

**EFAIDS : ADVOCATING FOR HIV AND AIDS EDUCATION AND EFA GOALS THROUGH TEACHERS' UNIONS**



**THE GUYANA CASE**



# **EFAIDS : ADVOCATING FOR HIV AND AIDS EDUCATION AND EFA GOALS THROUGH TEACHERS' UNIONS**

**Challenges and Successes of the Implementation of the EFAIDS School-Based HIV and AIDS Education Programme in Guyana**

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## Foreword

It is by now a widely recognised fact that education is the key to combating HIV-AIDS and achieving other Millennium Development Goals (MDGs). Teachers have a major role to play in this. Over the years, teachers' organisations have not only looked after the employment conditions of their members but also have been at the forefront of education reform and improvements to the welfare of teachers, including their health. The Guyana Teachers' Union is no different.

Guyana is a country where the education sector is facing a number of critical challenges. Studies have shown that whilst each year 300 new teachers are trained, in that same year some 300 emigrate to benefit from better working and living conditions. Those left behind are met with stressful scenarios: overcrowded, multi-grade classes, long hours and packed curricula. But the so-called brain-drain is not the only problem native to Guyana. Worldwide the Caribbean is the region with the second highest rate of HIV prevalence. Within this, Guyana is one of the most severely affected with a prevalence rate of approximately 2.48%.

In recognition of the need to respond to the challenge represented by HIV and AIDS and that of the provision of free, quality, public education for all, the Guyana Teachers' Union (GTU) started to implement the EI EFAIDS Programme in 2006. A participant in a previous joint initiative of EI, the EDC and WHO - the HIV/AIDS Prevention through Schools Programme - the GTU has already been deemed by an external research study to be one of the most successful unions in providing an education-based response to the HIV and AIDS. Yet, there is still room for improvement.

This study clearly shows that the continuation of the GTU Programme is justified and indeed worthwhile. However it still has the potential to contribute *even further* to its goals of reducing the incidence of HIV, increasing and maintaining high standards of quality education for all and controlling the impact of HIV on the EFA goals. As such, this study has a double value to EI and the GTU. It has not only accurately identified the issues which need to be focused upon in this setting. It has also prescribed concrete and highly practical methods of tackling them.

This study is not only of relevance to readers interested in the efforts of one union in the context of the EFAIDS Programme. It has implications for the effective functionality of the Programme in the whole Caribbean region and indeed beyond. We intend to ensure that its recommendations are widely shared within EI, among its affiliates and partner organisations and to maximize our collective potential to use education as a social vaccine against AIDS.

## **Executive Summary**

In recent years the number of HIV and AIDS prevention and education programs designed and funded by international donor organizations has increased substantially in low-income countries (Green, 2003). Since the 1990s the international donor community has put increasing emphasis on engagement of ‘civil society’ in their policies. One sector of civil society that is being considered as a partner in international development is the national and international trade union movement (ICFTU, 2001; DFID, 2005). Since 1994 Education International (EI), the Global Teachers’ Union Federation (GUF) has collaborated with other international organizations such as the World Health Organization (WHO) and UNESCO in order to raise and strengthen the awareness of teachers on the importance of developing health education programs within schools. In 2001 Education International (EI) together with WHO and EDC (Education Development Centre) launched a school-based HIV/AIDS teacher training program. In January 2006 this programme was combined with another EI programme, advocating for ‘Education For All’ goals, in the “EFAIDS” programme.

The EFAIDS programme is currently being implemented by unions in 35 countries, of which Guyana is considered as one of the most successful countries because of the large number of teachers who have been trained so far (Pevzner, 2005). Most HIV and AIDS programmes are evaluated by looking at their ‘outcome’ (Visser et al, 2004), which generally refers to whether the members of the target group have changed their attitude towards HIV and AIDS and accustomed more ‘healthier’ behaviours (condom use, reduced number of different sexual partners). Although this seems logical, in order to predict long-term effects of programmes it is necessary to look at the broader social context of a programme.

During a research period of two months in Guyana, the EFAIDS programme has been evaluated looking at its effects in a broader social context. In this study data was collected through semi-structured interviews and participatory observations during EFAIDS training workshops. In total 63 people have been interviewed of whom 50 were teachers and 17 were experts in the field of HIV and AIDS prevention and education. EFAIDS trained teachers were asked if they had organised any activities in their schools as a result of the programme. It turned out that in general this had not taken place in an organised way at school-level. In order to analyse obstacles in the implementation process of the programme, the EFAIDS programme has been evaluated looking at general problems in the education system in Guyana, coordination and cooperation with other HIV programmes and theoretical perspectives towards civil society engagement (in this case that of trade unions) in international development. This report describes the outcome of this evaluation.

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<sup>1</sup> The organisation representing teachers' trade unions worldwide

## Acronyms

ABC	-	Abstinence, Be Faithful, Condoms
AIDS	-	Acquired Immune Deficiency Syndrome
CPCE	-	Cyril Potter College of Education
CTF	-	Canadian Teachers Federation
DFID	-	Department of International Development
EDC	-	Education Development Centre Inc.
EFA	-	Education for All
EI	-	Education International
FTI	-	Fast Track Initiative
GTU	-	Guyana Teachers' Union
GUF	-	Global Union Federation
HIV	-	Human Immune deficiency Virus
HFLE	-	Health and Family Life Education
ICFTU	-	International Confederation of Free Trade Unions
ITUC	-	International Trade Union Confederation
MOE	-	Ministry of Education
MOH	-	Ministry of Health
NAC	-	National AIDS Committee
NAPS	-	National AIDS Programme Secretariat
NGO	-	Non Governmental Organisation
PAHO	-	Pan American Health Organisation
PEPFAR	-	President's Emergency Plan for AIDS Relief (USA)
TUC	-	(Guyana) Trade Union Congress
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
UNICEF	-	United Nations International Children's Education Fund
USAID	-	U.S. Agency for International Development
VSO	-	Voluntarily Services Overseas
WHO	-	World Health Organization



## Introduction

In January 2006 Education International (EI), the Global Teachers' Union Federation (GUF), launched a new school-based HIV and AIDS prevention programme: EFAIDS. The EFAIDS programme combines two former EI programmes: the HIV/AIDS Prevention Programme (also referred to as the 'EI/WHO/EDC Programme on HIV Prevention in Schools') and the Education for All (EFA) Programme. The HIV/AIDS Prevention Programme was launched in 2001 and implemented in a period of five years through 17 of Education International's affiliated national teachers' unions. These teachers' unions trained teachers in schools at a national level within their own countries: Botswana, Guyana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe, Burkina-Faso, Côte d'Ivoire, Guinea, Haiti, Mali, Rwanda and Senegal. The teachers were trained on HIV and AIDS prevention knowledge and skills. A total number of 133.000 teachers were trained during this period (Pevzner, 2005).

In a three-day training the HIV and AIDS prevention programme provides 'skills-based health education', which is a form of education in which not only knowledge on HIV and AIDS prevention is transferred towards the target group, but also skills which are necessary to apply this knowledge in daily life situations (WHO, 2004). A few examples of these skills are: negotiation skills on condom use, critical thinking skills to analyze peer and media influences and skills for increasing internal locus of control (self management and self-monitoring). In several studies skills-based health education appears to be an effective method to acquire knowledge and develop relevant skills which enable people to reduce risk of HIV transmission (Magnani et al, 2005). Within the skills-based health approach it is evident that knowledge and skills are taught through participatory learning activities, such as group discussions and role-plays. Teachers are trained through participatory learning activities themselves and are expected to train others (pupils and colleague teachers) in the same way.

By participating in the EFAIDS workshop the trained teachers become 'school- focal points'. All trained teachers should pass on the knowledge and skills on HIV and AIDS prevention towards other teachers, pupils and the community (parents, churches etc) after they have returned from the training. This type of passing on information is also referred to as the 'cascade training model'. The word 'cascade' implies a succession of actions, processes and operations. The idea of the 'cascade training model' is that by training some key persons, a succession of actions concerning HIV and AIDS prevention education will follow<sup>2</sup>. This should finally lead to the implementation of structural health education in the whole school system.

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<sup>2</sup> This was most famously deployed in the Cuban mass literacy campaigns of the 1960's (Leiner, 1987) and continues to be used as a quick and cost-effective educational process to impart knowledge to wide ranging population groups.

Within the other former programme, the 'Education for All' Programme, initiated in 2002, 11 national plans were composed with the intention to increase teachers' unions' influence on government policy concerning universal basic education. The idea was to inform teachers' unions on the 'Education for All' goals as they were determined during the World Education Forum in Dakar (Senegal) in 2000 (see Table 1). In this way unions too were able to participate in the discussions on education policies at national and international level.

**Table 1: The six EFA Goals as proposed in Dakar, Senegal, 2000** (*www.unesco.org*)

**Goal 1:** Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children

**Goal 2:** Ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to, and complete, free and compulsory primary education of good quality.

**Goal 3:** Ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes

**Goal 4:** Achieving a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults.

**Goal 5:** Eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality.

**Goal 6:** Improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.

Since the two programmes were combined in 2006, the EFAIDS programme is being implemented by teachers' unions in 35 different countries. Comparing the programme to the previous HIV/AIDS prevention programme, EFAIDS goes further than training at the grassroots level. By implementing the EFAIDS programme Education International aims at creating a path for dialogue between national teachers' unions and education authorities in the field of HIV and AIDS and education. Through this manner EI intends to increase cooperation between government responses and union proposals. Within the programme Education International works together with the World Health Organisation (WHO) and the Education Development Centre, Inc. (EDC). Recently an increasing number of such partnerships between international donor organisations and trade unions have been established at different levels. However, limitations on long-term effects of civil society involvement in international development have already been acknowledged (Mundy & Murphy, 2001).

According to several scholars the greatest impact of nongovernmental networks on world politics has so far been at the level of agenda setting and the spreading of norms and changes in intergovernmental and governmental discourse (Keck & Sikkink, 1998). Whether EFAIDS has more opportunities (and effects on the long-term), has been the core question of this study.

In 2005 under commission of the Centre of Disease Control (CDC), Education International carried out a quantitative evaluation of their HIV/AIDS Programme (Pevzner, 2005). The research concluded that after the three day training knowledge, confidence and intentions of teachers to perform HIV prevention strategies increased. In Guyana, implementation of the EFAIDS programme is considered by Education International to be very successful because of the large number of trained teachers. Since the HIV/AIDS Prevention Programme began in 2004 by the Guyana Teachers' Union, 985 teachers have been trained in 300 different schools (Pevzner, 2005).

Despite the high number of trained teachers and the increase in knowledge, confidence and intentions to teach about HIV and AIDS, the success of the programme needs to be looked at from a broader point of view to be able to increase its impact and to identify obstacles which might interfere in the programme's long-term sustainability. Therefore, under commission of Education International a field research was conducted between September and December 2006 in Guyana in which data were gathered to evaluate and analyze the implementation and impact of the EFAIDS programme. A critical theory approach to social science (Cox, 1996) was used to analyze the case. This approach justifies evaluating the programme not only in isolation but also critically considering the agents implementing the programme and the institutions and social powers surrounding it. During the research period 50 teachers from nine different regions within Guyana were interviewed, the majority of these teachers (29) participated in the EFAIDS teacher training workshop. Additionally 15 officers and experts within the field of education and HIV and AIDS prevention were asked questions in semi-structured interviews and two officers of the Guyana Teachers' Union itself. The officials were working at different levels (grassroots (NGO's, schools etc.), national and international) and in different institutions, for example: local NGO's, the Ministry of Education, UNAIDS and Red Cross.

Within this report the results of this qualitative research are presented in a way that intends to make clear where action might need to be taken to enlarge the impact of the EFAIDS programme in Guyana and enlarge its sustainability on the long-term. The report consists of three main parts. In the first part background information of the programme will be provided, in the middle part ten different aspects of the EFAIDS programme as it is carried out in Guyana will be summed up and in the final section all will be discussed and conclusions and recommendations will be presented.

## Background Information

To give an idea about the context of the EFAIDS programme as it is carried out in Guyana this section of the report will present some information on the country, the Guyana Teachers' Union and the EFAIDS programme as it organised by the GTU. In the first part some aspects of the historical, socio-economic, political and cultural situation in Guyana will be discussed. Some of the aspects are discussed more extensively, such as HIV/AIDS and education in Guyana since they form the focus point of the research. Emigration and migration are also discussed in a separate section because the consequences of emigration and migration influence both the education system itself as well as the EFAIDS programme to a large extent. Finally the structure of the GTU will be presented in the second section and finally the organisation of the EFAIDS programme by the GTU in the third section.

### 1. Guyana

In this section the geographical structure of Guyana will be presented since it is important to make the organisation of the Guyana Teachers' Union and of the EFAIDS programme more understandable. Then the political history will be discussed in short as this relates with the decisions made by the different governments concerning education policies. After this there will be elaborated some on the cultural history and the ethnic divisions in the country because ethnical oppositions have been dominating national affairs and influence the social and economical development of the country. Finally, in the last section, some aspects will be discussed concerning emigration, HIV/AIDS and the education system in Guyana

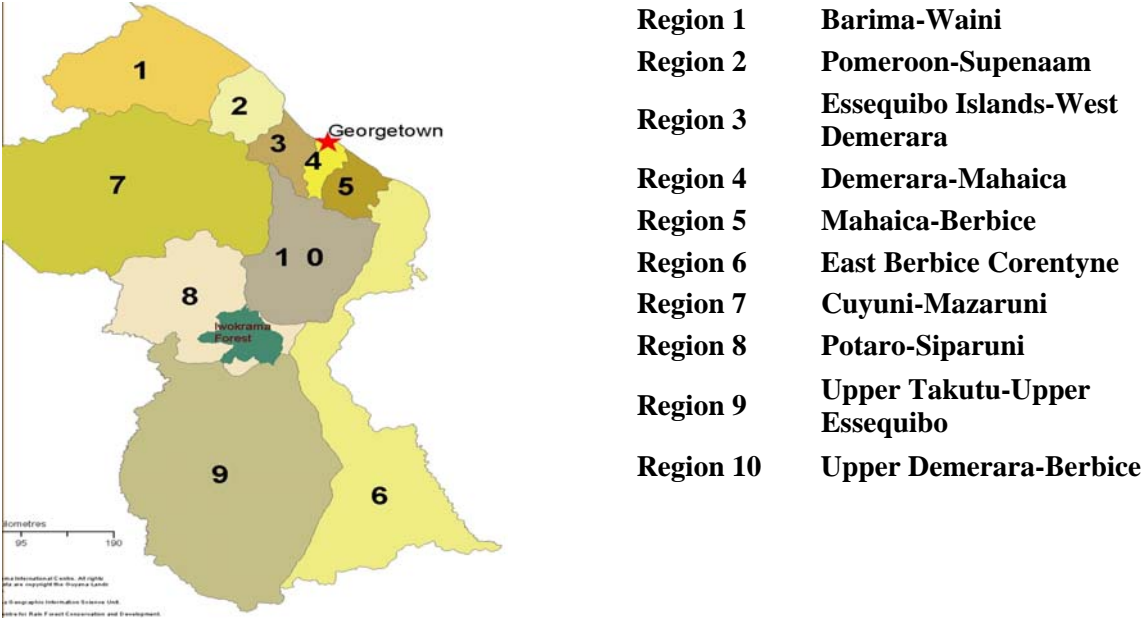


#### 1.1 Geography

Guyana is situated between Suriname to the east, Brazil to the south and southwest and Venezuela to the west. Guyana is considered geo-politically as a region of Latin America, but historically, culturally and linguistically it is much more connected with the Caribbean region (Smith, 1998). Guyana has a population of around 750.000 people. The majority of the people live in and around the capital Georgetown in a relatively narrow strip of land along the coast. During early colonial times, in the 17<sup>th</sup> and 18<sup>th</sup> century, Guyana was annexed by the Dutch; this was before the country was captured, after many battles, by the British in 1831.

Under Dutch rule the country was divided into three colonies: Essequibo, Demarare and Berbice. Nowadays this division is still being used, for example within the Guyana Teachers’ Union to divide the regional responsibility in these areas<sup>3</sup>. Other remains of Dutch colonial rule are Dutch names of some of the coastal towns like: ‘Vreed-en Hoop’ and ‘Huis’t Dieren’.

In 1980, when Forbes Burnham ruled as Executive President, Guyana was divided into 10 administrative regions (see Figure 1). These regions were divided into sub-regions, the sub-regions into districts, the districts into communities, the communities into neighbourhoods and the neighbourhoods into people’s cooperative units. This system is still in place. The rationale behind these divisions was that in this way all Guyanese could participate equally in the development of the economic well-being of their country through decision-making, planning and implementation (Guyana Guide, 2007).



**Figure 1. The Ten Administrative Regions of Guyana**

Source : [http://www.guyanaguide.com/admin\\_reg.html](http://www.guyanaguide.com/admin_reg.html)

An extensive and strong hierarchical administrative system resulted of these divisions. Each administrative region has its own administrative or local government unit, called a Regional Democratic Council (RDC). The RDC has about 12 to 36 members, depending upon the size and population of the Region, who are elected at regional elections which are run simultaneously with general elections. In executing the policies of Central Government, the RDCs represent the citizens of the respective Regions (SDNP, 2007). During the research eight of the ten administrative regions were visited, namely region 2, 3, 4, 5, 6, 7, 9 and 10.

<sup>3</sup> For each region there is a Vice-President who is responsible for all teachers and events in their region

## **1.2 A Brief Recent Political History**

In 1815 the three colonies, Essequibo, Demarare and Berbice were ceded to Great Britain. The areas were united into British Guiana in 1830. In 1966 Guyana became an independent state and in 1970 a republic within the Commonwealth. Despite its independent status, the British government retained responsibilities for certain institutions, for example Foreign Affairs and Defence in Guyana. In addition, Great Britain was in those days still represented in the country by a Governor who had veto powers over the work of the elected legislature (SDNP, 2007). In fact, they were, to a large extent, still in charge of the country.

Although there have always been left nationalist, socialist and communist ideas within the governing parties of Guyana, especially during the 1950s under President Cheddi Jagan, this has always been thwarted by the British authorities. For example, when Jagan wanted to modernize Guyana's labour laws in 1957, the British forced him out of power and grounded him because of 'communist activities'. During the 1970's Forbes Burnham, the then Guyana prime minister who became executive President in 1980, attempted to make Guyana less dependent upon the United States by seeking for assistance from the Soviet Union and Cuba (Zebich-Knos & Nicol, 2005). However, since Guyana landed in an economic crisis during the 1970s, its governments have been heavily depending on international donors. In 1978 President Burnham shifted its political course and claimed that Guyana favoured the idea of 'state capitalism' and received a major IMF loan. By the 1978-1979 financial year Guyana's US aid per capita was amongst the highest in the world (Hewitt, 2001).

Two major political parties, the People's Progressive Party (PPP) and People's National Congress (PNC) have dominated political life in Guyana since the late fifties. The PNC formed the first post independence government and remained in power till 1992. Today the PPP is in rule. Although both parties can claim a "cross-over" of small numbers of voters from all of the ethnic groups that make up Guyana's population, the PPP/C gathers most of its support from the Indo-Guyanese community while the PNC is largely supported by the Afro-Guyanese (SDNP, 2007). The current president, Mr. Bharrat Jagdeo, president since 11 August 1999, represents the People's Progressive Party (PPP).

