

MITIGATING THE IMPACT OF HIV/AIDS ON EDUCATION SYSTEMS IN SOUTHERN AFRICA

The gains of Education for All, 1990-2000 (EFA) are being undone by the AIDS pandemic, particularly in Southern Africa. nevertheless, most countries in the region, as elsewhere, do not yet factor the influence of AIDS into education planning. While attention has been given by many ministries to teaching children about safe sex through the Life Skills curriculum, little has as yet been done to assess the actual and potential damage of AIDS to learning, to the teaching service, and to the education system itself.

What must be done to stop HIV/AIDS from undermining the foundations of quality education for all? What can be done to mitigate the pandemic's consequences? Does education's planning and management paradigm need to change? This brief paper addresses the first question, in an attempt to find practical answers to the other two.

THE THREAT OF AIDS TO EDUCATION SYSTEMS

Education systems in Southern Africa are vulnerable to AIDS because of political, economic and social instability. They are characterised by high attrition, repetition and drop-out rates and overage enrolments. These inefficiencies are further compounded by increasing viral transmission. Large numbers of traumatised and deprived AIDS orphans live outside community control and are lost to schooling. Rising STD infections among scholars and teachers make them more vulnerable to HIV, while old killers like TB, malaria and cholera take advantage of their depleted immune systems. Morbidity and mortality rates among learners and educators are rising inexorably. In Southern Africa, life expectancy after HIV infection is 6-8 years.⁽¹⁾

Information about AIDS in Southern Africa demands universal attention.

In **Southern Africa**, life expectancy rose from 44 (1950s) to 59 (1990s), but will fall to 45 by 2010. 20% of 15-19 year olds are HIV+. At least 10% of school children are infected.

In **Mozambique**, there will be more than 2511,000 AIDS orphans by the end of 2000, and one-quarter of all children will be living in a family where HIV is present.

In **Namibia**, school enrolments in 2010 will be at least 8% lower than in 1998. About 3,500 serving teachers will die by 2010. AIDS-related teacher attrition is likely to be about 3% per annum over ten years.

In **South Africa**, at least 12% of teachers are HIV+. It has been estimated that in the coming years, more than 50% of 15 year-olds will die of AIDS or AIDS-related illness. Prevalence in girls 15-19 has risen from 12.7% to 21 % in 1999.

In **Swaziland** about one in five Swazis over 14 are HIV+. The population is already 7% below expected levels, and by 2016 it will be 42% lower than projected without AIDS. There are currently 35,000 AIDS orphans; by 2016, there may be 120,000.

In **Zambia** mortality among educators in 1998 was 70% higher than that of the 15-49 age group, and equaled two-thirds of annual TTC output. By 2005 losses will exceed TTC output. In 2000, there will be 1.66m AIDS orphans, and 7% of Zambia's households will be child headed, without adults. ⁽²⁾

Carol Coombe (1999), *Ten-Year Plan for Educator Development and Support in Namibia*, Ministry of Education

¹Windhoek; Carol Coombe (1999) *HIV/AIDS and the Education Sector Strategic Plan (Mozambique): Education Sector Planning-Learning to Live with AIDS*, MINED/Irish Aid Maputo.

²Carol Coombe (2000), *Managing the Impact of HIV/AIDS on the Education Sector*, UNECA.

THE IMPACT OF AIDS

As a result of morbidity and mortality of this magnitude, AIDS is already having a significant impact on education in the region.

Fewer children enrol in school because

- HIV+ mothers die young, with fewer progeny
- children die young of AIDS complications, and
- children who are ill, impoverished, orphaned, or carers for younger children, or those who are earners or producers, are out of school.

Qualified teachers and officials are being lost to education. They are particularly vulnerable to infection because of their comparatively high incomes, often remote postings, and social mobility. Other teachers are being lost as they leave education for better jobs elsewhere.⁽³⁾ The capacity of colleges and faculties of education to keep up with educator attrition will be undermined by their own staff losses. There will be fewer tertiary students as secondary school output and quality goes down, and as higher education itself declines due to staff attrition.

In some SADC countries, *education management, administration systems and procedures, and financial control are already deteriorating.* Under such circumstances, ministries will find it difficult to provide formal education of the scope and quality envisioned after Jomtien. Sick and death benefit costs are rising, along with additional costs for teacher training. Governments are under increasing pressure to finance other social sectors. Contributions from parents and communities are declining, and many households are no longer willing or able to keep children in school. Thus the cost of schooling is shifting back to governments.

What is incalculable is the *trauma which threatens to overwhelm children, teachers parents, and their schools.* At the very least, in pragmatic rather than humanitarian terms, school effectiveness must be expected to decline where as many as 30-40% of teachers, officials and children are ill, lacking morale, and unable to concentrate on learning, teaching and professional matters.

