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The Socio-economic Impact of HIV/AIDS on Education Sector: The Case of Mbeya Urban District

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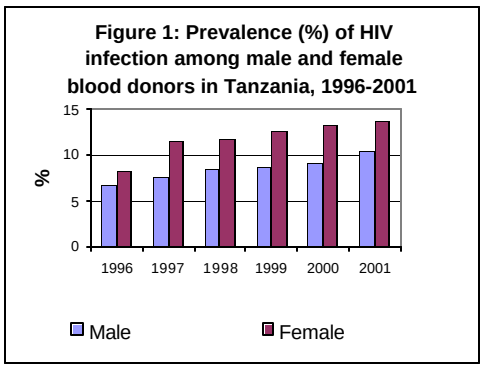
1.0 INTRODUCTION

1.1 Background

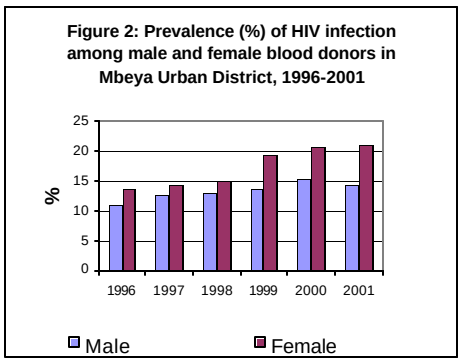
HIV/AIDS has moved beyond its initial status as a health sector problem to a wider status of being a development issue, affecting social, political and economic dimension. The AIDS epidemic claimed more that 3 million lives in 2002 leaving an enormous number of children as orphans. An estimated 5 million people acquired the human immunodeficiency virus (HIV) in 2002 bringing to 42 million the number of people globally living with the virus (UNAIDS, 2002). Of 42 million people living with HIV/AIDS, 29.4 million are residing in Sub-Saharan Africa. It is further reported that ten million young people (aged 15-24) and almost 3 million children under 15 are living with HIV. About 95 percent of HIV/AIDS orphans live in Africa. Besides the human cost, HIV/AIDS is having profound effects on Africa's economic development and hence its ability to cope with the pandemic.

Just like other Sab-Saharan African Countries, the level of HIV/AIDS infection in Tanzania is relatively high. Although the information is incomplete and varying, reliability of data and information collected in various parts of the country among various population groups indicate the severity of the problem. Using the prevalence among blood donors to estimate the year 2001 burden of HIV infection in Tanzania, the following estimates were realized. A total of 2,229,770 individuals (918,113 males and 1,311,657 females) aged 15 years and above were living with HIV in Tanzania during the year 2001. Of these, 1,867,561 (770,468 males and 1,097,093 females) were aged between 15-49 years (NACP, 2001).

As regards to Mbeya Urban district, the prevalence of HIV among blood donors is increasing and the most affected group is that of women with high fertility rate. Figure 1 and figure 2 show the prevalence of HIV infection among male and female blood donors in Tanzania and Mbeya Urban district from the year 1996 to 2001. As can be depicted from the figures, the prevalence rates are higher for females than males.



Source: NACP, (2001).



Source: NACP, (2001).

Education sector, which is among the largest employers, faces particular risks. The volume and quality of education services depend on the number of teachers, on teaching facilities and on system managers. The impact of HIV/AIDS on the sector is envisaged to affect the supply of teachers and pupils/students in schools, leave alone other effects. It is estimated that in Tanzania some 14,460 teachers will die by the year 2010 and 27,000 by 2020 and approximately, cost of training replacement teachers will be US$37.8 million. It is also estimated that by 2010 there will be a worst experience because the school cohort will relatively be smaller due to HIV/AIDS. There will be 22 percent fewer children than anticipated enrolled in primary schools and 14 percent fewer in secondary schools (World Bank, 1992 cited in Shaeffer, 1994).