### **1.3 Cultural History**

The population of Guyana consists of a mixture of different ethnic groups. Often Guyana is referred to as “Land of Six Peoples”. The majority of the inhabitants of Guyana originally come from East India (50%); they were brought into the country by the British around 1830 to be employed as indentured labourers on sugar plantations after slavery had been abolished and the need for workers was urgent. Another large group are the Creoles (30%), the descendants of former slaves. At the end of the 18<sup>th</sup> century and the beginning of the 19<sup>th</sup> century slaves were deported from Africa and formed in those days the largest population group. The cause of the increase in the slave population was the shift from cotton and coffee production to sugar can cultivation whereby more slaves were required. Out of an estimated total population of 100,836 in the three colonies, about 3.5% were whites, about 7.5% were free coloureds and blacks, the remainder 89% were slaves (Bacchus, 1980). Nowadays the Indo-Guyanese thus form the largest ethnic group in the population of Guyana.

After slavery ended in 1833 the Creoles moved to the urban areas and formed a new middle-class urban proletariat (Bacchus, 1980). Two other groups of indentured labourers who played an important role in the history of Guyana are the Chinese and the Portuguese. The Chinese arrived during the 1850s and 1860s. They are considered to be the most assimilated of all the ethnic groups. The Portuguese arrived from 1860 and after completion of the indenture, they moved into retail trading (small shops etc.) (Spinner, 1984). The smallest group within today’s Guyanese population is the indigenous community; the Amerindians. They nowadays comprise only 4 % of the population and live mainly in the ‘hinterlands’ (rural areas).

During the 1930s in Guyana there was a sharp contrast between the rural proletariat (East Indian) and urban proletariat (black). These two large ethnic groups developed during that time as two separate societies. This can be considered as a consequence of the fact that planters were not unhappy to make certain concessions to the East Indian community in order for them to maintain their culture as it intensified their isolation and made them easier to dominate as workers (Spinner, 1984). Nowadays Guyanese politics are still largely divided along these ethnic lines.

## 1.4 Internal Migration and Emigration outside the Country

Guyana is one of the poorest countries in the Latin American region. More than 30 percent of the population lives below the national poverty line (Amnesty International, 2006). The area around the capital Georgetown enjoys greater relative wealth than the rest of the country which causes increased internal migration towards the coast and the capital. Because people see more opportunities in the urban areas, they decide to migrate to these regions which imply that the situation in the ‘Hinterland’, the area outside the urban regions, decays in economic sense. This internal migration affects the education system because many qualified teachers move to the capital because of more comfortable circumstances. One of the focus points of the World Bank’s ‘Fast Track Initiative’ for Guyana (a programme aiming at improvement of the education system in low-income countries), is therefore to make a position in the hinterlands more attractive for teachers by providing them with houses and travel allowances.

Emigration abroad also remains a large problem for development in Guyana. Approximately 10,000 people leave the country each year and already 500,000 Guyanese live abroad (US Citizenship and Immigration Service, 2007, see Table 2 on the next page). Most of them have moved to the United States, Canada<sup>4</sup> or the nearby Caribbean Islands such as Trinidad or Barbados. Especially those who have skills and degrees find their way out of the country. This phenomenon, also referred to as ‘brain drain’, is common in low-income countries (Carrington & Detragiache, 1999), and driven by the high levels of poverty in these regions. While remittances from relatives abroad contribute financially to the country’s national income, the damaging effect of this mass departure remains a pressing problem for both the country as a whole and the education system. As an NGO worker explained the remaining part of Guyana’s population (approximately 750,000 people) often feel ‘left behind’ and are either waiting till they can also move overseas or till they receive a ‘barrel’ (box) with goods send by their relatives overseas. Compared to other Caribbean countries, migration rates of highly educated people (who participated in tertiary education) from Guyana are extraordinary high (see Annex 1).

“Quite a large number of powerful people in Guyana have relatives overseas. We used to be told that we are living in a barrel community, meaning that our relatives send barrels and boxes from overseas. More and more Guyanese are going overseas and in most cases they go there while saying that they are not only going to better their lives, but also the lives of their relatives and friends who they have left here in Guyana, that is why they send barrels with food items as well as clothing. While the individual over here that does have not somebody to assist him or her. So they are poor in the sense that they are not getting the things from the barrels, eventually they end up doing things which lead to HIV and AIDS.”

*Interview with GTU officer*

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<sup>4</sup> Nearly half a million Central American and Caribbean immigrants are currently in Canada, with Jamaicans, Haitians, Trinidadians and Guyanese outweighing the number of Central Americans (Orozco, 2003). See also Annex 2.



Especially within the education system emigration forms a serious problem. Approximately annually 300 teachers (out of the 10,000 teachers in Guyana) leave the country for employment overseas (EI, 2005). Most people leave due to poor salaries and working conditions. Guyana trains about 900 teachers on a yearly base, which means that one third of this newly created skilled personnel is lost to other regions and does not contribute to the building of an improved education system. Taking into account the loss of teachers because of the HIV/AIDS epidemic and the already small number of qualified teachers, in the education system<sup>5</sup>, emigration needs to be considered as a serious problem. It is a worldwide problem that the current rate of teachers training and deployment will not be sufficient to make up for the loss of teachers due to HIV/AIDS (Arndt, 2003). The emigration of teachers makes the situation even worse.

**Table 2. Emigration from Guyana to the United States**

*(Source: US Citizenship and Immigration Service, 2007)*

**1986–1990: 52,649**

**1991–1995: 44,138**

**1996–2000: 29,711**

**2001–2005: 40,695**

**There are over 500,000 Guyanese in the US and Canada, compared to 750,000 in Guyana.**

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<sup>5</sup> According to the Annual Statistical Questionnaires of the MoE (2004-2005) 49% of the Nursery Teachers, 57% of the Primary Teachers and 56% of the Secondary Teachers are trained teachers. The rest are untrained teachers.

## **1.5 HIV/AIDS in Guyana**

After Haiti, Guyana has the highest incidence of HIV and AIDS infected people within the Caribbean. According to UNAIDS estimates 2.5 per cent of the population of Guyana (around 11.000 people) is HIV positive (Amnesty International, 2006). The World Bank considers this high prevalence to be negatively affecting the economic and social development of the country (World Bank, 2003). Guyana is one of 15 countries worldwide that are the focus of the initiative launched in 2003 by US President Bush to fight the HIV and AIDS epidemic the 'US President's Emergency Plan for AIDS Relief' (PEPFAR). PEPFAR is one of the three major sources of funding in Guyana for HIV and AIDS programmes; the other two are: the Global Fund to fight AIDS, TB and Malaria (GFATM) and the World Bank (WB). In 2005 these three funds have given a combined estimated total of US\$ 25 million (Amnesty International, 2006).

The government of Guyana has set up a National Strategic Plan for HIV and AIDS Prevention for 2007-2011 (<http://www.hiv.gov.gy/strategy.php>). This plan is in continuation of the Strategic Plan of 2002-2006. One of the main objectives of the National Plan is to harmonise and align the resources of all its partners in order to reach the National HIV/AIDS priorities. Partners within the National Plan are for example: the Ministry of Education (MOE), the Ministry of Health (MOH), the Canadian International Development Agency (CIDA), the University of Guyana, the National AIDS Committee (NAC) and the National AIDS Programme Secretariat (NAPS) (see for an overview of all the partners in the National Strategic Plan for HIV and AIDS Annex 2). The GTU's EFAIDS programme seems not to be included in the National Strategic Plan, which is remarkable because the Ministry of Education, the Ministry of Health, as well as NAPS are aware of the existence of the programme.

There are two bureaus on national level which are assigned to coordinate HIV/AIDS efforts in Guyana: the National AIDS Committee (NAC) and the National AIDS Programme Secretariat (NAPS). The National AIDS Committee is a non-governmental organisation working with volunteers and functioning as the civil society umbrella body. The objectives of the NAC are to promote HIV/AIDS policy and advocacy issues, to advise the Minister of Health and to assess the work done in relation to the National AIDS Programme.

The NAC should also encourage the formation of Regional AIDS Committees (RACs) which in their turn aim at networking amongst local NGOs involved HIV/AIDS prevention. The National AIDS Programme Secretariat (NAPS) is the technical government agency responsible and has the overall responsibility for the coordination of HIV/AIDS programmes in Guyana. They work under the auspices of the Ministry of Health which is the principal recipient of the largest HIV/AIDS-related grant received by Guyana (Amnesty International, 2006). Despite this extensive coordination structure, it needs to be questioned whether much coordination has been done between different funded programmes. More discussion concerning this will follow in the final sections.

Funds of international donor organisations are used for different purposes, for example supporting small NGO's who are engaged in the field of HIV and AIDS prevention, supporting antenatal clinics or organize HIV and AIDS prevention training programmes.

## 1.6 Education in Guyana

The EFAIDS programme aims at implementation of HIV and AIDS prevention education in the formal education system. The need to look at the situation of the education system in Guyana is therefore evident. After a short history of the formal education system as it organised nowadays in Guyana some of the characteristics of this system will be summed up and linked to 'creating quality education' and 'access to education', concepts which can be seen as today's 'trends' in international development aid focused on education.

### *Historical Overview of the Education system in Guyana*

Today's education system in Guyana has its roots in the British colonial system. The early Dutch settlers already established the first fundament for the formal education system to provide religious education for their children. Education for the masses started under British rule after the Negro Education Act of 1834 (Lewis, 1991). The aim of educating indentured labourers and former slaves was mainly to 'properly' socialize the population so that they would accept or even support the plantation system (Bacchus, 1980). The curriculum was designed to:

Provide either mediocre training in an attempt to supply a readily available pool of unskilled and semi-skilled labour or persons with pseudo-administrative (clerical) abilities, or an elitist education for a chosen few [Mattai, 1977: 226].

This education system tended to produce a mass of school drop-outs with very few skills. During the late fifties and early sixties the national political leaders of Guyana were in command of the social services of the country. They demanded an increase in educational opportunities at all levels and actually made provisions between 1956 and 1966 (Mattai, 1977). However, the system was still British inspired throughout. Because only the parts of the population who could afford it sent their children to school, this type of education had an elite-forming capacity (Bone, 1962).

At the end of the seventies and the beginning of the eighties larger states in the Caribbean such as Jamaica and Guyana have undergone numerous Structural Adjustment Programs (Boxill & Quarless, 2005). These programs, for the most part prescribed by international lending institutions such as the IMF and the World Bank, proposed drastic restructuring of the economies with the intention to promote economic growth. One of the main effects of the recommended policies by the World Bank and the IMF was the reduction of investment in the public sector, which drastically affected the provision of health and education services by the government. In Guyana too, the effects of the SAP's have become visible:

Thirty years ago, Guyana's school children were at the top of the Caribbean's regional examinations. They are now at the bottom, just as the Guyana economy has fallen from being among the richest to the poorest in Caricom [Hewitt, 2001:2].

During these days international development agencies still have a large impact on the education sector in Guyana. In September 2002 the government of Guyana submitted a 'Proposal to meet the goals of Education for All by 2015'. This proposal had to be submitted in order for Guyana to be considered for participation in the 'Education for All-Fast Track Initiative' (EFA-FIT) In November 2002, the international donor group approved Guyana's proposal. Guyana received US\$ 52 Million to reach the goal of comprehensive primary education (SDNP, 2007). One of Guyana's main focus points within the aim of reaching primary education for all is improving quality among teachers, especially in the hinterlands. For a more detailed overview of Guyana's major initiatives which resulted of the EFA/FIT, see Table 3. What has been done so far in terms of creating quality and access in the education system in Guyana will be presented in this next paragraph.

#### *Access to Education*

Education has been compulsory in Guyana since 1876 and it still is:

It is mandatory that children from age 5 years and 9 months to 15 years attend school, and failure on the part of parents to ensure that this is done is punishable by law [Chritchlow, 2003: 1].

In 1976, the government of Guyana provided free education from nursery school to university level. This legislation included prohibition of school fees, movement away from single-sex to co-educational facilities, absorption of all private schools into the public education system, and the provision of textbooks free of cost to students (Chritchlow, 2003).

**Table 3. Guyana's focus points in the EFA/FTI Proposal**

Source: <http://www.sdn.org.gy/minedu/about/news-220103-01.htm>

**Guyana focused on three major initiatives**

1. Improving the Quality of the Teaching Force in the Hinterland
  - ◆ Training of qualified teachers using the Guyana Basic Education Teacher Training (GBET) distance education approach
  - ◆ Continuous professional development for all trained teachers
  - ◆ Establishing satellite learning centers for teachers within a school cluster
  - ◆ Improving the conditions of service for teachers
2. Enhancing the Teaching/Learning Environment in Primary Schools
  - ◆ Accelerating the Establishment of the *Escuela Nueva* Learning Model
  - ◆ Establishing Child Friendly Classrooms in the Coastal schools
  - ◆ Improving the status of utilities across all schools
  - ◆ Provision of textbooks
3. Strengthening School Community Partnerships
  - ◆ Accelerating the Implementation of School Improvement Plans in all Schools
  - ◆ Upgrading the present School Feeding Program in the Hinterland

In practice however schooling is relatively expensive and much legislation is not put into practice, notably in case of the absorption of private schools and the provision of textbooks. Although imposing school fees has been prohibited by the government, sending children to school is in fact quite expensive for parents. In some cases parents have to provide teaching and learning materials and although a 'uniform-provision plan' has been set up by the government, according to many teachers the distribution of the uniform allowances seems to be going in an unstructured and unequal manner, which means that parents also have to pay for this themselves. Especially in secondary education, children of low-income families often decide to stay home and search for a job to contribute to the family income.

"School is very expensive; you have to give your children money to buy lunch, they have to have a uniform, they have to buy books and note books etc. Sometimes people can only afford to send one child to school."

*Conversation with Taxi Driver in Georgetown, capital of Guyana*

Parents who can afford it send their children to fee charging private schools. Today these fee charging private schools are increasing in number in Guyana. They now cover between 3% and 5% of the teacher populations (EI, 2005).

It is claimed that the quality of education given in these schools is far better than in public schools, due to better skilled personnel and a larger availability of teaching and learning materials. According to several respondents it seems that even the Minister of Education himself is sending his children to private schools because he does not think the public schools are of sufficient quality.

### *Quality Education*

The declining quality of public education in Guyana (government subsidised) is for a large extent due to the high number of teachers who emigrate to other countries in order to get better salaries and working conditions. According to several respondents in the research the salary for teachers in Trinidad, the Bahamas and even Botswana can be ten times of what a teacher earns in Guyana. For the same reasons teachers switch to other job areas such as the police or military when the opportunity comes along, especially the male teachers.

“When we look at the teachers part; I am happy that they have system where they can train the teachers. But I think that when it comes to the 5 year period they supposed to give back<sup>6</sup>; they have to become stricter. Because I can see that the teachers, when they do their time... Because if you teach a class, every year you improve the lives of 30, sometimes even 38 children, if you stay in your country, but if you go away, then finally we get a shortage of teachers. Now if these children don't have teachers, trained teachers, there will be somehow a breakdown in the education system. But I feel that if all the teachers who are trained should do their time more lives of children in our country will be improved, because they have the experiences, they have the teacher quality. But now that all the teachers are leaving the country, I am beginning to wonder; who is going to teach my little brother the next couple of years? Because my brother is now in high school and when he comes home he is always saying; we didn't have any teacher today. I don't know what is happening in this country. But I know that if I stay and do my best, I will make a difference in some child's life. And I know that since this is my country, and I love my country I could see that I can make a difference. And I think that if you are doing something which you love than certain things will not matter to you. Everybody is always talking about salary, but if you look at the importance of education; you cannot really put a price on that.”

*Interview with Teacher of Primary School*

In the attempt to improve the situation within the public education sector the government of Guyana seems to be spending currently more on consultancy, in particular executed by the World Bank, and buildings, rather than in investing in teachers (EI, 2005). However, this causes in the end more decline in the quality of public schools and increase in the number of fee-charging private schools (however, the latter more exclusively accessible for the elite).

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<sup>6</sup> Officially teachers who participate in in-service training in University or in Teachers' Training College have to sign a document in which they declare that they will stay to teach in Guyana for the coming five years. In practice however, it seems too difficult to keep the teachers in the country. Rumors are going round that teachers pay off their remaining time of duty

Besides the risk of losing skilled personnel due to emigration, the ‘investment’ in teachers by providing them with training has other consequences which raises the question whether this is the best way to create quality education.

“Most of the teachers who are trained at CPCE migrate to the other countries because there they get better income, they go to Botswana, Bahama’s, I have a friend who migrated to there and she called me and said: what are you still doing in Guyana? You can come out here you will get plenty of money and the people out there are very nice. Here is the pressure and the low salary and they are promising and promising but nothing happens.”

*Interview Teacher Primary School*

While the teachers are attending classes in University or Training College, for which they receive the permission of the Ministry of Education to leave their class in the school where they are teaching, there is no replacement for this teacher (due to the lack of teachers) which means that the pupils are not taught during a couple of days per week.

A classification system determines in which category a school belongs. There are ‘A’-schools, which are the ‘best’ schools and ‘E’-schools which belong to the lowest in ranking. The number of pupils in a school determines to which category the school belongs; the higher the number of pupils, the higher the ranking (see Table 3). This system also determines how many teachers can be sent to University or Training College. An ‘A’-school is allowed to send 4 teachers each year, which means that a school with the most pupils can also send the most teachers away.

Status of the school:	Number of teachers who have permission to go to University:
Super A (1000+ pupils)	4
A (700+ pupils)	4
B (500+ pupils)	3
C	2
D and E	1



### *Teachers' Training College*

The Teachers' Training College, the Cyril Potter College of Education (CPCE) trains teachers through two different programs: pre-service training and in-service training. Within the pre-service training students are fulltime engaged in training college and in the in-service training teachers follow the programme next to their teaching profession. Pre-service training is only given at the CPCE department in Georgetown, in-service training is also given in regional centres across the country. Within the in-service training there are two different types; one in which teachers come to the regional centres every afternoon to follow courses and one which provides distance education. In the latter variant, the long-distance education training, teachers are provided with syllabi to study and they come to the regional offices, or to Georgetown, twice a year to do examinations.

Despite the intensive training of teachers on the job and the extensive number of newly trained teachers in Guyana (as previously indicated about a total number of 900 teachers are trained in Teacher Training College and in University each year to work in the education sector; pre-service and in-service) still the majority of the teachers before a class are untrained teachers. In some cases young people in front of the class may not even have finished their Secondary Schools themselves. This is especially the case in the rural areas (the hinterlands). The increasing number of pupils and decreasing number of teachers seems to leave no other option than allow also unskilled teachers to work.

There is not only a lack of well-trained teachers in the schools. The Teacher Training College itself is severely understaffed too. One respondent estimated that about 60% of the needed staff is there at the moment. As a consequence many subjects are not taught at all and are left till the end of the training course.

Informants described the type of education given in the Teachers' Training College still as mainly characterized by learning definitions and facts through repetition. Little attention is paid to the meaning of certain knowledge and they way to apply the knowledge to day-to-day situations. The examination also seems to be rather cursory: the exam norm is only 45% which means that when students have 45% of questions correct, they pass.

### *Concluding Remarks*

It can be concluded that today's education system in Guyana faces major difficulties. These difficulties need to be considered because they relate closely to the EFAIDS programme and in order to evaluate the programme as a whole, the 'arena' where the teachers have to organize their activities and disseminate their knowledge and skills needs to be critically assessed.

Often international development agencies make assumptions concerning the education system which are not correct and provide an incomplete picture. For example in Guyana the creation of quality education by training teachers in a system as it is organised and working nowadays is something which need to be looked at critically. Many teachers in Guyana are leaving the school system as soon as they can because they receive low salaries and the working conditions are difficult.

Fast turn-over of teachers and difficult circumstances in schools is also something which concerns the EFAIDS programme. As one of the respondents put it:

"You might find a teacher that may have the knowledge here now and when there is another workshop it might be another person. Then it is like you are starting from scratch all the time, all the time."

