

**act:onaid**



# TIWOLOKE

HIV AND AIDS IN THE EDUCATION WORKPLACE IN MALAWI

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**Authors:** Dhianaraj Chetty and Lawrence Khonyongwa

## Abbreviations

<b>ARV</b>	Anti retroviral
<b>BCC</b>	Behaviour Change Communication
<b>CBO</b>	Community Based Organisation
<b>EI</b>	Education International
<b>EMIS</b>	Education Management Information System
<b>NAC</b>	National AIDS Commission
<b>VCT</b>	Voluntary Counselling and Testing



# Summary

TIWOLOKE (Stepping Stones) is a workplace-focused behaviour change model targeting primary school teachers in Malawi's education system. Implemented since 2006 by ActionAid in Malawi with support from Malawi's National AIDS Commission and the UK's Department for International Development (DfID), the intervention has reached **7, 600 teachers** in its first phase. TIWOLOKE has also supported the development of T'LIPO, the country's first national network of teachers living positively with HIV and AIDS, which has recruited **2, 500 teachers** since June 2007. This progress report presents and discusses the model, the response from teachers and analyses dynamics in the education workplace as a result of access to treatment, increasing disclosure and new forms of leadership in the response to HIV and AIDS.

## ***What lessons are we learning?***

- Historic changes in the right to treatment and access to treatment for HIV and AIDS are changing the face of the epidemic in the education workplace in positive ways. VCT uptake and increases in disclosure are the most visible indicators of behavioural change in Malawi.
- Though stigma and discrimination persists in education workplaces, the rights to dignity, treatment and to organise are creating new space for people living positively with HIV and AIDS in the education sector.
- There are positive spin-offs in the interpersonal skills, which derive from the TIWOLOKE behaviour change model, which are not always directly linked to HIV and AIDS but empower men and women to make new choices.
- Employers, teachers, communities and schools have an opportunity to create safer, more supportive and more productive workplaces by engaging teachers living positively with HIV and AIDS and supporting their actions.
- Though relatively costly and labour intensive, participatory behaviour change methods have a high level of acceptability and make a meaningful impact on teachers' needs and behaviours.
- Interventions which target teachers and their partners at the same time have a higher level of acceptability.
- There are differing models of development/pathways for networks representing teachers living positively with HIV and AIDS, all of which need the support of government and civil society.
- The national response benefits where teacher trade unions and education coalitions play a more visible and proactive role in strengthening the rights of teachers living positively with HIV and AIDS.
- Networks representing teachers living positively with HIV and AIDS reflect the resilience and capabilities of a new wave of women leaders in education. Women lead and make up the bulk of members in Africa's two largest networks of teachers living with HIV and AIDS.
- Despite their successes to date, organizations such as T'LIPO need to find ways to reach men more effectively to achieve lasting change in gender relations and as a means to achieve gender equality and women's rights. Without a strategy for engaging men and challenging gender inequality, the fundamental dynamics of epidemic will not be addressed.
- Civil society can be strengthened and poverty can be challenged more effectively by harnessing the strength of teachers in the public service to broader social movements of people living positively with HIV and AIDS.
- All teachers who make the commitment to know their HIV status should be supported, and have their rights protected including those who test HIV negative.
- Teachers are likely to remain concerned about job security and how HIV and AIDS are managed in the everyday life of schools unless a stronger rights-based approach exists in the workplace, which is supported by sectoral or workplace policy.

## ***Challenges***

- Though the intervention pays some attention to the inequalities between men and women teachers, we need a better understanding of how these are impacting on the lives of women teachers and more deliberate actions which address these inequalities in the context of women and AIDS.

- ActionAid's research has shown that sexual harassment, rape and other forms of violence against girls in schools is a persistent problem in education, no less so in Malawi. Any intervention in the context of HIV and AIDS like TIWOLOKE has to show a measurable change in these practices and the impacts on girls and women.
- Teachers living positively with HIV and AIDS are clearly beginning to challenge rights violations in the workplace and in their communities. At the same time, they are claiming their rights to treatment and dignity. Interventions like TIWOLOKE need to be re-inforced through policy interventions which redress and secure these rights in the long term.
- Governments must remain accountable for their responsibility in providing access to care and support, providing better services, better quality of care. The experience of teachers in this report highlights the power of organized civil society movements as a vehicle for achieving these changes, beyond individual behaviour change interventions.

# Introduction

It's late in the afternoon on a Wednesday in May 2008, but everyone is waiting patiently at the Limbe Teacher Development Centre, a suburb of Blantyre, the commercial capital of Malawi. Nellie Ng'ombe (National President), Marjory Banda (Branch Secretary – Blantyre Urban), Chikondi Chiumbuzo and eleven other office bearers and zonal coordinators of T'LIPO are there to talk about who they are, why their organisation exists and what impact they want to make on the world. The meeting is full of energy, laughter, confidence and songs of struggle, until it gets dark and everyone eventually starts making their way home. T'LIPO is Malawi's national network of teachers living positively with HIV and AIDS formed in June 2007.

This report presents a snapshot of the changes taking place in schools, classrooms and education management structures in Malawi – particularly in the lives of teachers living with or affected by HIV and AIDS. It presents and discusses the model, the response from teachers and analyses dynamics in the education workplace as a result of access to treatment, increasing disclosure and new forms of leadership in the response to the epidemic.

Blantyre is three hours drive south of Lilongwe, the nation's capital, and it is also the birthplace of T'LIPO. Since June 2007, an estimated 2,500 teachers in this small, mostly poor and rural country - which is in the midst of a mature HIV epidemic - have taken the decision to disclose their status, organise themselves and change the education workplace. It's no small achievement to grow sub-Saharan Africa's second largest network of teachers living positively with HIV and AIDS within a year. T'LIPO is a sign of a new wave amongst people living positively with HIV and AIDS in Africa and it is an important part of the much larger story – TIWOLOKE – which is changing the face of the epidemic amongst Malawi's teachers.

## Education and HIV and AIDS

The education sector response to the HIV pandemic has developed rapidly since the late 1990s.<sup>1</sup> Prior to this, a number of governments in sub-Saharan Africa and civil society organisations were actively engaged with children, teachers and schools but few had comprehensive coverage or had the backing of a national plan or policy. Since 2000, pressure has mounted on ministries of education, in Africa particularly, to assume a more proactive role in national responses to the pandemic, which were previously dominated by a health sector model. As multi-sectoral responses grew, education was assigned the responsibility for prevention, with a specific emphasis on reaching children and young people through the school system. Strategic plans, HIV and AIDS focal points, policies and programmes were established and implemented to varying extents and with equally variable results.<sup>2</sup> The focus in most cases was on higher prevalence countries in Africa and on some countries in Asia where concentrated epidemics had been identified.

As the scale of the long-term impact on families and communities became more visible, more comprehensive programmes also used schools as a way of reaching orphans and vulnerable children. This recognition of the care and support function which schools could play significantly expanded the role which teachers were expected to play – teacher, counselor and/or care-giver.<sup>3</sup>

Whether the interventions originated within government, donor agencies or in civil society, most education interventions were concerned with two challenges; firstly, giving children and young people the knowledge, skills

<sup>1</sup> Archer and Boler, (2008) *The Politics of Prevention*, Pluto Press, London.

<sup>2</sup> See Education Sector HIV and AIDS Global Readiness Survey 2004, Inter Agency Task Team on Education, UNESCO, Paris.

<sup>3</sup> See EFA Global Monitoring Report 2002 and 'Addressing the educational needs of orphans and vulnerable children', Save the Children and ActionAid International, 2003.



