Curriculum Recontextualisation in HIV Counsellor Training in Uganda: A Conceptual Framework for Pedagogic Analysis in Non-formal Education

Kisaakye Victoria[a]*, Sikoyo Namarome Leah[b], Sentongo John[c]

[a] *College of Education and External Studies, Makerere University, P.O. Box 7062, Kampala, Uganda*

[b] *College of Education and External Studies, Makerere University, P.O. Box 7062, Kampala, Uganda*

[c] *College of Education and External Studies, Makerere University, P.O. Box 7062, Kampala, Uganda*

[a] *Email: kisaakye@yahoo.co.uk*

[b] *Email: lnamarome@gmail.com*

[c] *Email: sentongoj@gmail.com*

Abstract

Within HIV prevention, Care and Treatment, training and capacity building is viewed as a vital intervention to build the required competences among health care providers and subsequently improve the quality of service provision. Analysing and evaluating curriculum implementation processes within the context of adult learning is often a misunderstood and maligned field of practice. Its educational settings and forms are as diverse and widespread as our societies are complex. This paper examines how pedagogy in the training of HIV Counsellors can be analysed using Bernstein's [1, 2] theory of the pedagogic device in comparison to what the national HCT curriculum spells out. The paper is based on a qualitative study that examined the 'extent' and 'ways in which' the national HIV Counseling and Testing (HCT) training curriculum was being implemented in selected HIV Counsellor training institutions in Uganda; and how its implementation influenced the counsellors' proficiency in providing quality HCT services to their clients.

----

* Corresponding author.

E-mail address: kisaakye@yahoo.co.uk.

1. Introduction

In 2005, the Ministry of Health in Uganda launched a new Voluntary HIV Counselling and Testing policy [3] which aimed to put in place high quality HIV Counselling and Testing (HCT) services within the reach of every Ugandan through a multi-sectoral approach to control HIV and AIDS. The scaling up of HIV testing and counselling services required effective capacity-building and training in order to ensure that services are of consistently high quality and that they meet the needs of the communities they serve. The policy documents aligned to the World Health Organisation [4] guidelines indicate that training and capacity-building goes beyond training and the attainment of skills for healthcare providers. It includes strengthening of organizational systems, establishing support linkages and networks for HIV prevention interventions. Training also focuses on building the required competencies of health care providers (both medical and non medical) to address emerging issues and challenges towards HIV prevention and scaling up of service provision.

Like any other pedagogic practice, training involves an organized attempt to assist learning through instruction, observation and practice. Training is defined as the act of teaching or learning new information, behaviour, skills or actions that can be used to perform job-specific tasks or improve performance [5]. Unlike education which focuses on *"learning about"*, training focuses on *"learning how"* to carry out a particular job-specific task. Cross [6] adds that training is the best way to change behaviour, to improve performance and ensure that competencies are developed to address the specific needs of a particular society.

Within the context of adult learning, the learning outcomes focus on higher order thinking and integrated abilities about what learners are expected to know and be able to do. The examples of higher order thinking include the following; demonstrating the ability to implement a competence: critical thinking, responsible use of ethical principles, effective research, communication and problem-solving skills in the context of a particular field of study. Learning outcomes are also designed to be assessable, transferable, and relevant to learners' lives as workers and citizens in a diverse world [7]. Training programs in a number of HIV Counsellor Training institutions come in to address a number of emerging issues and challenges that need immediate attention. Training is also viewed as a quick intervention to scaling up HIV prevention efforts through building the required competencies for health care providers to address a number of emerging issues and challenges that need immediate attention. In high HIV prevalence areas, the dominant training models in HIV Counsellor training and practice are behaviourist with an emphasis on measurable skills and abilities. Training courses in this context are generally short – term and specific, short cycle, part-time; community-based; generally practical, flexible, learner- centred and self-governing [8].

