Basic Education

2. The HIV/AIDS Facts Sheet

- History of the HIV/AIDS epidemic
- & A global and African overview
- X Determining factors and impact
- ★ HIV/AIDS and the immune system
- Related diseases TB and STDs
- X Transmission and prevention
- X Testing and counselling
- X Treatment and care
- **X** HIV/AIDS, the workplace and universal precautions

3. The Management Checklist

- X District level management
- X Management of educators
- **%** Management of pupils
- X Management of schools
- X Service delivery planning and management

4. District Education Management Information System (DEMIS)

- A case for developing a DEMIS within the broader framework of an EMIS with a sample of DEMIS survey forms
- X Forms used in KwaZulu-Natal pilot
 - Monthly summary forms & School-based forms
- Proposed forms to be used by Zambian Ministry of Education
 - Registration Form
 - Monthly summary form
- X Illustrative examples of some of the reports available through the DEMIS



Basic Education DISTRICT MANAGERS HIV/AIDS RESOURCE KIT

A DfID-Supported Project for Africa
prepared by
HEARD
Health Economics & HIV/AIDS Research Division
University of Natal

Introduction to the Resource Kit

The impact of HIV/AIDS on education systems in Africa has affected pupils, teachers, managers and communities alike. It has increased absenteeism in the classroom, reduced the number of teachers and the quality of their teaching and compromised the ability of system managers to guide and direct the business of education at all levels. It will also affect the communities within which education is located and families will be exposed to personal stress and economic hardship because of the pressures the disease will bring.

The disease *is* a health issue but it is also an education management problem. Unfortunately, it may be with us for a very long time because of the difficulty in finding a cure. HIV/AIDS therefore will be a key factor in every aspect of planning and administration and will have to be considered in almost every management decision. Every aspect of education delivery will be touched by HIV/AIDS and common problems of access, quality and output will be made worse.

But it is very important to recognise that while many pupils, teachers, managers and community members may become ill and even die, *many more* will not be infected. The system of education will continue and so will the process of teaching and learning. The effectiveness and quality of this process will be critical in creating a disciplined learning environment in which young and impressionable minds are sensibly guided by positive role models.

For this reason it is important to note that the capacity of the education system to function efficiently and effectively may be the key to protecting those otherwise at risk from behaviour that could threaten their lives.

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This is particularly important at the local and district level, because it is here that management is most directly linked to the provision of teaching and learning. It is at this level that managers are most directly in touch with the realities of the classroom and the communities from which pupils and teachers come. District level managers are often distant from regional and national offices, lack reliable transport and have inadequate communications. This makes their task much harder and may require them to make very important local decisions without support.

The advent of HIV/AIDS will often be more obvious and visible to district level managers than to their senior colleagues in offices far away. They may be faced with any number of problems as a result, for which there are no obvious solutions. It is important however that they are empowered with factual information about the nature of the disease, some idea of how this may affect their responsibilities and how they can capture better information about impact in their local area.

It is for this reason that this *DISTRICT MANAGERS HIV/AIDS RESOURCE KIT* has been developed. The British Department for International Development (DFID) has funded the development of a *RESOURCE KIT* that will address these issues, and it intended that copies of this may be made available wherever they are needed. The *RESOURCE KIT* has been designed and created by the Health Economics & HIV/AIDS Research Division (HEARD) of the University of Natal, in South Africa. It has been developed specifically for the basic education sector and draws on enormous experience and research into the impact of HIV/AIDS on day-to-day education management issues.

The RESOURCE KIT is designed to help district managers to improve the professional quality of their work. But is also designed to make them examples to their colleagues and local communities of responsible, caring models of good, low risk behaviour at all times. It may even save their lives and the lives of those around them.

Objective

The main objective of the *DISTRICT MANAGERS HIV/AIDS RESOURCE KIT* is to:

- Provide a comprehensive information and management framework for education system managers at all levels (but focusing on the district), to empower them to:
- a) Understand the nature of the crisis;
- b) Factor the likely impact on education and the local community;
- c) Take management steps to mitigate impact on education and learning;
- d) Assist in gathering local data and analysing it for local use;

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- e) Provide information on local conditions to regional and national levels and improve the quality of reporting to achieve this;
- f) Become a well informed source of factual information
- g) Motivate colleagues, teachers, pupils and their communities to avoid high-risk behaviour;
- h) Improve professional competence and standing.

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There are no copyright or other restrictions on the use of this *RESOURCE KIT* and every part of it may be copied, quoted or otherwise used to support improved system management and communications.