T'LIPO Rally, Blantyre 2007

**“ Teachers have their own needs, as employees, as parents, and as men and women who negotiate a world affected by HIV and AIDS on a daily basis in their professional and private lives... ”**

and values they need to understand and cope with a world affected by HIV and AIDS and secondly, making teachers competent in delivering curricula which were expected to carry new content and skills to respond to HIV and AIDS. Teachers were primarily considered as a means to a greater end: reaching children and young people who needed to be protected from HIV. A multiplicity of interventions mushroomed usually targeted at teachers already in the classroom. Many were couched in the methodology of 'Life Skills Education' developed and promoted by UNICEF<sup>4</sup>. In the worst cases teachers have received a weeklong course with some materials and little or no supervision, additional training or support: *they were a means to an end*. Before long, it became apparent that teaching teachers to teach HIV and AIDS – either through pre-service or in-service training – was not by itself a solution or an adequate response. Many teachers were reluctant or unequipped to address sexuality, gender or reproductive health issues in the classroom<sup>5</sup>. If teachers themselves were from AIDS-affected families or living with HIV, stigma and discrimination and a lack of preparedness to deal with HIV in the workplace left them with few places to turn.

*Teachers have their own needs, as employees, as parents, and as men and women who negotiate a world affected by HIV and AIDS on a daily basis in their professional and private lives.*

<sup>4</sup> See 'Life skills-based education for HIV prevention: a critical analysis', Save the Children and ActionAid International, 2005.

<sup>5</sup> Ibid.

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## “ Teachers are the most expensive and valuable input into the education process... ”

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### Why teachers in Malawi?

In 2003/4 UNICEF, ActionAid and the Ministry of Education initiated a pilot project focused on HIV and AIDS behaviour change with teachers as the target group. Implemented in six of Malawi's 34 districts, the pilot trained 1,500 teachers using the Stepping Stones behaviour change methodology. TIWOLOKE was developed in 2005 in an attempt to scale up the pilot project with the following objectives:

- Capacity building for primary school teachers and their partners, through HIV and AIDS training using the Stepping Stones training package
- BCC material development, including adaptation of the existing Stepping Stones training manual
- Strengthened capacity of the Ministry of Education to manage HIV and AIDS programmes at national, district and zone level.
- Effective monitoring and evaluation system established to inform programme direction.

### What prompted the need for an intervention?

By 2003, prevalence rates in Malawi had reached 14.4% amongst 15-49 year olds, a high prevalence environment in a maturing epidemic<sup>6</sup>. Prior to the initiation of the pilot project, evidence was growing that the public service in Malawi was experiencing high levels of attrition. A United Nations Development Programme (UNDP) study in 2002 across the public service reported that HIV and AIDS were contributing significantly to the erosion of human capacity. An estimated 9.8% of deaths amongst employees in the public service were attributable to HIV and AIDS. This was against a backdrop of a 51% vacancy rate amongst qualified primary school teachers, a situation which developed as a result of very low levels of recruitment since 2000. In 2001, another study showed that 41% of pupils in primary school and 36% of secondary school students had already lost one or both parents. Feedback from teachers, prior to the inception of the pilot project, indicated that far too many teachers simply did not have the information they needed or had not had access to any training to equip them adequately to deal with HIV and AIDS. The urgency of the situation in Malawi was beyond dispute: the core of the education system had to be protected.<sup>7</sup>

The scale of the challenge in education is often the most daunting aspect of programme development, resource mobilisation and implementation. In Malawi, the challenge was to reach an estimated 35,000 teachers (2000 EMIS data) and 22,600 spouses, which was roughly 78% of teachers who were in service. The bedrock of the education system comprises of 5,164 primary schools (2007 data). In 2008, the total number of teachers in the system (including primary and secondary/ trained and untrained) is estimated at 52,588.

### Good practice - HIV and AIDS in the education workplace

As the education sector response has developed in Africa, the realisation that workplace interventions are both a necessary and important has grown. Increasingly, policies have been put in place in a number of countries aimed at addressing HIV and AIDS in the public sector, but until recently, teachers were not a priority group.<sup>8</sup> At the same time,

<sup>6</sup> Data from TIWOLOKE Project Proposal to NAC, 2005.

<sup>7</sup> Malawi's teacher shortages have been compounded government's macro economic policies. See 'The Impact of the IMF and Macro Economic Targets on the Attainment of Education Goals in Malawi, ActionAid, February 2007.

<sup>8</sup> Uganda (2006), South Africa (1999) and Kenya (2004) are three examples in which education sector or workplace specific policies have been developed.

debate within the policy community concerning the risk profile of teachers led to a degree of paralysis about exactly what was needed.<sup>9</sup> In the end, conventional wisdom on the importance of teachers remains unchanged: *teachers are the most expensive and valuable input into the education process*. They constitute the largest component of the public service in most developing countries and with the possible exception of the military, teacher salaries account for the largest share of the public sector personnel budget. In Malawi, the imperative of protecting this investment in human capital was established earlier than elsewhere.

In the African context, TIWOLOKE is now amongst many other interventions targeted at HIV and AIDS in the workplace. However, TIWOLOKE sets a new benchmark for being one the largest in the African context and by specifically addressing *behaviour change amongst teachers and their partners across the education system*. The range of other interventions is worth noting and includes both national and international initiatives.

The EFAIDS programme, implemented by Education International and its national teacher trade union affiliates since 2001, targets in-service teachers and includes prevention education and skills in AIDS education. Its concerns are twofold:

- (1) Education for All (EFA) - teachers and their unions work to ensure that children get free access to quality public education
- (2) HIV and AIDS - teachers gain the knowledge and skills they need to protect themselves, their colleagues and students from HIV infection and AIDS. Within these two main areas, the EFAIDS programme deals with related issues such as the elimination of child labour, developing gender-safe schools and combating stigma and discrimination. EFAIDS is now active in 35 countries and lists its major achievements in the following areas:

- More than 150,000 teachers in 40,000 schools trained in prevention skills
- Research
- Workplace policies
- Publicity and awareness raising
- Partnerships<sup>10</sup>



**Break time, St Patrick's School, Chikwawa, Blantyre 2007**

<sup>9</sup> See 'Approaches to examining the impact of HIV/AIDS on Teachers', Save the Children and ActionAid International, 2003.  
<sup>10</sup> [http://www.ei-ie.org/ef aids/en/documentation\\_ei.php](http://www.ei-ie.org/ef aids/en/documentation_ei.php)





**Teachers at St Patrick's School, Chikwawa**

In Kenya, the Teachers' Service Commission, the statutory agency responsible for hiring and managing teachers in the education system, has its own AIDS Control Unit (like the Ministry itself and other major public education institutions). The Unit provides counselling, psycho-social support and a range of other programmes to teachers using its representatives all the way through to district level. In 2006/2007, the Kenya Ministry of Education collaborated with the Population Council on an intervention entitled 'Teachers Matter'<sup>11</sup> involving 1,700 teachers in a programme organised around the following components:

- Peer-led workplace programme targeting teachers
- Provision of print and audio-visual materials
- Dissemination of the Education Sector Policy on HIV/AIDS
- Referrals to HIV services and others
- Quarterly supportive monitoring visits

In South Africa, the Prevention Care and Treatment and Access Programme (PCTA), an initiative of four teacher's trade unions, the Education Labour Relations Council, Centres for Disease Control and Prevention and other health providers has been offering dedicated access to ARV treatment services as well as prevention education to teachers since 2005. The programme was designed to train 7,500 peer educators and provide ARV treatment to 2,300 teachers and their spouses in Eastern Cape, Kwa-Zulu Natal and Mpumalanga provinces. At the time of its inception, an estimated 10,000 teachers needed immediate access to ARVs in South Africa<sup>12</sup>.

## **Education and the national response**

Despite being a small country with a many competing priorities, Malawi has created the institutional arrangements for education to play a significant role in the national response to the epidemic. Leadership, the key to getting HIV on the agenda in multi-sectoral responses, has to come from elected and senior managers. In this case, it was and still is an issue driven by the National AIDS Commission (NAC).

<sup>11</sup> 'School as a Workplace: Addressing the HIV Prevention and Care Needs of Teachers in Kenya', [http://www.popcouncil.org/horizons/projects/Kenya\\_Teacher-HIVPrevNeeds.htm](http://www.popcouncil.org/horizons/projects/Kenya_Teacher-HIVPrevNeeds.htm)

<sup>12</sup> See Shisana, O et al, (2005), *The Health of Our Educators: A focus on South African public schools in the 2004/5 survey*, ELRC, Pretoria, and <http://www.solidaritycenter.org/content.asp?contentid=561>  
See Bennell, P, (2006) 'Anti-Retroviral Drugs Are Driving Down Teacher Mortality in Sub-Saharan Africa' for a more recent analysis of teacher mortality.

