

HIV-AIDS Initiatives by the Ministry

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Introductory remarks

The Government of Swaziland, like all other governments, is facing the most horror-some experience of a lifetime. The challenges facing the Education and Health sectors in the country are indeed enormous. The threat posed by the pandemic HIV-AIDS is currently the most serious. Given that approximately one fifth of the population carries the deadly virus, there will be an overwhelming burden imposed on our health and educational services, not ruling out the inevitable impacts on other sectors of the economy.

In the Health sector, the impact goes well beyond clinical implications. Our social structures will suffer as we will lose a vast number of economically active people, either to AIDS or to the additional costs of training more teachers to attend to fewer numbers of children and educating the nation about the scourge. Either way the experience is horrendous. The country is among many other Sub-Saharan countries that are enduring the most of the epidemic's effects. The scourge has spread so fast over a very short space of time, leaving us wondering if we will manage to go through yet another thirty years.

More funds need to be solicited and directed towards combating this fatal disease. Policies aimed at curbing the high population growth rates need to be weighed against those formulated to reduce the high HIV infection rates. Attitudes and behaviour must be changed if at all the situation is to be rescued from moving from serious to devastating. National budget allocations need to be revised and economies elsewhere in the budget need to be sought and channeled towards the Health and Education sectors. Even though committees have been set up in response to the impacts of the epidemic, they need to be complemented by meaningful action plans.

A lot of awareness has been made, it is time motivational strategies are put in place to stimulate the infected and the affected to talk about the pandemic, to break the silence. This will improve the quality and the factualness of the information about the disease. Intensive Information Education Communication (IEC) interventions at all levels is strongly recommended to overcome the prevalent stigma of fear and denial surrounding HIV-AIDS. Policy support should be strengthened, as it is the key instrument in the guidance of sex education.

HIV-AIDS Initiatives by the Ministry of Education

1. SCHOOL HEALTH TEAMS

Strategy: Short-term

Composition of responsible team

The Ministry of Education is the responsible sector, through the Department of Career Guidance and Counseling. However, it collaborates with the Ministry of Health and Social Welfare, Swaziland Aids Support Organisation (SASO) and the Schools HIV-AIDS Population Education (SHAPE).

Target Population

Teachers and pupils in schools all around the country.

Objective

To disseminate factual and relevant information on HIV-AIDS and other illnesses to schools all over the country. This is a responsive measure that was taken as a way of addressing finding 2 of the Impact Assessment on HIV-AIDS and Education Study recently undertaken.

Finding 2: Self-perceived and actual confusion surrounding HIV-AIDS. That almost all respondents strongly felt they were confused about the pandemic.

Notable Concerns on Finding 2

1. Even though some parents and secondary school students were found to be informed of the HIV-AIDS and aware of its threats, large numbers of teachers and pupils still lacked knowledge and understanding of the epidemic.
2. Anti-AIDS Clubs (currently known as Health Clubs) formed in schools, who claimed they new what HIV-AIDS is all about, it was discovered, held deep-seated views that were contrary to what HIV-AIDS is all about.

Status and Action Taken

1. The prevalence of HIV-AIDS, having been declared a 'National Crisis' by His Majesty the King of Swaziland, meant that a concerted as opposed to solo efforts were to be pursued. This has seen the formation of a number of collaborative teams, including the Schools Health Team.

2. Since its inception, the exercise of information dissemination in schools all around the country is ongoing and has since visited a total of 192 schools - all four regions have been covered in both primary and secondary/high school levels.

Funding & Support

The Schools Health Teams are enjoying full support of the Ministry, financially and otherwise. The Ministry finances all transport, food office space, stationary and equipment. This is irrespective of the limit in terms of resources and discrimination n terms of the composition of the teams.

Problems

1. Still outstanding is the need to empower schools to develop relevant health promotion guidelines for the effective implementation of School Health Education and services.
2. Resources should be allocated to the School Health program at regional level for the development of Information Education Communication (IEC) materials.
3. Transport should be provided in the four regions to enable the officers to visit the schools for support and training teachers.