The national HCT curriculum [9] was to be implemented in two weeks with a one week of supervised practicum for the counsellor trainees. The service providers would then be able to effectively provide clients with useful, accurate information about HIV/AIDS in a safe, conducive environment so that clients can make informed decisions about their personal health needs and practices. The intended pedagogic discourse within the official curriculum was expected to utilize learner-centered training methods that employ various adult learning

principles upon which knowledge and skills transfer is expected to be taking place for the achievement of the course objectives

Statistics from Uganda AIDS Commission [10] report that since then over 44 AIDS Service Organisation and training institutions have been actively involved in HIV Counsellor Training in Uganda where almost 43% are based in Kampala District. Coupled with increased donor funding to scale up HIV prevention efforts, more agencies emerged to meet the critical need of HIV Counsellors [11]. The background of the service providers trained ranges from social workers to teachers, health workers, community counselling aides and many other professionals. Regarding HCT training for young people, the specific competencies considered include providing accurate information on HIV and AIDS to children/adolescents and their parents or guardians, preparing children/ adolescents and their families/guardians for HIV Testing, conducting pre and post test counselling to children/adolescents and their families/ for risk assessment and reduction, ongoing support and referral, advocate for and work within the legal and ethical framework for caring and supporting children and adolescents.

This mix of HCT service providers and their trainers put to question the level of understanding of pedagogic practices amongst trainers needed for building the required competencies and subsequently how this impacted on the proficiency of HCT counsellors. Despite the varied background of the learners, the trainer is expected to identify and utilize a wide variation in skills, past experiences, training styles and instill motivation within the learners, signifying that each teaching-learning transaction is personalized and paced to the needs of the learners, attention levels and the time available.

Recent studies have also reported an increase in the HIV prevalence rate from 6.4 in 2005 to 7.3% in 2012 with young people aged 15-49 years accounting for 40% of the 150,000 new infections that occurred in 2011 [12]. This has put to question the quality of service provision indicating that rates indicate that among many factors, there could be crucial knowledge and proficiency gaps amongst HCT service providers who support young people to understand the risks associated with HIV and more so adopt the risk reduction options.

The contribution of this paper is therefore two-fold. It offers a methodology for examining how curriculum implementation in non-formal education particularly in the training of HCT counsellors can be conducted and analyzing the key factors that influence trainers' implementation and interpretation of the curriculum within the selected HIV counsellor training institutions.

1.1 The Theoretical Vantage Point

To better understand the relationship between how knowledge is selected, organized, transmitted and utilized for effective service provision, the theoretical discussions for the pedagogic analysis in the study were drawn from Bernstein's [1,2] theory of the pedagogic device. This theory was used to examine *'how'* the training of HCT counsellors is conducted as well as examine *'what'* trainers interpret as the salient pedagogic features for training counsellors in non-formal adult learning environments as compared to the official curriculum. It also explores *'what'* the trainers interpret as the salient pedagogic features for training counsellors in communicating

HIV prevention and risk reduction messages to children and adolescents as well as the underlying benefits for selecting those salient features. Lastly it gives a detailed account as to why trainers recontextualise pedagogic texts for counselling children and adolescent for HIV in particular and different ways.

Bernstein [13,2] describes the pedagogic device as a system of rules that regulate the processes by which specialized knowledge is transformed or pedagogised to constitute a pedagogic discourse (in the forms of curricula, selected texts, and teacher talk). The pedagogic device operates through three internal rules: distributive rules, recontextualising rules, and evaluative rules. These rules are interrelated with each rule derived from and dependent on the preceding one.

Distributive rules "*create a specialized field of production of discourse, with specialized rules of access and specialized power control*" [2]. They govern the production of different forms of knowledge and its distribution to the different social groups. They also regulate access to different forms of knowledge establishing who gets to what knowledge and what counts as a legitimate knowledge base for policy and practice. Recontextualising rules construct official knowledge, and, the *'what'* and *'how'* of pedagogic discourse for example, recontextualising principles influence the transformation of knowledge generated from various researches within the field of HIV and AIDS into HIV counselling and testing curriculum which is then recontextualised into training practices by the trainers/ facilitators. Evaluative rules provide the evaluation criteria for measuring what counts as legitimate realizations of the pedagogic discourses to be transmitted and acquired [2].