“ [Public sector] employees [living with HIV and AIDS] are eligible for an allowance of 5000 Malawi Kwacha (US\$35) a month, a significant entitlement in a country with Malawi's constraints. In practice ... teachers have yet to see the money. It's a source of considerable anger amongst teachers who need the support as much as anyone else. ”



Teachers at St Patrick's discussing Tiwoloke

Like most education sector responses, Malawi has used a range of curriculum interventions over the years and focused primarily on teaching HIV and AIDS and teacher development. A Life Skills curriculum is in place at primary and secondary levels, though it is not examinable. Teachers in pre-service institutions and those in service have access to training on HIV and AIDS. The Ministry of Education claims to have trained an estimated 31,000 of Malawi's teachers thus far, though there is dissatisfaction with the impact of curriculum-based interventions.

Though it had initiated a formal programme in 2004, the Ministry established a dedicated unit to manage its response to HIV and AIDS with direct accountability to the Permanent Secretary and Cabinet in January 2008. Using funding from the NAC, the Ministry is now working towards activating and supporting a network of focal points across all districts in the country. Secondly, using an internal public finance mechanism – commonly known as 'ORT' (Other Recurrent Transactions) - Malawi began allocating a share of the funding disbursed to districts specifically to support the response to HIV and AIDS. From a base of 0.35% in 2003/4, this allocation increased to 2% by 2008. The ORT is expected to fund district level activities carried out by all ministries. NAC funding is also made available to District Assemblies which have the leeway to fund local community based organisations (CBOs), including T'LIPO branches.

The workplace component of the Ministry's programme, focused loosely on care and support, is expected to operate through workplace committees at institutional level. For the moment, these are confined to secondary schools and higher level institutions but lack any visibility. In 2006, the government made a far more direct intervention by providing a grant-in-aid to any public service employee

living with HIV and AIDS who was willing to disclose their status. In principle, these employees are eligible for an allowance of K5000 (US\$35) a month, a significant entitlement in a country with Malawi's constraints. In practice, it has meant that only ministries with a small workforce are able to fund the commitment. Predictably, as employees of the largest public sector employer, teachers have yet to see the money. It's a source of considerable anger amongst teachers who need the support as much as anyone else. K5000 would make a major difference in the economic safety net of a teacher who only manages to take home K12 800 (US\$91) on a regular salary.

In Malawi, four other sectors – Youth Affairs, Agriculture, Police and the Defence Force - have also paid some attention to HIV and AIDS in the workplace. However, none of them is comparable with the scale of the intervention in the education sector. TIWOLOKE was consciously developed as a model to be implemented in the public sector and with the full support of the Ministry of Education. The project's offices are located within the Ministry and the Ministry itself has a major role to play in decision- making on project management issues. Furthermore, it was written into the national strategic framework on HIV and AIDS<sup>13</sup> and the need for education-specific and more general workplace interventions is also recognised in Malawi's Millennium Development Goals (MDG)

<sup>13</sup> Government of Malawi, National HIV/AIDS Action Framework (2005-2009), p20.

PROBLEM  
Unsatisfied in sexual intercourse

EXERCISE

PROBLEM  
Lack of intertainment during sexual intercourse

HIV/AIDS

Aim: To

sexual problem

Problem  
Lack of blood during the pregnancy

Cuttings on foreskin

SEXUAL PROBLEM

sexually transmitted infections (STIs)

Sexual Problems  
- Pain of Penis

SEXUAL PROBLEM

- STIs
- Monthly periods

Tiredness

Sexual Problems

Death

failing to release sperms in time

ST I's are transmitted.

SEXUAL PROBLEMS  
Refusing doing sex with a partner

Pre-mature ejaculation

Ignorance

Sexual planning and styles.

→ no enjoy on poor

failing to produce sperm

- Tiredness with activities to find reasons before failing to do sex

reports<sup>14</sup> and government reporting structures<sup>15</sup>. High level recognition has strengthened the legitimacy and sense of the ownership of the project. DfID in the UK is the principal funder with co-funding from NAC and ActionAid in Malawi. Here again, a co-sponsored approach has facilitated a degree of mainstreaming within the national response which is often not possible with vertical programmes.

## Why Behaviour Change?

Why is it that teachers have not responded to all the campaigns which we have run over the years?  
'It's noise, the only difference being that it's organised noise'  
'The campaigns are for people who go to clubs, it's for prostitutes – that's the response from most people – it's passive, not interactive'

Challenging this dynamic of 'it's not about me' is critical to the behaviour change process in TIWOLOKE. In Chichewa, Malawi's main language, the methodology is called '*TIWOLOKE*' which translates roughly as 'let's cross over to the better side of the river, free of HIV and AIDS, free of gender violence, free of rights violation...'.<sup>16</sup> If few would argue that teachers don't have enough knowledge of the threat which HIV poses, how do we engage teachers in change which is meaningful and lasting? Part of the solution must lie in our mis/understanding of teachers' needs in the workplace, especially the challenges of disclosure, accessing treatment and working life in the classroom. This awareness is slowly making its way into the thinking of governments and the major actors in the development community.<sup>17</sup>

Teachers occupy a particular place in the life of communities. They are figures who command respect, have higher education levels and a regular income. Leaders in the national response see teachers as a population who are very conscious of their social status, where *self stigma* can be equally powerful<sup>18</sup>.

Urban and rural teachers occupy different places in their communities. In a rural context, they are very much part of community life. Schools are powerful places with wide ranging influence. Urban teachers will typically do their jobs and return home at the end of the day. Being part of a community, beyond the classroom creates space for other social and behavioural dynamics which either empower or put teachers at risk in various ways. In a context of generalised poverty, particularly amongst rural communities, their status also gives them significant purchasing power – the opportunity for multiple sexual relationships.

Male teachers' involvement in sexual harassment, abuse and other forms of violence against girls in schools has highlighted gender inequalities and the ways in which men use their power in the school setting. ActionAid's research in a number of countries, including Malawi, has led to increasing calls for programmatic and policy interventions which holds schools, teachers, law enforcement agencies and other stakeholder accountable for creating safer and more equitable schools for girls and women.<sup>19</sup>

Despite the strengths of its national response in terms of policy and leadership – particularly from the NAC, both Malawians and external commentators start from the understanding of a society in which sex, sexuality, gender relations and their impacts on behaviour are rarely discussed in public. These issues have until very recently remained 'private', despite the reality of a major epidemic which requires a direct assault on a range of beliefs, practices and behaviours which drive the epidemic.

<sup>14</sup> Government of Malawi, The 2007 Malawi Millennium Development Goal Report, p27.

<sup>15</sup> 'As of June 2007, 73% of government ministries and departments and 27% of parastatal organizations and training institutions [had workplace programmes in place]', Malawi Country Progress Report 2008, Government of Malawi, pviii

<sup>16</sup> L Khongyongwa, 'Tiwooke Project article', November 2007.

<sup>17</sup> 'Supporting HIV Positive Teachers in East and Southern Africa', UNESCO, Paris, 2006 and *Courage and Hope: Stories from teachers living with HIV and AIDS in Sub Saharan Africa*, World Bank/PCD, 2007.

<sup>18</sup> Interview with Robert Chidzimba, Head of Behaviour Change Interventions, National AIDS Commission, May 2008.

<sup>19</sup> See 'Making the Grade: A model national policy for the prevention, management and elimination of violence against girls in school', OSISA and ActionAid, 2007.

The baseline study for TIWOLOKE completed in late 2006<sup>20</sup> showed compelling evidence of a range of issues that needed attention, for example:

- Only 35% of teachers sampled had taken an HIV test
- Approximately 23.9% of a sample of 402 teachers said that their first sexual encounter was forced or unwanted
- Alcohol is a major factor in male teachers' leisure time
- There is recurring concern about teachers involvement in rape, sexual abuse and violence against girl students
- Multiple sexual partnerships
- Transactional sex

These findings underscore the need for closer attention to the gender inequalities in the school setting and the differing experiences of men and women teachers.

