
Nigeria	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.
Kenya	Process of developing an education sector work place policy in Kenya. A steering committee, which assisted in the identification of stakeholders (community-based organizations, student organizations, teachers' unions, universities, faith-based organizations, etc.), developed an outline for a policy framework. This outline was then reviewed by stakeholders. The policy draft was presented to all those involved in order to reach a consensus on the text and, thus, adopt the policy.	See Annex 1 for further details The consultation with all stakeholders for reaching an agreement was by far the most challenging step of the process. In addition to being time consuming and more expensive than anticipated, the consultation had implications on wording around some sensitive issues (e.g., the policy does not contain the word 'condom' after reaching consensus). Once the policy was adopted, evaluation and indicators were established and a multi-level policy implementation plan (with priorities identified) was developed. District-level implementers supported a process of refining policy priorities based on the needs of local stake holders. Funds and partners were separately identified for each district.
Zambia	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	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

	education sector exist. Guidelines for implementing universal precaution are being developed.	response to HIV/AIDS.

10. *Are there any special issues for Teacher Training on HIV and AIDS?*

While it is evident that teachers need adequate training and support in order to teach effectively about HIV and AIDS, much still needs to be done in order to equip teachers with the necessary skills and information to teach this subject. Teachers report the difficulties they face in addressing HIV and AIDS in the classroom setting. They often choose to avoid raising the issue of condom use in the classroom for fear of provoking controversies with parents and the school administration. Teachers usually lack the training to educate and convince other adults of the importance of teaching HIV prevention. Thus, teachers are often inclined to limit themselves to the transfer of knowledge. The academic sphere of scientific definitions and medical information is the 'safer option' that teachers choose to avoid difficult questions to which they often cannot respond. However, the real value of HIV and AIDS education lies beyond the transfer of knowledge.

Knowledge and life skills are two complementary components. Both should have their places in pre- and in-service training programs. Education International and its partner organizations define life skills[2] education as *the development of 'abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life.'* The acquisition of life skills can greatly affect a person's overall physical, emotional, social and spiritual health, which, in turn, is linked to his or her ability to maximize life opportunities.

Life skills should be an integral component of teacher training so that teachers are equipped to teach students crucial competencies for dealing with personal challenges and not just facts. Communication and decision-making skills, learning how to assert oneself and how to cope with stress should all be part of HIV & AIDS education programs.

In most of the countries where pre- and in-service teacher training on HIV and AIDS has taken place, the sessions have included elements of both knowledge and life skills. Nevertheless, the duration of this training varies widely from country to country. To have full effect training sessions must be carried out intensively and repeated periodically.

Table 3: Teacher Training on HIV/AIDS

Country	Intervention	Comments
Namibia	The training offered by the Ministry of Education focuses on the following areas: • Basic facts on HIV and AIDS, transmission, prevention and symptoms; • Statistics from around the globe and local prevalence rates; • Myths and facts about HIV and AIDS; • Gender and HIV and AIDS; • Impact of HIV and AIDS on the education sector; • HIV and AIDS and disability; • Mitigation of HIV and AIDS impact and workplace policies;	This example of teacher training on HIV and AIDS issues in Namibia highlights the major challenges in preparing teachers to deal with the instructional aspects of HIV and AIDS. Although the education sector authorities of Namibia are well aware of the impact of the HIV and AIDS epidemic, slightly less more than 18 per cent of teacher trainees in 2006 received training on HIV and AIDS. In-service

[2]UNICEF defines life skills as a set of psycho-social competencies that shape informed behavior. Life skills include *reflective skills* such as critical thinking and problem-solving, *personal skills and qualities* such as self-esteem and tolerance, and *interpersonal skills* such as communication and negotiation (UNICEF, forthcoming).

	• Counseling (pre- and post-testing for HIV); • Care and Support and HIV management in schools; • Integration of HIV and AIDS in the school curriculum; • Needs assessment and gap identification.	training reached about 10 per cent of primary school teachers and no secondary school teachers. One of the constraints to teaching about HIV and AIDS is that it has not been formally integrated into the curriculum.
India and Kenya	• Eighty-seven per cent of Indian teachers and 90 per cent of Kenyan teachers viewed their profession as having responsibility for teaching young people about HIV and AIDS. • In Kenya, teachers viewed responsibility for teaching young people about HIV as being diffused throughout the community – including parents (88 per cent) and religious leaders (85 per cent). • Respondents in both countries thought that young people learn about HIV from a number of sources. • Teachers and television were among the top three most commonly cited sources across all respondent groups and in both countries. • Parents (particularly mothers) and religious leaders appear to play a far greater role in teaching young people about HIV in Kenya than India: 42 per cent of Kenyan parents reported often talking to their children about sex and HIV. In comparison, 63 per cent of Indian parents reported never talking about sex or HIV to their children.	

Annex 1

Further details of examples

1. South Africa, Province of KwaZulu-Natal: Monitoring

Data from the annual school census are collected and aggregated by district education offices before being sent to the central ministries of education, which generally have an Educational Management Information System (EMIS) in their planning or statistics units. These units will then computerise the data forwarded by district education offices. This case study outlines the experience of the South African Province of KwaZulu-Natal in devising an EMIS at the district level in order to obtain data on important educational indicators on a monthly basis *during* the school year. Designed as a management and monitoring tool for both district educational managers and school principals, the KwaZulu-Natal District-Level Educational Management and Monitoring Information System (DEMMIS) was piloted in the Ladysmith Education Region (within KwaZulu-Natal) in 2001. Although DEMMIS was created to monitor school-level impacts related to HIV and AIDS, it has come to be used as a tool for monitoring and managing educational quality.