HIV/AIDS has been threatening the supply of educators. For teachers, the risk is not simply of infection but also of dying of the disease. Thus the erosion of human resource is clear in education sector through increased mortality and morbidity of teaching staffs. In Zambia, for example, the mortality rate amongst teachers in 1998 was 39 per 1000 teachers, 70 percent higher than of the 15-49 age group in general in the population. In Malawi, the World Bank has predicted that over 40 percent of education personnel in urban areas will die from AIDS by 2005 (World Bank 1998b cited in Isaksen et al., 2002). The same report further pointed out that 85 percent of schools in the province studied in South Africa have reported the death of teachers "presumably" from AIDS related illness. The loss of qualified teachers will severely undermine the education system in countries hard hit by the pandemic and this has long-term effect on the economy of affected countries.

The learning process in schools will be negatively affected through increased absenteeism, both of the pupils themselves and of teachers, as a result of the epidemic. Infected teacher and education officer will loose six months of professionals time before developing full-blown AIDS and then an additional 12 moths after developing full-blown AIDS (Isaksen et al., 2002). Furthermore, teachers are likely to face a higher stress in the job as children from households that have been affected and infected with HIV/AIDS are forced to drop out of school, or attend sporadically, due to greater responsibilities back home, lack of funds or being orphaned.

This paper focuses on the socio-economic impact of HIV/AIDS on education sector in Mbeya Urban District. The analysis done goes further than reporting the HIV/AIDS incidence and prevalence by quantifying the actual monetary and non-monetary costs caused by the pandemic to the sector. It is worth noting that the paper is part of a broader study covering 6 districts and aiming to analyse the impact of HIV/AIDS at household level, different sectors, and macro level. The broader study will make cross-sectoral analysis and more integrated responses will be developed.

This paper is organised in 4 major sections. Section 1 provides the background of the study, the analytical framework and the study objectives. Section 2 presents the approach and study methodology while section 3 discusses the impact of HIV/AIDS in education sector where both supply and demand side effects are highlighted. Finally, section 4 gives conclusion and recommendations.

1.2 The Analytical Framework

HIV/AIDS has both social and economic impact at both micro and macro levels. Economic impact can be defined as that which causes the diversion of resources to uses that would not have been necessary in the absence of HIV/AIDS, and decreased production due to the disease. The social impact may be defined as any sudden shock or slow-acting and cumulative series of events that disrupts existing systems of social support (UNAIDS, 2000). The social and economic impacts of HIV/AIDS are transmitted through intermediary economic and social variables, which affect households and sectoral economic and social conditions. The aggregate households

and sectoral economic and social impacts of HIV/AIDS is ultimately reflected in the national economic performance as well as the overall development of the country.

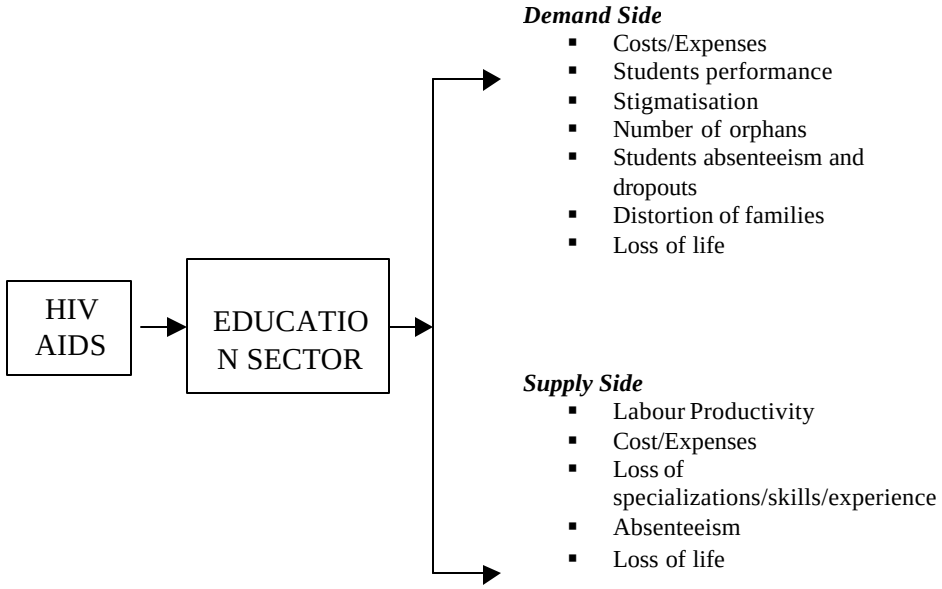
The impact on individuals, families and communities is immense and well pronounced. When people fall ill, their contribution to the family welfare is decreased as they become less productive and they spend most of their income on care and treatment. The families lose further income in taking care for them. As people die, specialized workers, skilled artisans and educated officials disappear, businesses close and farms lie fallow, current earnings are lost and future earnings are forgone. The number of orphans increases, and most of them are forced to depend on relatives or migrate to cities and may join urban underclass of commercial sex workers and street children.