On a hot afternoon in Mchinji, a border town on the way to Zambia, the freedom to explore the meanings of desire, risk, power and change is palpable in a cramped classroom piled with books and paper. TANARD, a local NGO was using the TIWOLOKE methodology in a local programme with teachers. The room was full of the humour which adults need to rediscover their genitals and their sexual preferences in middle age. It's also very earnest; change was in the air.



**Teacher doing a presentation on male sexuality**

### **Teachers' needs**

The challenge of reaching teachers in far flung schools and classrooms has never been simple as any major curriculum reform programme will attest. In order to successfully translate a large behaviour change programme through many institutional layers, understanding teachers' needs, concerns, aspirations and behaviours in the workplace and community context are crucial.

In the context of TIWOLOKE, it is evident that teachers are often isolated, often with few opportunities for interaction with other teachers. For primary school teachers – the lowest paid and the least qualified – passivity, low self esteem and a lack of confidence in their own value are compounded by school environments that traditionally are hierarchical and rule bound. As one implementer expressed it – 'they don't have a voice'. In Malawi, trade union membership does not appear to have made an impact on this culture in the workplace.

<sup>20</sup> Baseline Survey Report, CERT, November 2006

Likewise, an awareness of their rights as employees or people living with HIV and AIDS is equally undeveloped. Unlike a number of other countries in Eastern and Southern Africa, there is no sectoral policy on HIV and AIDS in Malawi. As a consequence, rights and responsibilities of employees and other stakeholders are not well defined, understood or enforced. Evidence from Kenya indicates that even when a policy is in place, teachers remain concerned about job security issues and the way in which HIV and AIDS are managed in the day to day life of the school.<sup>21</sup>

Whilst the availability of ARV treatment and increased disclosure has made an impact on attitudes to HIV, stigma and discrimination remain a potent force. Given the opportunity, most would prefer to test their HIV status anonymously. 'If I have a problem with my husband, do I want to share it with a health worker who talks? Attitudes to people living with HIV and AIDS or those on ARVs are still ambivalent: 'look at that one, he is getting units, he is topping up!' However, these attitudes are changing. Teachers are challenging the engrained social conservatism of many communities in Malawi and the rights violations which occur in the workplace, in the health system and in the community. ActionAid's research and campaigning also highlights the particular issue of violence against women and girls based on their known or perceived HIV status.<sup>22</sup>

As with any intervention in the education sector, the institutional arrangements at district and school level have a significant impact. Most head teachers are men (as are the majority of rural teachers) and their preferences affect recruitment. Single women teachers are less likely to participate because the training is aimed at couples.

Interventions targeted at teachers need to be more closely attuned to meeting teachers' information, skills and real life needs within the context of relationships. Evidence from Kenyan intervention showed that nearly 60% of teachers with partners did not know that person's HIV status.<sup>23</sup> UNESCO's recent efforts to bring networks of positive teachers together in Africa has started to shed light on these needs but more remains to be done.

## **Methodology**

ActionAid's choice of using the Stepping Stones methodology in Malawi was based on familiarity with its strength from years of experience at community level and experience from 26 CBO partners. From an implementer's perspective, the methodology has a demonstrated acceptability amongst teachers largely due to its participatory emphasis, the absence of predetermined answers, the freedom to decide on what to emphasise, the creation of a safe space in which to discuss sex, sexuality, family and relationship issues. The methodology has been updated to include more space for discussion of ARVs, counseling and testing, Positive Living, nutrition and gender. Overall, the TIWOLOKE model comprises 21 modules over a period of two weeks of contact time. The space to explore these issues is rarely available in their private or professional lives – with their partners fully involved. As a result, demand for the two- week long training far outstrips the availability of space, despite the organisation of the training sessions during the school holidays. Once the training is completed, Primary Education Advisors (PEAs) are expected to do some follow-up with the trainees.

<sup>21</sup> Kiragu, K et al, (2007), 'School as a Workplace in Kenya: Evaluation of the Teachers Matter HIV/AIDS Project', p38.

<sup>22</sup> See <http://www.womenwontwait.org/index>

<sup>23</sup> Ibid, p37.

Theme	Session	Topics
<b>Group Cooperation</b>	<b>A Let's communicate</b>	Introduction Expectations Ground rules Trust and confidentiality Listening pairs Body language
	<b>B How we act</b>	Mime the lie Men and women- the ideal and reality Images of others
<b>Sex and sexuality</b>	<b>C Images of sex and sexual health problems</b>	Joys and problems with sex
	<b>D What is love</b>	What is love Sexual relations: ideal and unhappy Body mapping
	<b>E Exploring our sexuality</b>	Taking risks Teenage pregnancy Sexual problems
	<b>F Contraception and Conception</b>	Shout, whisper, sing Contraception and conception Protecting our fertility
<b>HIV and safer sex</b>	<b>G STDs and HIV</b>	HIV current situation Muddling messages STDs HIV/AIDS
	<b>H Safer sex</b>	Touch something blue What is safer sex? Condoms One new thing
<b>Stigma and discrimination</b>	<b>I Positive living</b>	Steps for positive living with HIV/AIDS
<b>Our behaviour and ways to change</b>  <b>The ways in which we can change</b>	<b>J Gender violence</b>	Status of power How do men and women mistreat each other? When men get violent Supporting abused women
	<b>K Let's explore ourselves</b>	Hopes and fears; young women and young men Possible futures
	<b>L Let's look deeper</b>	Alcohol and HIV Money and HIV Cultural beliefs and HIV
	<b>M HIV opportunistic infections</b>	Treating common opportunistic infections
	<b>N Let's support ourselves</b>	Hand push Attack, Avoid and Manipulate 'I' statements Skills in Saying "Yes" Skills in Saying "No" Assertive responses
	<b>O Voluntary counselling and testing</b>	The importance of voluntary counselling and testing The VCT process
<b>Care and support for the infected and affected</b>	<b>P Nutrition and Herbal remedies</b>	Nutrition for people living with HIV and AIDS
	<b>Q Home based care</b>	The importance of home-based care
	<b>R Psychosocial care of children infected and affected by HIV/AIDS.</b>	Orphan-care Types of child-care Coordination of orphan-care assistance
<b>Adult Training skills</b>	<b>S Principles of adult learning</b>	The adult learner Professionalism Preparing to teach
<b>Dealing with death</b>	<b>T Let's work together</b>	The trust game Losing something The long journey (preparing for death) I am going on a trip Writing a will
<b>Future plans</b>	<b>U Let's prepare for the future</b>	Developing action plans Evaluation

## **The Intervention**

To roll-out the training, a number of trainers were first trained during a residential training of trainers (ToT) workshop over 12 days. Within the first year of the programme, 12 ToT workshops of 30 trainers took place. Trainers were resident to their education zone. Two trainers, one female, one male, from each zone underwent the initial ToT. They were then responsible for developing the zonal training plans, collecting information on available services in the area and training all the teachers and their partners in their zone. Each zone had approximately 160 teachers and one Primary Education Advisor, which means 320 people (excluding the two trainers) were trained per zone. Overall Malawi's education system is organised into 316 educational zones. In the first phase of the programme, roll-out was planned in 180 zones.

As a consequence of its residential format, the ToT is relatively expensive and time-consuming but its advantages seem to outweigh these constraints. The trainers are then responsible for facilitating training programmes for teachers and their spouses.



**Trainees and their partners at Chiwoko Zone, Lilongwe District**

## **Post intervention**

The first phase of the project was intended to create a lasting basis for change by mobilising teachers once they had been through the behaviour change programme. It was hoped that with support from district level managers like the PEAs, teachers would meet periodically in an organised way to act on what had arisen from their training. This was especially important for teachers who decided to test for HIV after being trained and remained negative. Monitoring visits by the project managers on an intermittent basis would also re-force this aspect of the process. In practice, this has not been entirely easy. When teachers return to their schools, they are likely to be amongst the one or two people in the area who have been trained. Re-enforcing the change process requires a clearer sense of structure, achievement and incentives which will keep teachers actively involved.