The statistics collected via DEMMIS provide data on enrolment; absenteeism and permanent attrition (including reasons for this); loss of contact time; drop out, pregnancy and other rates; incremental orphaning rates; and reduction in school fees – all by sex and grade in the case of pupils, as well as age in the case of teachers. Relevant HIV and AIDS impact indicators can be immediately derived from these without compromising the management value of the data.

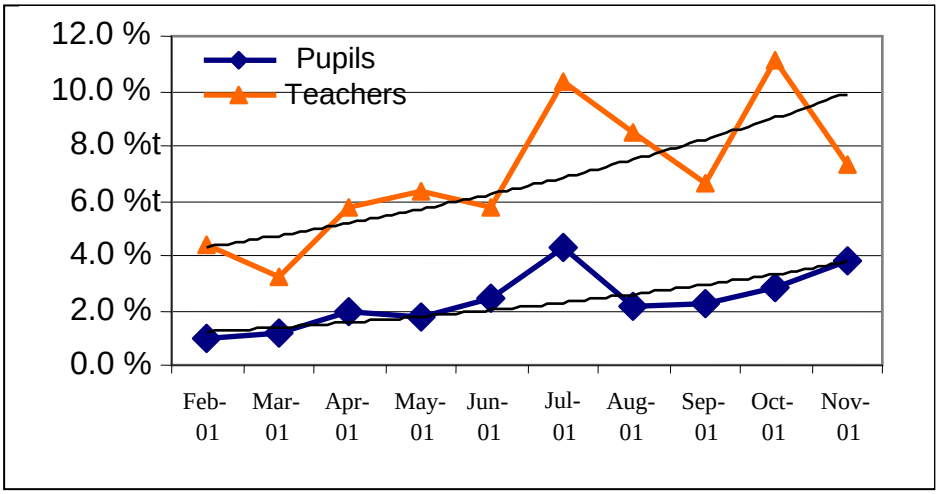
The data are captured at month-end in the school, using simple forms that provide a one-page summary for submission, via the school circuit inspector (responsible for about 25 schools on average), to the district office. The school retains a copy to reinforce institutional record keeping and management. The data on the summary form are captured at the district office – responsible for about 120 schools on average – in a simple but customised MS Access database application. Experience to date suggests that summaries from 100 schools can be captured in four to six hours, following a one-day training session for the official responsible.

Management decision making based on DEMMIS results is supported by comprehensive sets of HIV and AIDS Fact Sheets and a Management Checklist (selections of the latter are attached). The Checklist provides guidance on management options and responses to indicators of irregularity, dysfunction or even crisis in the monthly data as well as the trends emerging from these data. Two of the indicators derived from the DEMMIS data concern pupil and teacher absenteeism on the one hand and teacher attrition on the other. Their implications of these two indicators are described below.

- **Absenteeism Rates/Loss of Classroom Contact Time**

Absenteeism rates for pupils and absenteeism (combined with official leave) for teachers followed similar trends, although two prominent peaks were evidenced for teachers in July and October, as against only one for pupils, also in July. While the July peak coincides with the flu season and vacation, the October peak suggests teachers being absent or on leave to prepare for or write exams. The net effect of the observed rate of teacher absenteeism and leave was *a loss of 7 per cent of available classroom contact time over the period*, which meant a decline in educational quality.

Figure 3: Pupil and Teacher Absenteeism – days lost as a percentage of available time



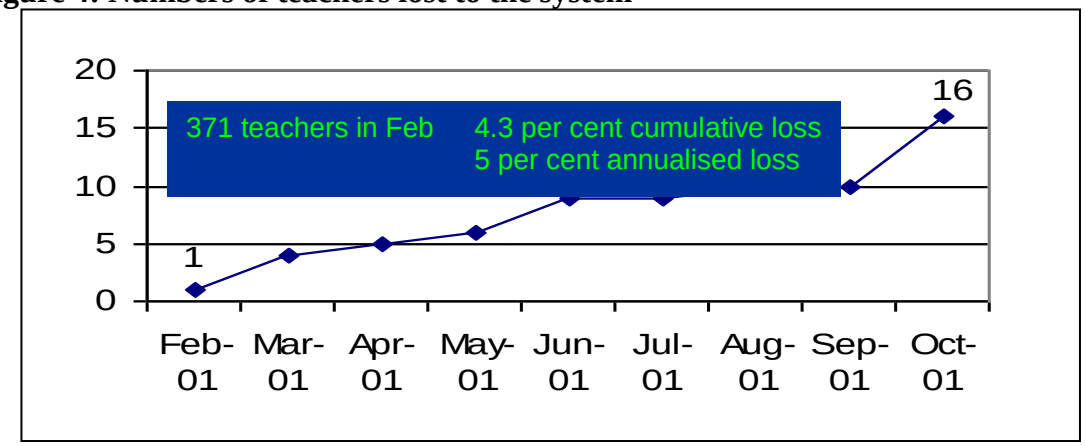
Source: MTT (HEARD)

Interestingly, at the point when absence on leave for teachers declined (August-September), their absence *without* leave rose correspondingly, suggesting routine abuse of the system and a lack of system monitoring. Most importantly, these monthly dynamics are not evident in conventional annual school census returns or any other form of available school or district record keeping. As a consequence of this data availability, several school principals in the sample group subsequently instituted school-based leave rosters for the first time.

- **Teacher Attrition**

Of the 371 teachers in the sample in February 2001, 16 were lost to the system over the period, for what might be regarded as a largely 'normal' attrition rate, annualised at the equivalent of about 5.1 per cent. Reasons for the loss included promotion (44 per cent), leaving the Department (13 per cent) and the 'other' category (36 per cent). It should be noted that the district officials involved in the pilot insisted that while it was acceptable to record deaths for pupils, *teacher* deaths had to be recorded under 'other' causes.