With reference to sector specific, the impact of HIV/AIDS on the demand, supply and quality of education is insightful. For example, HIV/AIDS has a severe impact on education sector performance through declining productivity of teaching staffs, which is an outcome of reduced man-hours due to ill health/death and capital resources allocated to the sector. The pandemic has also resulted to increased medical expenses, funeral and family support, and salary payment for employees on sick leave. In addition, the disease is killing the experienced educators. This results to loss of skills and expertise.

Since the sector is among the largest employers in the country, the problems realized in the sector are automatically transmitted to the country's social and economic development. This paper has therefore, identified important variables in the education sector, which are impacted by HIV/AIDS and assess overall effects on the demand and supply sides of the education sector [1] (Figure 3).

[1] Demand side includes pupils/students acquiring education while supply side includes teachers, institutions or the government that are responsible in providing education.

Figure 3



The Analytical Framework

The pandemic continues to disintegrate and destabilize the traditional African extended family system that has served as the bedrock for family foundation responsible for its people. Parents are dying of AIDS everyday and children are fast becoming orphans, with no family or government support system in place to help them. In seeking survival, children become vulnerable to abuse, girls turn to prostitution and are becoming infected just like their parents—thus perpetuating a viscous cycle. Withdraw of these students from schools results to a bleak future. Absenteeism from school due to heavy workload at home and stigmatization results to decreased school performance for HIV AIDS orphans.

2.0 APPROACH AND STUDY METHODOLOGY

Mbeya Urban district has a total area of 185 sq. km with 2 divisions, 36 wards and by September 2002 the district had a total of 60,000 households. There are 50 primary schools and 14 secondary schools in the district and 1,202 (285 males and 917 females) primary schools teachers by September 2002.

The field survey in the district was conducted from September to October 2002. The sampling frame based on school levels and geographical location. In the survey, a total of 4 wards were sampled and out of these 7 schools were selected. Of the 7 schools, 5 were government-owned primary schools, (representing 10% of total primary schools in the district) and the remaining were secondary schools (1 government-owned and 1 private- owned). The criterion for the selection of primary schools based on their location in the sampled wards while that of secondary schools, the priority was given to schools providing co-education. This aimed to effectively capture differences by sex. The Municipal Education Officer (MEO) and two Ward Education Officers were also included in the sample to enable us get data at ward and district levels.

Overall, the study employed two main sampling techniques, namely the random and purposive sampling. For the primary and secondary schools, random sampling was used to capture good presentation and minimize biased estimates. To capture orphans information, purposive sampling was used to get hold of students whose parents (either one or both) died of HIV/AIDS.

Four types of structured questionnaires were used in the survey and out of these 3 were administered in schools. Two demand side questionnaires were administered to head teachers/teachers responsible to student welfare and to orphans students (children whose parents have died of HIV/AIDS)[2] in the respective schools. One supply side questionnaire was administered to head teachers. In total, 36 orphans were interviewed in the survey.

The other questionnaire was administered to Municipal Education Officer (MEO) and Ward Education Officers (WEOs) to capture information at District and ward levels respectively. A fifth questionnaire for the education sector was to be administered at the Ministry level to capture national data.

[2] The objective was to interview at least 5 orphans wherever available in each school.

3.0 THE IMPACT OF HIV/AIDS ON EDUCATION SECTOR

AIDS affects education sector in at least three observable ways: the supply of experienced teachers is reduced by AIDS related illness and death; children may be absent from school to take care of sick family member or work in order to earn money for taking care of the siblings; and children may drop out of school if their family members can not afford school fees due to reduced household income as a result of AIDS death. The following section discusses these effects.