## **Coverage**

- All 34 of Malawi's District Education Managers, the most senior decision makers in the education system at local level, have been trained through TIWOLOKE
- Trainers have been trained in 24 of the 34 education districts
- Of these 24 districts, 13 have been funded and conducted district wide training sessions
- To date, 7,600 teachers have been trained through TIWOLOKE
- T'LIPO branches operate in all 34 education districts
- Five T'LIPO networks have started work on home-based care



“ With men these days, we are respecting each other, problem solving. They are doing household work, most of them have changed, even cooking... ”



Participatory methodology at work

### **Impacts on behaviour**

Information gathered from districts in which TIWOLOKE has been implemented indicates significant changes in behaviour for both teachers and their spouses in many aspects of teachers' lives.

- Increased uptake of VCT. To date, an estimated 2,500 people have tested.
- Increased numbers of people have declared their HIV status.

At Mvunguti zone in Lilongwe, within the training programme, the head teacher organised two buses to carry participants for counselling and HIV testing. More than 30 men and women were counselled and tested in a single day. At this school, 15 teachers (12 female and three male) have declared their HIV positive status and have joined the organisation of teachers living positively. Mvunguti primary school has 58 teachers.

- Teachers feel more confident in teaching and facilitating Life Skills education curriculum for youth.
- There is increased knowledge on HIV and AIDS, reproductive health and rights.
- Teachers report that family conflicts have reduced, a change which has lessened the burden on head teachers and Primary Education Advisors.<sup>24</sup>
- Managing family resources has improved through joint planning and budgeting.

<sup>24</sup> It is not clear if family conflicts refers specifically to domestic violence

- Teachers and their spouses have discovered greater levels of sexual satisfaction in their relationships. More open discussion of sex and sexuality has made the biggest difference.
- TIWOLOKE has effectively challenged the cultural norms in which men traditionally looked their wives as their 'property' instead of being an equal partner and friend.
- Changes at the inter-personal level are often the most meaningful to teachers and not necessarily connected to the threat of HIV and AIDS

'Before the training, most of our husbands were going out, they come [back] late, but after the training, they have changed.'

'[Now] we try to budget. Before this, I did it alone, without my husband being there'

'With men these days, we are respecting each other, problem solving. They are doing household work, most of them have changed, even cooking.'<sup>25</sup>

### Challenges

- Finding ways to support and keep teachers who test negative engaged in follow-up activity
- Male teachers living with HIV and AIDS are less willing to disclose, organise and advocate for change
- Slow development of networks and linkages to national VCT programme, national PMTCT programme and national ARV programme
- Persistent stigma and discrimination at school/community level



**A teacher taking an HIV test after a TIWOLOKE training session**

<sup>25</sup> Interview with teachers at St Patrick's School, Chikwawa, May 2008.

# Teachers Living Positively

T'LIPO, Malawi's national network of teachers living positively with HIV and AIDS was an unintended outcome of TIWOLOKE. The programme is credited with creating the enabling environment which encouraged teachers in the Blantyre area to disclose their status and start organising in 2006/2007. The name of the network translates roughly from Chichewa as 'Tilipo' – 'We are still alive'. Organised under the motto 'Keep the teacher alive'<sup>26</sup>, it now has a national membership and branches which include an estimated **2, 500** members.

T'LIPO was officially launched on 16 June 2007 by the Ministry of Education and is considered a formal component of the Ministry's strategy in its response to the epidemic. Based on reports from elsewhere in Africa, only one other country – Kenya - has had comparable success in mobilising teachers living positively with HIV. Founded in 2004, KENEPOTE now has an estimated 4,200 members. Networks are developing in Tanzania, Zambia and Uganda but most are still nascent.<sup>27</sup>



**Nellie Ng'ombe, National President, T'LIPO**

ActionAid is committed to supporting T'LIPO through its work on TIWOLOKE in Malawi. From a civil society perspective, emerging social movements based on the response to HIV and AIDS need to be better understood and supported. Why has T'LIPO emerged now? What political or social conditions have prompted teachers to begin organizing? 'In what ways does T'LIPO meet the needs of teachers more effectively than other organizations?'

Malawi has a well developed national network of people living positively with HIV and AIDS (NAPHAM) with an estimated 13,000 members. Over the past five years, implementers in civil society have noted major changes in the level of openness amongst increasing numbers of people about their HIV status. The flip side of this openness is a greater sense of caution in exposing themselves to risk in ways they might have done previously. The knowledge gaps that existed early on in the epidemic have also decreased significantly.

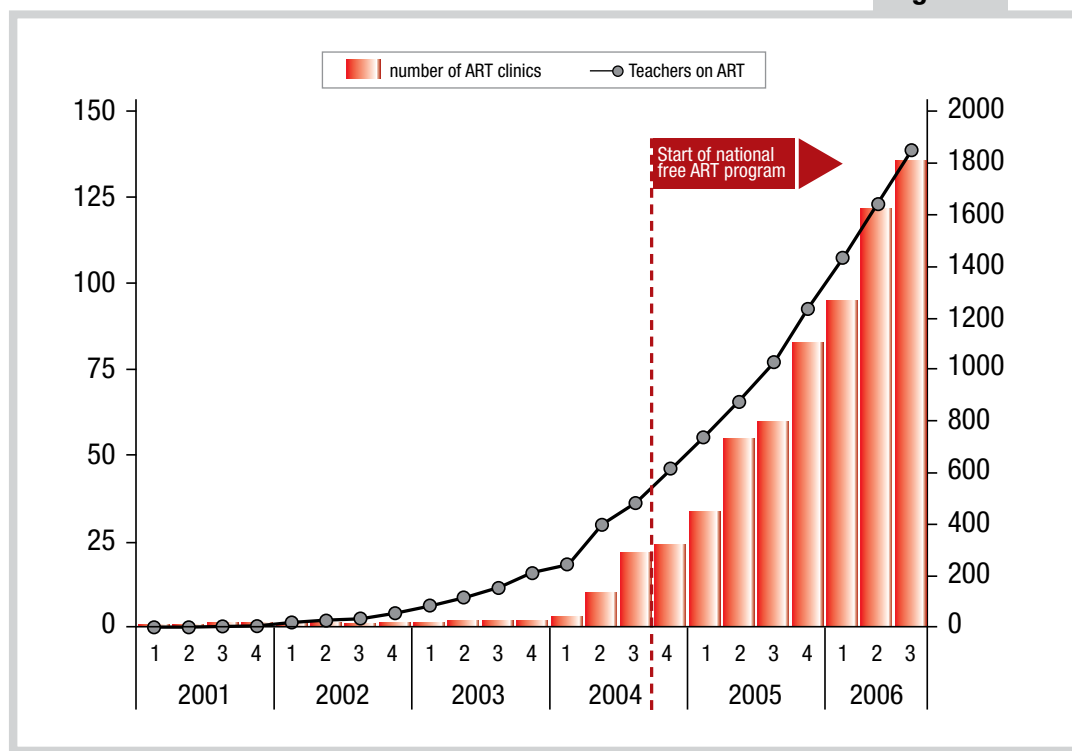
The key to understanding why T'LIPO and other movements across the continent are now beginning to emerge is

<sup>26</sup> Project status report, October 2007

<sup>27</sup> 'Supporting HIV Positive Teachers in East and Southern Africa: Technical Consultation Report, UNESCO, Paris, 2007.

the availability of free or low-cost ARV treatment as part of the national rollout by governments across the continent. Whilst access to treatment is not even close to what it should be in ideal terms, it is a growing reality even in resource poor settings<sup>28</sup>. Many see this as a major incentive to disclose which in turn has a positive impact on the levels of stigma. Prior to the availability of affordable and accessible treatment, the question of support after testing was inevitably a difficult one: 'I have tested and I need treatment, what do I do now?' As recent research below indicates, teachers are part of the trend of increased ART uptake.

