

**Kamwanga, J; Ndubani, P; Msiska, R. 2003. *Disease, HIV/AIDS and Capacity Implications: a case study of the Public Education Sector in Zambia.***

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### **Financing of the Education Sector**

Economic effects arising from slowing economic performance have resulted in, among other outcomes, drastically reduced expenditure on education, which has dropped in real terms since the structural adjustment programme started in 1982/83. By the nineties, about 10% of the total education budget was devoted to education and training compared with 14.5% in the early 1980s.

The largest proportion of expenditure on education goes to salaries and contractual benefits. In 1980-84, primary education accounted for 39% of education expenditures and in 1990-94 for 33%. During the same period, university education accounted for 16% of education expenditure and in 1990-94 for 19%.

The difficulties besetting the education sector have resulted in various constraints, which include: inadequate equipment, teaching materials and maintenance; overcrowding; dilapidated educational infrastructure; unattractive conditions of service; and an exodus of teachers.

In 1993, in response to these difficulties, government began a process of consultation with a broad spectrum of stakeholders to devise new policy directions. The current policy, "Educating Our Future", is the third major educational policy, having been preceded by the "Educational Reforms" of 1977, and later "Focus on Learning".

Educating Our Future addresses the entire field of formal institutional education, paying attention to democratisation, decentralisation and productivity, on the one hand, and curriculum relevance and diversification, efficient and cost-effective management, capacity building, cost sharing, and revitalised partnerships, on the other. The national education policy is premised on the democratic principles of efficiency, equity, accountability and cost effectiveness. To this end, the public education system has been liberalised and decentralised in accordance with democratic principles of good governance.

Embedded within the broader policy of liberalisation is decentralisation, which involves the devolution of power from the central to district and local schools. It promotes broad-based participation in the management of education with a greater emphasis on the creativity, innovation and imagination of local-level education managers.

Government general orders provide guidelines on illnesses and bereavements in the public sector. There are clear instructions on the length of time somebody can be ill and continue drawing a salary and when the half-salary condition is applied. While these clauses are clearly spelt out, very little is done to enforce them.

### **Impressions on Disease and HIV/AIDS Situation in the Sector**

While attention has always been directed towards economic effects on the educational sector, emerging health-related influences are assuming importance. HIV/AIDS has serious

consequences for the sector. Teachers constitute a high risk group, with 42 % of an urban sample of teachers having been found to be HIV-positive.

Details on the extent of morbidity among teachers are not available, but anecdotal and qualitative reports point to an increasingly grave situation. Data show there has been an increase in the mortality of teachers over the years.

### **Conceptual Framework**

A conceptual framework was developed to guide the study. The framework traces the relationship of broad background variables to identified capacity dimensions, which in turn lead to aggregate outcomes in the sector. Disease is introduced in the framework both as an independent variable affecting capacity on its own and also as an intervening variable, indirectly affecting capacity through its effect on the other broad socio-economic factors.

The background factors are grouped into economic, socio-political and technological categories. Each category of variables can affect capacity separately or through a synergistic combination among the categories.

Disease in general and HIV/AIDS in particular can affect capacity variables either directly or indirectly by acting through the other background variables outlined above. For instance, mortality arising from HIV/AIDS will compel the sector to replace workers through training. Disease can also affect capacity dimensions directly through illnesses, death and attendant funeral and burial activities. Some of the outcomes include increasing teacher-pupil ratios and deteriorating education standards.

### **Capacity and Disease Manifestation at the basic school level**

The study revealed that almost all the schools visited had lost teachers who had died mainly from long-term illnesses. There was a near-uniform pattern of schools losing teachers to death, or through transfer on medical grounds. From the interviews conducted it was evident that most of the recorded mortality cases had been due to HIV/AIDS-related conditions.

Because of movements towards schools in better-serviced areas, the prevalence of illness and death clustered in some schools. Schools in areas with good health facilities recorded more cases of mortality and long-term illnesses than others.

Interviews and record reviews showed there was a marked increase in absenteeism in almost every school visited. Among the principal factors explaining this were the increased poverty levels in the country, which force people into moonlighting.

Rising morbidity and mortality also explain part of the increase in absenteeism. The incidence of disease contributes to absenteeism from two angles. Firstly, illness of teachers can directly lead to absenteeism. Secondly, provision of care for sick relatives can also result in teachers being absent from work.

Interviews with headmasters revealed there had been an increase in the incidence of illnesses among the teachers. These illnesses were a combination of both short- and long-term conditions, with the latter having shown prominence in recent years. The incidence of tuberculosis and, by extension, HIV/AIDS, is assuming major prominence in the education sector.

Although government is the primary financier of public schools, recurrent needs are solely met with internally generated funds. These funds are derived from parent-teacher associations (PTA) and general purpose funds (GPF). At the times of the study, almost all the schools covered had difficulties in collecting funds from pupils. A lack of ways and means to enforce payments has further compromised the ability of schools to collect adequate revenue.

Due to the limited revenues generated from fees, some schools were trying other means of income generation. Donors and non-governmental organisations (NGOs) are an important source of school funds.

Examination of expenditure patterns shows common features among the schools. Construction expenses consumed the largest proportion of revenues. This reflects a maintenance backlog that has resulted from a long period of neglect.

Other major components of expenditure among the schools included transport and stationery expenses. Although not featuring prominently among the expenditure items, funerals and medical costs are an increasing component of expenditure. Without reliable government funding, medical and funeral expenses are met from internally generated resources.

## **Recommendations**

As the ministry tries to resolve functional constraints, it is necessary that similar programmes aimed at forestalling the effect of increasing morbidity are implemented. Policy makers need to have information on the situation of illnesses and mortality for them to appreciate threats to the education system.

Although there are anti HIV/AIDS programmes in schools, these are restricted to pupils. Anti-AIDS could be extended to teachers either by reorientating these programmes to include teachers, or designing parallel programmes specifically targeting them.

While regulations are very clear on procedures to be taken when a member of staff has been ill for a long period, these rules are hardly ever enforced. Enforcing government orders on long-term illnesses would benefit the sector and also serve the affected teachers' interests.

Ailing teachers have opted to move to urban areas, which have better health facilities. Ensuring that government general orders on illness are adhered to would help resolve this problem of increasing staff inequities.

There should be improvements not only in the compilation of data at schools, but also in ensuring standard data collecting formats. Efforts should not be entirely focused on inventing new mechanisms for data collection and compilation, but also on improving current arrangements.

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