*Interview EFAIDS-trained teacher*

Considering the limited capacity of the Union to train teachers (due to restrictions in financial and human resources) 'school-focal points' should at least make some commitment to the programme or to the Union.

Another assumption which might need to be reconsidered is that education is accessible for everybody. Here it needs to be acknowledged that abolishing school fees only does not imply automatically that it is not expensive for parents to send their children to school. As a consequence education in the end still seems to be mainly accessible for middle-class and upper-class people, which also means that provision of HIV and AIDS education through the education system does not automatically means that it reaches the people in society who maybe need it the most, namely children and young adults who maybe tempted to involve themselves in situations whereby they have a higher risk for HIV infection (such as prostitution).

## 2. The Guyana Teachers' Union

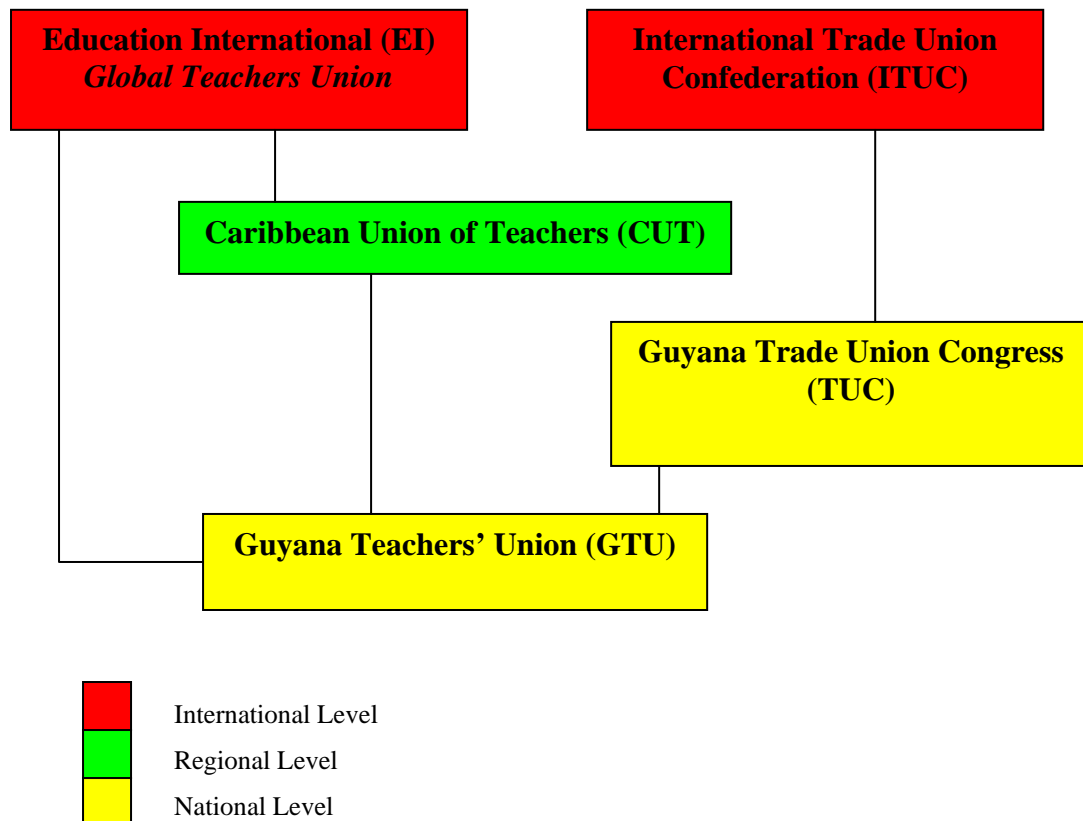
In this section the organisation of the Guyana Teachers' Unions (GTU) will be looked at. First the position of the Union and its relations with other union organisations will be shortly discussed, then the structure of the Union, and finally the possibilities and the limitations of the Teachers' Union, with an eye to the discussion concerning its role in the EFAIDS programme

### *The position of the Union and its relations with other union organisations*

The Guyana Teachers' Union (GTU) is the only teachers union in the country and is on the global level affiliated to Education International. GTU is nationally affiliated to the Guyana Trade Union Congress (TUC) which is the umbrella trade union organization in Guyana and in which twenty-four trade unions are represented. The TUC was founded in 1941 as the 'British Guiana Trades Union Council' and is affiliated with the International Trade Union Confederation (ITUC). At a regional level the GTU also coordinates with the Caribbean Union of Teachers (CUT). One of the main objectives of the Caribbean Union of Teachers is to promote within the Caribbean the aims, general principles and policies of Education International, to unite teacher-organizations at the regional level and to provide the frame-work for cooperation and the exchange of knowledge and experiences of workers. Figure 2 on the next page shows the different relationships of the GTU with these other union organisations.

### *Structure of the Union*

The Guyana Teachers' Union has 10 Central Executive Officers of which the President has final responsibility. Throughout Guyana the Union has 39 branches; each branch has a chairman, a vice chairman, a secretary, an assistant secretary and a treasurer. Each branch contributes, through its members, financially to the union. Each year the Union organizes an Annual Conference. During this Annual Conference the work of the Union is reviewed and future policy is planned. Each branch should send a representative to this conference, but due to high transportations costs this usually cannot be realised. Reports on the work of the union have to be sent from national and branch level to the General Secretary beforehand and are discussed during the conference (GTU Constitution, 1994).



*Figure 2 Union Organization Levels*

According to the structure and the constitution of the union has a rather democratic organisation and seems to provide a representation for the whole country. Unfortunately in practice this is not exactly the case due to different factors such as lack of financial resources and political/cultural divisions. Because of high transportation costs representatives of branches from far away areas cannot always come to the Annual Conference. For the same reason it is not always possible for branches themselves to meet once a month to discuss matters. This means that some branches do not meet for long periods. This can also be linked to other factors, such as tensions within and between branches and related political tensions. One informant noted that Afro-Guyanese and Indo-Guyanese members within his branch were simply not able to hold a decent meeting without quarrelling on issues which in some cases were not even relevant. It should not be surprising that in that sense the union reflects the socio-cultural and political reality of the country.

Several years ago there was a system in place that all teachers who were employed by the government to work in a school were automatically member of the teachers union and the membership fee was deducted of their salaries (also referred to as a closed shop system).

“In 2000 the government of Guyana changed that policy and decided that teachers had to register and pay themselves. Some of them decided not to come back on board.”

*Conversation with GTU Officer*

These days, teachers have to arrange their memberships themselves and make the financial contribution on their own initiative. This has resulted in a substantial decrease in the number of teachers who are union members. Still an estimated 70% of the teachers is a member of the Union.

#### *Opportunities and Limitations for the Union*

In theory the union has a very democratic structure and seems to provide a representation for the whole country. Unfortunately in practice this is not exactly the case due to different factors such as lack of financial resources and political/cultural divisions.

“A branch of the Union can request for finances, for example for education programmes. These programs are there but the finance is the problem. WE rely a lot on donor agencies. Before the government changed the policy things were more easy, but since they stopped they automatic payment, bill couldn't be paid anymore and are still pilling up.”

*Conversation with GTU Officer*

As mentioned before, because of high transportation costs representatives of branches from far away areas cannot always come to the Annual Conference. For the same reason it is not always possible for branches themselves to meet once a month to discuss matters. Branch members complained during the research that their branches were not able to meet for long periods. Some also talked about tensions within and between branches and related political tensions. Informants noted that Afro-Guyanese and Indo-Guyanese members within their branch were simply not able to hold a decent meeting without quarrelling on issues which in some cases were not even relevant.

All officers, including the President, have full time teaching jobs next to their position at the GTU. Additionally they are often seated on several boards and committees for whom they have to attend meetings. In practice this means that they go to school every day and come to the Guyana Teachers' Office in between to do some activities for the GTU. Around three o'clock in the afternoon many of them enter the office and execute the rest of their activities.

Also during evening hours and in the weekend the office is open and especially the current President is always busy arranging matters during this time. These matters vary from national level in the form of negotiations with the President of Guyana on salaries for teachers, to personal situations of teachers concerning housing, problems in school, for example arguments with their head teachers and their rights relating to sickness and absence etc. The possibility for officers to spend a lot of time next to their daily activities is limited to after school hours and on Wednesdays when most of the officers are present at the GTU office. However during the time of the research the GTU organised a strike at the Teachers' Training College because its sanitation system was defected and the terrain was flooded. As a consequence the government took immediate action to restore the sanitation system. This demonstrated that the GTU can be an effective organisation.

While almost all teachers are members of the Union, the majority of them are only financial members, and not actively involved in trade union activities. It seems that the majority of the members, especially the young members are not aware of the role the union can play in the improvement of their working conditions. Besides the EFAIDS programme the union organises marches, gatherings and barbecues during which they inform their members concerning negotiations with the government, planned strikes and other important messages. Also the organisation of sports activities plays an important role in the union.

In the end it can be concluded that the Teachers' Union in Guyana has an widespread network with a relative high number of Union members (70%<sup>7</sup>), as well as a large potential for distributing information and action (even in far away areas). However, in practice this potential is to a large extent limited due to constraints of human and financial resources within the Union. If the Union could employ more people on a full-time or part-time basis who could engage in executive tasks especially in the EFAIDS programme, surely more things could be done.

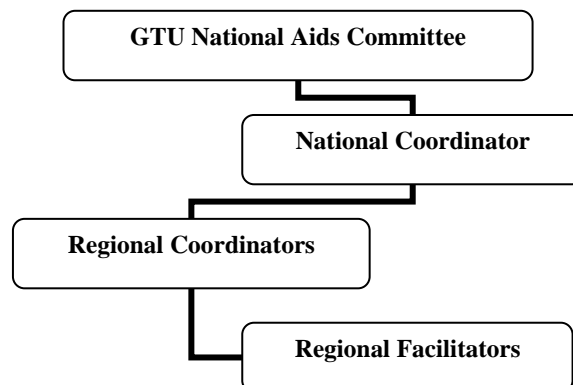
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<sup>7</sup> According to respondents within the GTU

### 3. EFAIDS in Guyana

The EFAIDS Programme started in Guyana in 2004 as the HIV/AIDS Prevention Programme. In 2006 the EFA (Education for All) component was added and now teachers are also informed on the Education for All goals as they were determined during the World Education Forum in Dakar, Senegal, in 2000 (see Table 1, page 8). The programme is presented as being in its second phase in terms of HIV & AIDS training: “What we want is to bring the school focal points to a higher level; train the teachers several times so they become counsellors” (National Coordinator).

The EFAIDS Programme is coordinated on national level by the National Coordinator, who is employed by the Guyana Teachers’ Union. So far the National Coordinator has trained 15 Regional Officers, of which some have already left their position either because of migration to the islands (Trinidad, Barbados, Bahamas) or employment within other jobs (i.e. within the Ministry of Education). In some places there are also Regional Facilitators, who assist the Regional Coordinators during the workshops (see for the hierarchical organisation Figure 4).



*Figure 4. Hierarchical Organisation of the EFAIDS Programme*

### *The GTU National HIV/AIDS Committee*

The overall coordination of the EFAIDS programme is done by the 'GTU National HIV/AIDS Committee'. This committee comprises of the National Coordinator, the President of the Guyana Teachers' Union, the treasurer of the GTU and several Regional Coordinators. In the committee there should be a representative of the Ministry of Health and the Ministry of Education who are to be present at the meetings, but this has not yet been realised<sup>8</sup>. The tasks of the GTU National HIV/AIDS Committee are to prepare a schedule for training workshops for the different regions and to submit reports to the General Council of the Union.

So far, the National Coordinator has always been present during the workshops. She delegates parts of the training to the Regional Coordinators, who in some cases delegate the carrying out of an activity to the Regional Facilitator, but the National Coordinator has the overall coordination during training workshops. During the research one Regional Coordinator told that she took it upon herself to organize things in school and in her church community. This was done without involvement of the National Coordinator or the GTU National AIDS Committee. Other self-governing efforts were not noticed during the research. During the EFAIDS workshops the President of the Guyana Teachers' Union paid several visits and gave the teachers the opportunity to ask questions. He explained the role of the Union and its position in the negotiations with the national government.

Since the HIV/AIDS Prevention Programme began in 2004 by the Guyana Teachers' Union, 985 teachers have been trained in 300 different schools (Pevzner, 2005).

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<sup>8</sup> According to respondents the GTU requested the Ministries to send a representative and so far the Ministry of Education provided a name of a person but this person has not yet come to the meetings and the Ministry of Health did not respond at all.



## **EFAIDS in Practice**

In this section of the report several aspects of the EFAIDS programme are discussed as they were observed during the field research in Guyana. The programme itself will be looked upon but also the efforts of institutions and relations surrounding it (the Guyana Teachers' Union, the Ministry of Education and several International Organisations such as UNAIDS and the World Bank). The reader will be led through the processes of preparation of the workshop (planning and selection of schools and participants), through the contents of the workshop (methods and topics), to the events and processes which follow (or not follow) after the workshop (cascading of knowledge, side effects and policy development on HIV and AIDS education). In the final three sections current methods of evaluation of the programme and the relation between the EFAIDS programme and other HIV and AIDS programmes in Guyana will be discussed.

### **1. Planning of Training Workshops**

For each semester, the GTU National HIV/AIDS Committee prepares a schedule for training workshops in the different regions. Before the workshops take place the Regional Education Offices (REO's) are informed that a workshop will take place in their region and letters are sent to schools to invite head teachers to send a delegate. The Guyana Teachers' Union aims at organising the EFAIDS workshops in as many different regions as possible so many different schools are reached. However in practice the majority of the workshops are taking place in and around Georgetown, the capital of Guyana because the possibilities to travel long distances are limited due to high travel costs and limited resources (in people and money). Despite that there are now some regions which do not participate in the EFAIDS programme, still many different schools are reached because the majority of the population lives in and around Georgetown and therefore the majority of the schools are also in these regions. When the opportunity is there, the GTU visits regions which are more far away. For example last year there was a workshop organised in Region 9, Lethem, in cooperation with the Canadian Teachers Federation (CTF) who held a five-day workshop on HIV and AIDS at this location. To give an impression of the reach of the programme some of the locations of workshops which have been held in the past are pointed out below in Figure 5 on the next page.

### **2. Selection of Schools**

The schools participating in the EFAIDS Programme are schools of Nursery, Primary and Secondary level. In general it appeared that there was no standard way of selection of schools which could participate in the programme. In some cases schools were invited at random by the Regional Vice-Presidents of a particular region.



Figure 5. Locations of EFAIDS teacher training workshops

Source of map: [http://go.hrw.com/atlas/span\\_map/guyana.gif](http://go.hrw.com/atlas/span_map/guyana.gif)

In some cases, Regional Coordinators of the EFAIDS programme invited teachers they knew personally to be the representative of a school and in other cases head teachers send somebody in response of the invitation letter the Guyana Teachers' Union had sent to the schools. In the workshops there was generally no equal representation of each school level (nursery, primary or tertiary). Of the 42 trained teachers who were interviewed during the research 7 were teaching at Nursery Level, 28 were teaching at Primary Level and 7 were teaching at Secondary Level.

The Teachers' Training College, the "Cyril Potter College of Education" (CPCE), is at this moment not directly involved in the EFAIDS programme. However, indirectly they are involved because there were students of the training college who participated in the training workshops. These students were following an in-service training at CPCE, which means that next to their job as a teacher they follow courses of the Teacher Training College to become a certified trained teacher. One of the respondents during the research who worked at the Teacher Training College already for a long time never had heard about the EFAIDS Programme. So probably there is no feedback given to CPCE concerning the EFAIDS training by the teachers who participate in the workshop. Also other tertiary education institutes, such as the Technical Institute seemed not to be directly involved in the programme.

### 3. Selection of Participants

As mentioned in the previous section, the first step within the current selection procedure for teachers who will participate in the EFAIDS workshop is the sending of an invitation letter by the Guyana Teachers' Union to schools in which they ask the head teacher to select a representative of the school who can participate in the training. The procedure in which the head teachers select this representative is different per school. The head teacher can organize for instance a staff development session (a meeting which is regularly held for teachers to discuss for example things they learned during workshops) and somebody can volunteer to become a participant or will be chosen by the head teacher. In some cases the head teachers decide to go to the workshop themselves.

The motivation of participants and the possibilities for the teachers who are trained to organize activities when they come back in their schools varies, which might be caused by the absence of one particular selection procedure. For instance, one participant mentioned that she wasn't sure that she was able to organise anything because she was very afraid to talk to the parents about the subject. Another participant was what they call a 'Temporary Unqualified Master' which means that he did not yet received his degree, which means that he is limited in his ability to teach pupils on his own without supervision. A thoughtful analysis of one respondent provides some clarification on this point: "In some cases the head master sends teachers who do not have much to do in the school which makes them available to go to the training workshop. But then you have to ask the question: why do they not have much to do? You need to send a teacher who has the authority to tell we did 'xyz' during the training and who is able to organise the training in the schools and do other activities."

Creation of gender equality in the programme is a complex issue since most of the teachers in Guyana are women, which makes it not surprising that the majority of the participants in the EFAIDS training workshops are also women. Of the 50 interviewed teachers, 8 were men (16%). Of these 50 teachers 42 participated one time or more in the EFAIDS training workshop. Of these 42 trained teachers six were men (14%). Recognizing the need to especially train men in HIV and AIDS prevention (in practice their influence on decisions like, whether to use condoms or not, appears to be high) the National Coordinator suggested more than once to organise meetings especially for male teachers.

Distribution of the EFAIDS programme among different schools is an issue which also needs some reconsideration. In some cases schools have more than one teacher who participated in the programme. Despite the large number of EFAIDS trained teachers, it looks as if many schools are not involved in the programme at all. However, according the National Coordinator 700 out of 1000 schools in Guyana have an EFAIDS school-focal point.

Already it can be concluded that a more careful selection of participants could probably have some positive consequences on the motivation and possibilities of teachers to organise activities in school after they have attended the EFAIDS workshop, as well as on the equality in training male and female teachers and a more equal distribution of trained teachers among different schools.

## **4. Content of workshops**

In this section the content of the EFAIDS workshops will be discussed, referring to the methods and topics which are put in the training. Within HIV and AIDS prevention there are different methodologies which can be used. Depending on the target group of the prevention effort there is a choice between certain methodologies which can be put in. Skills-based health education, the method used in the EFAIDS programme, is often used within school-based HIV/AIDS prevention programmes. The rationale behind the method will be explained and a closer look will be taken to the teaching methods needed to successfully implement the skills-based method. There are also different ways to discuss 'HIV and AIDS prevention' and 'Education for All'. The ways in which these topics are discussed in the EFAIDS training will be evaluated in the second half of the section. (§4.3 and §4.4). Finally the use of the material which forms the base of the training, the Teachers' Exercise Book will be assessed.

### **4.1 Skill-Based Education**

The EFAIDS programme is based on skills-based health or "life skills" education. This form of education nowadays forms the base of many international donor interventions in HIV and AIDS prevention. "Life skills education is designed to facilitate the practice and reinforcement of psychosocial skills in a culturally and developmentally appropriate way; it contributes to the promotion of personal and social development, the projection of human rights, and the prevention of health and social problems" (Aldana et al, 1999).

Skills-based education intends not only to change a student's level of knowledge but also enlarge their ability to translate this knowledge into specific, positive behaviours which they can use in their day-to-day lives. Several studies have shown that having basic knowledge of HIV/AIDS is not enough to assure 'safe' sexual behaviour (Visser et. al., 2001; Wilson et al., 1992). Skills-based health education is therefore considered to be a good method for HIV and AIDS prevention.