Section One: THE HIV/AIDS FACT SHEETS

The first section of the *RESOURCE KIT* contains ten *FACT SHEETS*, each one covering a key aspect of the epidemic, followed by a glossary of terms and a list of additional references. These include:

- ₭ History of the HIV/AIDS epidemic
- A global and African overview
- Determining factors and impact
- X Women, children and HIV/AIDS
- ★ HIV/AIDS and the immune system
- Related diseases TB and STDs
- X Transmission and prevention
- X Testing and counselling
- X Treatment and care
- A HIV/AIDS, the workplace and universal precautions

Each FACT SHEET can be used on its own, or in conjunction with others. Key points are listed at the end of every FACT SHEET. These FACT SHEETS are designed to provide the manager with a factual information base and confirm him/her as a reliable and honest source of hard information on all related issues.

It is suggested that this set is copied for the use of colleagues, principals and teachers, as well as pupils. The *FACT SHEETS* contain a number of attractive maps and graphics and should be used in classrooms as teaching aids and in common rooms as focal points of information and conversation. Most importantly, these *FACT SHEETS* should become the accepted point of referral in any discussion or argument of HIV/AIDS issues and should be used whenever anyone offers or spreads misinformation or untruths about the disease.

Section Two: Management Checklist

The key point of this *RESOURCE KIT* is to provide an understanding of how HIV/AIDS is likely to affect local levels of education and what can be done to address these issues.

The reason this is important is that often district level managers will not be able to refer these issues upward for a decision. Secondly, in many instances, even senior colleagues will not be certain how to respond to new and complex issues involving untested regulations and stressed personal circumstances. The MANAGEMENT CHECKLIST is therefore designed to identify these areas of impact and to provide common sense ideas about how they can be tackled rapidly and responsibly. The format is simple and easy to follow and works on the basis of identifying a problem and then linking a choice of options for Importantly, it also identifies the need for managers at the district and local level to be more creative about problem solving. Many of the issues that will face local managers in the future do not have simple or obvious answers and require initiative and new approaches. It is possible that such creative responses to new HIV/AIDS related problems may become the basis for future regulation and even legislation if they are seen to work effectively.

For this reason the *MANAGEMENT CHECKLIST* also provides guidelines for reporting innovative approaches to new problems to senior levels of management, so that new lessons may be learnt.

The MANAGEMENT CHECKLIST is intended to be used in the field and to be carried by the manager wherever s/he goes. Its primary value is as a support system when doubts or unfamiliar circumstances arise in the field and as a record of response. It is probable that over time the experience of these managers will lead to an updating of this tool and to its republication as a practical example of how managers themselves are responding to the epidemic.

Perhaps the key use of the MANAGEMENT CHECKLIST, together with the DISTRICT EDUCATION MANAGEMENT INFORMATION SYSTEM (DEMIS) presented in the third section of this RESOURCE KIT, is to provide an early warning signal that all is not well in the district. This may focus on unusual or even dramatic changes in levels of teacher absenteeism, school performance unrelated to normative conditions, increased incidence of morbidity (illness) and mortality (death), increased incidence of orphans in the classroom, declines in school fees and other local revenues and increased numbers of funerals.

Since almost every school has always reported some or all of these phenomena through the years, the issue is bench marking the situation and attempting to establish how much the position is now changing.

Finally, this *MANAGEMENT CHECKLIST* assists in report preparation, contingency planning, counseling, communications and monitoring.

Section Three: District Education Management Information System (DEMIS)

The largest problem in understanding and responding to the impact of HIV/AIDS is the lack of reliable data and information available from the school and district level. The ability of planners to provide sufficient human and material resources for schools is badly compromised when data about enrolment and teacher attendance in unreliable. For these reasons it has become vital to develop a system to capture local data on a more regular basis than traditional annual or snap surveys.

The *DEMIS* approach is to capture a very limited amount of school level data on a *monthly* basis, for collection and analysis at the district level. This means that this important management information is immediately available to district level managers and principals, and that they have access to the information produced from the forms they complete.

The broad objectives set for the *DEMIS* are;

- X To enhance the conventional process of reporting by the school manager to the district office.
- X To provide data and information for decision-making, planning and management of the education system.
- Provide information that will improve efficiency in the management of the education system through better allocation and utilisation of resources.
- X To assist in generating early warnings of system malfunctions that requires management interventions such as declining pupil enrolment or an increase in teacher absenteeism.
- **X** Enhance the monitoring and evaluation role.
- **X** Provide quantitative and qualitative indicators for measuring and reporting on the performance of the system.
- £ Empower all stakeholders in the system to contribute to education development and transformation.