3.1 Demand Side

The impact of HIV/AIDS is likely to lower the demand of education by reducing the number of pupils/students in schools. The children who are born with HIV infection are likely not to complete schools. Those whose parents are sick or died of the pandemic may drop out of school due to lack of capacity to meet school expenses. Schooling requires households to pay for education and once the respective households have limited resources at their disposal, the school drop out may be inevitable. Since the most affected is the productive age, it is more likely that the burden is left to orphans or elderly. In this section therefore, the impact of HIV/AIDS on orphans[3] and other demand side effects are analyzed basing on the information obtained from Mbeya Urban district.

3.1.1 Characteristics of the Surveyed Sample

Out of 36 interviewed orphans in the district, 44 percent and 56 percent were males and females respectively. Over 91 percent were double orphans of years between 5-10 since most of their parents (83 percent) died between 1990 and 2002. In addition, majority of the interviewed orphans (69 percent) were in primary schools (between standard I and VI) and those in secondary schools (11 students) were mostly in form one.

[3] While there has been a controversy on the definition of orphans, this study considers orphans as those children under the age of 16 who have lost one parent or both. At this age a child is considered dependent on adults for health, education and other social needs. This is the definition also adopted by UNAIDS. UNAIDS (2001) defines HIV/AIDS orphans as children under 15 years of age who have lost their mother (maternal orphan) or both parents (double orphan). Some other studies define HIV/AIDS orphans as those who are under 18 years while others count HIV/AIDS orphans as those under the age of 15.

3.1.2 The Impact of HIV/AIDS on Orphans

Increased burden to elderly

A good number of orphans (60 percent) depended on grandparents for their day-to-day basic needs (of these, *83 percent are living with grandparents taking care of 1 to 2 orphans and the remaining 17 percent are living with grandparents taking care of up to 6 orphans).* This may be explained by the fact that grandparents may have lost more than one child of their own and be caring for grandchildren from one or two of their own children. There were also other identified caretakers namely sisters, brothers, uncles/aunts, and widow/widower. However, among these, uncles/aunts were the next most depended after grandparents in caring for orphans. They accounted for 25 percent of all orphans caretakers.

Source: UNAIDS 2002

The study found that economic capability of most grandparents and other guardians does not permit them to meet all the basic needs of the orphans due to insufficient resources at their disposal at the households[4]. The study shows that grandparents were the most affected as they had large number of dependants as compared to other caretakers and intuitively they are also dependants. Apart from grandparents, other caretakers, earned very little to support the size of their families. This made it difficult for orphans to get school needs such as school fees, uniforms and other school supplies. This has affected orphans' attendance and performance in schools and particularly their ability to learn. As one orphan puts it *"……my grandparents are*

[4] It is worth noting that Mbeya region is found to have consistently low-income poverty (URT, 2002). On average, the per capital income for Mbeya Urban District is estimated to be slightly higher than the 1994 National Accounts Statistics figure for the region which was standing at 48,737 Tanzanians Shillings.

financially poor. Sometimes I fail to attend classes because of lack of uniforms and other school facilities, which affect my school performance"

Increased burden to orphans

The death of parents has affected the children's attendance in schools in different ways. While 50 percent of the interviewed orphans revealed not to have been affected after their parents deaths, the remaining 50 percent showed to have been affected. The effects were mainly in terms of not being able to meet education expanses (for instance, school fees, uniforms, books, etc.). From the fieldwork, the interviewed orphans provided qualitative information attached as annex 1.

Decreased school performance

Information from interviewed teachers revealed that the performance of students whose parents died of HIV/AIDS has deteriorated and the most affected were girls. Out of 7 interviewed teachers, 5 reported that there have been observable changes in the learning process of children whose parents died of AIDS. There has been a dropping in performance (5), withdrawing (4) and paying less attention in class (5). Though the drop in their performance cannot be attributed solely to HIV/AIDS, the fact that the performance deteriorated after the death of their parents could convincingly lead to this conclusion.