Figure 4: Numbers of teachers lost to the system



Source: MTT (HEARD)

In a related data-gathering exercise, it was found that 92 per cent of teacher deaths through illness were among teachers under the age of 50, and peaked for females between the ages of 30 and 34, and for males between the ages of 35 and 39. It is highly likely that these premature deaths were related to AIDS.

2. Projecting the impact of HIV and AIDS on teachers

There are no empirical studies on HIV prevalence or AIDS-related deaths among teachers in Asia. However, there is a way of projecting teacher attrition and the costs of treatment and replacement over time. The Ed-SIDA[3] model is spreadsheet-based tool for educational planners to create these strategies and quantify the impact of HIV and AIDS on the educational sector. In this way, anecdotal evidence of teacher mortality, absenteeism and class sizes is substituted with estimates derived in an informed and systematic manner.

Ed-SIDA comprises two components. The first assesses the impact of HIV and AIDS on the **supply** of education over five to 10 years. For a given country, supply refers to:

- estimates of the number of teachers, their HIV prevalence and deaths due to AIDS to under different recruitment policies.
- projections are made both in the presence and absence of an AIDS epidemic, allowing the expected impact of HIV/AIDS to be clearly described.
- projections are based on high, medium and low forecasts of AIDS-related mortality.

The second component of the model focuses on the impact of HIV and AIDS on the size and characteristics of the school-age population in a given country – the **demand** for education. Most important with respect to demand is the number of school-aged children who have been orphaned by AIDS. The challenge to enroll them and other vulnerable children will have to be met.

The relationship between supply and demand are explained in terms of pupil to teacher ratios, which are key to estimating required teacher numbers for national EFA goals in presence of HIV and AIDS. Additionally, the financial costs of HIV/AIDS related to teacher training, absenteeism and enrolment of orphans can be illustrated.

The Ed-SIDA model is a tool that ministries of education can use to project teacher attrition due to HIV and AIDS and explore the implications for planning treatment and replacement costs. The following example from the Greater Mekong Sub-Region (Cambodia, Viet Nam, Laos, Thailand, Myanmar and China) that illustrates the projection results of. Impacts were calculated on the estimated number of HIV-positive teachers[4] and the number of expected AIDS deaths in Cambodia, Vietnam, Thailand and Myanmar from 1990 to 2020. Few data are available on the age of the teachers in the countries analyzed. However, in two of countries (Cambodia and Laos), there is a majority of male teachers, while in three (Vietnam, Thailand, and Myanmar), teachers are mostly female. China as a whole has approximately the same number of male and female teachers. Given the greater prevalence of HIV among males than among females in the region, the countries with an excess of male teachers may be more vulnerable to HIV impact on education. The implications for full primary enrolment are significant, as all of the countries cited are close to the target. If teacher-pupil ratios were raised slightly (except in Cambodia, where the ratio is already high) full primary enrolment could be reached. Unfortunately, HIV and AIDS represents a threat to that goal.

Table 4: Pupil-teacher ratios, percentage of female teachers and percent age-group enrolment in primary school in Cambodia, Viet Nam, Laos, Thailand, Myanmar and China

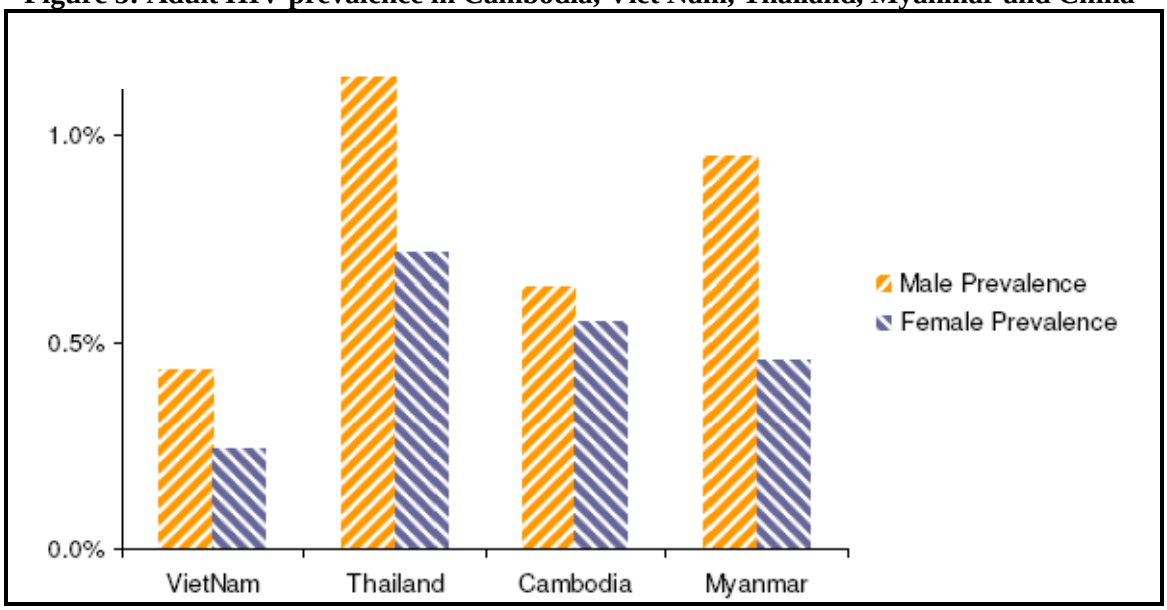
[3] The Ed-SIDA projection model was developed by The World Bank and the Partnership for Child Development for anticipating the impact of HIV and AIDS on the education sector.

[4] It is assumed that HIV prevalence among teachers is the same as that of the adult population of the countries analyzed. Data for the projections were obtained from national statistics on HIV prevalence in the six target countries. Data from four of these countries were combined for the purposes of the projection.