Through recontextualisation an official pedagogic discourse such as national curriculum undergoes transformation during its implementation and utilization process where it is converted into instructional knowledge within an environment of social practice such as the classroom [12, 2]. This negotiation process involves the selection of privileged texts from the national curriculum and repackaging them into educational materials such as lesson plans, training handouts, text books, classroom activity sheet to be used for teaching and learning. The reproduction of knowledge at this level is likely to experience varying degrees of specialty as compared to the original curriculum texts thereby changing the ideological meaning of the intended curriculum texts that may lead to different learning outcomes and learner identities [14] The process is likely to be influenced further by the interactions between the trainers and the learners in terms of who has the power and control over what is selected and transmitted during organization, transmission and acquisition of curricula [15].

To help create an understanding of the pedagogic practice, Bernstein [12] further explains that there are a set of internal rules that regulate the selection, sequencing, pacing and evaluation of the pedagogic discourses as well as the social relations within a pedagogic communication. He describes these rules within his theory of the pedagogic discourse [1, 2]. Bernstein [16] further explains that a set of internal rules underpin both the instructional and the regulative discourse of pedagogic discourse. While the instructional discourse is underpinned by discursive rules or the rules of selection, sequencing, pacing and evaluation, the regulative discourse, on the other hand, is underpinned by the rules of hierarchy. Within these rules lie the power and control relations that determine the strength of insulation amongst discourses, agents, the social space and other dimensions which would then impact on the extent to the official curriculum is implemented. More insights are provided in the next sections.

2. Methods for Data Collection

A qualitative research design was chosen for the study that informs this paper with an analysis for various case studies. Multiple and extensive data gathering procedures were employed that were subsequently submitted to an interpretative analysis process. These included; document review and analysis of various literature and official HCT training documents; administration of questionnaires; use of key informant interviews and observation of the trainers' practice. Audio-visual recording was used during the observation of 10 training sessions that included ten trainers from five different HCT institutions selected purposively from five districts in central Uganda. The observation of the trainers' practice was limited to one training module in the curriculum that focused on counselling children and adolescents for HIV prevention out of the twelve modules. The module had four training sessions delivered over a period two - three days which would give each trainer ample time to plan carefully for session delivery. The main research questions are presented in table 1 below;

Table 1: Summary of research question used in the study

Main Research Question	Sub-questions:
a) How is the training of HIV counsellors conducted within the selected HIV counsellor training institutions in Uganda?	• What does the National HCT Curriculum and HCT policy documented propose as the pedagogic practice that should be followed during HCT Training? • How do trainers interpret the pedagogic texts for the official HCT curriculum within their training institutions?
b) What key factors influence the curriculum recontextualisation process within the selected HIV counsellor training institutions?	• What are the key factors that influence the trainers' pedagogic practice within an adult learning environment? • Why did the selected trainers implement the national HIV Counselling and Testing curriculum in a particular way?

Using the list of AIDS Service and Training Organisations compiled by the Uganda Network of AIDS Service Organisation [10]), five HIV counselling training institutions were selected purposively to be part of the study based on their location of the training institution(urban, peri-urban and rural); having a five (5) years' experience in building the capacity of HIV counsellors for HIV prevention counselling especially among young people and adolescents using the national HIV Counselling and Testing Curriculum and having the experience to support the counsellor trainees undertake practicum with effective follow-up and support supervision within one – three months after undertaking the course. The characteristics of the training institutions are presented in Table 2 below;

Table 2: Summary of Key Data on the Selected HIV Counsellor Training Institutions

Training Institution	Date Established	Location	No of Trainers	Class enrolment per training course	HCT course implementation Duration
Bulamu Training Institution	1988	Peri-urban	19	25	4 weeks
Mirembe Training Institution	1999	Urban	16	31-40	1 week
Mazzi Training Institution	1990	Rural	12	25	3 weeks
Kakebe Training Institution	2001	Urban	05	20	1 week
Twekembe Training Institution	1999	Peri-urban	08	15	2 weeks

2.1 Observation of the Trainers Practice

The training sessions were observed using an observation guide or protocol in order to gain an insight on how the trainers interpreted and implemented the national HCT curriculum. The observations also helped to identify the factors that influenced the recontexualisation process within the training session. The duration of the training sessions observed ranged from 120 minutes to 180 minutes, characterized with several breaks that would take 15-30 minutes, given the adult learning context.