Way Forward

3. More teachers still need to be seconded to the exercise, at school level, and they need to be trained in order for them to have an effective strategy of imparting information to teachers and pupils.
4. More schools need to be visited.
5. The possibility of reaching out to communities to accommodate out of school children and parents is under consideration.
6. The mandate of the Schools Health Team needs to be broadened to cover issues like poverty, alleviation in schools, general health issues, peer counseling and sex education.

2. SCHOOLS CRISIS COMMUNICATION STRATEGY

Strategy: Short-term

Composition of responsible team

The Ministry of Education has initiated this exercise. Though working together with other teams, SHAPE (Schools HIV-AIDS Population Education) is directing and monitoring the exercise. Other teams involved in this endeavor include SASO (Swaziland AIDS Support Organisation), the Schools Health Team and the Ministry of Health and Social Welfare.

Target Population

This is a crisis intervention strategy, as preferential focus is given to the most vulnerable population or those that are at an immediate risk of being infected by HIV-AIDS. The target age is 10 years and above. At school level for instance, primary attention is given to those aged ten years and above - reaching out to those who are below 10 when they enter the target age.

Objective

The raison d'etre behind the formation of this strategy is to reduce the incidence of HIV/AIDS infection among school children of the age group 10 to 19 years from the current proportions of 12% among the 15 to 19 age group to 3% and from 1% among the age group 10 to 14 to near 0% in 3 years. The strategy is also aimed at creating a sustainable positive behavior change, especially amongst the most vulnerable age groups in the country. This is a responsive measure, taken on the basis of finding 1 of the Impact Assessment on HIV/AIDS and education Study.

Finding 1: The epidemic can no longer be considered something that can be prevented. It is already too late to stop the worst from happening. The aim now is to consider how to 'crest' the epidemic at a lower infection rate than modeled in the study and thereafter to level the epidemic at a lower rate than modeled.

Notable Concerns on Finding 1

1. About 20% of the population aged 15 years and above are currently living with HIV.
2. By the year 2016, the population of the country will be 42% lower than projected -300, 000 Swazis will have died of AIDS.
3. Annual death rates will be almost three times the projected levels from the year 2002 onwards.
4. The infection rates have risen from 9% to an alarming 23% over the period between the late 1980s and 1999.

Status and Action Taken

The enabling structure and environment for the implementation of the strategy is already in place in the most recent collaborative exercise on HIV-AIDS in schools initiated by the Ministry.

Funding and Support

The United Nations Children's Fund (UNICEF) has funded and supported the activities of SHAPE up to 1999. Government, through the Ministry of Education's budget, supports the program in the form of personnel by seconding teachers to the project. Office space, electricity and less bulky photocopying is also provided by Government. She has recently met some of SHAPE's administrative costs.

Problems

1. Supportive donor funding is lacking, two donors that have supported the project have pulled out. These are Shell Oil Swaziland and the European Union.

Way Forward

Government does not have enough to fully support the project, yet it plays a very important role in addressing the rate at which people, especially the vulnerable ones, are infected by the scourge. Donor funding, to complement Government's efforts, needs to be secured.

3. GUIDANCE AND COUNSELING

Strategy: Long-term

Composition of responsible team

The Department of Guidance and Counseling in the Ministry of Education, working together with Guidance and Counseling Inspectors deployed in the four regions of the country and teachers responsible for Guidance and counseling in schools.

Target Population

Pupils in schools around the country.

Objective

To guide and counsel pupils on a very wide scope of issues, which include career choices, social and personal matters that may otherwise impact negatively on their performance and future. HIV-AIDS and Reproductive Health Prevention Techniques are also covered within this exercise.

Status and Action Taken

Pupils in schools around the country have period reserved for guidance and counseling. The guidance and counseling exercise is ongoing even though maximum coverage still has not been reached due to the limited number of Inspectors and lack of incentives to motivate teachers in schools.