Increase in the individual's level of perceived self-efficacy and control over their own lives and health, one of the perceived effects of skills-based knowledge, has appeared to be an important factor and contributes in a large extent to the success of HIV/AIDS prevention programs (Campbell & Williams, 1998).

In general, skills-based education targets on three broad categories of life skills:

- Social skills: communication skills, negotiation/refusal skills, assertiveness skills, cooperation skills, interpersonal skills; for developing healthy relationships
- Cognitive skills: Decision-making /problem solving skills (understanding the consequences of actions, determining alternative solutions to problems), critical-thinking skills (to analyse peer and media influences)
- Emotional Coping Skills: Managing stress, managing feelings (including anger), skills for increasing internal locus of control (self-management, self-monitoring)

The different skills are taught during the EFAIDS workshop through the implementation of the different activities from the Teachers' Exercise Book. One activity often done during the research was Activity 1.4 (page 45): 'communicating and negotiating for safer sex'. In the activity the facilitators tell the group to divide themselves in smaller groups and practice the role-play which is described in the Exercise Book. In this role play a boy and a girl intend to have sex with each other and talk about whether they should use a condom. The skills which this exercise focuses on are: communication, negotiation and decision-making about safer sex to reduce risk of HIV infection or STI's (sexual transmitted diseases).

Skills-based health education is mainly based on the idea that people learn what they do and how to act by observing others (WHO, 2004). Modelling appropriate behaviour, a principle occurring during role-plays for instance, has proven to support the development of a procedure for improvement of decision making. Model building helps in understanding systems so that we not only can operate them, but are able to repair them and improve them while possibly constructing new ones (Ogoye-Ndegwa, 2005). Considering 'systems' as behaviour patterns, modelling can therefore be seen as an important agent in HIV/AIDS behaviour-change education.

## **4.2 Participatory, Interactive Teaching and Learning methods**

Participatory, interactive teaching and learning methods are critical of skills-based health education (WHO, 2004). Examples of participatory, interactive teaching and learning methods are:

- Group discussions
- Role Plays
- Group work
- Group presentations

These activities provide the opportunity for students to learn from one another. An important aspect within this type of education is rehearsal. Rehearsal of certain response patterns or actually performing these response patterns provides for maintenance of this behaviour (Bandura, 1977).

It is assumed that because the teachers experience the participatory, interactive teaching methods themselves in the EFAIDS workshop their attitude will change and their teaching methodologies will improve. It is expected of teachers that after the training they will use the acquired participatory and interactive teaching methods in their classrooms. Although it is acknowledged that teachers can be uncomfortable with the use of participatory methodologies in their classrooms, it is assumed that after practising the methods during training sessions they seem to overcome their reluctance (WHO, 2004). However there are some important aspects which have to be taken into consideration in the evaluation of the potential success of skills-based health education and the teaching and learning of participatory, interactive methods.

In general teachers are willing and motivated to use participatory teaching methodologies and they have a positive attitude towards life skills education methodology. However training in this type of education is unfortunately quite minimal within the general Teachers' Training (CPCE), which means that they are not used to apply these kind of teaching methods and therefore probably not able to use them in class. Also the classroom situation is in most cases not suitable to have much interaction with the students. The groups are generally very large (in some cases there is 1 teacher for 100 pupils, especially in the Hinterlands) and teachers have difficulties with discipline (a topic more extensively discussed in §6).

### 4.3 HIV and AIDS Prevention

There are different strategies and messages which can be put in HIV and AIDS prevention. A well known model of prevention is the ‘ABC’ model (abstinence, being faithful and condom use). Also in the EFAIDS programme this model forms the base but because also other issues are discussed, such as how to enjoy a sexual relationship, the programme does not have the restrictive character many other ABC prevention programmes have. Which other issues are discussed and in which manner these issues are discussed will be presented in this section. Besides message and sphere it is for prevention strategies also important to define the target groups. The rationale behind training teachers on HIV and AIDS prevention is that before teachers can expect to help other adults and students avoid HIV infection, they will need to examine their own vulnerability to infection, their own knowledge of the disease and its spread, and their own attitudes towards helping others, especially students, avoid infection (Teachers’ Exercise Book, p. iii).

The open atmosphere during the workshop sessions which can be considered as a result of the positive attitude of the National Coordinator, who is very passionate and personal during the training sessions, results in a very highly motivation with the teachers. Because of this safe atmosphere teachers are willing to share their personal experiences with HIV and AIDS, their questions and their struggles. The Regional Coordinators are clearly also influenced by this positive and fruitful way of training, using similar methods involving teachers in discussions, encouraging teachers to share their stories and persuade them to organize activities within the school. Since such a positive attitude is one of the main conditions for the effectiveness of skills-based health education, this can be regarded as one of the contributions to the success of the programme

#### *Abstinence, Being Faithful, Condom use (ABC)*

The EFAIDS workshop provides knowledge on HIV and AIDS prevention on the basis of the ‘ABC’-HIV/AIDS prevention model (Abstinence, Be Faithful, Condom Use). However, unlike most other ABC-based prevention programmes, the EFAIDS programme does not place the emphasis on ‘abstinence’ as the only way to prevent of HIV infection. As a result that is also generally the message the EFAIDS trained teachers cascade towards their colleagues, family members, and pupils.

Interviewer:	“What is the main message you want to give your pupils?”
Teacher:	“Well, you can not tell them abstinence. So I tell them that if you are involved in sex, make sure that you always have a condom with you.”
<i>Interview Second-time trained teacher</i>	

Many discussions and activities during the workshop are focused on negotiation on condom use and also 'condom demonstration' is an important part of the training.

The National Coordinator explains how you have to put on a condom: 'Pay attention to whether it is made of latex and that it is not too old, that it was not in a wallet for a long time.' She advises the women to take care of it themselves; 'Take a condom with you!'

*Workshop Observation*

During one of the workshops, there was a demonstration how to use the female condom. The regional coordinator brought some of these condoms and gave a demonstration how to use them. Later during that session the teachers started a discussion about the way to get these condoms, one teacher said: "I have never seen a female condom anywhere before." It seems that the female condom is difficult to get in Guyana and very expensive. It could be therefore unnecessary to concentrate too much on this topic.

Since the majority of the group consist of women, the National Coordinator pays extra attention in her talks on what women can do to protect themselves from getting infected. She presents sex as a joyful experience in which some precautions have to be taken.

"Ladies, stop doing it in the dark, switch on the light! Examine it, put the condom on yourself and enjoy it all; you are now sure that everything is ok."

*National Coordinator*

This positive approach was clearly giving the teachers self-confidence to talk about the subject and acknowledge it as being part of their day-to-day lives. This way of informing people can definitely be considered as a way of empowering women in their position as a partner. However, still many people have difficulties talking about sex. During the workshops the National Coordinator talks very openly about sex. She encourages the teachers to do the same in their classrooms.

"Build a relationship in your classroom where you feel free to talk about sex."

*National Coordinator*

In the workshop attention is paid to the difficulties teachers can face while they talk to their pupils about sex and HIV and AIDS. Situations are outlined and discussed. For instance, what to do when: "Students make jokes about other students or teachers." As a solution teachers often mention to bring a resource person (an expert) to the classroom to give a particular lesson.



Also it is acknowledged by the teachers that it is important to create an open and safe environment in their classrooms to be able to talk about these sensitive issues. However, even after training teachers there will also be some who still do not feel comfortable with talking about HIV/AIDS and other health issues. Concerning the Health and Family Life Education (HFLE) Programme of the Ministry of Education (see also §7.2) one of my respondents working in an NGO involved in HIV/AIDS prevention said: “This HFLE is not being taught by many; there are teachers who just don’t want to teach about HIV and AIDS.”.

Besides the discussion concerning the transfer of HIV and AIDS through sexual contacts, also its transmission through blood is a topic often discussed. The National Coordinator often mentions the carefulness which need to be taken when a child is wounded. Many teachers mention that they warn other teachers to use gloves when a child is bleeding because it may have fallen on the ground during playing. This topic was quite intensively addressed during the workshops and it could be considered whether this might be increasing the fear of teachers and pupils for each other and encourage stigma and discrimination instead of reducing it. At the same time it is something which needs to be addressed because of the risk for infection.

### *Getting rid of misconceptions*

Although there is much attention for HIV and AIDS in Guyana, there are still many misconceptions about the disease. One teacher mentioned during the training workshop that she saw a bush doctor on television who claimed that he found the cure for HIV and AIDS. The National Coordinator responded: “Then he better brings it to the market because he can make a lot of money!” She emphasises that so far there has not been found a cure against HIV and addresses that it is therefore so important to inform people. Also misinterpretation and the disease often causes anger with the HIV infected person. Teachers mentioned that they heard of people who were so angry because they got the disease that they wanted to pass it on to others: “Maybe you want to give it to somebody, because you might think: others gave it to me.”

### *Stigma and Discrimination*

There are a lot of problems around the issue of HIV and AIDS caused by stigma and discrimination. Because people lack familiarity with the disease and the way in which it is transferred, people are very frightened to get infected. Therefore when somebody within the community (friends, neighbours etcetera) is diagnosed with HIV, the common reaction of the people in the environment is avoidance. The EFAIDS workshop provides a lot of clarifications on the subject, for example that HIV is transferred through contact between bodily fluids like sperm, vaginal fluids and blood and that it is not possible to get infected by just touching somebody with HIV or drink from the same cup.

Through sharing ideas and thoughts on how they experience cases of stigma and discrimination the participants are given the opportunity to reflect and share their experiences on the matter. It seems that by talking on the issues, the fear for the disease and for people who are infected with the disease decreases:

“After I have attended the last workshop I discriminated less and I am better able to approach individuals who are infected.”

And:

“Before I came to the workshop I never dared to approach them. Now I dare to visit a friend with HIV.”

These two quotes also show how people generally think about people with AIDS. They are so afraid of getting infected by the disease, probably also because of the warnings they get over and over again through the international; donor programmes, that it takes a lot of efforts to convince them that people who are HIV infected are also normal people who need their support. The National Coordinator does a very good job in convincing the teachers in this. The National Coordinator encourages the teachers to take care of the people in their environment who have HIV or AIDS, a phrase she often mentioned was: “A person who is infected needs your support and love. They have to exercise and be on a diet. They can live so many years.”

In Guyana when a person is HIV infected, it can have serious consequences for him or her due to stigma and discrimination. The National Coordinator mentioned during the workshop several times the example of a teacher who was infected and the Ministry of Education who wanted to stop her salary. The National Coordinator went to the Ministry to talk with them and convince them not to do this. Another common example of discrimination against people with HIV or AIDS is that insurance companies stop covering any costs when they have heard that somebody is HIV positive. In some cases people are forced to take a test before they are employed in a certain company. The National Coordinator emphasises the role which the Union can play in these cases of injustice: “One of the roles of the Union is to form policies to protect workers at the workplace. What are some of the policies which can help the workers? This is something we always ask during the training; to teachers, to give advice and ideas about what kind of policies we could form.”

### *Testing*

In Guyana if a woman determines that she is pregnant she is strongly advised to take an HIV/AIDS test. Testing is also encouraged through television campaigns Also during the EFAIDS programme teachers are advised and encouraged to take an HIV/AIDS test. Because, as the National Coordinator puts it: “It is important to know your status because from the moment you know that you are HIV positive you can take good care of yourself: eat healthy, get enough sleep and decide whether you want to go on medication or not.”.

It is generally not too difficult to get tested on HIV/AIDS in Guyana. People can go to hospital or health clinics and do a test free of charge. In the hinterlands the long distance towards clinics can be an obstacle for testing, but often there is a clinics in the neighbourhood supported by one of the many international donors. It seems that after doing the test people can get the result within 15 minutes and confidentiality is assured. However, the problem with testing is connected with the issue of stigma and discrimination because, as one respondent working at an NGO involved in HIV/AIDS prevention put it: “People do not want to enter here just because they are afraid that people might think they are infected.”

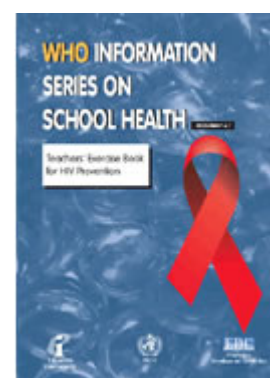
Despite the promised confidentiality, people are afraid that after even entering a hospital or a health clinic people might think they are HIV positive: “When I go to the hospital for a test then people might think I have the disease and they will avoid me”, said one respondent who was eager to know his status. In the EFAIDS workshop these issues are discussed extensively which both reduces stigma and discrimination and encourages participants to take an HIV/AIDS test.

### *Treatment*

Another topic often discussed during the training workshops is the topic of treatment. The National Coordinator mentions the consequences when you start the treatment: “You have to take it constantly, it has many side effects and thereby there are so many things you have to think about.” In Guyana the availability of anti-retroviral drugs is large. Nonetheless the National Coordinator points out the consequences when people decide to start with the medication: “Once you started the treatment you have to continue it until death, if you miss out, you are even at higher risk. The drugs prolong the stage till you get AIDS.” So, instead of blindly direct teachers towards treatment programmes, they are in the EFAIDS workshops more openly informed on the consequences of starting taking treatment.

### *The Teachers’ Exercise book*

During the EFAIDS workshop all the participants are given a manual: the “EI, WHO and EDC, Training and Resource Manual on School Health and HIV and STI Prevention”, also referred to as the “Teachers’ Exercise Book for HIV Prevention”. This document contains participatory learning activities which the trained teachers can use during their activities in schools. The manual was developed by Education International, the World Health Organisation and the Education Development Centre with assistance of UNESCO, UNICEF and 15 EI affiliates (eg. Botswana Teachers’ Union, Syndicat National des Enseignements du Primaire in Rwanda and Zambia National Union of Teachers).



*Teachers’ Exercise Book*

Financial contributions to set up the document came from UNAIDS and the division of Adolescent and School Health, the US Centres for Disease Control and Prevention (which served as the WHO Collaborating Centre for Health Education and Promotion for School-aged Children and Adolescents) (Teachers' Exercise Book for HIV Prevention, pg i).

The Teachers' Exercise book is introduced during the EFAIDS training workshop and each teacher gets a copy for their school. This copy needs to be brought to the school and should be available for all teachers to make copies out of it or read to get more information on HIV and AIDS prevention.

In order to teach the teachers how to use the manual, exercises are done to actively introduce the teachers to the content of the book. For example during one of the workshops, the National Coordinator introduced the Teachers' Exercise Book through an exercise called 'the treasure hunt'. The teachers had to answer in groups the following questions:

- 1) What is the purpose of the manual?
- 2) What are the three main target audiences of the manual?
- 3) How many activities are there for each target audience?
- 4) What skills are addressed for each target group?
- 5) What are the resources in this manual and where would you go for information?

This exercise takes the teachers through the book and gives them the opportunity to read the exercises. It seems that their curiosity is stimulated after the exercise and they intend to read more. The National Coordinator also refers to other possibilities to gather more information on HIV and AIDS: "Apart from this you can consult clinics, NGO's, organizations, the Ministry etc."

During the workshops, the manual is used regularly. One of the most often used exercises of the teachers' exercise book is the 'True or False' exercise on page 31. This exercise aims at strengthening the participants' knowledge of HIV and AIDS, their modes of transmission and what can be done to prevent HIV infection. The teachers have to write whether the statements are true or false; for example: "If you kiss someone with HIV, you will not get the virus." After the teachers have finished the exercise the answers are discussed in the group. Discussion about condom use, relationships and bodily hygiene result from this exercise. Another exercise which was often coming back during the workshops in which I participated was the exercise on page 18: "Who are you." The activity is what they call and 'icebreaker' and aims at letting the participants get to know each other. The participants have to introduce themselves with their name and a word before it, starting with the same letter which says something about them; for example: "Hi, I am Lovely Lesmeine." Then the next person says: "this is Lovely Lesmeine, I am Vicious Vanessa." The exercise makes the participants more relaxed and open to share their thoughts with the other participants.

Unfortunately despite of the intensive use of the manual during the training workshops, in many cases it seems that coming back in the school the book is put in the closet of the head teacher and stays their unused. During the research there were only a few cases in which teachers claimed to have made copies of some of the exercises to use during activities. Probably this goes hand in hand with difficulties teachers face with organizing HIV/AIDS activities in general.

#### *Final Remarks*

HIV/AIDS prevention is complex and comprises many facets. Lots of research has been done on HIV and AIDS education and what the best ways are to inform people to take precautions to prevent themselves from getting infected. The EFAIDS programme not only focuses on prevention methods but also gives the opportunity to elaborate extensively on day-to-day situations. It therefore provides a clearer picture for teachers and material to think about and discuss with colleagues, partners and pupils. To support this, a manual is distributed during the training workshops, however, this books seems to be used much anymore when teachers return to their schools.

#### **4.4 The EFA Component**

In this section the 'Education for All' component in the EFAIDS programme will be discussed. Since the enclosure of the EFA component in the HIV/AIDS Prevention Programme in January 2006, part of the teacher training workshop is dedicated to a discussion about achieving the six 'Education for All' goals. The EFA component as it came forward of the EI 'Education for All' (EFA) Programme aims at increasing teachers' union influence over government policy on universal basic education. By informing the teachers on what the government of Guyana has agreed upon towards the International Donor Group (World Bank, UNESCO and many others) in order to be considered for participation in the 'Education for All - Fast Track Initiative', the Guyana Teachers' Union aims at creating a stronger body to be able to hold Guyana's government accountable for their promises concerning improvement of basic primary education.

During the EFAIDS workshop the EFA goals are discussed critically and questions are raised about what the teachers themselves can do to achieve the goals. Also the problems faced by the teachers in their daily jobs are put forward. To illustrate the nature of the discussions a few examples will be given. For example, when talking about the goal of 'Universal Primary Education' one of the teachers said: "Not long ago the welfare officer was checking which children were in school and which were not in school. But now this is not happening anymore." Another problem teachers face is the problem of drop-outs: "Guyana has a lot of single parent homes and therefore a lot of drop-outs." An interesting discussion was raised during one of the workshops concerning those pupils who have difficulties in the regular school system.

A teacher explained: “Some people may not be academically inclined but they may have a skill. What kind of system is there in place for those who do not have the academic skills but have other skills? Now only those who pass exam easily can participate.”

These examples illustrate some of the core problems within the Guyana education system; lack of educational staffing (welfare officers, teachers etcetera), high drop-out rates due to poverty (in single parent homes often children have to work to contribute to the household and therefore they cannot go to school) and an education system which is ‘producing’ a select group of people who have skills with which they can, if they are lucky, get one of the scarce academic jobs.

In the discussions teachers are encouraged to critically look upon what is going on in their school and their communities. For example when the National Coordinator asked during one of the training workshops: “Do we have education for All in Guyana,” a teacher answered: “Yes. I went to a workshop in Georgetown. There were 20 persons and the target group were children who dropped out of school. I think they are reaching out for everybody.”

The National Coordinator reminded the teachers to look at the large numbers of drop-outs in their schools. One teacher said: “We have 200 children in form 1 (Secondary School) and only 26 in form 3.” Teachers mention financial difficulties within families as a reason for these high numbers of drop outs. And then the discussion turns to what teachers can do to prevent children to drop-out of school, for example visit the homes and involve institutes who can assist the families in their situation (government institutes, NGO’s etcetera).

Another issue discussed is the availability and access of education. In the EFAIDS workshops it is acknowledged that ‘Education for All’ is an interaction between the availability of and access to education and the possibility of parents and pupils to participate in the education system. The National Coordinator stated the following question concerning early childhood education: “The availability is there, the access is there. Why do parents not allow their children to go to school?” Teachers named as reasons job situation of parents, being a single parent, non-ambitiousness of the parents, illness and a resulting poor financial state because of these situations.