In terms of course delivery, two trainers would be in charge of each training course throughout its duration, say for 3 weeks. While one trainer is facilitating the training sessions, the other would be playing the role of a co-facilitator to support the lead trainer. For purposes of attaining the objectives of this research, all trainers had to be observed conducting a training session from the start to the end. With written consent from the institution and course participants, all training sessions were video recorded. The data from video tapes for the recorded training sessions was immediately transcribed into verbatim after each session in order to make raw data available for preliminary analysis and to spot possible areas to be followed. Cohen & Manion [17] state that data received through observation allows the researcher to gather *'live data from live situations'*. This also allows the researcher to encounter the real life scenario about a phenomenon that is being described. Patton [18] adds that observation data permits the researcher to understand the extent to which events occur which would not have been possible while using only data obtained through interviews.

Training session observations therefore provided an opportunity to get first hand information and data on how the trainers selected, interpreted and transmitted the curriculum texts for HIV counselling and testing within the training environment. At the end of each of the training session, interviews were held with the trainers primarily

focusing on the training sessions that had just been observed. The trainers agreed to participate in the interview after conducting their training sessions which were used to probe further into some of the key issues arising from the classroom observation for example clarification on some aspects of the lesson and the rationale for the choices made with regard to pedagogic strategies employed. This paper therefore focuses on how Bernstein's theory was used to analyse the observed trainers' pedagogic over a period of Eight (8) months, from November 2009 – to July 2010 and how their practice is likely to impact on the proficiency of counsellors.

3. Analysis of Trainers' Pedagogic Practices

In order to analyze the data collected during HCT training sessions, a coding instrument was developed using the Bernstein concepts of *"classification"* and *"framing"*. To conceptualise the social relations within the teaching and learning context, Bernstein uses the concepts of *"classification"* and *"framing"* to explain the power and control relationships that influence what is taught in the classrooms and how teaching and learning is conducted. Classification describes the structural aspects of the pedagogic practice while framing describes the interactional aspects of pedagogic practice, exposing the power and control relations that inhere in pedagogic practice.

Following insights generated from antecedent studies by other Bernsteinian scholars (Morais and Neves [19]; Neves and Morais [20]; Singh [14]; Hoadley [21]; Sikoyo [22]) an analysis tool was developed and utilized that provided a four point scale to the concepts of *"classification"* and *"framing"*. This tool developed helped to examine the power and control relations in terms of strength or weakness. For example the classification of categories can be highly specialised or distinct or pure, ranging from weakly specialised or mixed relations 'weak' (C^-), or 'very weak' (C^{--}) to 'very strong' (C^{++}) or 'strong' (C^+) relations. Values were assigned to these scales and recorded in numerical form as follows; $C^{++} = 4$, $C^+ = 3$, $C^- = 2$, $C^{--} = 1$ respectively [21]. Strong classification (C^+) gives rise to clear contextual specialties and identities. The context is clearly spelt out, and the learner can thus recognize the context or read the text. Weak classification (C^-), on the other hand, gives rise to ambiguities in contextual recognition. The learner is given more room to make up what the context could have been instead of having it clearly spelt out to him or her.

The strength or degree of framing (control) can also be strong or weak. Strong framing would imply that learners have limited control over the *'relations within'* and a limited degree of control over the sequencing, pacing, selection and evaluation of the knowledge transmitted. Strong framing (F^+) indicates that the transmitter (teacher/trainer) explicitly regulates the content, sequencing, form, pacing, location and discourse that constitute the learning context. If the framing is weak (F^-) then the acquirer (learner) has increased, apparent control over one or more elements of the pedagogy. Conventionally, framing has to do with the way in which the relationship between the teacher and the learner is set up, where strong framing refers to a limited degree of options for learners, and weak framing implies more 'apparent' control by learners. Table 3 below represents a summary of key issues that guided the analysis of the trainer's practice. Based on the training session observations, trainers' practices were coded and categorized into 34 pedagogic features. An example of one key indicator under the principles of framing, to determine the extent to which the trainer controls the selection of content can be shown in the Table 4 below.