All of this means education ministries must anticipate a real reversal of development gains, that further development will be more difficult, and that current development goals will be unattainable.

MITIGATING THE CONSEQUENCES OF HIV/AIDS ON EDUCATION SYSTEMS

One international education specialist has concluded that 'we education sector people seem to be completely at a loss as to what to do next *for the education sector:* The situation is desperate and getting worse. This is not merely a health problem, but a major social problem, particularly for education systems. The extent and the nature of the problem for the education sector is not known or is inadequately known. There is no apparent contingency plan for the education sector. These are frightening conclusions that need to be widely understood by the education community.'⁽⁴⁾

There are things that can be done. It requires that educators - all of those in and out of government who are responsible for the well-being of the education sector - recognise the problem, and then think, plan and manage more systematically.

³Swaziland, Kingdom of, Ministry of Education (1999), *Impact Assessment of HIV/AIDS on the Education Sector*, JTK Associates.

⁴Personal communication to author.

(1) *Strengthening the foundation for counteracting AIDS*

- Collecting information. We need more and better information. How can it be collected systematically? Who is responsible for regular reporting, collecting and collating? Who will analyse it and feed it into the decision-making process?
- Developing consensus It should be possible to reach agreement within the education sector, through consultation among all partners, about how to protect the quality of education. Consensus needs to take account of, and perhaps be driven by, local practitioners. This consensus should be reflected in a policy and regulatory framework which promotes learning about AIDS in classrooms, protects the legal and constitutional rights of learners and educators affected by AIDS, and provides a conceptual framework for taking action to protect education quality.
- Policy and planning. Consultative structures and systems are required which will allow ministries of education, singly and in concert with others in each region, to plan responses to the AIDS pandemic.
- *Creating* management capacity Ministries of education are at least under a moral obligation to deploy the best managers and leaders to counteract the pandemic. Because so much is at stake, it is essential to recruit and appoint, at national and local levels, dedicated teams of proven, mature senior managers, on contract if necessary: This is not a part-time assignment for individuals dotted around the bureaucracy. Fighting AIDS, protecting children, teachers and other educators, and the system itself, is a full-time assignment, at least in the short- to medium-term, until the situation stabilises. Staff job descriptions, and unit mandates and job descriptions, must be completely transparent and clearly defined.
- *Mobilising* resources. Money is not flowing adequately to local administrations and NGOs who bear much responsibility for supporting, advising and caring in schools and communities. Teachers and principals are often left without adequate resources to respond to children and colleagues in crisis. NGOs, CBOs, traditional leaders and faith-based organisations do not generally receive adequate recognition or compensation for the vital role they are playing in concert with government in combatting and mitigating this pandemic.

Cooperation and trust need to characterise the education sector's response to AIDS. That means, for example

- Breaking the impasse between politicians, government officials, NGOs and institutional activists, academics, and the media, which too often inhibits swift and tangible assistance to children, teachers and the system itself.
- Nominating the school as the ultimate CBO, the centre for local response, working with grassroots organisations, local practitioners and activists, parents and district officials, teachers and business leaders.
- Creating working linkages with regions, among provinces and districts.
- Listening to what teachers and district officials have to say about what needs to be done, how it can be done, and what resources they need to do it.
- Depending more on teachers' unions to get the AIDS message out to their members.

Four strong structures already exist to carry messages to people throughout South Africa: schools, unions, traditional authorities, and faith-based organisations. Their potential for leadership on AIDS issues at local levels requires further exploration and elaboration.

(2) *Understanding the impact of the pandemic*

It is possible to take swift action on the basis of what is now known about AIDS from observation and existing research evidence. It is true nevertheless that much more systematic quantitative information is needed about

- the demographic implications of the pandemic for education
- the numbers of people likely to fall ill, the duration of illness, and age distributions
- the numbers of people dying, analysed by age
- the pandemic's impact on population size and distribution
- teacher and child illness, death and attrition rates so as to project teacher requirements, enrolment. shifts, geographical and age shifts etc.
- regional, cultural and socio-economic differences, and what problems these might pose.