They see a necessity for the government to create jobs. Certain situations are discussed in which a teacher could be active. For example; setting up a low cost meal programme in the schools so that the children who do not get a breakfast at home before they go to school, can eat and are therefore able to concentrate during the lessons.

The Union can also help the teachers to get uniform vouchers for those who cannot afford a uniform and therefore do not have access to schools. During the training workshops it is explained to the teachers what the Teachers’ Union can do when they know about the goals of the government within

the field of education. Because Guyana is one of the low-income countries which is participating in the 'Fast Track Initiative' (FTI), the government agreed to work on certain educational issues to reach 'Education for All' in a short time. The National Coordinator mentions during the workshops: "The duty of the Guyana Teachers' Union is to make sure that the goals of the government are known so as to be able to hold them accountable that they make these goals reality."

Part of the EFA component focuses on the effects of HIV and AIDS on the school system. This topic is discussed during the training workshops in terms of 'demand' and 'supply'. For example the problem of a lack of quality teachers: "The need for quality teachers is increasing but the availability of quality teachers is decreasing." The EFAIDS programme links the EFA component and HIV/AIDS prevention through exercises in which the teachers discuss in groups how HIV/AIDS affects the school system

As a final remark on the EFA component it can be concluded that its introduction can cause some confusion here and there. Because the teachers are rather unfamiliar with the concept, misinterpretations were often made. For example in one of the workshops I participated, the National Coordinator asked the participants what Education for All means, one of the teachers answered: "It is something which affects all so we should make sure that everybody knows." She was referring to HIV and AIDS. The National Coordinator made at that moment a good comment linking the two concepts to each other, by saying: "It is that we not only need to educate people about HIV and AIDS but about everything." Also in the exercise about 'supply' and 'demand' in the education system there was often confusion among the teachers. It could be that this quite technical approach is a little too abstract. Only a small number of concrete ideas were given but at the same time it did put the teachers on thought. Teachers often mentioned that they looked things up concerning 'Education for All' during the next meeting.

#### **4.5 Concluding Remarks**

Now we have taken a closer look at the methods and topics of the EFAIDS programme there are some things which can be concluded.

As shown in other studies skills-based education has turned out to be an effective method for HIV and AIDS prevention (Wilson et al, 1992). However it needs to be acknowledged that applying participatory, interactive teaching methods, which are critical for the success of skills-based education, can be problematic for teachers in Guyana. Although the majority of the respondents in the research claimed that they like these 'new' teaching methods, it is inevitable that they face a number of difficulties when they get back to their schools and want to apply the newly acquired teaching techniques. It is advisable that these issues are discussed in the workshops in order to increase the probability that teachers will apply participatory, interactive teaching methods and organise role-plays, group discussions and group presentations.

The HIV and AIDS education seems to be explained and transferred in a clear way, not only focussing on Abstinence, Being faithful and Condom use but also discussing day-to-day situations concerning stigmatization, discrimination, testing, treatment and misconceptions. The EFA component seems to be a little unclear yet and probably requires some practice and maybe some suggestions for integrating it into the workshop.

Finally something needs to be done so that teachers will use the Teachers' Exercise Book also in their schools but this will probably happen more often when teachers are organizing more activities in the school.



## **5. Cascading the Knowledge and Skills**

The rationale behind the cascade training model, used in the EFAIDS programme, is that when some key persons within a system are trained, they will organise activities through which the information will be transferred towards others. Within the EFAIDS training programme teachers are trained on HIV and AIDS prevention skills and knowledge and on EFA goals for different reasons:

- 1) To cascade the knowledge and skills concerning HIV and AIDS prevention to colleagues, community and pupils
- 2) To advocate for health education within schools
- 3) To inform teachers on the EFA goals and therefore strengthen the Union

This section of the report there will look at the process of cascading the knowledge and skills concerning HIV and AIDS prevention. Cascading information can take place in different forms. In an organised form, for example in the classroom, during a Parent-Teacher Association (PTA) meeting or a church meeting, or in an unorganised form, for example when the trained teachers talk to their husbands or wives or to their neighbours about what they have learned during the workshops. Besides the importance of informing the teachers about the cascade principle during the training it is also important, especially within the organised form, that teachers are supported when they want to organise activities in which they can pass on the knowledge and skills. First the way of introducing the cascade principle during the workshop will be discussed, then some examples both of cascading information in a formal and in an informal way will be given illustrated by stories of respondents and finally the support (or lack of support) teachers receive will be discussed. In the last section of the section there will be given some concluding remarks in which suggestions will be given how this mechanism could be improved.

### **5.1 Introduction of the Cascade Principle during the Workshop**

During the EFAIDS workshops the teachers are encouraged to pass on the information to others: “Once you give the information to somebody, this person gives the information to other people: Like the disease is spreading itself, so is the information.” At the same time it is acknowledged that there are difficulties in doing this. For example during one of the teachers’ training workshops, the National Coordinator said: “We want you to organise sessions for your teachers and pupils. I realize this is difficult, I also reported this to Education International. It is not a time-table subject and many people are still in doubt about the subject.” It is acknowledged that the teachers have to create an opportunity to organise activities themselves. Suggestions are given like: “You can do it during cluster meetings; together you are stronger and there are more people who can give the right answers.”

One of the regional coordinators gave during a teacher training workshop an example of how to pass on the information to a larger group of children. She said: “Once I got the information I thought: how can I get this information to all those children? I decided to organize a quiz during assembly. My aim was to create an interest with the students so they would start reading about the subject.”

### **5.2 Cascading in an organised manner**

During the EFAIDS workshop it does not become completely clear what kind of activities teachers are expected to organise when they go back to their schools. The teachers are encouraged to pass on the information and the importance of them doing this is addressed but what exactly they can do in order to make it a standard component of the school activities stays in the middle. Suggestions are given to organise a PTA meeting to involve and inform parents or to give a lecture during assembly (morning meetings with pupils). While the participants of the workshop are clearly very motivated to do something, during the interviews it became clear that the majority of the teachers did not organise any activity yet. Most of them did discuss what they had learned during a staff-development session, but there the cascading in organised form in most cases ended.

### **5.3 Cascading in a disorganised manner**

Besides cascading the knowledge in an organised form within the school, teachers can also pass on the knowledge and skills they learned in a disorganised manner: “A friend of mine was divorced but still had sex with her ex-boyfriend, I gave her the advice to protect herself.” This was what a teacher told me when she was explaining what she did with the information she learned during the EFAIDS workshop. Another teacher told her husband, a cricket coach, about the training and he gave a speech to his pupils about the importance of using condoms.

This unorganised or informal cascading process of the acquired knowledge and skills on HIV and AIDS seems to be taking place more frequently than the organised way of passing on the information. Because many teachers are strongly involved in activities outside school such as youth organisation and churches they apply their skills and knowledge often in these groups.

#### **5.4 Support in Organizing Activities**

Whether a teacher organizes activities in school after being trained in the EFAIDS workshop or not seems also to be connected with the support a teacher receives of his or her head teacher. Some of the head teacher supports the teachers extensively in organizing HIV and AIDS prevention activities: “The headmistress would like me to take the knowledge back to the school so at also the parents can become knowledgeable.” But in other cases head teachers are not that supportive: “My headmaster is not very enthusiastic. Till now I have only been talking to pupils. I want to let him know that I want to organize something for the teachers.

Besides support from their head teacher in school it is also important that teachers receive support from somebody outside school. A reason why not all teachers have organised activities in which they pass on the information to other teachers, pupils or to the parents could be that there is not really a organised monitoring or follow up system. It could be for example that they do not remember exactly how to organize certain exercises or they could face difficulties answering certain questions concerning HIV and AIDS prevention. Although there is an exercise included in the workshop in which teachers practice how to answer certain difficult or embarrassing questions of pupils, somebody who could be a back up after teachers returned to their schools could be very supportive. One of the teachers who participated in the EFAIDS training said in all honesty: “I am a teacher and I went to the training and there was nobody coming back to the school to see whether it was done or not so I am not going to do it. I am not going to hold my head up and say I have this to do and I have no deadline; I have nobody breathing down my back so why should I do it? And unless that teacher is so conscious to say: well, you know what, I have got this training and I really feel that the knowledge should be imparted to my other colleagues, than it wouldn't be done. And I think a lot of teachers think like that. The programme is very good but on the other hand we need to have something to back up how this is going to be done in the schools. And there is where the programme fell down.”

## **5.5 Concluding Remarks**

At the end of this section it can be concluded that the cascade training model could be more effective than it is now. In order to make it more effective, certain things are suggested to be changed:

- During the EFAIDS workshop more clarity could be given to the teachers about what they should organise in their schools
- A follow-up system of the GTU could both monitor the teachers' activities and form a back-up for teachers to get information. For example, a person employed by GTU could visit the schools, assess the teachers with a questionnaire concerning their activities in the school and give them advise about how to handle complicated situations
- Involvement of the head teacher should be a serious part of the EFAIDS programme, because without the support of the head teacher, the teachers can not do much in school

## **6 Indirect Effects of the EFAIDS Training Workshops**

The main objectives of the EFAIDS teacher training workshops are training teachers on skills and knowledge concerning HIV and AIDS prevention in order for them to pass these skills and knowledge through to their colleagues, community and pupils and introducing the teachers to the 'Education for All' goals so that they can assist the Union in holding the government accountable for the promises they made in Dakar in 2000. Besides these main objectives the programme also aims at encouraging the teachers to advocate for health education in their schools by showing the importance of educating people on HIV and AIDS, and creating a path for dialogue between the Union and the government for basic primary education. After data analysis some additional effects have been recognised which will be discussed in this section of the report.

### *Additional value of the EFAIDS workshop for the Teachers' Union*

Till recently all teachers were automatically a member of the Teachers' Union. The tuition fee for the Union was in those days always subtracted from a teachers' salary. Since 2000 this system changed and now teachers have to become a member and pay the tuition fee on their own initiative. This caused a decrease in the number of members and therefore a decrease in the income of the Union. Before the year 2000 the Union had about 10.000 members, now they have 7000 of which 40% is actually paying the financial contribution. Often the young teachers are not even aware of the possibility to become a member of the Guyana Teachers' Union. The EFAIDS training workshop has an additional value apart from the above mentioned objectives in the sense that it seems to attract members to the Union and therefore strengthen the organization. During the workshops the President of the Teachers' Union pays visits to give a speech on the importance for teachers to prevent themselves and their environs against HIV infection. He also encourages the teachers to become financial and active members of the Union. In this way the programme provides an opportunity to advertise for the Union and inform the teachers about the kind of role the Union can play to improve the working conditions of the teachers. And it seems to work: many teachers have become a member of the Guyana Teachers' Union after they participated in the EFAIDS workshop. The National Coordinator of the EFAIDS programme describes the added value as follows: "Now everybody here (*in a workshop where the GTU went for the second time*) is a member of the union, sometimes people become a member when they have participated this is because the union gets through the programme a more human face when we travel through the regions. Otherwise it was always about salary negotiations."

### *Providing Pedagogical Tools for Teachers*

It seems that many teachers cope with problems they describe as ‘indiscipline of the pupils’. During the workshops several advices are given on how to handle pupils, for example what to do when pupils get anxious or upset during a role play or a discussion: “Try to be friends with the students, try to get the students talk about their feelings to find out why he or she was upset during the discussion.”

Another issue often discussed by the teachers is the situation in which teachers are laughed at by their students because they don’t know something. They say: “You are a big teacher, and you don’t know!”

The National Coordinator generally advices the teachers to handle by maintaining their self-esteem: “Never pretend to a child that you know something what you don’t know. You have a right to not know everything. The best thing to do is: ignore it. But: deal with the situation, not with the personality.” These pedagogical advices can be considered as an important additional component of the EFAIDS programme and it might be considered to elaborate some more on it since it appears that teachers often cope with uncertainty about how handle their pupils in the classrooms. One of the respondents told that he saw it often happening that teachers only entered the classrooms five minutes before the end of the lesson, especially in Secondary school, to give their pupils homework assignments because they claim to be afraid of them. Several respondents linked this uncertainty of teachers to the abolishment of the cane: “Pupils are not afraid anymore of the teachers since they prohibited the cane, now teachers do not have authority anymore.”

The former quote shows that teachers have difficulties with pedagogical issues in their classroom. How can they handle pupils if they do not have the power anymore with corporal punishment? For us, in the industrialised world, these problems seem odd, but we are far ahead with child care education comparing to low-income countries. Most teachers who were participating in the study said that they did not know how to handle pupils in the classrooms. They said: “They are stubborn; they do not want to listen to what you say.” In the EFAIDS training teachers are advised on this clearly and they practice it in role plays.

### *Strengthening Partnerships with Civil Society*

During the training workshops the National Coordinator encourages the teachers to involve the Parent Teachers’ Association in their activities. It seems that involving teachers is very important concerning decisions in the school. Through informing the teachers about the EFAIDS workshop, they can be encouraged to support school efforts in HIV and AIDS prevention and they could be informed about the Education for All goals in the same way as the teachers. The more people are informed on the promises of the government, the more they can be held accountable.

Another link established during the training is the link with local NGO's involved in HIV and AIDS prevention. During the last day of the EFAIDS training session, officers working in local NGO's involved in HIV and AIDS education are invited to come and see the closing session in which teachers recite poems and songs in which they express their experiences during the workshop.

In this way the teachers and the NGO's are brought in contact with each other. This seems to be effective because an officer working at a local NGO told me during an interview that a teacher came to the NGO after the workshop and said that she wanted to volunteer.

## **7 Policy Development on HIV and AIDS**

One additional aim of the EFAIDS programme is to encourage the teachers' unions to develop policy on HIV and AIDS to be able to do advocacy work on the basis of its practical experience. The rationale behind this aim is that when the union, as a representative of the teaching community, drives the policy instead of the government, they can provide a more realistic image of the day to day reality in schools instead of a plan on desirable answers.

At this moment, the Deputy General Secretary of the Guyana Teachers' Union has been given this assignment. However, probably it will take some time before this policy will be developed since the Deputy General Secretary is besides her job at the Union a senior teacher in a Secondary school, attending University, a house wife who is taking care of her children and grand children and an active church member. She already copes with difficulties concerning time, so the chance that this will be finished soon developing this policy is rather unlikely. Again the issue of lack of human resources in the Union comes forward.



## **8 Pre- and Post tests**

For a quantitative evaluation of the EI HIV/AIDS Teacher Training Program pre and post evaluation forms were designed by Eric Pevzner (2005) to assess the program impact. In Guyana these forms are distributed by the National Coordinator during the first day of the three-day EFAIDS workshops and at the last day. The forms are filled by the teachers and collected by the National Coordinator who sends them to the office of Educational International in Brussels. After analysing the evaluation forms it can provide an insight into the change in knowledge, opinions and confidence of teachers in teaching about HIV and AIDS. So far the forms have not been analysed yet.

There is also a Six-Month Follow Up Assessment form for trainers (see Annex 5) and one for trained teachers (Annex 6). This assessment contains opinion statements to assess knowledge concerning HIV and AIDS, questions on confidence in talking about HIV and AIDS to other adults, adolescents and young people and questions on what school focal points actually have done with the knowledge and skills acquired during the EFAIDS workshops. This last topic is assessed by asking questions on which teachers and trainers have to respond with a “yes” or a “no” and a part in which they have to answer some open questions concerning the activities they have organised. During the research in Guyana this Six-Month Follow Up form was not distributed.

For the evaluation of the training sessions the GTU uses another form in which the teachers can give comments and recommendations. This form does not need any difficult calculations but provides a clear and easy to read overview on how the teachers have experienced the workshops.

## 9 Involvement of the Ministry of Education and the Ministry of Health

So far the cooperation with the Ministry of Education (MOE) on national and regional level consists of the national, regional and district education authorities giving permission to the teachers to leave school and attend the EFAIDS workshops for three days. During the research there was a moment when the President of the Guyana Teachers' Union visited a Regional Education Officer (REO) at the MOE to talk about some issues, of which the EFAIDS programme was one. The REO was then also invited to come to the last day of the workshop to see the efforts of the teachers. Both National and Regional/district education authorities are always informed on the dates and venues for the training seminars to be held the following term. According to the HIV and AIDS coordinator of the Ministry of Education collaboration between the Ministry of Education and the Guyana Teachers' Union concerning training teachers on HIV and AIDS prevention is possible but need to be coordinated on a higher level.

“If GTU wants to collaborate with education on this particular issue than it needs to start with having discussions with the senior people in education so that we can know what they are doing and they know what we are doing and see how we can actually pull it together to make it a more comprehensive programme and see how we can move it forward in the sense that how we going to monitor.”

*Interview with HIV and AIDS coordinator for the Ministry of Education*

The Ministry of Health is not actively involved in the EFAIDS programme. They give permission to doctors and nurses to attend meetings in schools on HIV and AIDS prevention when trained teachers request for this. The Ministry of Health itself is the principal recipient of the largest HIV/AIDS-related grant received by Guyana (Amnesty International, 2006) and runs several HIV and AIDS prevention programmes.

Both Ministries did not send anybody to attend meetings with the Guyana Teachers' Union's National AIDS Committee. When somebody from the Guyana Teachers' Union was asked why there was no cooperation between the Ministries and the Guyana Teachers' Union she answered:

The thing with a coordinated monitoring system is that the Ministry of Education needs incentives. Why should they participate in the GTU programme? They have other sponsors and other donors. For example they have the 'BEAMS' programme funded by the inter-American Development Bank. I don't know anything about it, because what is in it for me? One time the Ministry of Education asked the Guyana Teachers' Union to recommend somebody for their programme. They took a regional coordinator of the GTU. This person now earns three times of what she earned before.

### *Coordination between EFAIDS and other HIV/ AIDS Efforts*

Besides the EFAIDS Prevention Programme there are quite a large number of other HIV and AIDS Prevention efforts within Guyana. PEPFAR, the ‘US President’s Emergency Plan for AIDS Relief’, an initiative launched in 2003 by US President Bush to fight the HIV and AIDS epidemic, is one of the three major sources of funding in Guyana for HIV and AIDS Prevention (Amnesty International, 2006). The other two source of funding are: the Global Fund to fight AIDS, TB and Malaria (GFATM) and the World Bank (WB). In this section some of the intervention programmes which were met during the research will be discussed in order to give an idea about who is doing what in Guyana. Also there will be critically looked at the coordination between the different agents involved in HIV and AIDS prevention and the Guyana Teachers’ Union’s EFAIDS programme.

## **10.1 Other HIV and AIDS Prevention Efforts in Guyana**

### *PEPFAR and its agents: CDC and USAID*

US President Bush launched in January 2003 the US President’s Emergency Plan for AIDS Relief (PEPFAR), a \$15 billion initiative to combat HIV and AIDS worldwide. Through the Emergency Plan, the US government is working with international, national and local leaders to support prevention, treatment and care programmes (PEPFAR, 2007). Guyana is one of the 15 countries worldwide that are the focus of the PEPFAR initiative. Two of the agencies involved in the PEPFAR initiative in Guyana are the Centre of Disease Control (CDC) and USAID (the US Agency for International Development).