Table 3: A summary of key issues that guided the analysis of the trainer's practice

Framing		Classification		
Discursive rules (Instructional or knowledge-related)	**Hierarchical rules (Regulative discourses)**	**Classification of discourses** **(Relations between discourses)**	**Classification of space** **(Relations between spaces)**	**Classification of agents** **(Relations between agents)**
• Extent to which the trainer controls **selection of content** • Extent to which the trainer controls **sequencing of content** • Extent to which the trainer controls **pacing of content** • Extent to which the trainer makes **explicit the rules of evaluation of learner's performance**	• Extent to which the trainer makes formal or informal the **social relations between trainer and learners** • Extent to which the learners make formal or informal the **social relations between each other**	• Extent to which the trainer **relates HCT knowledge to other forms of knowledge** *1.* ***Intra-discursive*** *(strength of boundary between the subject area/training module and other subject areas/ modules)* **2.** ***Inter-discursive*** *(strength of boundary between the subject area and everyday knowledge)*	• Trainer – Learner *(strength of demarcation between spaces used by the trainers and learners)*	• Learner-learner *(strength of demarcation of pedagogic identities)*

Table 4: A coding instrument indicator for selection of content

Conceptual Category	Conceptual Dimension	Strength of Framing (Control) Very Strong <--> Very weak			
Framing	Indicator	F++	F+	F-	F--

Discursive rules *(instructional or knowledge-related)*	Extent to which the trainer controls **selection** of content.	*Macro Selection of Content*	Trainer selects and states the content to be studied in each training session highlighting the key components	Trainer selects and states the content considered to be the most important to be studied in the session but accepts learner's suggestions	Trainer selects and provides a priority content list to be studied but asks learners to make addition to the content	Learners make a selection of content they would like to explore but may request for trainers intervention

The extract below coded F[++] was obtained from Agamu's training session where the trainer exhibited dominance regarding the selection of content without learner being involved in the process.

Extract 6.1:

Trainer: *[Begins the session]* Good morning everyone! Can we settle down, I know you had a good rest and are happy to see your colleagues? Ok. Let us sit down and get to business.

Learners: *[Get ready to start the session]*

Trainer: Today we are going to discuss the Strategies for addressing SRH needs and challenges of HIV positive adolescents. We shall look at the basic skills needed to provide counselling to HIV positive adolescents. In this session we shall also explore a number of counselling theories needed to provide advanced techniques for counselling adolescents who are living with HIV. Are we together?

Learners: Yes *[while others simply nod their heads]*

Trainer: Ok, let us begin the session by looking at our detailed objectives. *[Displays the power point presentation showing the objectives for the session]*

It is hoped that by the end of this session you should be able to; Provide comprehensive information to HIV Positive adolescents to enable them make informed choices on Sexuality, Stigma, discrimination and Disclosure, Risk reduction , Contraceptive use. You will also be able to describe the role of peers in supporting HIV Positive adolescents cope with their challenges.

Within this extract, learners are not given any chance to make contributions to the intended course of study. Bernstein, [1] urges that where framing is strong, the locus of control lies with the transmitter and when framing is weak the locus of control lies with the acquirer. In general, where framing is strong there is visible pedagogic practice; the transmitter of the content has explicit control over the selection, pacing and criteria. Where framing is weak, pedagogic practice is likely to be invisible and the acquirer has more apparent control, the rules of

regulative and instructional discourse are implicit and largely unknown to the acquirer. Another example of an indicator selected for the classification of discourses can be shown in Table 5 below;

Table 5: A coding instrument indicator evaluating the extent to which the trainer relates HCT knowledge to the work experience

Conceptual Category	Conceptual Dimension		Strength of classification (Power Relations) Very Strong <---> Very weak			
Classification	Indicator		C++	C+	C-	C--
Relations between discourses	Inter-discursive (strength of boundary between the subject area and everyday knowledge)	Relating HCT knowledge to work experience	Trainer does not relate ideas to the work environment of the learners	Trainer relates ideas to the work environment of the learners but does not give example	Trainer relates ideas explicitly to the work environment of the learners and gives some examples	Trainer relates ideas explicitly to the work environment of the learners and gives elaborated examples related to their work experience

This extract obtained from Aliko's training session presents an example to show how during his training session he related the HIV Counselling and Testing procedures or protocol with examples at the workplace in terms of what had been noted during practicum.