The analysis of the data, collected by means of a monthly submission made by the schools, means that the district level management is enabled to generate constant time series analysis showing trends in enrolment, morbidity, mortality, drop-outs, rates of pregnancy, reduction in fee income, increased rates of orphaning, etc. The value and implications of the availability of such data and the opportunity to analyse are incalculable for the district manager.



ACKNOWLEDGEMENTS

WHO/UNAIDS Fact sheets on HIV/AIDS for nurses and midwives (2000) UNAIDS AIDS epidemic update (December 2000) Dr Harry Hausler, Technical Advisor, Dept. of Health, South Africa

HOW TO USE THE HIV/AIDS FACT SHEETS

There are **TEN FACT SHEETS**, each one covering a key aspect of the epidemic, followed by a glossary of terms and a list of additional references.

- ₭ History of the HIV/AIDS epidemic
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Each Fact Sheet can be used on its own, or in conjunction with others. Key points are listed at the end of every Fact Sheet.

FACT SHEET NO. 1: HISTORY OF THE HIV/AIDS EPIDEMIC

The HIV/AIDS epidemic is a new epidemic and its origins have not been positively identified.

A few of the important historical and scientific landmarks mark not only the progress of the epidemic but also the progress in understanding the disease and in developing treatments for those who are infected.

- In 1981 the Morbidity and Mortality Weekly Report from the Centres of Disease Control (CDC) in the United States reported a sudden increase in the diagnosis of Pneumocystis carinii pneumonia and Karposi's sarcoma in gay men. Not long after this, health care workers in Central Africa began to notice a new disease characterised by diarrhoea and severe weight loss. They called it 'Slims Disease'.
- In 1982 the name Acquired Immune Deficiency Syndrome (AIDS) was given to this new disease.
- In 1983, the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, was discovered by scientists in France and the routes of transmission were confirmed.
- In 1985 the first blood tests to identify antibodies to HIV were developed.
- In 1987 the World Health Organisation (WHO) set up its Global Programme on AIDS and the first antiretroviral drug, AZT, was approved by the US Food and Drug Administration (FDA).
- In 1992 the first clinical trial using combination therapy started to enroll patients and in 1993 a new classification system used CD4 cell counts in defining AIDS.
- By 1994 the estimated global total of people infected with HIV was 16 million. In this year the results of the first trials to reduce mother to child transmission of HIV were presented.
- In 1996, HAART (Highly Active Antiretroviral Therapy) was shown to be effective in treating HIV disease and limiting morbidity and mortality.
- In 1998, 5.8 million new infections occurred the progress of science was creating an ever-greater divide between the North and the South.

- → The first cases of a new syndrome that was later named AIDS were recorded in the USA in 1981
- ► Like most other diseases, the origins of AIDS are not known
- → Despite enormous scientific advances, the epidemic continues to grow

FACT SHEET NO. 2: A GLOBAL AND AFRICAN OVERVIEW

The epidemic is spreading around the world, moving into communities not yet affected and strengthening its grip on areas where HIV/AIDS is already the leading cause of death in adults.

Estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS) track the epidemic in time and in different parts of the world.

Global summary of the HIV/AIDS epidemic December 2000

People newly infected with HIV in 2000: Total 5.3 million
 Adults 4.7 million Women 2.2 million Children <15 years 600 000

Number of people living with HIV/AIDS: Total 36.1 million
 Adults 34.7 million Women 16.4 million
 Children <15 years 1.4 million

• AIDS deaths in 2000: Total 3 million

Adults 2.5 million Women 1.3 million Children <15 years 500 000

 Total number of AIDS deaths: (since the beginning of the epidemic)
 Adults 17.5 million Women 9 million Total 21.8 million

Children <15 years 4.3 million

UNAIDS Report (December 2000)

In Africa south of the Sahara desert, an estimated 3.8 million adults and children became infected with HIV during the year 2000, bringing the total number of people living there with HIV/AIDS at year's end to 25.3 million. Over the same period, millions of Africans infected in earlier years began experiencing ill health, and 2.4 million people at a more advanced stage of infection died of HIV-related illness. The region thus continues to face a triple challenge of colossal proportions:

- Bringing health care, support and solidarity to a growing population of people with HIV-related illness
- Reducing the annual toll of new infections by enabling individuals to protect themselves and others
- Coping with the cumulative impact of over 17 million AIDS deaths on orphans and other survivors, on communities, and on national development.