School absenteeism and dropout

School absenteeism was mainly attributed to a combination of factors. The most important ones were working to support other siblings (5) and taking care of sick members of the family (3). As regards to support the siblings one of the orphan lament: *"…… I have to work in order to buy some of my school needs and support the youngster at home"*. Absenteeism is also caused by other factors that include lack of school supplies (1), lack of uniforms (1) and lack of close supervision that ensures a child goes to school (1). Other factors include psychological trauma and stigmatization. A number of orphans (4) revealed that they had been absent from

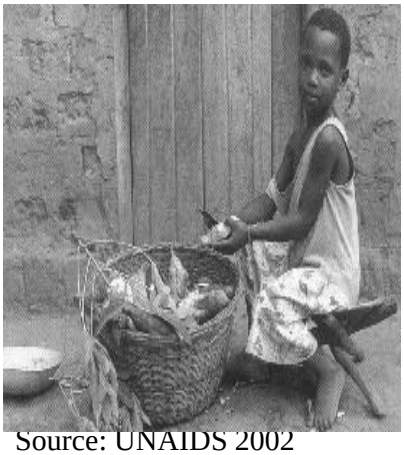
school partly because of the above-mentioned factors and partly due to lack of capacity to meet school expenses.

Report from teachers showed that students whose parents were sick/had died of AIDS were absent in school in a period ranging between 0-41 days between January and September 2002. For the two schools that provided data on student's absenteeism for the period between January and September 2002, it was found that the level of absenteeism was higher for boys than girls. The same trend was also common in the past 3 years.

Some students had to drop out of school after their parents' deaths. However, only one school was able to provide such data. On average 4 students dropped out of school per year in the years 1999-2002. Likewise, the rate of drop out was higher for boys than girls. It was reported that the orphans who dropped out of school were mainly involved in working to support other siblings (3), just staying at home because there is no one to meet all school expenses (5) and taking care of sick family members (1).

Orphans employment

A number of orphans (17 percent) were forced to look for employment/income generating activities after school hours or during vacations due to inability of their caretakers and/or guardians to meet their basic needs. They had to work as casual labourers on farms or in other households as domestic servants. Others were involved in selling fruits or second hand clothes (*mitumba*). As a result of this, there has also been a decline in attendance and subsequently their performance in schools as little time has been allocated for studying.



Source: UNAIDS 2002

Mistreatment and discrimination

Data also show that orphans have experienced different levels of mistreatment in households. However, the study found that only 44 percent orphans experienced different levels of mistreatment. There were those who were given either more work, or teased/ made fun of by other children in the household or the neighbourhood while others were discriminated in the households by adults. The most affected children were girls. Table 1 indicates different levels of mistreatment experienced by the 16 orphans.

Table 1: Treatments experienced by orphans at households

Type of treatment	Girls orphans	Boys orphans
Given more work	3	3
Teased/made fun of by other children in the household	2	1
Teased/made fun of by other children in the neighbourhood	1	1
Not treated equally to other children in the household by adults	4	1
Total	**10**	**6**

Source: ESRF Field Survey, (2002).

In schools, some orphans (8 percent) were also mistreated either by teachers or other children. However, only one of them had expressed a feeling that s/he was discriminated or being laughed at by other students. The other 2 uncovered that teachers isolated them and/or other students made fun of them. These types of mistreatments and stigma have tended to increase physical and psychological torture of the HIV/AIDS affected children.

Involvement in the household activities

As regards to the common household activities such as cleaning the house, cooking, taking care of young children, farm work and other income generating activities, there were mixed responses. While there were orphans who believed that there were differences after their parents' deaths, others revealed that the intensity of activities had declined (Table 2). The decline in intensity of activities can partly be explained

by the fact that children's responsibilities could be higher in their original households. This is particularly true due to the fact that during the last days parents were sick and therefore these children had to take care of them, including feeding the family. Afterwards they have moved to caretakers where relatively, their responsibilities are reduced.

On average, there were only 13 percent of those who registered the increase of household activities. However, there were other orphans who could not compare the intensity of activities prior and after the death of their parents. This could probably be due to the fact that some parents died when the respective orphans were still very young and therefore making comparison could be difficult. Moreover, involvement in the household activities could have started at the period when the parents were sick. Children therefore find themselves taking on the role of a parent—performing household chores, caring for siblings, farming, caring for ill or dying parents—creating stress before and after their parents' deaths.

Table 2: Orphans involvement in the household activities.