	Pupil-teacher ratio (2004)	% teachers who are female (2004)	Enrolment
Cambodia	55	41%	98 (2004)
Viet Nam	23	78%	93 (2002)
Lao PDR	31	45%	84 (2004)
Thailand	21*	58%*	97+
Myanmar	32	80%	87 (2004)
China	21	53%	99 (1997)

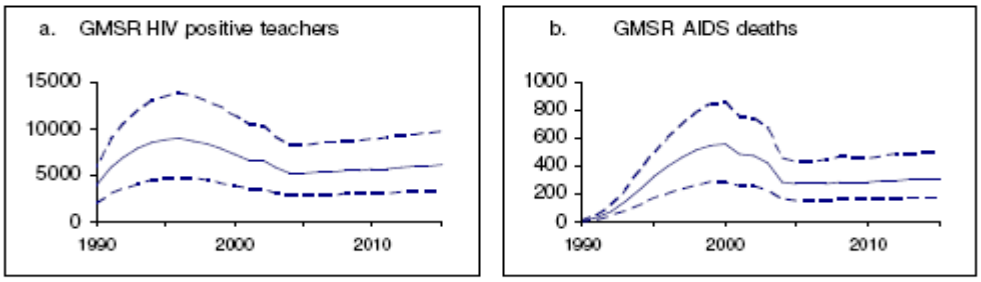
Source: Risley and Drake (2007)

Figure 5: Adult HIV prevalence in Cambodia, Viet Nam, Thailand, Myanmar and China



Source: Risley and Drake (2007)

Figure 6: (a) Evolution of number of HIV-positive teachers and (b) AIDS deaths among teachers in Cambodia, Viet Nam, Thailand and Myanmar



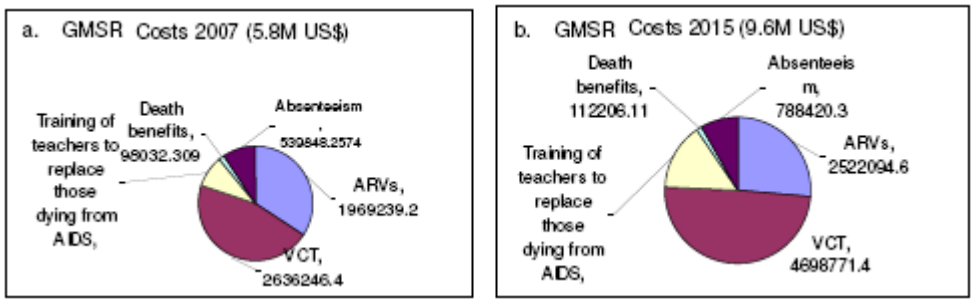
High estimate: - - - - - - - - - - Medium estimate: _____

Low estimate: - - - - - - - - -

Source: Risley and Drake (2007)

It can be seen that although apparent HIV prevalence and AIDS deaths have peaked among teachers in these countries, both the number of HIV cases and the number of deaths are currently rising slowly. Following the medium impact projection, as many as 8,000 teachers in the four countries could die by 2015. In 2015, 6,000 teachers would be HIV-positive. If greater efforts are made to put teachers on ART, fewer teachers will die and consequently more teachers will be HIV-positive but able to work

Figure 7: (a) Estimated costs of teacher attrition in (a) 2007 and (b) 2015 in Cambodia, Viet Nam, Thailand and Myanmar



Source: Risley and Drake (2007)

These two charts show projected costs of AIDS to education supply in (a) 2007 and (b) 2015 to the ministries of education in Cambodia, Viet Nam, Thailand and Myanmar for a median prevalence scenario. Costs are given in US$ 2007 prices. The costs enumerated are:

- costs of training new teachers to replace those dying of AIDS-related causes;
- death benefits (cost of funeral grants to families of deceased teachers);
- costs of absenteeism (costs of paying substitute teachers an average teacher salary to cover for a teachers absent due to AIDS-related illness);
- Anti-retroviral therapy (ARVs) for teachers maintained at 2005 levels of coverage and voluntary counselling and testing (VCT) for teachers annually at the same level of coverage as for VCT in 2007.

The overall expected rise in costs is nearly two-thirds over ten years.

3. Kenya: The process of developing an HIV and AIDS workplace policy for the education sector in Kenya

A steering committee, which assisted in the identification of stakeholders (community-based organizations, student organizations, teachers' unions, universities, faith-based organizations, etc.), developed an outline for a policy framework. This outline was then reviewed by stakeholders. The policy draft was presented to all those involved in order to reach a consensus on the text and, thus, adopt the policy. The consultation with all stakeholders for reaching an agreement was by far the most challenging step of the process. In addition to being time consuming and more expensive than anticipated, the consultation had implications on wording around some sensitive issues (e.g., the policy does not contain the word 'condom' after reaching consensus). Once the policy was adopted, evaluation and indicators were established and a multi-level policy implementation plan (with priorities identified) was developed. District-level implementers supported a process of refining policy priorities based on the needs of local stake holders. Funds and partners were separately identified for each district.

Certain challenges had to be overcome in the process of developing the work place policy. These included the following:

- Reaching consensus among key stakeholders including religious leaders, unions, teachers, and gender activists.
- Reaching a consensus on not only the issue but what needs to be done.
- Appropriate costing of all of the steps in the process.
- Translating policy into action at school level.

The process of developing the work place policy yielded certain lessons:

- The consultation process was the most time- and resource-consuming component of policy development.
- It is important that all stakeholders agree on the policy content and take ownership of the policy; otherwise it will not be sustainable.
- Budgeting for the consultation and consensus-building process was insufficient and exhausted a considerable portion of the policy development budget. As a result, there were insufficient funds remaining to print and disseminate the policy to all schools.
- The policy is not merely a document, but a reflection of views from all stakeholders. These views also shift with time and thus the policy should be seen as a 'living' document.
- The work of implementing the policy needs to be placed within existing structures.