Though sub-Saharan Africa heads the list as the region with the largest annual number of new infections, there may be a new trend on the horizon - HIV incidence appears to be stabilising. Because the long-standing African epidemics have already reached large numbers of people whose behaviour exposes them to HIV, and because effective prevention measures in some countries have enabled people to reduce their risk of exposure, the annual number of new infections has stabilised or even fallen in many countries. These decreases have now begun to balance out the still-rising infection rates in other parts of Africa, particularly the southern part of the continent. Overall,

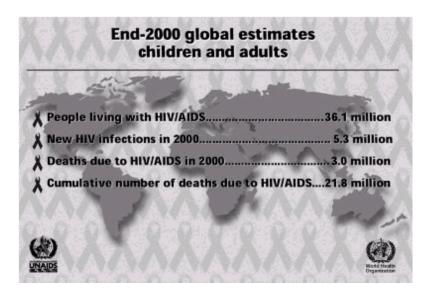
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therefore, new infections in 2000 totalled 3.8 million, slightly less than the 1999 regional total of 4.0 million. However, this trend will not hold if countries such as Nigeria begin experiencing a rapid expansion.

AIDS deaths in 2000 totalled 2.4 million, as compared with 2.2 million in 1999. In the coming years, unless there is far broader access to life-prolonging therapy, and providing that new infections do not start rising again, the number of surviving HIV-positive Africans can be expected to stabilise and finally shrink, as AIDS increasingly claims the lives of those infected long ago.

Southern Africa

- 1. 200 000 reported cumulative AIDS cases
- 2. 3 400 000 additional estimated cumulative AIDS cases
- 3. 9 400 000 current AIDS cases

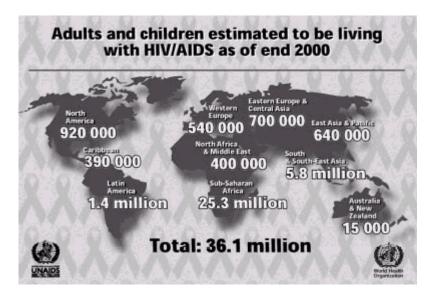


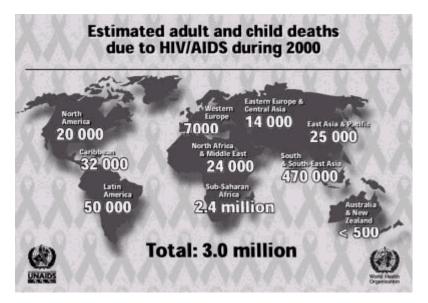
Many of the most striking images of the HIV epidemic are of families, but of unfamiliar families: a grandparent surrounded by grandchildren, adolescentheaded families, often siblings and cousins bonded together, dying adults tended by their children and communities as families.

Elizabeth Reid

It is all about action on many different fronts. Before this battle is over, there will be many ordinary people who will become heroes and heroines in their own communities... Perhaps we will learn the true meaning of being a rainbow nation. Perhaps we will create that civil society we all yearn for.

Whiteside & Sunter



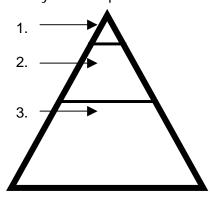


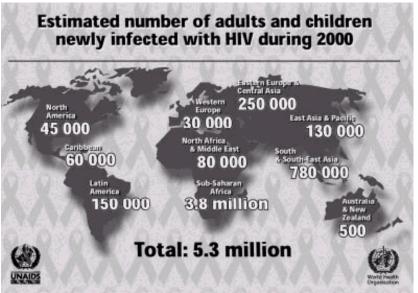
The costs of inaction are potentially enormous. Policymakers who demonstrate commitment, by working in creative ways with people most severely affected by HIV/AIDS, have a unique opportunity to contain a global epidemic and save millions of lives.

World Bank

The HIV/AIDS Pyramid

Actual AIDS cases only show part of the problem. Many more people are infected with HIV but have not yet developed AIDS.