Intensity of activities	**Cleaning the house**		**Cooking**		**Taking care of younger children**		**Farm work**		**Income generating activities**	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Same level	9	11	9	8	4	6	6	7	3	6
More	2	3	2	4	3	3	2	1	2	3
Less	3	5	1	3	0	3	0	2	1	1
Could not compare	2	0	3	1	2	3	2	3	3	2

Source: ESRF Field Survey, (2002).

3.1.3 Current Efforts to Support Orphans

Results of the study show that in Mbeya Urban district, orphans have received limited attention and services from the government, non-governmental organizations (NGOs) and civil society organizations (CSOs) as well as community-based organizations (CBOs). There are only few institutions/NGOs that provide support to orphaned children. They include BABU GROUP, Mbeya Municipal Council, CARITAS and KIHUMBE. The information provided by the head teachers and teachers responsible for students' welfare showed that these institutions/organizations however, provided

limited support to orphans and only few of them have so far benefited. The types of support provided include school supplies such as books, exercise books, pen and pencils, uniforms, school fees and food.

It was claimed that the support provided by some of these organizations/institutions is attached to difficult conditions such as religious beliefs. Unless one is a member of a certain religious group to which the organization belongs, it is near to impossible to be supported. It was also pointed out that the number of NGOS that claim to provide support to orphans is mushrooming in the country and particularly in Mbeya but most of them misuse funds targeted to support orphans. Orphans are therefore, left with minimal or no support at all.

The study results also showed that orphans received support from other members outside their respective households. These were mostly close relatives such as brothers, sisters, and uncles. They all provided support to 9 orphans. The major type of support provided included school fees, uniforms and other school supplies. Other types of support such as medical expenses were rarely provided. Family friends support was limited.

The interviewed orphans identified various needs and made related suggestions. The needs and suggestions however varied from one orphan to another depending on the background and nature of the problems they faced. Some of the identified needs include:

- ***School Fees***: Orphan students need to be supported by the government and/or other institutions, as education is the only way through for them. However, this was a need mentioned by some of the interviewed orphans in secondary schools.
- ***Medical Services***: Should be provided free, as it is difficult for orphans and caretakers to afford them.
- ***Financial Assistance:*** Is important to enable orphans meet their needs, for instance, food and education expenses. This could be achieved through provision of micro credit loans to the poor HIV/AIDS affected households or caretakers. This would enable them establish small-scale projects that would generate income to run their families.

3.2 Supply Side

HIV/AIDS is decreasing the supply of education. This can be reflected through: declining number of teachers: decreasing quality of education; and increase of other costs associated with the pandemic like funeral and medical expenses. Teachers and other personnel who are infected may be absent in school for sometime which may affect student's performance. In this sub-section therefore, the impact of HIV/AIDS on the supply of education is discussed basing on the information obtained from the field survey.

3.2.1 Declining Number of Teachers

The erosion of human resource is clear through increased mortality and morbidity of teaching staff. The study revealed that in the surveyed district an average of 8 teachers died per year in the period between 1999 and September 2002 due to HIV/AIDS. The majority (88 percent) of those certified to have died from HIV/AIDS were females[5]. However information from the district offices revealed that this data is underestimated as few teachers are clinically certified to have died of HIV/AIDS[6]. It should be noted that the clinical symptoms of AIDS are more or less related to many of the common diseases. Therefore, unless the HIV/AIDS infected person declares publicly that he/she has tested for HIV and found positive, it becomes difficult to certify with 100 percent certainty that one is suffering or has died from AIDS. Persistence of cultural beliefs to the majority of Tanzanians is also a problem to the whole issue of transparency regarding the disease.

Though the number of teachers who have died due to HIV/AIDS seems insignificant (0.07 percent of total number of teachers in the district), its impact to the district and the national as a whole is likely to be enormous. It is expected that, the analysis to be carried out in a broader study will provide a true picture of what has or would be the impact of the pandemic to the education sector and the economy as a whole.

[5] It should be noted that proportionally there are more female teachers than male. Total number of primary school teachers in the district in year 2002 is 1202 whereby 285 are male and 917 are females.

[6] On average 17 teachers died per year in the district for the period between 1999 and September 2002 due to different causes.