**Figure 1**



Number of ART clinics in Malawi and number of teachers on ART by the end of the respective quarter. doi:10.1371/journal.pone.0000620.g001<sup>29</sup>

At the national population level, NAC has reported significant successes in the roll-out and uptake of VCT. National VCT campaigns, starting in 2006, have consistently attracted higher numbers than planned. In 2007, against a target of 130, 000 in a week, the campaign reached 186, 000. In 2008, the target has been raised to 500, 000. Uptake of ARV treatment is showing equally positive signs starting with roughly 4, 000 ARV users in 2004 to an estimated 146, 000 in 2008.<sup>30</sup>

These changes have co-incided with other improvements which appear to signal significant shifts in the epidemic:

- Decline in HIV prevalence from 14 to 12%<sup>31</sup>
- Increase in abstinence amongst 14-24 year olds
- Increased condom use
- Reduction in partner numbers
- Reduction in numbers of people buying sex

Against this backdrop of significant progress, there are attitudinal and organisations patterns which are proving less easy to shift.

<sup>28</sup> 'By June 2007, a total of 114 375 persons with advanced HIV infection had ever started on ART', Malawi Country Progress Report 2008, Government of Malawi, p vii.

<sup>29</sup> Makombe SD, Jahn A, Tweya H, Chuka S, Yu JK-L, et al (2007) A National Survey of Teachers on Antiretroviral Therapy in Malawi: Access, Retention in Therapy and Survival. PLoS ONE 2(7): e620. doi:10.1371/journal.pone.0000620

<sup>30</sup> Interview with Robert Chizimba, NAC, May 2008.

<sup>31</sup> Government of Malawi, Malawi HIV and AIDS Monitoring and Evaluation Report 2007, pvii

## Support groups

'[HIV] support groups are for poor people, not middle class people like teachers.'

Support groups for people living positively with HIV and AIDS abound in Malawi, yet teachers have expressed a strong preference for joining groups that include their peers. Why? Social solidarity is a key ingredient in the success of T'LIPO. It is a support group of teachers, for teachers. Jemimah Nindo,

one of the founder members of KENEPOTE in Kenya, has seen the same dynamic in the way members relate to the organisation. Despite the modest purchasing power of their salaries, teachers identify themselves as middle class and they are more inclined to join an organisation which reflects their aspirations. Even amongst teachers there are significant distinctions. Primary school teachers are paid less, have no university degree and inevitably do not command the same social status as secondary teachers.

In Malawi, much the same pattern emerges. NAPHAM is able to attract very few professional or middle class members and they are known to prefer disclosing their HIV status only where they not known ('at a conference or away from home') and may also choose not to access treatment for fear of disclosing their status. Overall, however, the willingness to disclose and organise has improved every year. In 2007, an estimated 9,500 people belonged to NAPHAM. By mid-2008, this has increased to 13, 000. 'People want to be reached' is what some implementers see as part of the new dynamic.

In principle, the growth of any network focused on the needs and concerns of people with HIV and AIDS is to be supported. There are signs that occupation specific networks, like T'LIPO and KENEPOTE, might encourage people in other professions/occupations to imitate their success. In the case of teachers, their strength in the public sector and visibility in all communities has the potential for creating stronger alliances amongst networks of people living with HIV and AIDS, as well as challenging the broader problems of poverty, discrimination and the right to care.

## Stigma in the education workplace

The litmus test for a school has to be in the answer to a simple question: 'As a person living with HIV and AIDS, or someone affected by AIDS, is this a safe and supportive place for me to be every working day?' Most answers in Malawi show the gap between the official discourse of campaigns and the reality of most workplaces: more than twenty years into the epidemic, stigma and discrimination are still alive.

In the Lilongwe urban area, the district surrounding Malawi's capital, Grace Katopola was the first to disclose her HIV status and was encouraged by ActionAid to start organising. The district now has 358 T'LIPO members. Of those, just 13 are men with the remainder made up of women members, a profile which reflects the predominance of women teachers in urban areas. Like most branches, it meets once a month to do its business, to share information and provide support to members. Despite its strength, members remain the target of stigma in the workplace. T'LIPO members readily articulate the way stigma expresses itself and the power of disclosure in the same context:

'Why don't you HIV positive teachers go and teach in the same class?'

'By announcing that you are HIV positive, you close that gossiping!'

'We are free and we understand the community.'

'In my school, everybody who went for the test came back saying they were negative!'



**In the case of teachers, their strength in the public sector and visibility in all communities has the potential for creating stronger alliances amongst networks of people living with HIV and AIDS, as well as challenging the broader problems of poverty, discrimination and the right to care...**



CAUSE	CONSEQUENCE	POSS
<ul style="list-style-type: none"> <li>-nature</li> <li>-over doing</li> <li>-Overstretching</li> <li>-Culture</li> <li>-delivery</li> </ul>	<ul style="list-style-type: none"> <li>-divorce</li> <li>-unsatisfied sex</li> <li>-loss of sexual interest</li> <li>-death</li> </ul>	<ul style="list-style-type: none"> <li>-Use herbs</li> <li>-Reduce fre</li> <li>-civic educ</li> <li>-change of</li> <li>-Child spac</li> </ul>
<ul style="list-style-type: none"> <li>-Use of herbs</li> <li>-nature</li> </ul>	<ul style="list-style-type: none"> <li>-divorce</li> <li>-loss of sexual interest</li> <li>-Cuttings on the vagina</li> </ul>	<ul style="list-style-type: none"> <li>-Use slippe</li> <li>-Use vaseline</li> </ul>
<ul style="list-style-type: none"> <li>-STI's</li> <li>-Nature</li> <li>-drug use</li> <li>-al</li> <li>-vagina</li> </ul>	<ul style="list-style-type: none"> <li>-divorce</li> <li>-death</li> <li>-loss of sexual interest</li> <li>-unsatisfied sex</li> </ul>	<ul style="list-style-type: none"> <li>-Use of herbs</li> <li>-medical trea</li> <li>-minimise the</li> <li>-Avoid over</li> <li>-Reduce fre</li> </ul>
<ul style="list-style-type: none"> <li>-lack of training</li> <li>-overstaying</li> <li>-small vagina</li> <li>-Lack of patience</li> </ul>	<ul style="list-style-type: none"> <li>-Unsatisfied sex</li> <li>-divorce</li> </ul>	<ul style="list-style-type: none"> <li>-seek medica</li> <li>-be patient</li> </ul>

Rediscovering female sexuality

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**“Nurses go to lunch for almost 3 hours, leaving us at the queue waiting to receive our drugs. If you ask why, they shout at us. *These drugs are free so don't be difficult...* If a patient is feeling unwell and fails to go to a clinic on his/her prescribed date, he gets shouted at...”**

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Other organisations with major HIV and AIDS focused programmes in education, such as the Association of Christian Educators of Malawi (ACEM), which chairs Malawi's Civil Society Coalition for Quality Basic Education (CSCQBE), have come up against the same wall of stigma that affects education workplaces. It manifests in a host of different ways. An example is the response to questionnaires which ACEM used in two studies: 'People quickly gloss over the questions concerning HIV and AIDS'. Even where the impacts of the epidemic are visible on the school and the community, the response might be: 'I don't know, I don't have the right to speak for other people. If someone is positive, let them speak for themselves.' Similarly, villagers will rarely acknowledge that a death is AIDS related.<sup>32</sup>

The politics of the school staffroom are changing but *not enough and not quickly enough*. Part of the problem, in the view of civil society activists, is that teachers too are vulnerable. Teachers will never have the respect they deserve or take the initiative in a system which is hierarchical, rule-bound and based on top-down decision-making. Head teachers have the power to change much of this dynamic but T'LIPO members have found them either inconsistent or unsupportive. There are exceptions: the head teacher at Mvunguti Primary is himself a T'LIPO member. At the same time the epidemic has a way of shining a light on those unequal and destructive power relations and it may just be the key to opening up new space in the staffroom in new and different ways.

### **Care and Support**

Teachers' experiences in accessing care and support in the health system are not always encouraging – despite being educated, informed and relatively empowered people. One T'LIPO member recalled vividly that the counsellor responsible for her announced to her: '*you have been found positive and the result is death... start planning for your death*'.<sup>33</sup>

At the city's main hospital in Lilongwe, another T'LIPO member described the level of care as: 'Nurses go to lunch for almost 3 hours, leaving us at the queue waiting to receive our drugs. If you ask why, they shout at us. These drugs are free so don't be difficult...If a patient is feeling unwell and fails to go to a clinic on his/her prescribed date, he gets shouted at.' The experience of teachers is likely to be much the same for most people using an overburdened public health system in a developing country. With the right skills, teachers can and should change that pattern as treatment rights activists have done in countless other settings.