Teacher Training on HIV and AIDS

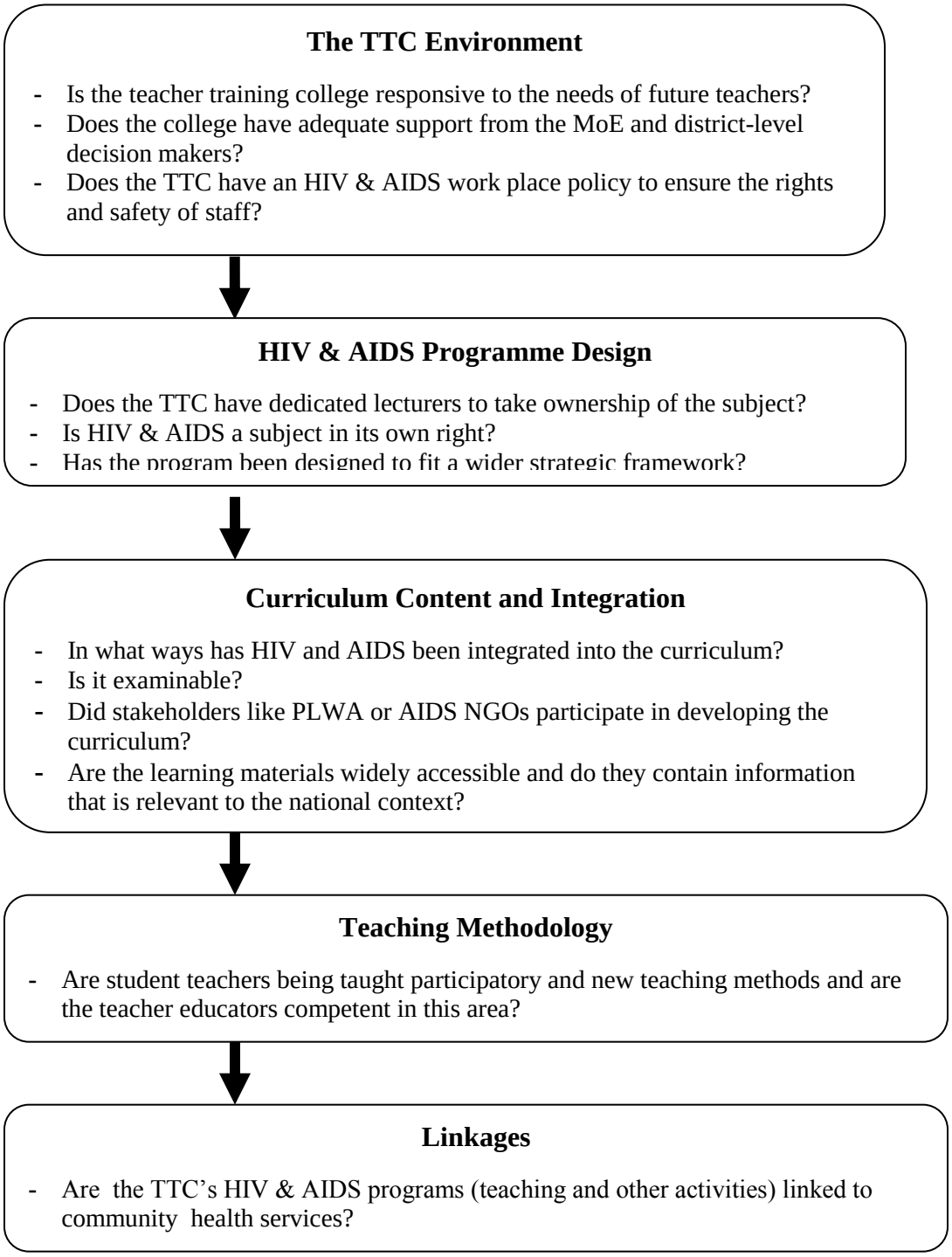
There is a wide consensus that teachers have a responsibility for teaching about HIV and AIDS in the classroom. Other reliable sources of information on HIV and AIDS for young people are not always available. According to a 2002 survey conducted by Action Aid:

- Eighty-seven per cent of Indian teachers and 90 per cent of Kenyan teachers viewed their profession as having responsibility for teaching young people about HIV and AIDS.
- In Kenya, teachers viewed responsibility for teaching young people about HIV as being diffused throughout the community – including parents (88 per cent) and religious leaders (85 per cent).
- Respondents in both countries thought that young people learn about HIV from a number of sources.
- Teachers and television were among the top three most commonly cited sources across all respondent groups and in both countries.
- Parents (particularly mothers) and religious leaders appear to play a far greater role in teaching young people about HIV in Kenya than India: 42 per cent of Kenyan parents

reported often talking to their children about sex and HIV. In comparison, 63 per cent of Indian parents reported never talking about sex or HIV to their children.

Despite the general agreement on the importance of teaching about HIV and AIDS in formal education, the preparation of teachers to carry out this sensitive and challenging task is generally poor. In all teacher education programs reviewed, HIV and AIDS was described as an after-thought, an accretion to the regular curriculum of teacher training schools. Sometimes integrated into carrier subjects, like biology, HIV and AIDS is rarely an examinable subject. The following is a recommended checklist for defining the process of effective introduction of HIV and AIDS in pre-service teacher training.

Figure 8: Checklist for assessing teacher training on HIV and AIDS



Source: adapted from Ramos (2003)

Further information on teacher training about HIV and AIDS is provided in Annex 2. The information also covers life skills and the approach adopted by Namibia to do pre- and in-service teacher training on HIV and AIDS.