CDC is providing more the technical assistance for HIV control programmes together with the Ministry of Health and the Government of Guyana, while USAID, the US development plan for countries overseas aiming at reduction of poverty, supporting economical growth and engagement in democratic reforms (USAID, 2007), focus more on Civil Society. In Guyana USAID is the funding organisation of the “USAID/Guyana HIV/AIDS reduction and prevention project” (GHARP). GHARP is a four year collaboration between the government of Guyana and the United States. The project aims to support Guyana’s HIV/AIDS prevention, care and treatment programs by improving health infrastructure and systems which enhance the skills of health workers. GHARP claims to work with the Ministry of Health, government agencies and community, religious and faith-based organizations, but also with what they call their innovative non-traditional partners: the private sector and the Ministry of Tourism.

GHARP also supports small, local NGO’s, of which one is FACT (Fighting, Abstinence, Consciousness and Togetherness) in Corriverton (Region 6). The NGO started five years ago in a church community but due to religious constrictions (and more focus on abstinence-only prevention messages), they decided to continued on their own. Three years they operated without funding when

they met GHARP who promised to fund them for two years. The NGO conducts workshops with target groups like 'Commercial Sex Workers'(CSW), 'Men having sex with Men' (MSM) and also with religious groups, private sector and families. They visit hospitals, provide home base care services and distribute free condoms. They also train teachers and get PTA's involved but their experience with teachers is: "Teachers who come to the NGO are enthusiastic for a short time and then loose interest again." Although the NGO is glad with the financial support they receive of GHARP at this moment, they question what will happen with the NGO when the funding stops.

The PEPFAR programme sets many strict conditions: it emphasizes abstinence and faithfulness over condoms in HIV/AIDS prevention messages and programming, especially young people are taught to abstain from sex and be faithful to a partner rather than provided with preventative tools like condoms (Amnesty International, 2006). In practice this means that when for example the Red Cross (which receives funding of GHARP) wants to give condom demonstrations in schools, they have to get permission first of all parents of the pupils will be present during the demonstration. In practice they therefore leave that part out because it is impossible to organise this.

#### *Health and Family Life Education: A Teacher Training Programme of the Ministry of Education*

The Health and Family Life Education' programme (HFLE) is a skills-based education programme funded by the World Bank. The programme aims at empowering students to promote behavioural change by providing skills and information concerning HIV/AIDS, sexual health, substance abuse, environmental health, safety and nutrition (World Bank, 2002). There are several sponsoring partners including the Caribbean Economic Community (CARICOM), the Pan American Health Organisations (PAHO)/World Health Organisation and several United Nations agencies. The programme is implemented through the government of Guyana by the Ministry of Education and several other ministries are involved. Each participating ministry has pointed out a focal-point that has to implement and coordinate activities for the Ministry of Education. The Ministry of Education itself has employed an HIV and AIDS coordinator who is, among other things, responsible for the training of teachers. In an interview the coordinator of the HFLE programme said: "Within this programme teachers are trained on life skills and health education issues, such as HIV and AIDS in a comparable way as they are trained in the EFAIDS programme namely with the intention to cascade the knowledge and skills after the workshops using participatory learning activities".

Concerning the coordination between the GTU/EI HIV and AIDS Prevention Programme and the Health and Family Life Education programme of the Ministry of Education, the coordinator of the Ministry says: “It is not a coordinated effort. It is like two separate programmes, the GTU has this EI programme they are managing, whilst we have our programme on Health and Family Life Education what we are doing in the schools.” As a recommendation to coordinate the two programmes with each other she suggests to involve the Regional Education Offices. These offices should do the follow up of the programmes. However, there are some things which might cause difficulties in coordinating the efforts which should be taken into consideration. One of the things is that the relationship between the Guyana Teachers Union and the Ministry of Education not seem to be optimal and equal: “I don’t think that the GTU has the actual power to ensure that the regional officers are going to do this job. The Ministry rules.” The other issue concerns the incentives to cooperate with each other. When I discussed this matter with one of the Regional Coordinators, she said: “In order to get the Ministry of Education into the programme, they should be offered incentives. Why should they otherwise participate? They have other donors and other funds. For example they have the BEAMS Programme<sup>9</sup>, I have no idea what that is because I am not involved.”

#### *UNICEF*

UNICEF supports a number of HIV and AIDS prevention programmes. One example of a programme funded by UNICEF is the “XChange” programme initiated by Mr. Machel Montano, a former Central Executive Officer (CEO). The programme aims at strengthening community based youth friendly organisations. One of the major events is the “XChange” concert in which featuring artists depict positive lifestyles and messages. There were teachers in my interviews who thought that this concert was leading from the Education International Workshop. The programme also intends to organise activities within the home, school, community or on regional level (Folder of the XChange programme/UNICEF). A pilot project has been organised in six countries in the Caribbean region: Barbados, Grenada, Guyana, Trinidad, Haiti and Jamaica.

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<sup>9</sup> BEAMS stands for ‘Basic Education Access and Management Support’ project. It is a project of the Ministry of Education and supported by the IDB (Inter-American Development Bank)

## **10.2 Coordination Efforts within the HIV and AIDS Prevention Field**

As mentioned in the beginning of the report there are two main bureaus's on national level in Guyana with the objective to coordinate all HIV and AIDS efforts in the country, the National AIDS Committee (NAC) and the National AIDS Programme Secretariat (NAPS) . Besides these national coordination offices, there are also international donor agencies who are involved in coordinating the different interventions. The main coordination agency among the international donor organisations is UNAIDS. All three will be presented in this chapter.

### *The National HIV/AIDS Committee (NAC)*

The NAC is a voluntary networking body which promotes HIV/AIDS policy and advocacy issues, advises the Minister of Health and assesses the work of the National Aids Programme Secretariat (NAPS) in relation to the National AIDS Programme. The NAC also encourages the formation of Regional AIDS Committees (RACs) and networking amongst NGOs involved in the fights against the HIV/AIDS pandemic. Several NGO's and associations are members of the NAC, including the Guyana Human Rights Association, PAHO and Guyana Trades Union Congress (National HIV/AIDS Programme, 2007). During a visit to Region 9 I met a lady who was working for the Regional AIDS committee of that region. She said that was working for the Ministry of Health and mainly did typing work. She could not explain very clear what the content of her works was.

### *The National AIDS Programme Secretariat (NAPS)*

The National AIDS Programme Secretariat (NAPS) is the government body which has to coordinate all the HIV and AIDS prevention efforts in Guyana. At the time of the research the office of NAPS was renovated so there was no opportunity for an extended interview. Although NAPS knew about the existence of the EFAIDS programme of the Guyana Teachers' Union there were no real efforts so far to involve the programme into the National Strategy for HIV and AIDS in Guyana.

### *UNAIDS*

UNAIDS is the joint United Nations Programme on HIV/AIDS and aims at bringing together ten UN agencies (among which UNICEF and UNESCO) in a common effort to fight the AIDS epidemic (UNAIDS, 2007). The mission of UNAIDS is also to support nationally owned and led responses.

UNAIDS focuses on five areas:

- leadership and advocacy
- strategic information and technical support
- tracking monitoring and evaluation
- civil society engagement
- mobilization of resources

One of UNAIDS' most important aims at the moment is to ensure better coordination amongst its partners in the UN system, governments, civil society, donors, the private sector and others (UNAIDS, 2007). During my research I interviewed the Country Coordinator responsible for Guyana and Surinam. He worked for many years in the Caribbean, India and Uganda in the field of HIV and AIDS. At the time of my interview with him, he just had started the coordination position. He said that the first thing he aimed at was at this moment was to get a good view on who does what within Guyana. He emphasised that there is quite a large amount of financial resources available for HIV and AIDS efforts and it is important to coordinate these efforts otherwise everybody is eventually doing the same thing. He gives the example of the great interest of HIV and AIDS programmes to work with youth and the education sector. He says that it is good to equally divide the efforts between the different fields of need. The Country Coordinator refers to the National Strategic plan which is launched recently in Guyana and emphasises the importance of a good monitoring system: how is the strategy being implemented and what has been done with the money. As far as he knows the connection between the GTU/Education International's HIV and AIDS Programme and UNAIDS is on international level within the Global Initiative.

Concerning improvement of coordination the Country Coordinator mentions that he has informal meetings every week with the Minister of Health to exchange information on programmes and initiatives. The main reason for this is that within in the tripartite of government, civil society and international partnership, the government should be leading the initiatives. Besides contact with the Ministry, the Country Coordinator has regular meetings (every two weeks) with 'civil society': the people of the NGO's and the CBO's (community based organizations). The Country coordinator aims at involving the education system more into HIV and AIDS prevention efforts.

### **10.3 Concluding Remarks**

In recent years different partnerships between international donor organisations are established on a global level. For example, since 1995 EI, WHO and EDC have worked in partnership on school health and HIV prevention. Together with UNESCO, UNICEF and other partners they convened a Global Conference on HIV/AIDS Prevention for teachers' unions followed by five inter-country workshops. The aim of efforts of this partnership is to build capacity of teachers unions to work as full partners with their respective ministries of health and education (WHO, 2007). In 2000 the EI/WHO/EDC Partnership began working with teachers unions in Africa and representatives from UNESCO, UNICEF and the World Bank to prepare a training programme and support materials for teachers to address HIV/AIDS and advocate for effective intervention dominated calls for action and support (WHO, 2006). These initiatives eventually led to the development of the EFAIDS programme.

Although institutes like Education International, the World Health Organisation, UNESCO and also the World Bank have established these global partnerships to fight the HIV and AIDS epidemic, it seems that on country level there is not much cooperation and coordination between these multilateral organisations. Although the EFAIDS programme is vaguely known by some of the organisations (PAHO, UNAIDS, Ministry of Education), more than once respondents claimed that the GTU EFAIDS teacher training programme is working in isolation. Between the Health and Family Life Education Programme, a skills-based education programme funded by the World Bank, whereby teachers are also trained in HIV and AIDS prevention (among other things), and the EFAIDS programme there has been no cooperation or coordination on national level so far. This means that teachers are trained at random which is not very efficient. It should be better when the two programmes are collaborating with each other more because in both programmes teachers are trained on life skills and they have to go back to their schools after training to cascade their knowledge by organizing projects and the make assignments. As one of the respondents mentioned: "There needs to be some more collaboration efforts so we do not duplicate what already has been done. In that way we are able to use the resources to the maximum to achieve the maximum results."



## Discussion

In the previous section several aspects of the EFAIDS programme have been evaluated, both of the programme itself and of the institutions and relations surrounding it. Many different aspects of the programme have been reviewed and already some obstacles are mentioned. In this section of the report the main obstacles will be defined and discussed in order to form the conclusions and recommendations in the final sections of the report.

### *More Teachers Trained per School or More Schools Involved?*

The aim of the Guyana Teachers' Union is to train one teacher in each school through the EFAIDS programme. What is happening now is that because there is no selection system in which teachers are chosen carefully, a certain number of schools have a teacher who has participated in the EFAIDS workshop, but these schools are not carefully selected on, for example, willingness of head teachers to participate in the programme or authority of EFAIDS trained teachers to implement the programme. Most of these EFAIDS trained teachers are sent for the second round of training sessions. In some cases there are even more teachers in one school who have been participating in the workshops, but also many schools who do not have a EFAIDS trained teacher at all. Because there are a limited number of workshops to be given, because of a limited availability of people within the Guyana Teachers' Union who are available to give the workshops, there is no possibility to involve more schools. This means that the reach of the programme stays limited until the Guyana Teachers' Union employed more people who can train the teachers.

To solve this problem, it could be considered to put a system in place in which teachers in the schools who participated in the EFAIDS workshop should train school-focal points in the other schools which can not be reached by the EFAIDS programme directly. Therefore a choice needs to be made between whether GTU invest in the quality of the already trained teachers by training them for example once every year (and guide them in training other teachers in other schools) or training new teachers who have not been participating in the EFAIDS workshop before and therefore link more schools directly to the GTU.

Training the trained teachers over and over again and encourage them to visit other schools to organise activities could have an additional value in the sense that different schools can be connected with each other in a collaboration. Then, together with the Ministry of Education for example, ways can be discussed through which the HIV and AIDS prevention education (in the way it is taught through the Health and Family Life Education Programme and the EFAIDS programme) can be integrated into the curriculum.

### *Who to choose to be the School Focal Point*

At this moment teachers are sent to the EFAIDS workshop haphazardly. Already it is discussed in the previous section of the report that this arbitrary way of selecting participants could have a negative influence on the motivation and the possibility of the teachers to organise activities to disseminate the knowledge and skills in the school. When teachers do not have the authority to organise anything in schools on their own and they do not get any support, the cascade process stops.

However, what needs to be considered in the selection of the participants and which has not been mentioned before, is that often teachers with a higher the ranking in school, therefore are also more occupied with many other events in and outside school. Therefore, in designing a selection procedure for participants of the EFAIDS workshop, GTU should take into account that an EFAIDS participant has a form of authority in the school but also has the time and the motivation to actually do something after being trained in the workshop.

In order to successfully implement the EFAIDS programme and motivate teachers to disseminate the information on HIV and AIDS prevention and EFA goals, it is not only important *who* participate in the EFAIDS workshops, but also *what* is discussed during the training.

### *Creating Awareness about Rights and Responsibilities*

Sensitising the teachers on Education for All goals and workplace issues is one of the goals of the EFAIDS programme. The idea is that once teachers are aware of their rights and also of their responsibilities being a teacher, their position and commitment will strengthen which can eventually contribute to improvement of the education system. By informing the teachers about the conditions of the 'Fast Track Initiative'<sup>10</sup>, to reach the Education for All goals on which the government of Guyana has committed itself, they are encouraged to hold the government accountable for its promises.

Discussing the EFA goal for literacy a teacher said during one of the training workshops: "Concerning the new Nursery Programme which aims at improvement of literacy, we can say that the government is not providing the material. They expect us to make the materials ourselves and the parents to provide the monetary aspect." The National Coordinator responded: "We must always remember that the government has a duty to provide the things needed. If it is not there you have to know who to put pressure on; your head or your senior teacher or even the Union."

However, there are limitations of what teachers can do to hold the government accountable, especially in Guyana. One of the respondents told me that it is very difficult for teachers to get through to the Ministry of Education because of the hierarchical position of the Ministry in respect to teachers.

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<sup>10</sup> Initiative of the World Bank to accelerate the EFA process; however, only non-monetary incentives for teachers can be provided (this is the condition), which means: no salary improvements

Individually, teachers cannot do much, but through the Union they can do much more. This could be discussed and emphasised more during the EFAIDS workshop.

Besides EFA goals, teachers are HIV and AIDS prevention, not only with the intention to protect themselves against infection, but also to teach others, preferably through a standard health education programme in schools. Although the government of Guyana intends already for years to implement health education in the curriculum, it is in most cases not yet been taught in schools.

#### *Integration of HIV and AIDS Education into the Curriculum*

At a national level, it seems that HIV/AIDS education is not officially integrated into the curriculum yet. The Health and Family Life Education Programme (HFLE), in which HIV/AIDS prevention is integrated is currently in the process of implementation. HFLE, coordinated by the Ministry of Education, aims at integrating health education into the curriculum but probably because it is not a subject which is examined at the end of the school year; it is not priority for many teachers to also actually teach the subject during the education programme. Teachers are bound to follow the curriculum and the current system rewards on aiming on getting the best exam results; this is what teachers are assessed on at the end of the year. Taking the difficult working conditions (lack of teaching materials, overcrowded classrooms) and the low salaries into consideration it is not very likely that teachers will create time after school to organise extra lessons.

Some of the teachers who participated in the EFAIDS workshops said during the interviews that they sometimes integrated information on HIV and AIDS prevention in other subjects like English Language or Science. This appeared to depend on the personal motivation of the teachers. Apart from this individual drive to impart the knowledge to their pupils, teachers should be supported by the school system and the curriculum. Several studies have recognised the importance of making HIV/AIDS prevention part of the examined curriculum (Kachingwe et al, 2005; Kinsman et al, 2001) but it definitely also should be part of the teachers' assessment at the end of the year and it should be an examinable subject for the pupils in a way that it is required that they have reflected upon the content of the lessons in a way that they link the information also to their personal situation. Only in this way they will apply the knowledge and skills to their daily situation and alter their behaviour.

Apart from coordination within the education sector, the EFAIDS programme will most likely benefit if the programme would be more coordinated with the many other HIV and AIDS programmes in Guyana. However, since many programmes are supported by different donors, integration and coordination is difficult.

### *Difficulties in Coordination and Collaboration*

Theoretically it could be concluded that there should be more cooperation between the different HIV and AIDS prevention efforts in Guyana. However, there are some important aspects which have to be taken into consideration in the discussion on coordination of different HIV and AIDS programmes.

The programmes which are running in Guyana are funded by different organisations. The major funding comes from the PEPFAR Programme initiated by the Bush Administration which states strict conditions on the way the prevention education is given (for example that demonstration of condoms is not permitted in schools without an extensive request procedure). This can make it very difficult to combine these programmes for instance with projects who recognise the importance of condom demonstration in their programme (for example the EFAIDS programme).

Involvement of other institutions is not only difficult because of different interests, but also because people are engaged in their own activities. For example, when the Guyana Teachers' Union organises a workshop in a certain region, they send letters to local NGO's, to the Regional Education Officer and to the Regional Office of the Ministry of Health, to invite representatives to join the last day of the workshop. In this way officers of these institutions can get in contact with the trained teachers and see how they can help each other in organising activities in school. However, often these officers are occupied with other engagements. This also became clear during one of the interviews with an official working in an NGO engaged in HIV/AIDS education in region 2: "I heard about the programme at the last moment. They send an invitation for the last day to ask to send a representative. To be honest: I forgot to send one." According to several respondents, such as the National Coordinator and Regional Coordinators, this was happening often also at national level within the Ministry of Education and the Ministry of Health.

Concerning the involvement of the Ministry of Health and the Ministry of Education in the EFAIDS programme it can be concluded that their efforts are at this moment minimal. Basically the only thing they do is give the permission to teacher to leave school in order to attend the EFAIDS workshop and give permission to doctors to go to schools and provide information on HIV and AIDS as a resource person. Both ministries have formed HIV and AIDS policies. The Ministry of Education formed two workplace policies, one for the Ministry itself and one for in the schools. When the Ministry of Education could join their efforts with those of the Guyana Teachers' Union, starting with sending somebody to join the meetings with the National AIDS Committee of the Guyana Teachers' Union a more coordinated effort to fight against the HIV and AIDS epidemic in the education system could be achieved.

## Conclusions

This report presents the outcomes of a critical evaluation of the EFAIDS programme as it is implemented by the Guyana Teachers' Union (GTU) in Guyana (South-America). In the present study EI's HIV and AIDS prevention programme EFAIDS, has been evaluated looking at its effects in the broader social context of Guyana's society. Therefore, not only EFAIDS trained teachers were questioned in semi-structured interviews, but also GTU officers, Ministry officials, Education specialists and officials working in organisations such as: UNAIDS, CDC and PAHO. By doing so, the researcher intended to determine the role of the Union in HIV and AIDS prevention, as well as in improvement of the education system<sup>11</sup> which both can be considered as main focus points of many of today's international donor organisations. In this section four conclusions are drawn which form the foundation for recommendations to improve the programme on its long-term sustainability.

### 1. EFAIDS: Towards a Comprehensive Picture

In general it can be concluded that the EFAIDS training workshops as they are implemented by the Guyana Teachers' Union in itself can be considered as a qualitative and effective strategy for HIV and AIDS prevention. The GTU has trained quite an extended number of teachers during the workshops so far and will continue doing this in the coming years. The workshops provide clear information on HIV prevention and Education for All goals and train the teachers to use participatory teaching methods. In addition to this they are informed on the 'Education for All' goals through which they are encouraged to participate in the debate between the Guyana Teachers' Union and the Guyana government on access to universal primary education. The teachers are encouraged to join the Union and it looks as if they have become more active. Teachers are generally very enthusiastic about the EFAIDS workshops and request to participate more often in them. They experience the workshops as being very informative and they show great motivation to disseminate the information they have received to others.