Terms that are frequently used in describing the epidemic are:

- Incidence meaning the number of new HIV infections in a given time (eg each year)
- Prevalence meaning the total number of cases or the percentage in a given population at a specified point in time
- Surveillance meaning the systematic collection of data about a disease such as HIV

- → The number of people infected with HIV or AIDS at the end of the 2000 stands at 36.1 million
- → The main concentration of HIV infections is in the developing world on the other hand, in the industrialised world, HIV infection rates appear to be falling
- → In sub-Saharan Africa, 3.8 million new infections occurred in 2000 and 2.4 million men, women and children died

FACT SHEET NO. 3: DETERMINING FACTORS AND IMPACT

DETERMINING FACTORS

There are no simple explanations as to why some countries are more affected by the epidemic than others. Poverty, illiteracy, high rates of other STDs, the frequency of identified risk behaviours and the inferior position of women in society are all factors that contribute to high rates of HIV infection and transmission.

HIV/AIDS cannot be separated from these broader development issues.

Concepts that are useful in understanding the epidemic are:

Risk: The probability that a person may acquire HIV

Risk behaviour: Either individual or group behaviour which increases the chance of

HIV transmission

Risk environments: Those environments in which the chances of HIV transmission are

increased as a result of social, economic and/or cultural factors

Susceptibility: Those factors determining the rate at which the HIV epidemic is

propagated at an individual, group or societal level

Local examples of susceptibility:

infra-structural factors such as the development of a road

- environmental factors such as a drought resulting in unusual population movements
- cultural factors such as a particular sexual practice or belief, or a change in these
- economic factors such as the closure of an industry resulting in job losses or the opening of a construction site with an influx of migrant workers
- or social factors such as civil war

Vulnerability: The features of a social or economic entity which make it more or

less likely that excess morbidity and mortality associated with HIV

will have a negative impact upon that unit

IMPACT

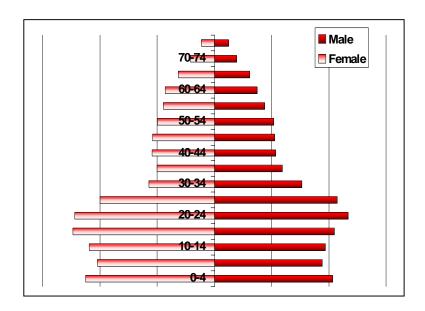
Unlike many infectious diseases, which affect either the very young or elderly, HIV/AIDS has a different impact. While infants account for approximately 10% of cases, young adults aged between 15 to 45 make up the majority of the remaining infections. This results in the massive loss of economically active people in the prime of their lives. In many developing countries, there is also a significant age difference between when women and men are infected. Women tend to be infected several years earlier than men.

HIV/AIDS threatens human development and social and economic security. In developing countries, where 95% of all HIV infections occur, AIDS is already reversing decades of hard-won development gains in improving the quality of people's lives and reducing poverty.

In a typical community affected by HIV/AIDS:

- Economically productive adults leave work due to illness or to attend funerals or to care for sick family members the local school loses teachers, health-care workers become sick, husbands and fathers are no longer employed
- Life expectancy decreases, infant mortality increases
- Existing under-resourced health services become overwhelmed
- Disruption to family and community life emerges
- Children are kept away from school to care for adults
- There are increasing numbers of orphans most of whom have less access to education and to adult role models
- Limited family resources are spent on care and funerals
- Food production declines malnutrition increases
- Poverty, inequality and crime increase
- People with HIV become stigmatised and face harm and discrimination

The impact is well illustrated by the following population pyramid which is typical of an African country 20 years into the epidemic.



- HIV/AIDS is best understood as an inter-sectoral and development issue, because the epidemic poses a significant and complex threat to society as a whole
- → It is critically important to understand the social and economic determinants of the disease factors such as the migration of workers, the rural-urban drift and the role and status of women fuel the spread of HIV
- → Individuals and communities need self-confidence to develop and HIV/AIDS erodes the development process through exacerbating poverty, promoting despair and destroying community spirit

FACT SHEET NO. 4: WOMEN, CHILDREN AND HIV/AIDS

WOMEN

Worldwide the risk of HIV infection for women is rising. Where transmission of HIV is predominantly heterosexual, women have a greater incidence of infection than men do. The reasons for this are multiple.