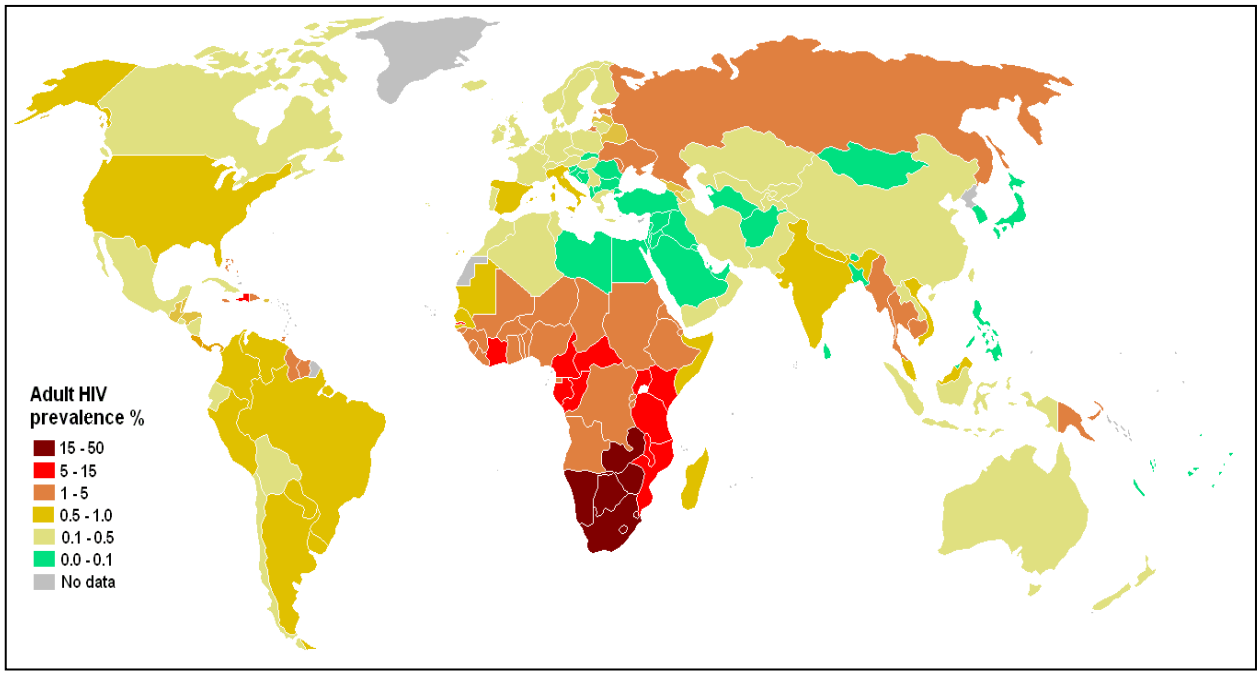
Annex 2:
What Is HIV and AIDS?

The human immunodeficiency virus (HIV) is a virus that attacks the body's immune response system, ultimately rendering the body impotent in its ability to fend off infection. When an HIV positive individual develops illness, as a consequence of this degraded immune system, a diagnosis of AIDS (Acquired Immunodeficiency Syndrome) is applied. It is this illness due to opportunistic diseases that may ultimately lead to death.

Modes of transmission

HIV is transmitted via a number of possible routes, mainly: heterosexual transmission; transmission through male-to-male sex; and transmission through injecting drug use. Less commonly, although no less importantly, HIV is spread through mother-to-child perinatal transmission and transmission through the transfer of blood products. Once infected, survival is estimated at approximately 8-10 years within sub-Saharan Africa, where there are severe restrictions on access to combination therapies. Many HIV-positive people are unaware that they are infected with the virus. For example, less than 1 per cent of the sexually active urban population in Africa have been tested and this proportion is even lower in rural populations.

Figure 9: Global adult HIV prevalence in 2006



Source: Wikipedia 2007

The scope of the epidemic

The first case of HIV was identified in 1981, since which time it has spread rapidly across all global regions. HIV infection in humans is now pandemic. As of January 2006, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) estimate that AIDS had killed more than 25 million people since it was first recognized, making it one of the most destructive pandemics in recorded history. It is estimated that about 0.6 per cent of the world's population is infected with HIV. In 2005 alone, AIDS claimed an estimated 2.4–3.3 million lives, of which more than 570,000 were children. A third of these deaths are occurring in sub-Saharan Africa, retarding economic growth and increasing poverty. According to current estimates, HIV is set to infect 90 million people in Africa, resulting in a minimum estimate of 18 million orphans. Antiretroviral treatment reduces both the mortality and the morbidity of HIV infection, but routine access to antiretroviral medication is not available in all countries. In high-income countries, HIV-related deaths are falling, which is primarily a consequence of the introduction of combination-therapies in 1996.

Annex 3

Namibia, a southern African country that has lost many teachers to the AIDS epidemic is beginning to respond to the needs of teachers in providing instruction to pupils about the epidemic. The training offered by the Ministry of Education focuses on the following areas:

- Basic facts on HIV and AIDS, transmission, prevention and symptoms;
- Statistics from around the globe and local prevalence rates;
- Myths and facts about HIV and AIDS;
- Gender and HIV and AIDS;
- Impact of HIV and AIDS on the education sector;
- HIV and AIDS and disability;
- Mitigation of HIV and AIDS impact and workplace policies;
- Counselling (pre- and post-testing for HIV);
- Care and Support and HIV management in schools;
- Integration of HIV and AIDS in the school curriculum;
- Needs assessment and gap identification.