However, to strengthen the programme on the long-term a more structural approach by the Guyana Teachers' Union is needed. Currently there is not a standard selection procedure for teachers who will participate in the EFAIDS workshop. They are either chosen by their head teacher or they have volunteered to participate on their own initiative. If the head teacher does not support the implementation of the programme or the teacher does not have the authority or the ability to be the 'school focal point' and coach the other teachers to implement health education in the programme, than training this particular teacher over and over again, does not seem to be very effective.

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<sup>11</sup> Which is aimed at through informing teachers on the 'Education for All' goals

## **2. A Minimal Cascading Effect**

Generally it looks as if, although teachers have been trained in a qualitative three day workshop, the majority of them do not organise structured events in their schools which eventually lead to implementation of health education in their school. Questioning the EFAIDS trained teachers, it appeared that when the trained teachers, or 'school-focal points' returned to their schools, they might have informed their colleagues during a staff-meeting and some of them might have discussed some things concerning HIV and AIDS in class, but then the cascading process generally stopped. None of the teachers responded to have organised extensive programmes in their school whereby other teachers were trained to finally implement health education in the curriculum.

Fortunately at the same time an unforeseen effect of the 'cascading training model' can be identified within the EFAIDS programme. Although not many teachers are organizing group activities in their school or communities in which they pass on the knowledge and skills through activities they have learned during the teacher training workshop, almost all teachers either talk to their family members, their church members, their neighbours or their friends about the importance of prevention for HIV infection. In some cases this information is then again passed on by these new informed people and therefore spread in a cumulative way.

However, the cascading effects of the EFAIDS training could increase significantly if more teachers would organise workshops for other teachers, Parent Teacher Association members and pupils in their schools whereby they use the activities which they have learned in the EFAIDS workshop. To accomplish this, some issues need to be taken into consideration, which are presently forming an obstacle for teachers to carry out their activities. These issues comprise the position of the teacher within the school, the character and motivation of the teacher, the time available for carrying out activities during school time and the support of the head teachers. Thereby it should be presented more clearly during the EFAIDS workshop what is expected of the teachers. Finally, it can be concluded that a monitoring system which also could assist the teachers when they face certain difficulties shall definitely lead to a more stronger and sustainable programme.

### **3. Limitations within the Union**

Recently, an increasing number of partnerships between international donor organisations and trade unions have been established at different levels (ICFTU, 2001; DFID, 2005). However, as mentioned in the first section of the report, several scholars claim that the greatest impact of nongovernmental networks on world politics has so far been mainly at the level of agenda setting and the spreading of norms and changes in intergovernmental and governmental discourse (Keck & Sikkink, 1998). Whether civil society organisations, such as teachers' unions, can actually hold national governments accountable for promises they made to the international donor community needs to be questioned. Restrictions within the Guyana Teachers' Union, caused by limited financial and human resources, result among other things in a lack of monitoring and evaluating system for the EFAIDS programme. Limited capacity (in terms of people who are available) in the Union probably also obstruct effective communication with the Ministry of Education, the Ministry of Health and other (international) organizations working in the field of HIV and AIDS prevention and education improvement. In addition to this, these offices are themselves engaged in other programmes sponsored by other donors, such as the World Bank. For example, the Ministry of Education runs the Health and Family Life Education Programme (HFLE), in which they also train teachers on life-skills and HIV and AIDS prevention. Cooperation and coordination between the two programmes, EFAIDS and HFLE, seems difficult to establish. Efforts on international and national level are necessary to establish a sustainable relation.

### **4. Not a Coordinated Effort in terms of National HIV/AIDS Prevention**

Generally it can be concluded that the officials (other than trade unionists) interviewed for the study were in most cases not aware of the activities in the EFAIDS programme of the Guyana Teachers' Union. The Ministry of Education did not seem to be particularly interested in cooperation but sees opportunities when there is coordination at the national level. The officers of the international donor agencies 'UNAIDS' and 'PAHO' were interested in cooperation and coordination but so far did not take any action to approach the Guyana Teachers' Union.

The majority of the HIV and AIDS prevention programmes in Guyana are included in the National Strategy. However the EFAIDS programme is not. The National AIDS Programme Secretariat, the government agency involved in the coordination of HIV and AIDS prevention programmes in Guyana, knows about the existence of the programme but is not actively involved. On the grassroots level teachers who participated in the EFAIDS workshop engage with local NGO's working in the field of HIV and AIDS prevention. However, more structure at the national level could improve this cooperation and improve the effectiveness of more programmes.

When there is no coordination improvement at the national or international levels whereby the EFAIDS programme is included as part of the National Strategy, and no incentives are provided for the Ministry of Education to coordinate and monitor HIV and AIDS training together with the Guyana Teachers' Union, it is likely that the programme will continue to operate in isolation. This will not benefit the programme in the long run and it will probably not succeed to implement health education in the curriculum, since the Ministry of Education is the leading actor in this.

## **5. General Conclusions**

HIV and AIDS affects the school system because there are teachers who get infected and eventually may not survive. Because the school system in many low-income countries is already lacking well trained quality teachers, it is considered that HIV and AIDS have great impact on the quality of education. Therefore, organising HIV/AIDS prevention programmes through schools looks as a good way of providing effective prevention methods for more HIV infections. After all: school is a place to learn. However, what if the school system as a whole is coping with all kinds of difficulties which form a barrier for teachers to teach in general? Motivational problems caused by colleagues who leave the country for a better salary elsewhere, overcrowded classrooms and lack of teaching and learning materials are common problems in the daily reality of most teachers. At the same time, probably due to initiatives such as the World Banks' Fast Track Initiative on Education for All<sup>12</sup>, national governments invest little in their education systems in a way that it will have long-term effects. One of the best examples of this is that the government currently trains teachers who at the same time leave the country in large numbers.

In the EFAIDS workshop teachers are united to talk about the problems HIV and AIDS cause in the school system. By sharing personal stories, carrying out role-plays and participating in group-discussions, they experience the strength of gathering together and fight against injustice. Many teachers had forgotten that this was the aim of a union in general and many sign up to become a member after they finished the workshop. In the end, if the programme is organised efficiently, teachers can not only become HIV and AIDS prevention leaders, but also form the driving force for the implementation of measures to improve the education system as a whole.

EI's HIV and AIDS prevention programme was introduced in Guyana in January 2004. Since then 900 teachers have been trained on knowledge and skills concerning HIV and AIDS prevention. Since January 2006 the Education for All component has been integrated and teachers are trained for the second time by the Guyana Teachers' Union in a new programme: EFAIDS.

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<sup>12</sup> Which recommends national governments not to invest in teachers' salaries



Already it was concluded that after the training teachers have more knowledge, confidence and intentions to discuss HIV and AIDS prevention in their classrooms, with their colleague teachers and in their communities (Pevzner, 2005). However, in practice EFAIDS trained teachers only inform their colleague's, family, friends and neighbours and in some cases pupils in an informal, unstructured manner by discussing the topic in short. Implementation of structured health education in schools almost certainly requires more coordinated and monitored efforts, cooperating at different levels and in different institutions (Ministry of Education, Ministry of Health, WHO, UNAIDS etcetera).

Overall it can be concluded that the EFAIDS training programme can be seen as a successful effort in the fight against HIV and AIDS. There are however some issues which are discussed in the previous chapters and which need to be addressed to strengthen the programme's impact and its chance to provide for long-term effects. These issues can be summed up as follows:

- **The problem of 'Brain Drain':** additionally to the effects of the HIV epidemic on the decreasing number of teachers, emigration also plays an important role in the problem of the lack of teachers. Training teachers through the EFAIDS programme while the chance that they emigrate to another country within a short time can be considered as what we call in Dutch: mopping with the tab open<sup>13</sup>. At the same time, training teachers within a programme and giving them the status of 'school-focal point' could be a reason for them to stay in their schools and fight for the good purpose of informing people on HIV and AIDS prevention
- **The problem with cascading the information in an efficient way:** within the schools system there are not always opportunities to work with colleagues and students on HIV/AIDS education. It is different per school whether the subject is integrated into the curriculum or not. Also the atmosphere on talking about HIV and AIDS is different in each school and determines whether there are organised activities for Parent Teachers' Associations and students, or not. A monitoring system which assesses the trained teachers and assist them in their efforts in schools could be very beneficial for the programme
- **The isolation of the EFAIDS programme in relation to other HIV and AIDS efforts in Guyana:** although there are agencies which are aware of the existence of the programme implemented through the Guyana Teachers' Union, there is no involvement whatsoever. Even PAHO, the regional office of the World Health Organisation (one of the main partners in the EFAIDS programme) in Guyana is not involved in the programme in any sense.

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<sup>13</sup> It means that you can mop the floor, but if you at the same time leave the tab open you will never finish. Training teachers in order to create more quality teachers does not seem to be of use when especially the trained teachers are leaving the country in large numbers

## **Recommendations**

The main recommendation coming forward from this study is to continue the implementation of the EFAIDS programme. When it will be fully implemented, the programme can have major effects on the improvement of the education system and the decline in HIV infections. Teachers can participate in increasing the quality of education by improving their teaching methods and protest against measures which will impact on the quality of the public education system. However, the EFAIDS trained teachers should get support from their head teachers, their schools, the Ministry of Education and International Donor Organizations who are represented in the country.

Considering the conclusions in the former chapter, some recommendations have been formulated which might strengthen the impact of the EFAIDS HIV and AIDS programme and its effects on the long-term. The recommendations are presented in the same line as the presentation of the several aspects of the EFAIDS programme in the middle part of the report.

### **1. Selection**

During the preparations of the EFAIDS workshops there are different moments of selection. First the locations of the workshops are determined in the different regions, then the schools within that region are send an invitation to send a representative to participate in the workshop and finally the school selects a 'school-focal point' who will be trained and has to go back to organise activities within the school and the community to cascade the knowledge on HIV and AIDS prevention. Careful selection of participants will probably raise the motivation, and also the probability that there are actually events organised in the schools system to cascade the knowledge and skills on HIV and AIDS prevention. In the following section there will be given some suggestions for a more specific selection of the location of the workshops, the participating schools and the 'school-focal points'.

#### **1.1 Selection of Location**

Since Guyana is already divided into 10 different administrative regions it could be considered to select a certain number of teachers in each region who can participate in the EFAIDS workshop. Schools can be selected according its geographical location: a school which is far away from other schools can be chosen to send a representative and also schools from which teachers can easily travel to other schools should be participating because then teachers can form their own circle around the school and train new focal points. In this way the programme can be more efficiently distributed.

## **1.2 Selection of Schools**

At this moment only Nursery, Primary and Secondary schools are involved in the EFAIDS programme. In the evaluation report of April 2005, EI writes: “A crucial element in the programme will be the opportunity to train those now attending training colleges and universities and intend to enter the teaching profession” (EI, 2005). Although students participating in the In-service training of the Teachers’ Training College were also participating in the EFAIDS workshops there is not a structured cooperation between the Guyana Teachers’ Union and the Teachers’ Training College. However, it could be recommended to establish such cooperation because then teachers can be involved right from the beginning. The Guyana Teachers’ Union could go to the Training College and organise workshops there, but then it has to be taken into consideration that with the current human resource capacity it is already difficult to organise a certain number of workshops for school on Nursery, Primary and Secondary Level. It could be considered to shift the focus of attention more to students in Teacher Training College and also for example in the Technical Institute then to Nursery level. Otherwise more human resources need to be acquired for the execution of the workshops.

## **1.3 Selection of Participants**

By carefully selecting participant the chance that they remain in the programme and the chance that they will organise activities in their schools and communities will likely increase significantly. By involving the head teacher in the selection process the chance that he or she will be supportive in the efforts of the teacher after the training workshop also will enlarge. The selection procedure can be for example designed during a training of trainers workshop, organised by Education International. It is recommended to adopt the selection procedure in a policy document of the union and draw up a questionnaire which has to be filled in by teachers who are interested in the position and which can be used by the head teacher to make his or her decision on who to send to the EFAIDS workshop. Selection criteria then have to be determined and also integrated in this policy document. There are different selection criteria which can be used. In her study Visser (2004) concluded for example that age, personal experience with HIV/AIDS, level taught and value expressive attitude functions toward talking about HIV/AIDS have a consistent impact on teachers’ intentions to talk about HIV/AIDS and on their past behaviour of talking about HIV/AIDS in schools and communities (Visser, 2004). It seemed that younger teachers, teachers who know someone who is sick or has died from HIV/AIDS and teachers who teach upper primary school pupils are more likely to talk about HIV and AIDS. Also the issue of availability and position as discussed in the previous chapters should be considered as a criterion for selection.

## **2. Monitoring the Participants after the Workshop**

Since there is already an assessment tool to see what the school focal point actually has done with the knowledge and skills acquired during the EFAIDS workshop (the Six Month Follow-Up Assessment for teachers and trainers), it is strongly recommended to use this as a base to monitor the participants. It can be considered to revise the assessment form since it does not provide a real good answer on what teachers and trainers have been doing in their school, their communities and their classrooms as a result of the programme. There could be included a section in which teachers have to write about their experiences and who they involved (other organisations, NGO's, Ministries etc.). There has to be somebody within the Guyana Teachers' Union who collect these forms and makes overview-reports which can be send to the Ministry of Education to inform them about the efforts of the teachers. Again it has to be taken into consideration that human resources in the Guyana Teachers' Union are limited.

## **3. Increase Coordination with other HIV/AIDS Prevention Efforts**

When the Guyana Teachers' Union and the Ministry of Education would coordinate their efforts in training teachers on HIV and AIDS and other health related skills in a more efficient way, more teachers could be trained and more school can be involved. Both programmes are funded by different organisations; the GTU EFAIDS programme is funded by Education International and the Health and Family Life Education (HFLE) Programme is funded by the World Bank and coordinated by UNICEF. According to people involved in the programme this might be the cause of lack of coordination. They suggest creating incentives to work together. This has to be initiated on macro level in agreements between donors and coordinated and monitored by coordination institutes as UNAIDS and the National AIDS Programme Secretariat (NAPS). By strengthening the two efforts probable the chance that HIV and AIDS prevention education will be integrated into the curriculum and become and examined subject will increase.

## **4. Clarify and Extend the EFA part of the Workshop**

The EFA part of the programme clearly encourages the teachers to engage in the discussion on improvement of the education system. Once they are aware of their own role in creating access to education for everybody (for example to make house visits to observe the situation of a child and take measures where possible), it is more likely that teachers take action. It is therefore recommended to continue this EFA component and explore for more possibilities for teachers to take action. By strengthening the Union through membership this is already as step in the right direction.

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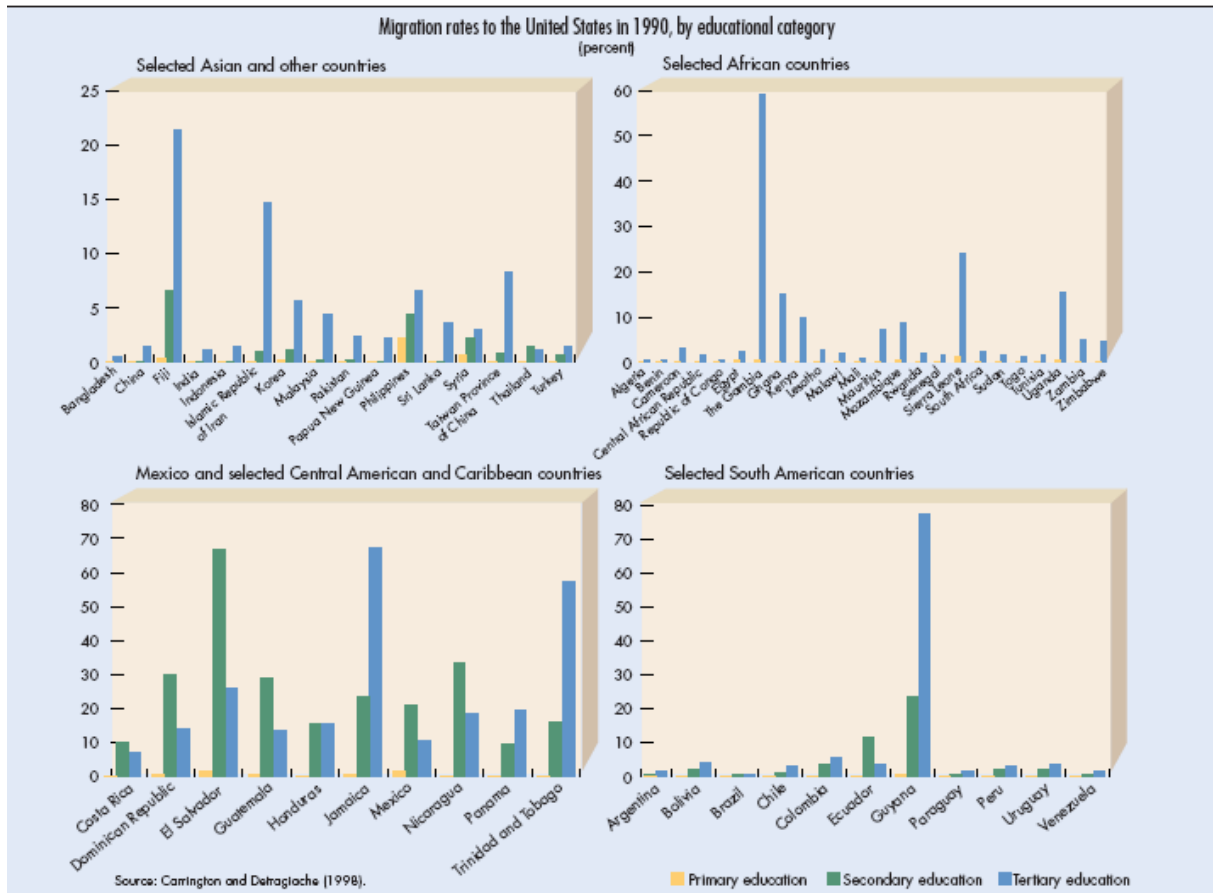
*Websites:*

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PEPFAR :	<a href="http://www.pepfar.gov">www.pepfar.gov</a>
SNDP:	<a href="http://www.sdn.org.gy/">http://www.sdn.org.gy/</a>
UNAIDS:	<a href="http://www.unaids.org">www.unaids.org</a>
USAID:	<a href="http://www.usaid.gov">www.usaid.gov</a>
US Citizenship and Immigration Service:	<a href="http://www.uscitizenship.info/">http://www.uscitizenship.info/</a>
Wikipedia (NL):	<a href="http://nl.wikipedia.org/wiki/Guyana">http://nl.wikipedia.org/wiki/Guyana</a>

## Annex 1. Migration Rates by Educational Category

Migration rates to the United States in 1990, by educational category. 80% of Guyana's emigrants participated in tertiary education.