Extract 6.2:

Trainer: [*Introduces new topic on the procedures for pretest counselling while participants are listening*] Procedures for pretest counseling;

Here consent for infants must be sought and documented with the parent of guardian. In this case, explain to the parent of guardian the testing process and procedures as well as informing them that the test results will not be received the same day for example if you are using the PCR test.

Learners: [*All listening*]

Trainer: [*Walking around*]

Last time we had a group from Maseku Hospital and a participant forgot to tell the clients that results would not be got that day. That is when the clients will begin to say that counsellors just fear to tell them that they have

HIV. During practicum I see counsellors fidgeting with the client because they forgot to tell them that the result may not be got the same day [*walks back to the front part of the class*]. These aspects need to be explained early enough.

Trainer: [*Reading from the power point slide*] I want to emphasis that the parent or guardian should be told when the test results are to be obtained. The decision to test the child should only be in the best in interest of the child

This extract is coded as C- showing weak classification of relations between discourses in this context relations between what is taught in class and what is expected at the workplace. The trainer provides some examples of scenarios and ideas explicitly related to the work environment of the learners with a view of trying to relate the training aspects to the challenges some of the participants experience in real life scenarios.

4. Discussion

This paper has given some insights on how the theoretical within the concepts of classification and framing can be utilized to understand how trainers utilize and interpret the official national HIV Counselling and testing curriculum for in-service training of health care workers in a pedagogic practice. The concepts of classification and framing are found to be useful in identifying consistencies and inconsistencies during curriculum implementation at the classroom (micro) level as compared to what the official discourse spells out. They help to analyze the extent of curriculum implementation using pre-set codes and typologies take place and assist to evaluate to what extent teaching and learning is taking place. It is worth noting that at the national (macro) level, the selection of pedagogic texts is strongly framed by national agencies (such as the national/curriculum development agencies e.g. the Ministry of Health – Standardizing agency) who determine what should be taught although this can be in relation to learner and but at the micro-level, selection is weakly framed.

The basic constructs also borrowed from Bernstein are that pedagogy involves transmitters and acquirers of knowledge. These terms indicate, in a generic sense, the positions taken up by teachers/pupils, educators/learners, facilitators/participants etc. depending on context and perspective. Transmitters and acquirers can be assumed (as in the case of distance learning or textbooks) or actual (as in a conventional school classroom). Secondly, transmitters adopt various strategies (conscious and unconscious, verbal and non-verbal) to achieve the effective transmission of selected discourses and to regulate the pedagogic process. The principle whereby they do so, defines the type of discourses which are appropriated and 'recontextualised' and the 'ideological screens' through which they pass [2].

Acquirers adopt various strategies (conscious and unconscious, verbal and non-verbal) to achieve the successful acquisition of content and gain access to the 'recognition and realization rules' whereby they will be able to identify and produce acceptable texts. Recognition rules enable acquirers to recognise the specialty of the context that they are in, the power relations that are involved and their position within them and to put together 'appropriate realizations'. Realization rules enable them to 'produce the legitimate text' [1].

One major limitation of Bernstein's constructs of classification and framing is that while they facilitate the analysis of the organisation of knowledge in curriculum, or in a lesson, they say nothing about the quality of that knowledge., but he provides us with analytical tools to describe it, what he refers to as *'language of description'* using his concepts of classification and framing.

5. Conclusions and Recommendations

In this paper, I attempt to explore one component of Basil Bernstein's theoretical framework that is the pedagogic device and how it can be used within the context of non-formal education to analyse the events that take place during curriculum implementation for adult learning. The theory provides researchers with basic constructs, explicit rules and procedures via which knowledge (official or unofficial) is converted into a pedagogic communication. Given the complexities and diversity of themes within which adult learning takes, this theory may need other complimentary theories for empirical researchers to attain their goals.

Acknowledgements

References:

[1] B. Bernstein. "Pedagogy, Symbolic Control and Identity," *in British Journal of Sociology of Education.* London: Taylor & Francis. Vol.18 (1), pp.119-124. Jan.1996.