Aside from a short lived attempt at providing a nutritional supplement for T'LIPO members in 2007, government has provided little else for teachers living with HIV and AIDS. Evidence from Kenya, Zambia and South Africa shows that governments can do more.<sup>34</sup> In Malawi, teachers, together with other civil society organizations, have an opportunity to create greater accountability both in the health system and in education, a change which would have benefits well beyond the school and the classroom.

<sup>32</sup> Interview with Lexon Ndalama, ACEM, Lilongwe, May 2008

<sup>33</sup> Meeting of T'LIPO members, Mvunguti Primary School.

<sup>34</sup> See UNESCO (2007), 'Supporting HIV Positive Teachers in East and Southern Africa', p.19.



**Chikondi Chiumbuzo and her son, Lilongwe 2007**

# A teacher's story

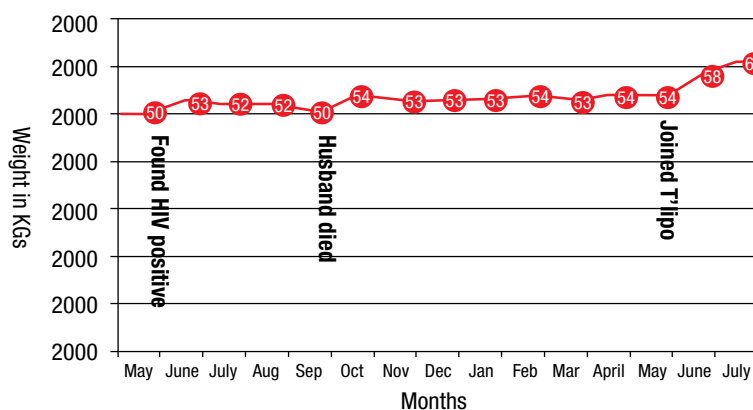
Chikondi Chiumbuzo<sup>35</sup> is a 39 year old teacher originally from the Zomba District of Malawi. After finishing secondary school in 1988, her ambition was to be a secretary so she enrolled at Lilongwe Technical College for secretarial training. In 1995, she switched to a teaching career and in 1998, graduated as a primary school teacher from Bembeke College. The Ministry posted her to Dzenza and then to Mvunguti Primary School.

Chikondi married her husband John in 1993 but the couple had no children for eight years. The infertility in the family was all blamed on her. Pressure from her parents-in-law led to John marrying another woman in the hope that it would give them a grandchild. The situation changed in 2001 when Chikondi became pregnant and had a baby boy called Asante. Surprisingly, her husband's family remained unmoved.

In September 2006, Chikondi's husband died from what doctors said was meningitis. After a few months she became aware of an infection, later diagnosed as candidiasis. She went to the hospital where she was diagnosed HIV positive.

In May 2006, she heard about T'LIPO and did not hesitate to join. Chikondi has a very real reminder of her life before joining the organisation and the changes it has brought about in her life: her weight. At first glance she is small, energetic and brimming with confidence. However, it was a struggle to regain the 11kgs she had lost at the time her husband died. She is very proud of her 61kgs, her growing and healthy son, her role as T'LIPO's national secretary and her status as a teacher living positively with HIV. Her child is happy and healthy and Chikondi has a very determined will to live and hopes that government will instill policies that will help teachers afford proper nutrition and accessible treatment.

**Weight Chart**



<sup>35</sup> Excerpted from Quarterly Report to NAC, April- June 2007



## **A district perspective – Salima**

Salima is a relatively small district about an hour and half away from Lilongwe and close to the shores of Lake Malawi. Gabriel Chamdimba, the District Education Manager, is a busy man but makes time to talk to visitors to his district. It comprises 124 public primary schools, 14 secondary schools and a technical college. Its teaching staff includes 897 primary and 268 secondary teachers, of whom the primary teachers are typically male. Most teachers have been through a two year training programme – a year of pre-service training and a year of practical training.

The response to TIWOLOKE thus far is very positive, with the district managers favourably impressed by the uptake of VCT. T'LIPO is active in the area with about 64 members, most of whom are women. To the district manager, it is clear that women are more willing to test and know their status. Women are being drawn into TIWOLOKE even from surrounding areas. The Ministry of Education's strategy of national and divisional level activities is having an impact in the district. For the district manager, the absence of stigma and discrimination is a reflection of their success. Schools are also expected to develop and implement HIV and AIDS related activities. In line with the government's policy, Ministry of Health employees in the district are able to access the K5000 a month allowance if they disclose their status as HIV positive. In effect, the smaller ministries can afford to pay the allowance but not the education ministry.

One of the zones in the district is managed by Laston Chingango, a Primary Education Advisor (PEA). Along with Thomas Muyande, the TIWOLOKE facilitator, they are both responsible for reaching 156 teachers in the zone, most of whom are men. They express an honest and surprising sense of fulfillment in using the skills from their training on TIWOLOKE in their private lives. Unlike other zones, most teachers here live with their families, so there are few single men around. For a facilitator, the challenges are twofold: a) get the trainees to take an HIV test, b) get people to disclose their status if they are HIV+. To the facilitators, it is clear that most people can no longer treat HIV and AIDS as an abstraction; it is very real in their lives.

Theresa<sup>36</sup>, a local T'LIPO member, lives in a cluster of houses close to a stream amidst thick tropical vegetation off the main road which runs towards the lake shore. Widowed since 2004, she joined T'LIPO in 2006. She knew her HIV+ status before joining and had belonged to another support group linked to the Holy Ghost Church. She was able to start on ARVs in 2005, but in another district. The local health service was unsupportive and her impression was of being told: 'you are dead; you are no use to us!' Her second line drugs have helped her pick up some of the weight she lost initially. She remains a member of her former support group but T'LIPO offers her more opportunities, particularly when it comes to Positive Living. Her branch meets once a month at the Teacher Development Centre in the zone. It's not easy for her and others in her situation to manage how people in the community respond to their disclosure. Others are willing to disclose their status but not publicly. For Theresa, it is closer to home, and fear of gossip has kept her from disclosing her status, even to her neighbours.

<sup>36</sup> Name changed

# Teachers, Gender, HIV and AIDS

It is no co-incidence that the two most successful networks of teachers living positively with HIV and AIDS in Africa are dominated by women members and led by women. Both T'LIPO and KENEPOTE have remarkably similar appeal amongst women and points to a gendered dynamic in these organisations that has important implications for strategies and programmes aimed at reaching teachers in the context of HIV and AIDS. KENEPOTE's membership is roughly 75% female. With a few exceptions, T'LIPO's branches are also predominantly female in membership. This pattern is replicated in the broader movement of people living positively with HIV in Malawi – an estimated 85% of NAPHAM's members are women.

In the case of Malawi, women teachers living with HIV believe their successes in organising springs from common ground:

- Women are more willing and confident to take an HIV test and disclose their status
- Women have taken on the leadership organisations representing people living positively with HIV
- Women see themselves as more resilient than men
- Women leaders have developed a 'political voice' which is not represented elsewhere in an education system that is dominated by men
- Women rely on and invest in solidarity networks which sustain people living with HIV (PLHIV) organisations
- Women see themselves as more capable of responding to stigma and discrimination.



T'LIPO National meeting 2007

## Teachers, Masculinity and HIV

'Male teachers will collect their drugs and keep them at the office.'

What does this say about men and women and the response to HIV and AIDS amongst teachers? Whilst the gender profile of T'LIPO is evidence of a very positive trend in terms of reaching women, it also highlights the challenge of reaching men through HIV and AIDS focused interventions. It is by no means a problem that is unique to education systems; masculinities are known to play a major part in determining the efficacy of prevention, care, support and treatment strategies. Male teachers living with HIV see themselves as diminished in status if they disclose.

Evidence from the baseline study points to common concerns about the risk profile of male teachers, particularly the way in which their behaviour increases the vulnerability of women and girls in their lives. Of these behaviours, multiple sexual partners, sexual relationships with female students, other forms of sexual abuse and heavy use of alcohol during leisure time are all connected to prevailing norms of masculinity in Malawi social life.