- The risk of becoming infected with HIV during unprotected vaginal intercourse is 2-4 times higher for women than for men. In addition, an untreated STD increases the risk of HIV transmission during unprotected sex by up to 10 times, and women with STDs are often unaware of them because the infections are 'invisible'.
- Young girls are at even greater biological risk their physiologically immature reproductive tracts constitute ineffective barriers to HIV and other STDs. Older women also become biologically more vulnerable after menopause.
- Young girls become sexually active earlier than their male counterparts; and, at a
 young age, they lack the knowledge and power to control their sexual encounters,
 and also what happens about protection.
- The financial dependence of women on men is especially entrenched in the developing world, leaving them with little or no control over how and when they have sex. Traditionally women play the passive role in sexual encounters, which means they are unable be assertive and negotiate safer sexual practices with their partners. In Africa, simply being married is a major risk factor for women who have little control over abstinence or condom use at home or their husband's sexual activity outside.
- Condoms are incompatible with pregnancy and fertility is a powerful prerequisite to social acceptance in many societies.
- Women have less access to information and prevention measures which are available and/or distributed at work places, schools and social organisations.
- Where their lives have been disrupted by war, divorce or widowhood, or where they
 have lost their property because of inequitable laws and customs, women, in the
 absence of other viable alternatives, often turn to prostitution, with the attendant
 risks of infection, in order to survive.

The demands on women resulting from the epidemic are also significant.

- Women are the caregivers; of infected spouses, often whilst being infected themselves, of infected children, and of 'AIDS orphans'.
- They are also predominantly the educators and health professionals who have to spearhead and staff AIDS prevention and care programmes.

• There is a great burden on elderly women to care for and bring up grandchildren whose parents have died of AIDS.

CHILDREN

In the context of HIV/AIDS, children may be classified as infected or affected.

- Almost all HIV infections in children under 13 are the result of transmission from mother to child; during pregnancy, birth or from breastfeeding. Other modes of transmission are sexual transmission and transmission from unsafe health practices.
- The AIDS epidemic is producing large numbers of affected children and orphans and resulting in increased hardship, particularly for impoverished families. Children from households with infected family members are frequently forced to assume care and other adult responsibilities.
- Adolescents at risk of HIV infection have high levels of knowledge about HIV/AIDS, but do not perceive themselves to be at risk and do not take the need for safer sex seriously.
- Certain groups of children are particularly vulnerable:
 - Children who are sexually exploited (either commercially or at home)
 - Street children, not necessarily because of a lack of knowledge and awareness, but rather because of their low status, powerlessness and social conditions
 - Children in detention, who are often exposed to violence, abuse and unwanted sex.
- Children from uninfected households living in affected communities are also affected, either directly, for example through day-to-day contact with their peers who have been personally affected, or indirectly by the sequelae of the epidemic such as deteriorating levels of education and health care.

The toll that the epidemic is exacting on the world's children is thus enormous and growing daily.

- Almost a third of all people with HIV/AIDS are between 15 and 24 a total of 10 million young people
- Every minute, six young people under the age of 25 become infected with HIV
- Girls and young women are more than 50% more likely to contract HIV than boys and young men
- In 1999 alone, an estimated 860 000 primary school children in sub-Saharan Africa lost their teachers to AIDS
- In South Africa, Botswana, Zimbabwe and Namibia more infants will die from AIDS in 2010 than from all other causes
- Pre-AIDS, the average percentage of orphaned children in any developing country was 2%. Already in 6 African countries over 20% of children have lost one or both parents.

Affected children have multiple needs.

Physical and material needs

Food and food security

These children are vulnerable to malnutrition and under-nutrition, due both to the scarcity of food and to the weak position they occupy within guardians' homes in the household resource distribution process.

Housing, clothing and bedding

Elderly grandparents and children often cannot maintain their homes in good repair. Poverty within the extended family frequently results in repairs being neglected. Often the family's supply of bedding is reduced because the deceased parent was bedridden and incontinent before death and it is common for children to sleep on sacks on the floor. Many children have no footwear at all and own only one set of clothes.

Health care

Immunisation and simple medical care may not be reaching these children, and children under the age of five are particularly vulnerable.

Intellectual needs

Educational needs

These include books, school fees, uniforms, shoes and school trip funds. For the younger children there is also the need for after-care facilities.

Income generating skills

There is a need to provide older children with simple, marketable skills.

Psychosocial needs

Parenting

Most children have not come to terms with the reality of being orphaned and feel the loss of parental attention and of physical and social security. With the death of their parents, the normal grief process is aggravated by guilt that they were unable to save their parents, often resulting in behavioural problems. Because the independence of the nuclear family has been compromised, they are unable to participate effectively in the kinship network where they are perceived as a liability and many, as a result, show socialisation problems.