[2] B. Bernstein, *Pedagogy, Symbolic Control and Identity: Theory, Research and Critique.* Maryland: Lanham, Rowman & Littlefield Publishers, Inc, 2000.

[3] Ministry of Health. *HIV Counseling and Testing (HCT) Policy*. Ministry of Health - Kampala, Uganda, 2005.

[4] WHO. *Scaling up HIV Testing and Counselling Services*. A tool kit for Programme managers. Switzerland: Geneva, 2005.

[5] M.M. Milano and D. Ullius. *Designing Powerful Training: The Sequential-Iterative Model (SIM).* New York U.S.A: Pfeiffer & Company, 1998.

[6] J. Cross (1996, April 14). "Training Versus Education a distinction that makes a difference". *Bank Securities Journal*: *Omega Performance – San Francisco.* [On-line]. pp1-5. Available: http://internettime.com/Learning/articles/training.pdf [Apr. 14, 2008].

[7] L. L. Baird. "Documenting Student Outcomes in Graduate and Professional Programs." *New Directions for Institutional Research,* Vol. 92, pp. 77–87, Aug. 1996.

[8] P. E. Fordham. *Informal, non-formal and formal education programmes in YMCA George Williams* College. London: YMCA George Williams College, 1993.

[9] Ministry of Health. *HIV Counseling and Testing (HCT) Curriculum.* A comprehensive training manual for HIV counsellors. Ministry of Health- Kampala, Uganda, 2005.

[10] Uganda AIDS Commission. *AIDS Service Organizations and Agencies' Inventory*. Kampala, Uganda, 2005.

[11] UNASO. *HIV Service Organizations Inventory*. Kampala, Uganda, 2005.

[12] UNAIDS. *Getting to zero: HIV in Eastern & Southern Africa.* A Regional Report. Geneva: UN Publications, 2013.

[13] B. Bernstein. "Pedagogy, Symbolic Control and Identity: Theory, Research, Critique". *Taylor and Francis, London*, Vol. 18, pp. 115-128. Jan. 1996.

[14] P. Singh. "Pedagogic discourses and student resistance in Australian secondary schools", *in A. Morais, I. Neves, B. Davies & H. Daniels* (eds.), *Towards a Sociology of Pedagogy: The contributions of Basil Bernstein to Research*. New York: Peter Lang, 2001.

[15] B. Bernstein. "Official Knowledge and Pedagogic Identities", *in Christie F* (ed.), Pedagogy and the Shaping of Consciousness, Continuum. London: Cassell, 1999, pp. 246-261.

[16] R. F. Mager. *What Every Manager Should Know about Training*. Belmont, CA: Lake Publishing Company, 1992.

[17] L. Cohen and L. Manion. *Research methods in Education* (4th Edition) London: Routledge Miles, *Europe,* 2000, pp 355.

[18] M. Q. Patton. *Qualitative Research and Evaluation Methods* (3rd ed.). Thousand Oaks, CA: Sage, 2002.

[19] A. Morais and Neves I. "Texts and contexts in educational systems: Studies of recontextualising spaces. *In A. Morais, I. Neves, B. Davies & H. Daniels (Eds.), Towards a Sociology of Pedagogy: The contributions of Basil Bernstein to Research* (chap. 9, pp. 223-249). New York: Peter Lang, 2001.

[20] I. Neves & A. Morais, (2001). Texts and contexts in educational systems: Studies of recontextualising spaces. *In A. Morais, I. Neves, B. Davies & H.Daniels (Eds.), Towards a Sociology of Pedagogy: The contributions of Basil Bernstein to Research*. New York: Peter Lang.

[21] U. Hoadley. *Analysing pedagogy: the problem of framing*. Unpublished Doctor of Philosophy, University of Cape town, South Africa, 2006.

[22] L. Sikoyo. *Primary teachers' Recontextualisation of a curriculum innovation in Uganda*. Unpublished Doctor of Philosophy, University of Cape town, South Africa, 2007.

[23] V. Kisaakye. *Curriculum Recontextualisation in HIV Counsellors' Training and Proficiency in Central Uganda*. Unpublished Doctor of Philosophy, Makerere University, Kampala, Uganda, 2013.