Presentation at Mchinji workshop

Looked at differently, the absence of men leaves half the task of behaviour change unresolved. This is especially so in a society which has yet to challenge a host of patriarchal institutional arrangements and social norms. As the majority of teachers in Malawi's educational system, TIWOLOKE and T'LIPO need to reach men and engage them in an organised response. At the same time, this should not detract from the leadership role of women and strengthening women's rights as a basic commitment.

## Organising Teachers

### Trade unions

Most teachers in Malawi belong to the Teachers' Union of Malawi (TUM), which currently claims a membership of about 45, 000 paid up members<sup>37</sup>. By 1993/94, TUM started operating as a fully fledged union. However, since then it has not been able to establish a recognition agreement with government. As a result, teachers are treated as part of all public sector employees in terms of collective bargaining and the state remains reluctant to recognise teachers separately. The Teaching Service Commission, the statutory body responsible for hiring and managing teachers, is non-functional at present, another obstacle to better labour relations in the sector.

<sup>37</sup> Interview with Thomas Kalekeni, General Secretary, TUM, April 2008.

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“ **Good practice elsewhere in Africa is clear: pro-active involvement by trade unions is a fundamental part of a successful education sector response to the epidemic...** ”

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TUM is one of the Education International affiliates involved in the implementation of the EFAIDS programme. However, its coverage is low with just 240 teachers targeted in 2007. Since its inception, an estimated 500 people have been reached. At the moment, EFAIDS runs parallel to TIWOLOKE without significant involvement from the trade union in implementing TIWOLOKE.

From a trade union standpoint, teachers still lack the confidence and skill to exercise their rights in the workplace. Given Malawi's fairly recent transition to multi-party democracy, it is possible that recognition of trade unions as key social partners in the workplace will take somewhat longer. In contrast, the Kenya National Union of Teachers has its own HIV and AIDS programme, has dedicated and skilled professional capacity, and has major influence in human resource management policy issues. Good practice elsewhere in Africa is clear: pro-active involvement by trade unions is a fundamental part of a successful education sector response to the epidemic. Unions have access to the entry points which are critical to building a stronger rights-based culture, the mechanisms for integrating a response to HIV and AIDS within the workplace and accountability to their members.

In Malawi, despite the severity of the epidemic and its impact on teachers, the trade union movement has yet to integrate a response to HIV and AIDS within the mainstream of its work in the sector. Trade unions can and should be more involved in supporting networks of teachers living with HIV and AIDS – *both within and outside of union structures*.

### **Coalitions and networks**

Collaborative work between teacher unions and broader education/civil society coalitions has brought about major changes in education policy, financing and exercising key rights to education across Africa<sup>38</sup>. This has not been the case in the education response to HIV and AIDS in Malawi where individual coalition members may be actively involved, rather than the coalition as a whole. There is no single or ideal model at this stage in how best to organise, engage and support networks of teachers living with HIV. In Kenya, KENEPOTE decided to remain autonomous from the major trade unions and government. With that said, Kenya has the advantages of a large highly organised population of teachers and a well developed culture of workplace organisation.

### **Leadership**

Women in leadership at the forefront of T'LIPO has set an important precedent in education and in civil society. For it to succeed and be sustained, decision makers in the system need to recognize the value of creating an autonomous space in which both men and women living with HIV and AIDS are free to articulate their own vision of the workplace and paying specific attention to the institutional boundaries which disempower women. Leadership development and change are equally critical to avoiding 'founder member syndrome' through which key personalities dominate organisational life and effectively weaken the sustained growth of new networks. Again, KENEPOTE's recent history is instructive: after very rapid growth early on, its membership has reached a plateau and it is now growing much more slowly. Solidarity needs to be re-enforced by a strategy for change, growth and engagement to keep members of the networks from feeling that their concerns have been subordinated to demands for funding, donor agency preferences or the instrumental needs of politicians in the education sector.

<sup>38</sup> ActionAid works with national and education coalitions in Asia, Africa and Latin America. For more details, see Commonwealth Education Fund at [www.actionaid.org](http://www.actionaid.org)



St Patrick's School, Chikwawa

## **Keep them HIV free/safe**

While the challenge of scale in reaching teachers is vital yet daunting, the need to re-enforce and support positive behaviour – which keeps teachers HIV free/HIV safe – is equally important. A once off campaign which gets large numbers of teachers to take an HIV test with no follow-up support is as good as a three day course on how to teach Life Skills in the face of a classroom with 70 children, with no textbooks and appalling working conditions. All teachers who make the commitment to examine challenge and change behaviours which put them, their families and their students at risk, need to be supported.

## **What lessons are we learning?**

- Historic changes in the right to treatment and access to treatment for HIV and AIDS are changing the face of the epidemic in the education workplace in positive ways. VCT uptake and increases in disclosure are the most visible indicators of behavioural change in Malawi.
- Though stigma and discrimination persists in education workplaces, the rights to dignity, treatment and to organise are creating new space for people living positively with HIV and AIDS in the education sector.
- There are positive spin-offs in the interpersonal skills, which derive from the TIWOLOKE behaviour change model, which are not always directly linked to HIV and AIDS but empower men and women to make new choices.
- Employers, teachers, communities and schools have an opportunity to create safer, more supportive and more productive workplaces by engaging teachers living positively with HIV and AIDS and supporting their actions.
- Though relatively costly and labour intensive, participatory behaviour change methods have a high level of acceptability and make a meaningful impact on teachers' needs and behaviours.
- Interventions which target teachers and their partners at the same time have a higher level of acceptability.
- There are differing models of development/pathways for networks representing teachers living positively with HIV and AIDS, all of which need the support of government and civil society.
- The national response benefits where teacher trade unions and education coalitions play a more visible and proactive role in strengthening the rights of teachers living positively with HIV and AIDS.
- Networks representing teachers living positively with HIV and AIDS reflect the resilience and capabilities of a new wave of women leaders in education. Women lead and make up the bulk of members in Africa's two largest networks of teachers living with HIV and AIDS.
- Despite their successes to date, organizations such as T'LIPO need to find ways to reach men more effectively to achieve lasting change in gender relations and as a means to achieve gender equality and women's rights. Without a strategy for engaging men and challenging gender inequality, the fundamental dynamics of epidemic will not be addressed.
- Civil society can be strengthened and poverty can be challenged more effectively by harnessing the strength of teachers in the public service to broader social movements of people living positively with HIV and AIDS.
- All teachers who make the commitment to know their HIV status should be supported, and have their rights protected including those who test HIV negative.
- Teachers are likely to remain concerned about job security and how HIV and AIDS are managed in the everyday life of schools unless a stronger rights-based approach exists in the workplace, which is supported by sectoral or workplace policy.

## **Challenges**

- Though the intervention pays some attention to the inequalities between men and women teachers, we need a better understanding of how these are impacting on the lives of women teachers and more deliberate actions which address these inequalities in the context of women and AIDS.
- ActionAid's research has shown that sexual harassment, rape and other forms of violence against girls in schools is a persistent problem in education, no less so in Malawi. Any intervention in the context of HIV and AIDS like TIWOLOKE has to show a measurable change in these practices and the impacts on girls and women.

- Teachers living positively with HIV and AIDS are clearly beginning to challenge rights violations in the workplace and in their communities. At the same time, they are claiming their rights to treatment and dignity. Interventions like TIWOLOKE need to be re-inforced through policy interventions which redress and secure these rights in the long term.
- Governments must remain accountable for their responsibility in providing access to care and support, providing better services, better quality of care. The experience of teachers in this report highlights the power of organized civil society movements as a vehicle for achieving these changes, beyond individual behaviour change interventions.

11 Craddock Avenue,  
4th Floor, JHI Building, Rosebank,  
Johannesburg, South Africa

Postnet Suite 248, Private Bag X31,  
Saxonwold 2132 Johannesburg, South Africa

**Tel:** +27 11 731 4500

**Fax:** +27 11 880 8082

**Email:** [mail.jhb@actionaid.org](mailto:mail.jhb@actionaid.org)

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in The Hague, The Netherlands.  
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