Child heads of households confess to being ill-equipped to provide proper parental guidance and discipline to their siblings, let alone the love and care which they themselves need. There is also no moral and ethical guidance for these children, where the only adult attention may be in the form of irregular and inadequate supervision.

Friends and recreation

Most children report having lost their social friends due to their rigid time budgeting which does not allow them time for play.

Non-discrimination and legal protection

Freedom from discrimination within school, foster families, orphanages etc is another need. Where an infected parent may have been ostracised or rejected, after death the stigma may continue to cling to the orphaned children.

These children require legal protection, with respect to inheriting land and other material goods as well as protection from unscrupulous guardians, relatives and others who may abuse their rights in any number of ways. They also require a peaceful, violence and crime-free environment.

Key points

→ AIDS spreads more quickly where women are economically dependent on men, are unable to read and have limited legal rights for divorce, inheritance and child custody → All children have physical and material needs, intellectual and educational needs and psychosocial needs. Children affected by HIV/AIDS are particularly vulnerable in all these areas, as they take on adult household, parenting and caring responsibilities. Typically these children experience a lack of supervision and care, stunting and hunger, educational failure, inadequate health care, psychological problems, disruption of normal childhood and adolescence, exploitation and discrimination.

FACT SHEET NO. 5: HIV/AIDS AND THE IMMUNE SYSTEM

HIV stands for the Human Immunodeficiency Virus AIDS stands for Acquired Immune Deficiency Syndrome

There are two types of HIV:

- HIV-1, the most common type
- HIV-2, found mostly in West Africa

HIV affects the body by affecting the immune system. The immune system is the body's defence against infection by micro-organisms (bacteria and viruses) that cause disease.

Amongst the cells that make up the immune system is one called a CD4 lymphocyte. HIV is able, by attaching to the surface of the CD4 lymphocyte, to enter, infect and eventually destroy the cell. Over time this leads to a progressive and finally a profound impairment of the immune system, resulting in the infected person becoming susceptible to infections and diseases such as cancer.

In adults, the typical course from HIV infection to AIDS is as follows:

- About 6 weeks to 3 months after becoming infected a person will develop antibodies to HIV. At this time some people will experience a 'flu-like or glandular fever-like illness.
- There is usually thereafter a long 'silent' period up to 8 years during which the person may have no symptoms.
- Following that almost all (if not all) infected persons progress to HIV-related disease and AIDS. They may develop skin conditions, chronic diarrhoea, weight loss or they might develop one or more opportunistic infections such as tuberculosis, pneumonia, fungal infections, meningitis and certain cancers.

In **children** the typical course from HIV infection to AIDS is as follows:

- The majority of HIV infected infants develop disease during the first year of life and there is a high mortality rate.
- The common symptoms are:
 - An increased frequency of common childhood infections
 - Symptoms such as fever, diarrhoea and dermatitis which tend to be more persistent and severe and do not respond as well to treatment
 - Enlarged lymph nodes and liver.

- HIV is a retrovirus. Retroviruses not only invade living cells, but take over and pervert their reproductive equipment
- ► HIV infection is ultimately fatal, in adults usually following a long asymptomatic period
- A person does not die of AIDS, but of one or more opportunistic infections that occur as a result of damage to the person's immune system

FACT SHEET NO. 6: RELATED DISEASES - TB AND STDs

TUBERCULOSIS (TB)

Tuberculosis (TB) is a serious public health problem. TB kills more people every year than any other infectious disease - yet it is curable. Correct TB treatment not only cures TB and saves lives but also prevents the spread of infection and the development of drug-resistant TB.

TB is the most common opportunistic infection and the most frequent cause of death in people living with HIV in Africa. In 1997, there were an estimated 2,2 billion people infected with *Mycobacterium tuberculosis* (the germ that causes TB) and 30,6 million people infected with HIV in the world. In 1996, there were an estimated 9,4 million people in the world infected with both HIV and TB. Of those people, 6,58 million (70% of the global total) lived in sub-Saharan Africa. In South Africa for example, approximately 50% of TB patients are infected with HIV.

How do HIV and TB interact?

In people with healthy immune systems, only 10% of those who are infected with TB ever become sick from TB. HIV, by destroying the immune system, increases the risk of progression from TB infection to TB disease from 10% per lifetime to 10% per year. This means that over 50% of people who are co-infected with TB and HIV will get sick with TB before they die. TB also accelerates HIV disease. It is important to realise that although HIV increases the risk of developing TB, not all HIV-positive people have TB and not all people with TB are HIV-positive.