Source: <http://www.imf.org/external/pubs/ft/fandd/1999/06/pdf/carringt.pdf>



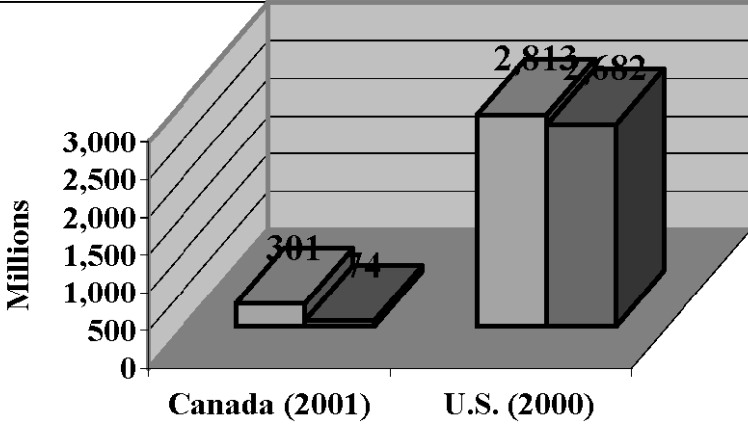
Source: <http://www.imf.org/external/pubs/ft/fandd/1999/06/pdf/carringt.pdf>



# Annex 2. Population in Canada and the US of Caribbean origin

Source: <http://www.focal.ca/pdf/migration.pdf>

### Table 1: Population in Canada and the U.S. of Caribbean and Central American Origin



Source: Statistics Canada;  
U.S. Census Bureau

■ Caribbean ■ Central America

### Annex 3. Partners within the National Strategic HIV/AIDS Plan

Source: National Strategic HIV/AIDS Plan 2007-2011  
[http://www.hiv.gov.gy/partners\\_list.php?pid=0](http://www.hiv.gov.gy/partners_list.php?pid=0)

Partner Name	Partner Type
<u>African Cultural Development Association (ACDA)</u>	NGO
<u>Artistes in Direct Support (AIDS)</u>	NGO
<u>Canadian International Development Agency (CIDA)</u>	International
<u>Canadian Society for International Health (CSIH)</u>	International
<u>Catholic Relief Services (CRS)</u>	International
<u>Centers for Disease Control - Global AIDS Program (CDCGAP)</u>	International
<u>CHF-Partners in Rural Development (CHF)</u>	NGO
<u>Cicatelli Associates Inc. (CAI)</u>	International
<u>Comforting Hearts</u>	NGO
<u>Commonwealth Youth Programme Caribbean Centre (CYPCC)</u>	International
<u>Country Coordinating Mechanism (for Global Fund) (CCM)</u>	Government Organisation
<u>Cry of Aids Project - Bartica (COAP)</u>	NGO
<u>Delegation of the European Commission (EU)</u>	International
<u>Every Child (Guyana)</u>	NGO
<u>FHI/IMPACT (FHI/IMPACT)</u>	International
<u>Francois-Xavier Bagnoud Center (FXB)</u>	International
<u>G Plus (G Plus)</u>	NGO
<u>Georgetown Public Hospital Corporation (GPHC)</u>	Government Organisation
<u>Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM)</u>	International
<u>Guyana Central Arya Samaj (GCAS)</u>	NGO
<u>Guyana Chest Society (GCS)</u>	Government Organisation
<u>Guyana Council of Churches /Inter-Religious Organisations</u>	Others
<u>Guyana Geology &amp; Mines Commission (GGMC)</u>	Government Organisation
<u>Guyana Human Rights Association (GHRA)</u>	NGO
<u>Guyana Indian Heritage Association (GIHA)</u>	NGO
<u>Guyana National Commission for UNESCO</u>	NGO
<u>Guyana Red Cross Society (GRCS)</u>	NGO
<u>Guyana Responsible Parenthood Association (GRPA)</u>	NGO
<u>Guyana Safer Injection Project (GSIP)</u>	International
<u>Hope for All</u>	NGO
<u>Howard Delafield International</u>	International
<u>Inter American Development Bank (IDB)</u>	International
<u>International Labour Organisation/United States Department of Labor HIV/AIDS Workplace Education Project (ILO/USDOL)</u>	International
<u>International Training &amp; Education Center on HIV (I-TECH)</u>	International
<u>Iwokrama International Centre for Rainforest Conservation &amp; Development (Iwokrama)</u>	Others
<u>John Snow Inc. (JSI)</u>	International

<u>Lifeline Counselling</u>	NGO
<u>Linden Care Foundation (LCF)</u>	NGO
<u>Ministry of Agriculture (MOA)</u>	Government Organisation
<u>Ministry of Amerindian Affairs (MAA)</u>	Government Organisation
<u>Ministry of Culture, Youth &amp; Sports (MCYS)</u>	Government Organisation
<u>Ministry of Education (MOE)</u>	Government Organisation
<u>Ministry of Health (MOH)</u>	Government Organisation
<u>Ministry of Home Affairs (MOHA)</u>	Government Organisation
<u>Ministry of Labour, Human Services &amp; Social Security (MLHSS)</u>	Government Organisation
<u>Ministry of Local Government (MLG)</u>	Government Organisation
<u>National AIDS Committee (NAC)</u>	NGO
<u>National AIDS Programme Secretariat (NAPS)</u>	Government Organisation
<u>National Association of Health Organisations (NAHO)</u>	Government Organisation
<u>National Malaria Oversight Committee (NMOC)</u>	Government Organisation
<u>NGO Consortium on HIV/AIDS (NGOC)</u>	NGO
<u>Pan American Health Organisation/ World Health Organisation (PAHO/WHO)</u>	International
<u>Population Services International (PSI)</u>	International
<u>Presidential Commission on HIV/AIDS (PAC)</u>	Government Organisation
<u>Private Sector Commission of Guyana Ltd. (PSC)</u>	Others
<u>Region 10 AIDS Committee (RAC10-Linden)</u>	NGO
<u>Region Five Community Development Organisation</u>	NGO
<u>Rotaract Club of Georgetown</u>	NGO
<u>St Francis Community Developers and Friends of St Francis</u>	NGO
<u>UK Department for International Development (DFID)</u>	International
<u>UNAIDS- Joint United Nations Programme on HIV/AIDS (UNAIDS)</u>	International
<u>United Nations Children's Fund (UNICEF)</u>	International
<u>United Nations Development Programme (UNDP)</u>	International
<u>United States Agency for International Development (USAID)</u>	International
<u>University of Guyana (UG)</u>	Others
<u>USAID/Guyana HIV/AIDS Reduction and Prevention (GHARP) Project (GHARP)</u>	Others
<u>Varqa Foundation</u>	NGO
<u>Volunteer Youth Corps (VYC)</u>	NGO
<u>World Bank (WB)</u>	International
<u>Youth Challenge Guyana</u>	NGO

## Annex 4. Six-Month Follow-up Assessment for Trainers

### Six-Month Follow-up Assessment for TRAINERS

*WHO, EI, EDC, and CDC Teacher Training Project on HIV and AIDS*

#### I. Demographics:

Date:

Country:

Gender:

Age: (under 30; 31-40; 41-50; over 50)

School Location: (urban; rural)

Level of school that you teach:

Union:

Number of years working in the education sector:

**II. Opinion Statements:** Please respond to each statement by placing a tick in the appropriate column.

Statement	Agree	Unsure	Disagree
1. Individuals can prevent HIV infection by adopting protective behaviours.			
2. It is okay to use oil-based lubricant, such as petroleum jelly, to lubricate a latex condom.			
3. Women are more susceptible than men to HIV infection.			
4. Teaching young people about preventing HIV and other STIs should include informing them about the effectiveness and proper use of condoms.			
5. Teaching young people about sex and HIV and AIDS will make them promiscuous and immoral.			
6. HIV-infected staff and students should not be allowed to attend school because they put others at risk of infection.			
7. If people have only one sexual partner, they are at no risk of HIV infection.			
8. When asked a question about HIV that you don't know the answer to, it is okay to say, "I don't know the answer, but I will try to find out."			
9. Teachers can play an important role in preventing HIV infection.			
10. Knowing the basic facts about HIV is enough to prevent its spread.			
11. Teachers can help colleagues and other adults reduce their risk of HIV infection.			
12. Youth need to have life skills, such as decision-making, to protect themselves from HIV infection.			
13. Teachers' unions should leave the responsibility of			

HIV and AIDS education to the ministries of health and/or education.			
14. Even the youngest learners need the knowledge, attitudes, and skills to adopt protective behaviours.			
15. It is important for teachers to know their HIV status.			

**III. Confidence:** Please respond to each question by placing a tick in the appropriate column.

How confident are you that you can use the following activities to train teachers to . . .	Not Confident	Somewhat Confident	Confident	Very Confident
<i>Activities to help adults avoid HIV infection</i>				
1. Increase their knowledge of HIV and AIDS (Activity 1.1)				
2. Identify behaviours that put them at risk (Activity 1.2)				
3. Understand why people take risks (Activity 1.3)				
4. Use negotiation and communication skills to reduce their risk of HIV infection or STIs (Activity 1.4)				
5. Obtain and use condoms effectively (Activity 1.5)				
<i>Activities to help adults and young people advocate for HIV effective prevention in schools</i>				
6. Advocate for HIV/STI prevention programmes and policies (Activity 2.1)				
7. Respond constructively to challenging HIV-related questions (Activity 2.2)				
8. Mobilise support and resources for HIV and AIDS education in schools (Activity 2.3)				
<i>Activities to help young children avoid HIV infection</i>				
9. Help young children acquire communication, decision-making, and interpersonal skills (Activity 3.1)				
10. Help young children acquire the skills needed to deal with emotions and stress (Activity 3.2)				
<i>Activities to help pre-adolescents avoid HIV infection</i>				
11. Help pre-adolescents acquire the skills needed to effectively communicate messages about HIV prevention to friends, family, and others in the community (Activity 4.1)				
12. Help pre-adolescents acquire the skills needed to effectively communicate a desire to delay the onset of sexual intercourse (Activity 4.2)				
13. Help pre-adolescents seek out information related to their sexuality (Activity 4.3)				
14. Help pre-adolescents acquire the skills needed to communicate about sexuality with peers and				

How confident are you that you can use the following activities to train teachers to . . .	Not Confident	Somewhat Confident	Confident	Very Confident
adults ( <i>Activity 4.4</i> )				
15. Help pre-adolescents acquire the skills needed to think critically and to understand the consequences of their choices ( <i>Activity 4.5</i> )				
16. Help pre-adolescents acquire the skills needed to identify a range of health decisions and consequences ( <i>Activity 4.6</i> )				
17. Help pre-adolescents acquire the skills needed to refuse sexual intercourse ( <i>Activity 4.7</i> )				
18. Help pre-adolescents express empathy towards persons who may be infected with HIV ( <i>Activity 4.8</i> )				
19. Help pre-adolescents discuss personal issues with confidence and self-esteem ( <i>Activity 4.9</i> )				
20. Maintain pre-adolescents' personal value systems, independent of peer influence ( <i>Activity 4.10</i> )				
<i>Activities to help adolescents avoid HIV infection</i>				
21. Develop adolescents' skills in risk assessment and negotiation for safer sex ( <i>Activity 5.1</i> )				
22. Help adolescents acquire the skills needed to use and talk about condoms ( <i>Activity 5.2</i> )				
23. Train adolescents to seek out information and counselling services to help with substance abuse problems ( <i>Activity 5.3</i> )				
24. Train adolescents to seek out and identify sources where condoms may be obtained ( <i>Activity 5.4</i> )				

**IV. Actions:** Please respond to each question by placing a tick in the appropriate column.

Following my training, I used the learning experiences from the manual to . . .	No	Yes (if Yes, enter the approximate number of times this occurred)
1. Train teachers to help other adults protect themselves from HIV		
2. Train teachers to advocate for HIV education		
3. Train teachers to help students develop skills to protect themselves		
4. Help other adults protect themselves from HIV infection		
5. Advocate for HIV education		
6. Help students develop skills to protect themselves		

*Each participant is encouraged to complete this section.  
However, if you are not comfortable answering these questions, please skip to the next section.*

Concerning my own practices, and as a result of my training, I . . .	No	Yes
7. Abstain from sexual activity		
8. Am faithful to one sexual partner		
9. Consistently use condoms		
10. Have been tested for HIV		

**V. Follow-up:** Please fill in the blanks.

1. How many days of training did you receive? \_\_\_\_\_
2. How much time lapsed between when you received training and when you trained others?  
\_\_\_\_\_
3. How many complete courses for teachers have you conducted since your own training? (A complete course is a training where all appropriate learning experiences from the EI/WHO/EDC manual are used.) \_\_\_\_\_
4. How many teachers have you trained directly personally? \_\_\_\_\_
5. In each course, did you train teachers to use the learning experiences to do the following?
  - a. Help adults protect themselves from HIV and AIDS \_\_\_\_\_
  - b. Help adults and young people advocate for HIV education \_\_\_\_\_
  - c. Help students develop skills to protect themselves \_\_\_\_\_
6. Approximately how many of your complete courses (a training where all appropriate learning experiences from the EI/WHO/EDC manual are used) lasted:
  - a. Less than 4 hours \_\_\_\_\_
  - b. 4 to 8 hours \_\_\_\_\_
  - c. 8 to 16 hours \_\_\_\_\_
  - d. More than 16 hours \_\_\_\_\_
7. How many of the teachers you trained (as answered in Question 4 above) received copies of the manual's learning experiences? \_\_\_\_\_

**VI. Comments:** Please write your comments or recommendations in the space below.

*You have reached the end of the survey. Thank you very much for your important contribution.*

## Annex 5. Six-Month Follow-up Assessment for Teachers

### Six-Month Follow-up Assessment for TEACHERS

*WHO, EI, EDC and CDC Teacher Training Project on HIV and AIDS*

#### I. Demographics:

Date: \_\_\_\_\_ Country: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: (under 30; 31-40; 41-50; over 50) \_\_\_\_\_ School Location: (urban; rural) \_\_\_\_\_

Level of school that you teach: \_\_\_\_\_ Union: \_\_\_\_\_

Number of years working in the education sector: \_\_\_\_\_

**II. Opinion Statements:** Please respond to each statement by placing a tick in the appropriate column.

Statement	Agree	Unsure	Disagree
16. Individuals can prevent HIV infection by adopting protective behaviours.			
17. It is okay to use oil-based lubricant, such as petroleum jelly, to lubricate a latex condom.			
18. Women are more susceptible than men to HIV infection.			
19. Teaching young people about preventing HIV and other STIs should include informing them about the effectiveness and proper use of condoms.			
20. Teaching young people about sex and HIV and AIDS will make them promiscuous and immoral.			
21. HIV-infected staff and students should not be allowed to attend school because they put others at risk of infection.			
22. If people have only one sexual partner, they are at no risk of HIV infection.			
23. When asked a question about HIV that you don't know the answer to, it is okay to say, "I don't know the answer, but I will try to find out."			
24. Teachers can play an important role in preventing HIV infection.			
25. Knowing the basic facts about HIV is enough to prevent its spread.			
26. Teachers can help colleagues and other adults reduce their risk of HIV infection.			
27. Youth need to have life skills, such as decision-making, to protect themselves from HIV infection.			
28. Teachers' unions should leave the responsibility of HIV and AIDS education to the ministries of health			



and/or education.			
29. Even the youngest learners need the knowledge, attitudes, and skills to adopt protective behaviours.			
30. It is important for teachers to know their HIV status.			

**III. Confidence:** Please respond to each question by placing a tick in the appropriate column.

How confident are you to use the following activities to . . .	Not Confident	Somewhat Confident	Confident	Very Confident
<i>Activities to help adults avoid HIV infection</i>				
25. Help teachers and other adults increase their knowledge of HIV and AIDS (Activity 1.1)				
26. Help teachers and other adults identify behaviours that put them at risk (Activity 1.2)				
27. Help teachers and other adults understand why people take risks (Activity 1.3)				
28. Help teachers and other adults to use negotiation and communication skills to reduce their risk of HIV infection or STIs (Activity 1.4)				
29. Help teachers and other adults to obtain and use condoms effectively (Activity 1.5)				
<i>Activities to help adults and young people advocate for HIV effective prevention in schools</i>				
30. Advocate for HIV/STI prevention programmes and policies (Activity 2.1)				
31. Respond constructively to challenging HIV-related questions (Activity 2.2)				
32. Mobilise support and resources for HIV and AIDS education in schools (Activity 2.3)				
<i>Activities to help young children avoid HIV infection</i>				
33. Help young children acquire communication, decision-making, and interpersonal skills (Activity 3.1)				
34. Help young children acquire the skills needed to deal with emotions and stress (Activity 3.2)				
<i>Activities to help pre-adolescents avoid HIV infection</i>				
35. Help pre-adolescents acquire the skills needed to effectively communicate messages about HIV prevention to friends, family, and others in the community (Activity 4.1)				
36. Help pre-adolescents acquire the skills needed to effectively communicate a desire to delay the onset of sexual intercourse (Activity 4.2)				
37. Help pre-adolescents seek out information related to their sexuality (Activity 4.3)				
38. Help pre-adolescents acquire the skills needed to communicate about sexuality with peers and adults (Activity 4.4)				

How confident are you to use the following activities to . . .	Not Confident	Somewhat Confident	Confident	Very Confident
39. Help pre-adolescents acquire the skills needed to think critically and to understand the consequences of their choices ( <i>Activity 4.5</i> )				
40. Help pre-adolescents acquire the skills needed to identify a range of health decisions and consequences ( <i>Activity 4.6</i> )				
41. Help pre-adolescents acquire the skills needed to refuse sexual intercourse ( <i>Activity 4.7</i> )				
42. Help pre-adolescents express empathy towards persons who may be infected with HIV ( <i>Activity 4.8</i> )				
43. Help pre-adolescents discuss personal issues with confidence and self-esteem ( <i>Activity 4.9</i> )				
44. Maintain pre-adolescents' personal value systems, independent of peer influence ( <i>Activity 4.10</i> )				
<i>Activities to help adolescents avoid HIV infection</i>				
45. Develop adolescents' skills in risk assessment and negotiation for safer sex ( <i>Activity 5.1</i> )				
46. Help adolescents acquire the skills needed to use and talk about condoms ( <i>Activity 5.2</i> )				
47. Train adolescents to seek out information and counselling services to help with substance abuse problems ( <i>Activity 5.3</i> )				
48. Train adolescents to seek out and identify sources where condoms may be obtained ( <i>Activity 5.4</i> )				

**IV. Actions:** Please respond to each question by placing a tick in the appropriate column.

Following my training, I have used the learning experiences from the manual to . . .	No	Yes (if Yes, enter the approximate number of people reached)
11. Help other adults protect themselves from HIV infection		
12. Advocate for HIV education		
13. Help students develop skills to protect themselves		

*Each participant is encouraged to complete this section.  
However, if you are not comfortable answering these questions, please skip to the next section.*

Concerning my own practices, and as a result of my training, I . . .	No	Yes
14. Abstain from sexual activity		
15. Am faithful to one sexual partner		
16. Consistently use condoms		
17. Have been tested for HIV		

**V. Follow-up:** Please fill in the blanks.

8. How many days of training did you receive? \_\_\_\_\_
9. Did you receive copies of the learning experiences from the EI/WHO/EDC manual?  
\_\_\_\_\_
10. How much time elapsed between when you received training and when you used the learning experiences from the EI/WHO/EDC manual? \_\_\_\_\_
11. Have you used the learning experiences in the EI/WHO/EDC manual to do any of the following?
  - d. Help adults protect themselves from HIV and AIDS \_\_\_\_\_
  - e. Advocate for HIV education \_\_\_\_\_
  - f. Help students develop skills to protect themselves \_\_\_\_\_
12. Approximately how many of the following persons have you educated using the learning experiences in the EI/WHO/EDC manual since your training?
  - a. Teachers \_\_\_\_\_
  - b. Other adults \_\_\_\_\_
  - c. Students \_\_\_\_\_
13. Approximately how many of the following persons received written copies of the learning experiences from the EI/WHO/EDC manual?
  - a. Teachers \_\_\_\_\_
  - b. Other adults \_\_\_\_\_
  - c. Students \_\_\_\_\_

**VI. Comments:** Please write your comments or recommendations in the space below.

*You have reached the end of the survey. Thank you very much for your important contribution.*