Table 8: Teacher Training on HIV and AIDS in Namibia

General	
National adult HIV Prevalence Rate	19.6%
% GDP spent on education	7.3%
Pre-Service Training	
No. Trainee Teachers in Teacher Training colleges	1,031
No. Trainee Teachers who have received HIV/AIDS training Duration of training (hours)	190 3-4
Focus of training	Knowledge of the epdemic& life skills
In-Service Training	
Primary Schools	
Total number of teachers …	13,113
No. Teachers who have received training on HIV/AIDS	1,304
Duration of training (hours)	45
Focus of training	Knowledge of the epidemic & life skills
Secondary Schools	
Total number of teachers …	
No. Teachers who have received training on HIV/AIDS	5,896
Duration of training (hours)	none
Focus of training	--- ---

Sources: Education International (2007) and UNESCO Institute of Statistics (2005)

The gaps in the training are evident. Although the education sector authorities of Namibia are well aware of the impact of the HIV and AIDS epidemic, slightly less more than 18 per cent of teacher trainees in 2006 received training on HIV and AIDS. In-service training reached about 10 per cent of primary school teachers and no secondary school teachers. One of the constraints to teaching about HIV and AIDS is that it has not been formally integrated into the curriculum.

The lessons learned from this situation are that:

- Ministries of education need to mainstream HIV and AIDS into school curricula at both primary and secondary levels;
- Pre-service teacher education needs to integrate such issues into its programs.

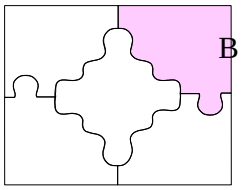
The Threat of HIV and AIDS to Youth in Asia

While the pertinence of the issue is uncertain in Asia, there is considerable evidence of consensual or coerced sexual relations between pupils by teachers in Africa. The problem is particularly severe in secondary and tertiary education, where giving good grades in exchange for sexual favors is not an uncommon phenomenon. In Asia, on the other hand, students may become involved in transactional sex outside of school. In countries like Sri Lanka and Thailand, sexual tourism puts local youth at risk of contracting STIs or HIV. The phenomenon of trafficking has led to the emergence of numerous child prostitutes in certain cities like Mumbai and Bangkok.

There is little research on the sexual exploitation of students, but teachers have been found to be among the clients of student prostitutes, in a situation known as *enjo kosai*, or 'compensated dating', used to describe the trend as it emerged in Japan in the 1990s. It encompasses the practice whereby 'dates' with children, frequently involving sex, can be purchased by adults – usually via an organized medium such as telephone registries and Internet sites.

Pupils and students are involved in similar practices in many parts of East Asia, from affluent cities to relatively small towns. Media reports from countries such as China, South Korea, Singapore, the Philippines and Thailand have revealed cases where schoolchildren have been caught – and often punished and labeled as 'prostitutes' or 'sex workers'. A survey released by Chulalongkorn University in Thailand in early 2003 found that many students provide sexual services through Internet Relay Chat, a form of real-time text communication via the Internet. It allows students and prospective 'clients' to communicate in Thai and set up chat rooms with names such as "High School Girls for Sale", "Hi-So[ciety] Girls for Sale" and "Hi-School Gay Room". The Chulalongkorn survey found that many children engaged in prostitution were boys who attracted both male and female clients. The students regarded the sale of sex as an easy source of income, and many were from middle-class or well-to-do homes. Whoever the clients may be, these students are at risk of contracting STIs and HIV. It is important for teachers to be aware or the problem and to play a positive role in combating child/youth prostitution.

Annex 4:
DEMMIS Management Checklist (excerpt)



A. Management of Teachers

1. Temporary loss of teachers

Signs:

1. An increase in absenteeism amongst teachers?	Yes	No
2. An increase in multi-grade classes?	Yes	No
3. Loss of contact teaching time?	Yes	No
4. An increase in sick-leave taken by teachers?	Yes	No
5. An increase in applications for compassionate leave?	Yes	No
6. Extended sick leave taken by teachers?	Yes	No
7. Members of school staff attending more funerals?	Yes	No
8. Loss of family members amongst school staff?	Yes	No
9. Staff experiencing family trauma?	Yes	No
10. An increase in applications for possible early retirement or medical boarding?	Yes	No

Checks and controls:

1. Application for leave completed, approved, submitted and processed	
2. Check reported absenteeism rates	
3. Secondment of teachers if required and appropriate	
4. Track how delivery of curriculum is being affected	

Action required:

1. Process leave form	Consult leave regulations for CS Teachers	
	Ensure that leave is available	
	Ensure that teacher completes required leave form/s	
	Submit application form to Regional Office - Personnel Section	
	Application for leave is logged on PERSAL system	
2. Report absenteeism in excess of 10 working days	Inform Personnel Section within Region of extended absenteeism	

3. Make application for secondment of teachers	Investigate how curriculum offered at the school is being affected – Does this involve specialist teachers, are schools required to introduce multi-grade classes?	
	Consult regulations as to when secondments can be put in place	
	Submit detailed report together with full motivation for appointment of secondment to Regional Office	
	Contact Personnel Section within Region to follow up on application	
	Keep school management team informed of progress.	