3.2.2 Decreasing Quality of Education

The quality of learning outcomes and education will be affected by several confounding factors, which will emerge as the pandemic takes a deeper hold in the country. The education system has begun to experience the problem of increased teachers absenteeism due to HIV/AIDS related illnesses. In the surveyed schools the problem of teachers absenteeism due to HIV/AIDS related problems was also observed. The number of teachers who were absent from school in the period between January and September 2002 because of AIDS related illnesses ranged from 0-4 teachers per school.

Furthermore, it was noted that the quality of education would be declining, as there will be less qualified teaching force. The survey indicates that the teachers who died of HIV/AIDS had average of 20 and a maximum of 26 years of experience. It was also observed that out of 4 schools that indicated to have teachers who died of HIV/AIDS 2 schools did not receive any new teachers to replace the ones that had died. In addition, there has been a mismatch in terms of experience between the retired/dead teachers and the newly recruited ones. The newly recruited teachers have either little experience or no experience at all. Information from one of the wards surveyed indicates that none of 5 teachers recruited to replace dead/teachers retired prematurely had any teaching experience. *More specifically, the data show that 2 teachers with salary scale TGTS 6 and 4, and 12 and 8 years of experience respectively, died due to HIV/AIDS in the ward in 2001. But the teachers recruited to replace them were in the salary scale TGTS2 and zero years of experience.* This has a negative impact on the education system's ability to plan, manage and deliver quality education.

3.2.3 Increasing Costs

Increased mortality and morbidity rates have resulted into increased burial and medical expenses. The study found that in the period between 1999 to 2001 medical benefits and funeral expenses in the surveyed district increased by 56 percent and 33 percent respectively. Furthermore, data from the field indicates that in year 2002

alone from a period between January and June, medical benefits and funeral expenses to primary school teachers in the districts reached Tsh. 800,000 and 1,170,000 Tsh respectively. It is also important to note that, of the total funeral expenses in 2002, 67 percent were burial and transport expenses for the teachers who died from HIV/AIDS (Table 3).

Table 3: Expenses Incurred by Mbeya Urban District on HIV/AIDS infected Teachers for the period 1999-2000

Item	1999	2000	2001	Up to Sept 2002
Medical benefits for all teachers[7]	800,000	1,200,000	1,250,000	800,000
Transport and burial expenses for all primary teachers who died	1,951,000	1,442,000	2,575,000	1,170,000
Transport and burial expenses for primary teachers who died from AIDS related illness	-	-	1,300,000	780,000
Transport and burial expenses for primary teachers who died from AIDS related illness /transport and burial expenses for all primary teachers who died (%)	-	-	50.5	67

Source: ESRF Field Survey, (2002).

The implication of the increased costs to the district budget is alarming. Such funds, for example, 2,080,000 TShs spent on transport and burial expenses for primary school teachers who died from HIV/AIDS related illness could have been used to meet other alternative expenses in the districts and particularly those that are related to improving education facilities. This means that if the pandemic is not contained there is a clear danger of most of the resources that could be used for development activities to be diverted to the effects brought by the pandemic, for instance, medical, transport and funeral expenses. In the long run this will impact negatively on the education sector resulting into what might be termed as 'staggering education sector'. The pressure exerted to the education budget by the increased costs of medical benefits and burial expenses are expected to reverse the achievements already attained in education sector in the past 4 decades.

[7] There is no disaggregated figure for medical benefits. Thus, one could not tell how much was spent on medical expenses related to HIV/AIDS illness.

3.3 Policy/Guidelines for HIV/AIDS Prevention

The field survey found that there has not been a well-defined policy/guideline regarding HIV/AIDS related issues in the education. However, in one of the surveyed ward, it was reported that schools have been insisted to put HIV/AIDS as one of the agenda in the school meetings. Nonetheless, due to lack of well-defined policy/guideline the infected teachers have been receiving little or no support. Only three primary schools reported to have been reducing the workload of the infected teachers by giving them few and easy subjects to teach while one secondary school support infected teacher by providing milk and money for medical treatment.

4.0 CONCLUSION AND RECOMMENDATIONS

As observed in the study HIV/AIDS pandemic has impacted the demand and supply sides of education sector negatively. Orphans have been suffering from stigma as well psychological trauma. In fact, they have been experiencing different types of discrimination, mistreatment and other sorts of hardships both at home and school. In one way or another these difficulties have resulted into poor performance in schools and have also resulted into school dropouts. The paper shows that orphans' burden to a large extent is now vested on the hands of elderly who are also dependants on others within their families. Generally, orphans have been receiving limited support from their caretakers and from the government, NGOs, CBOs and CSOs.