Data, survey and testing results, research conclusions and analyses don't need to be perfect. Headway can be made using available information, as long as it is collated and made accessible to planners and managers. Existing school and district reporting forms can provide much information on attrition, repetition, illness and dropouts, and planners and analysts can extrapolate from them without adding unnecessarily to schools' reporting burdens.⁵

Concerns about the quality of education provision require more detailed research and analysis. Some difficult matters raised during the course of a recent survey in South Africa include:

- How do existing knowledge, beliefs and value systems complicate Life Skills teaching, and its integration in the core curriculum?
- How can the content of schooling be adapted to the pandemic so that children learn what they need to learn in terms of essential literacy and numeracy, Life Skills and values related to AIDS, work-oriented skills, social and coping skills?
- What should the education system should look like in future, that is what needs to be done to ensure that:
 - provides more comprehensive, integrated care for young children in distress and those who look after them
 - ensures that AIDS-affected children get into and continue in school, or are offered alternative basic education programmes
 - monitors the application of regulations protecting the rights of AIDS affected children and educators
 - establishes a culture of care in schools and their communities which can counsel, track and guide children affected by AIDS
 - operates in more flexible (nonformal) ways: promoting subsidies for children in distress, adjusting school calendars and timetables for AIDS-affected children, establishing single-sex schools and boarding hostels, providing more 'second chance' basic education for never schooled children, or for those whose schooling has been random
 - avoids creating a double-standard system, with special education for 'poorer' children?

What support needs to be provided to schools-as-CBCs in the forefront of the fight against AIDS?

What will happen to the AIDS orphans? Who will care for them and how will they be educated? Are school hostels the answer?

It is time to set out a research agenda on impact, with priorities agreed, academic and other research partners mandated, and resources allocated. This needs to be done in such a way as to link research outcomes with change. The ADEA Working Group on the Teaching Profession, led by the Commonwealth Secretariat's Education Department, might provide a focus for elaborating such an agenda.

⁵Personal communication from Dr Ko Chih Tung, Coordinator, ADEA Working Group on Statistics, UNESCO Regional Office/NESIS, Harare.

(3) *Responding to the pandemic's impact on education*

A number of things can be done at once to start coping with the impact of AIDS on the system. Some cost nothing, for they depend on committed management, planning and cooperation.

- *Asserting collective dedication.* Planners, their political masters, local practitioners, and development agency partners can assert their collective will to understand and deal with the effect of AIDS on the education system. Common agreement is required now about factoring the influence of the pandemic into educational and cross-sectoral planning.
- *Defining strategic principles.* Some strategic planning principles have emerged from South Africa's experience during the '90s:
 - Interventions must be manageable, within the capacity of the system to implement.
 - The grassroots is at work, and government policies and support mechanisms would do well to recognise that in practice be shifting from a top-down 'delivery' structure to a supporting frameworks for local initiatives. p Peer group support is essential for all pupils, students, teachers, lecturers and other educators.
 - Collectivity, cooperation, collaboration, coordination and consultation, based on trust, are needed to sustain a culture of care in schools., Such principles need to be elaborated to provide a basis for planning.
- *Adapting education.* It may be possible to slow down the pandemic and reduce its impact, or to circumvent its worst consequences. At the very least, it should be possible to
 - target resources where they are most needed (by making provision to replace teachers lost to AIDS for example)
 - avoid wastage (by building fewer schools where populations are decimated)
 - identify at-risk student populations (female pupils, children who walk a long way to school, those in boarding hostels)
 - strengthen AIDS-dedicated planning and management
 - provide a wide selection of resource materials to principals, teachers and other educators in support of peer group work
 - begin to plan for 'randomised' education and training for learners affected by AIDS.

The 1997 review of South Africa's AIDS strategy suggested that 'ensuring good STD care is simpler than organising peer education or doing outreach with marginalised groups'. It is tempting to believe that, despite the complexity of the problems now being faced, it should be possible to identify a core of actions which will save lives and protect education quality. One eminent educator has recommended concentrating not just on the 20% who are affected by AIDS, but particularly on the 80% or so who are still well and strong. These two concepts may provide pointers towards positive, manageable action which will make a difference.

In Southern Africa, governments and their partners have tried for 20 years to stop or at least slow and contain the AIDS pandemic. They have failed to the extent that everyone in the region must now learn to live with AIDS. This includes children, their schools and communities, the teaching service, and the education system itself. Educators can start by being aware, analysing available information, planning pragmatically, and applying tough management techniques appropriate to a crisis which is perhaps the worst yet faced by humanity.