Planning and Management Issues:

- Required to keep detailed and accurate attendance records for all teachers
  - Resource: Introduction of monthly DEMMIS return

- Develop a detailed register of teachers available for secondment or relief work
  - Resource: Introduction of register of teachers

- Implement HIV/AIDS awareness and education programme
  - Resource: Work with the Departmental HIV/AIDS team and Department of Health

- Facilitate trauma counselling and guidance support sessions for school
  - Resource: Psychological Guidance Counselling Services and Department of Health

2. Attrition of teachers

Signs:

1. Increase in turnover of school-based teachers – due to illness, early retirement, boarding or death	Yes	No
2. Increase in number of vacant posts	Yes	No
3. Increase in teaching loads of teachers	Yes	No
4. Increase in multi-grade classes	Yes	No
5. Decrease in curriculum options	Yes	No
6. Loss of experience	Yes	No

Checks and controls:

1. Correct process for resignation has been followed	
2. Removal from Salary roll	
3. Arrange for reallocation of teaching load and other tasks	
4. Vacant posts advertised and filled	

Action required:

1. Inform Personnel section in the region that services of the teacher have been terminated or lost	Provide detailed report in terms of loss of teacher	
	Ensure that required documentation is completed and submitted to personnel section of regional office	
	Ensure that the member is removed from the PERSAL system	
2. Finalise personnel file and archive	Ensure that teacher's records and correspondence is filed	
	Complete form to remove teacher from the PERSAL system	
	Archive the personnel file	
3. Lodge application for secondment and replacement	Request review of Post Provisioning Norm to determine if school qualifies for the vacant post/s	
	Arrange for secondment of officials till post is filled	
	Provide details for post to be filled	
	Request for application to be published for post/s to be filled	
	Ensure post/s is/are advertised	

Planning and Management Issues:

- If required, assist Principal to review teaching load and administrative tasks and general distribution of work
  - Resource: Post Provisioning Norm and school time-tabling and schedules

- Review number of posts that school qualifies for
  - Resource: Post Provisioning Norm

- Monitor and track changes occurring at school
  - Resource: DEMMIS

- Ensure appointment of required member/s of staff
  - Resource: Personnel section

- Ensure that HIV/AIDS awareness and education programme is implemented at school level
  - Resource: Work with the Departmental HIV/AIDS team and Department of Health

- Facilitate trauma counselling and guidance support sessions for school

Resource: Psychological Guidance Counselling Services and Department of Health

DEMMIS Monthly Summary Information

Month:

KZNDEC Form DEMMIS/A

School Name:

EMIS Number: Ref No A/

Region **District** **Circuit**

1 Pupil Enrolment:

Male	
Female	

2 Number of days lost through pupil absenteeism this month: (indicate the number of days) *

	Illness	Compassionate Reasons	Pregnancy	Transport problems	Unknown reason	**Total**
Male						
Female						

* (indicate the number of days per month)

3 Number of pupils who left the school during this month: (indicate number of pupils)

	Relocation	Financial reasons	Drop-out	Pregnancy	Orphaned	Offered employment	Expelled	Death	Unknown reason	**Total**
Male										
Female										

4

Number of pupils who have been orphaned

(lost a parent/guardian) during THIS month:

One parent/guardian	
Both parents/guardians	

5

Number of pupils whose parents/guardians have been

granted exemption from paying school fees THIS month:

Full exemption		Conditional exemption	
Partial exemption			

6

State Paid Teachers

Male	
Female	

7 Privately Paid Teachers

Male	
Female	

8 Number of days lost through State Paid Teachers who were absent during this month:*

	Transport problems	Strike action	Unknown reason	**TOTAL**
Male				
Female				

* (indicate number of days per month)

9 Number of days lost through State Paid Teachers who took leave during this month: (indicate number of days per month)

	Sick	Accouche-ment/paternity	Compassion-ate leave	Urgent private affairs	Study leave	Long leave	Other	***TOTAL***
Male								

Female								

10 **State Paid Teachers that left the school/resigned during this month:** (indicate number of teachers)

	Relocation	Transfer/ promotion	Left the Department	Other	Unknown reason	**TOTAL**
Male						
Female						

11

Number state-paid

substitute teachers provided:

Male	
Female	

12 **State Paid Public Service Employees (Support Staff):**

Male	
Female	

13

*Number of days lost through State Paid Public Service Employees (Support Staff) who were absent: **

	Transport problems	Strike Action	Unknown reason	**TOTAL**
Male				
Female				

* (indicate number of days per month)

14 **Number of days lost through State Paid Public Service Employees (Support Staff) who took leave during this month:** (indicate number of days per month)

	Sick	Accouche-ment/paternity	Compassion-ate leave	Urgent private affairs	Study leave	Long leave	Other	***TOTAL***
Male								
Female								

15 **Number of State Paid Public Service Employees (Support Staff) who left the school/resigned during this month:** (indicate number of staff)

	Relocation	Transfer/ promotion	Left the Department	Unknown reason	**TOTAL**
Male					
Female					

16 School Governing Body (SGB) members who represent:

	Male	Female
Teachers		
Non-Teacher Staff		
Parents		
Pupils		
Other		
Total		

17

Meeting held this month?	Yes		No

18 If "yes", SGB members who missed the meeting held this month:

	Male	Female
Teachers		
Non-Teacher Staff		
Parents		
Pupils		
Other		

19 School Governing Body members who left/resigned during this month:

	Male	Female
Teachers		
Non-Teacher Staff		
Parents		
Pupils		
Other		
Total		

School Stamp:

By signing, I certify that the information provided in the DEMMIS MONTHLY SUMMARY IINFORMATION FORM (KZNDEC FORM DEMMIS/A) is correct and complete to the best of my knowledge.

Principal: _____ _____ _____ / 2001

Please print Surname and Initials | Signature | Date

Annex 5: List of Acronyms and Abbreviations

AIDS	Acquired Immuno-deficiency Syndrome
ART	Anti-retroviral therapy
DEMMIS	District Educational Monitoring Management System
EFA	Education For All
EI	Education International
ELRC	Education Labour Relations Council
EMIS	Educational Management Information System
GMSR	Greater Mekong Sub-Region
HEARD	Health Economics and HIV/AIDS Research Division
HIV	Human Immuno-deficiency Virus
ILO	International Labor Office
MS	MicroSoft
MTT	Mobile Task Team [on Education]
PLWA	Person living with HIV or AIDS
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary counseling and testing

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