The pandemic has also been matched with the declining number of teachers caused by deaths, increasing morbidity and higher medical and funeral expenses. As a result the pandemic is observed to affect efficiency and effectiveness in the provision of education due to loss of skilled teachers, increased absenteeism and increased expenditures on HIV/AIDS related items.

In order to mitigate some of the observed impact, the following actions are recommended:

- Increase support to orphans and particularly those affected by HIV/AIDS. The support should include support to educational expenses such as school supplies, uniforms and school fees (for secondary school students).

- The government and other credit providers should design a mechanism of building financial capacity of orphans and their families. Initiating strategies of providing credit facilities, entrepreneurship training, and small emergency grants can increase the financial capabilities of caretaker families.

- The government should formulate HIV/AIDS sectoral policies and particularly that of education sector. This will provide clearly the guidelines to be observed when dealing with HIV/AIDS related cases in the sector as well as developing strategies to prevent the spread of HIV/AIDS.

- There should be an established mechanism to monitor institutions and NGOs that provide support to orphans and people infected with HIV/AIDS so as to curtail possible misuse of funds.

- Increase capacity of service providers such as NGOs, CSOs, CBOs and other institutions so as to make successful interventions is also recommended.

- Increase awareness and sensitisation programmes to reduce stigma and discrimination are imperative.

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ANNEX 1

QUOTED EFFECTS THAT ORPHANS FACE AFTER THEIR PARENTS' DEATHS.	SEX	CARETAKER
" I have to work hard at home with little assistance and no enough time for studying. I also experience poor supplies of school needs."	Boy	Brother/sister
I use most of the time working when I go back home. This gives me little time for studying which affect my school attendance."	Girl	Grandparents
" I feel like killing myself due life difficulties. I get no time to study when at home."	Girl	Grandparents
"School uniforms and shoes are not adequately met. A brother who has been assisting us also died this year and our sister cannot afford to meet every need. I once missed school for a month because I didn't have school shoes."	Boy	Brother/sister
"Sometimes I fail to attend classes because I have too much work to do at home. In most cases I face problems on how to get uniforms and school supplies."	Boy	Grandparents
"Sometimes I don't have school uniforms and my uncle is financial unstable. I don't meet school needs such as uniforms and shoes due to life difficulties."	Girl	Uncle/aunt
" Sometimes I have to stay at home because I lack school supplies. My uniforms are torn and other students make fun on me. My grandmother cannot afford to meet all school expenses and the result is poor attendance in school."	Girl	Grandparents
"I Lack education supplies as some time my grandmother can not afford to meet all what I need. This makes me miss school at times. I therefore depend on outside support which is not enough to meet all that I need."	Girl	Grandparents
"When the parents were alive they used to get everything for me but after they have died everything changed. My grandparents are financially poor. Sometimes I fail to attend classes because of lack of uniforms and other school facilities which affect my school performance."	Girl	Grandparents
"School supplies and other needs are not well met by the grandmother. I have to work in order to buy some of school needs and support the youngster at home."	Boy	Grandparents

“I am unable to meet school expenses as my grandparents don't work.”	Boy	Grandparents
“My guardian is not employed and earns very little income which cannot meet my daily requirement and other school needs.”	Boy	Uncle/aunt
“It is difficult for those taking care of me to get school supplies and fees.”	Boy	Uncle/aunt
“I normally stay home when I cannot meet school expenses such as fees. There is an NGO supporting me but it doesn’t remit the support on time.”	Girl	Grandparents
“There is nobody to take care of me, so I have no time to concentrate on my studies and sometimes I don't attend school.”	Girl	Grandparents
“ Lack of school supplies affects my school attendance as the aunt whom I am staying with is financially poor and she is also sick.”	Boy	Uncle/aunt
“Sometimes I lack school uniforms and books, so I have to wait until I get them. I have been wearing the same uniform for more than 3 years.”	Boy	Grandparents
“My grandparents cannot provide school requirements in time. Currently, I am lacking school supplies like exercise books.”	Boy	Grandparents