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Selected References

- Association for the Development of Education in Africa (ADEA) (2000). *Identifying Effective Responses to HIV/AIDS; Guidelines for country case studies; Overview of the Relationships Between HIV/AIDS and Education*. Letter to Ministers of Education in Africa. Paris: ADEA/IIEP.
- Badcock-Walters, P and Whiteside, A (1999). *HIV/AIDS and Development in the Education Sector*. DFID Briefing Paper. Pretoria: DFID.
- Barnett, T and Whiteside, A (n.d.). *Guidelines for Preparation and Execution of Studies of the Social and Economic Impact of HIV/AIDS*. Durban: University of Natal Durban/HEARD.
- Cohen, D (1999). *Responding to the Socio-Economic Impact of the HIV Epidemic in Sub-Saharan Africa: Why a Systems Approach is Needed*. New York: UNDP (www.undp.org/hiv)
- Cohen, D (1999). *The HIV Epidemic and the Education Sector in Sub-Saharan Africa*. HIV and Development Programme Issues Paper No 32. New York: UNDP (www.undp.org/hiv)
- Coombe, Carol for Irish Aid (May 1999). *HIV/AIDS and the Education Sector Strategic Plan [Mozambique]. Education Sector Planning - Learning to Live with AIDS*. Paper prepared for the Education Sector Strategic Plan First Annual Review Meeting, Maputo, May 1999. Maputo: MINED/Irish Aid.
- Gachuhi, D (1999). *The Impact of HIV/AIDS on Education Systems in the Eastern and Southern Africa Region, and the Response of Education Systems to HIV/AIDS: Life Skills Programmes*. Prepared for the Sub-Saharan Africa Conference on EFA 2000, Johannesburg, December 1999. Nairobi: UNICEF Eastern and Southern Africa Regional Office.
- Health Economics and HIV/AIDS Research Division, University of Natal [n.d.]. *HIV/AIDS and Education: A Human Capital Issue*. Durban: University of Natal Durban/HEARD.
- Kelly, M J (2000). *Universities and HIV/AIDS*. Terms of reference for proposed ADEA investigation in selected universities in Africa. Paris: ADEA Working Group on Higher Education.
- Kelly, M J (2000). *The Encounter between HIV/AIDS and Education, Harare, UNESCO, 2000*. A synthesis of presentations to the Lusaka ICASA and the Johannesburg EFA 2000 Conferences for release at the Dakar EFA Forum.
- Kelly, MJ (2000). *HIV AIDS and Basic Education*. Paper prepared for EFA Dakar meeting, April 2000.
- Kelly, MJ (1999). *What HIV/AIDS Can Do to Education and What Education Can Do to HIV/AIDS*. Paper presented to the All Sub-Saharan Africa conference on Education for All - 2000, Johannesburg, December 1999. Lusaka: University of Zambia.
- Marais, HIV/AIDS (2000). *To the Edge: AIDS Review 2000*. Pretoria: University of Pretoria Centre for the Study of AIDS.
- Mozambique, Ministry of Health (1999). *National Strategic Plan to Combat STD/HIV/AIDS, 2000-2002*. Maputo: Ministry of Health.
- Namibia, Ministry of Basic Education and Culture (June 1999). *Ten-year Plan for Educator Development and Support in Namibia*. Windhoek: MBEC.
- NACP, Zimbabwe (1998). *HIV/AIDS In Zimbabwe: Background; Projections, Impact, Interventions*. Harare: NACP, Ministry of Health and Child Welfare.
- Shaeffer, S (1994). *The Impact of HIV/AIDS on Education: A Review of Literature and Experience*. Paris: UNESCO, Section for Preventive Education.
- Smart, R (1999). *Children Living with HIV/AIDS in South Africa: A Rapid Appraisal*. Pretoria: Department of Health and Save the Children (UK).
- South Africa, Department of Education (2000). *The HIV/AIDS Emergency: Guidelines for Educators*. Pretoria: Department of Education.
- South Africa, Department of Education (1999). *HIV/AIDS Impact Assessment in the Education Sector in South Africa*. Terms of reference for an impact assessment, prepared by the Information Systems Directorate. Pretoria: DoE.
- South Africa, Department of Education (1999). *National Policy on HIV/AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions of the Department of Education*. Pretoria: Government Gazette, 10 August 1999.
- Swaziland (Kingdom of), Ministry of Education (1999). *Impact Assessment of HIV/AIDS on the Education Sector*. Report to the Ministry of Education by JTK Associates. Mbabane: Ministry of Education.
- Whiteside, A (1999). *The Economic Impact of AIDS in Africa*. Durban: University of Natal Durban/HEARD.
- Whiteside, A (ed) (1998). *Implications of AIDS for Demography and Policy in Southern Africa*. Durban: Health Economics and HIV/AIDS Research Division, University of Natal.

(1) Bibliographical Note

Carol Coombe has worked in Africa since she went to Zambia as a CUSO volunteer in 1968. From 1985-1994 she was based at the Commonwealth Secretariat Education Department, latterly as Chief Programme Officer, and first Convenor of the ADEA Working Group on the Teaching Profession. Since her husband's return to South Africa at the time of the Mandela election in 1994, she has worked as an independent advisor to agencies and governments in the SADC region, principally on educator development and support, and management issues. It is in this context that she has become increasingly concerned about the impact of the HIV/AIDS pandemic on management, human resources, and sector development in Africa.

(2) Organisational Context

I work as an independent education advisor, primarily within the Southern Africa Development Community (SADC). I am not attached to any organisation. I have been observing the HIV/AIDS in the region since it began in the early 1980s, and have been reporting on its impact on education systems since 1998 through a number of agencies and institutions.