Problems

1. There is need for transport to ferry Inspectors to schools so as to support and guide teachers involved in the exercise.
2. Resource materials for the teachers and reference materials for students on issues covered are still not enough. More need to be acquired.
3. The number of Inspectors deployed in the regions is by far outweighed by the demand for them in the schools.

Funding and Support

The Department of Guidance and Counseling is enjoying full support of the Ministry -financially and otherwise. Office space, transport costs, allowances paid to teachers involved in the exercise, salaries and all allowances paid to Inspectors are the sole responsibility of the Ministry. No matter how restricted the resources of the Ministry are, efforts to ensure the availability of all facilities needed to carry out the exercise are always made.

Way Forward

1. The Ministry has to secure funds to train teachers in the field of Guidance and Counseling.
2. A curriculum to be adhered to in schools needs to be developed and introduced in all schools in the country. This should cover guidance and counseling on HIV-AIDS, career choices, Health Prevention Techniques life-skills and other socio-economic factors.
3. More Inspectors need to be deployed to the regions so as to increase coverage in terms of support and guidance rendered to teachers.

4. HEALTH CLUBS (Formerly known as Anti-AIDS Clubs)

Strategy: Long-term

Composition of responsible team

Pupils and coordinating teachers in the country. This exercise is monitored by Swaziland HIV-AIDS Population Education (SHAPE) based in the Ministry of Education.

Target Population

The school going population of the country. However, parents and others who are not necessarily at school also benefit through the activities organised by the clubs, as invitations are not discriminatory.

Objective

1. To help teach young people to avoid HIV-AIDS infection by advising them not to have sex before or outside marriage through supporting one another when they have difficult choices to make in their relationships.
2. To help others protect themselves through information dissemination (i.e. telling them about HIV-AIDS).
3. To help people with HIV and AIDS as much as possible.

Status and Action Taken

Health clubs exist in most schools in Swaziland. Most of these groups have organised a number of activities through the help of SHAPE on sexual education in their schools. Workshops for them have been organised so they could be taught about HIV-AIDS to be able to disseminate factual information to their counter-parts.

Problems

1. Limited resources have it difficult to organise more workshops, acquire more resource materials for teachers and pupils involved in these clubs.
2. Attitudes by some parents and head teachers still need to change, as a large number of them still have reserved and bizarre feelings about sexual education in schools.

Funding and support

Same as that of Schools Crisis Communication Strategy, however this is sometimes complemented by pupils' contributions (subscription and membership fees).

Way Forward

1. More workshops or educational forums need to be established and made available for pupils and teachers involved in the exercise to enable them to acquire current factual and more reliable information about the scourge.
2. Funds need to be secured for purposes of attaining more resource materials for pupils to read and understand more about the pandemic.

5. OTHER MEASURES

(a) Training of teachers

As means to consolidate the technical capacity of the Ministry to implement reproductive health, HIV-AIDS and sex education in schools, teachers are being trained at local teacher training colleges. Pre-service training is currently offered and funded by the Government through the budget of the ministry at Ngwane and Nazarene teacher training colleges and Swaziland College of technology.

(b) Subsidising Basic Education

The Ministry continues to subsidise basic education. About three quarters (3/4) of the total cost of text books at primary level are paid by a Ministry through the Book Rental Scheme. A Cost-Sharing proposal to be fully effected next year, 2001, to redirect funds from tertiary institutions towards primary education is still awaiting approval by the Cabinet. Large amounts of money are spent by the Government, through the Ministry's budget, towards payment of recurrent and capital costs. Teachers' salaries in all schools (serve for private ones) are paid by the Ministry.

(c) General Education Alone

The Ministry of Education believes general education alone does affect positively on peoples attitudes, behavior and gross upbringing. An educated child is in a better position to understand and respond to the threats posed by the deadly scourge, HIV-AIDS. General education helps build up knowledgeable, assertive and responsible citizens. This then explains why the Ministry remains committed to improving the level of education in the country through means financial and otherwise.