People with TB or HIV face similar problems of stigmatisation, fear and discrimination and have shared needs for counselling, care and support. HIV/AIDS is common in socio-economically-stressed communities, and these same communities are also vulnerable to TB.

The symptoms of TB are the same in HIV-positive and HIV-negative people: cough for more than 3 weeks, loss of appetite and weight loss, night sweats, tiredness, chest pain and coughing blood.

TB is spread through coughing. A person who is sick with TB and is not on appropriate treatment coughs TB germs into the air and another person breathes them into their lungs. TB patients who are on appropriate treatment are not infectious and therefore it is safe to work with them, socialise with them and live near them.

The good news is that TB can be cured as effectively in HIV-positive as in HIV-negative people using the same drugs for the same amount of time.

The DOTS (Directly Observed Treatment, Short-course) strategy works. As part of DOTS, it is important that a treatment supporter encourages and observes the patient to complete their TB treatment. Treatment supporters can be health workers, employers, co-workers, shop keepers, traditional healers, teachers, and community or family members.

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The risk of getting sick with TB can be decreased in people living with HIV/AIDS by taking TB preventive therapy using a TB drug called isoniazid.

SEXUALLY TRANSMITTED DISEASES (STDs)

STDs are very common. In Africa as many as 1 in every 10 people will get an STD every year. Untreated STDs can cause serious health problems in both men and women. Fortunately most STDs can be cured.

The same behaviours that place people at risk for STD infection also place them at risk of HIV infection. Both are transmitted during unprotected sex.

STDs such as gonorrhoea, syphilis, chlamydia, chancroid and genital herpes cause blisters, ulcers, discharges and inflammation. In all these cases, immune system cells are present in large numbers, thus providing an immediate entry point for HIV.

It is therefore 5-10 times more likely for HIV to be transmitted from one person to another, particularly when there are ulcers present. The situation is exacerbated even further because STDs in women are often asymptomatic or 'hidden'.

The presence of HIV infection in a person with an STD may result in the STD condition being more severe and treatment being less effective.

The best way of treating STDs is known as the 'syndromic approach'. It recognises that groups of STDs produce similar symptoms and that people commonly have multiple infections. The treatment therefore is given for a group of STDs, rather than trying to isolate and then treat the exact STD or STDs.

- HIV infection is the most powerful factor known to increase the risk of developing TB
- → In sub-Saharan Africa, anyone with TB is in a high risk group for HIV
- → The treatment of STDs has become one of the most important strategies for containing the HIV/AIDS epidemic

FACT SHEET NO. 7: TRANSMISSION AND PREVENTION

TRANSMISSION

HIV is a weak virus that cannot survive outside the human body. Although present in all body fluids, HIV is only present in sufficient concentrations to cause infection in:

- blood
- sexual fluids (semen and vaginal secretions)
- breast milk

HIV can only be transmitted from an infected person by the following routes:

- Sexual intercourse (vaginal, anal or oral). This is the most frequent mode of transmission
- Contact with infected blood, semen, cervical or vaginal fluids in situations where the infected body fluid is able to enter a person's body
- From an infected mother to her child during pregnancy or birth, or from breastfeeding

In children and youth, sexual abuse and child prostitution are known causes of HIV transmission.

Anybody who has unprotected sex is at risk regardless of race, religion or sexual orientation.

THERE IS NO RISK OF HIV TRANSMISSION FROM EVERYDAY CONTACT WITH AN INFECTED PERSON EITHER AT WORK OR SOCIALLY.

PREVENTION

The major route of HIV transmission is unprotected sex. The safest form of prevention is thus abstinence. However, in many instances, this is neither realistic nor desirable. Options such as limiting the number of sexual partners and/or using barrier methods can reduce the risk. Barrier methods commonly include the male and female condom.

- → Transmission of HIV can only occur where there is an 'exit point' from an infected person and an 'entry point' into an uninfected person
- → Prevention options include **A**bstinence, **B**eing faithful to your partner and **C**ondom use

FACT SHEET NO. 8: TESTING AND COUNSELLING

TESTING

HIV antibody testing is done for the following reasons:

- To screen donated blood and blood products, tissues, organs, sperm and ova
- For epidemiological surveillance of HIV prevalence (usually anonymous and unlinked testing)
- To diagnose HIV infection

The commonly used test for HIV infection tests for antibodies to HIV, it does not test directly for the presence of the virus. The period between infection with HIV and seroconversion (when the body develops antibodies) is called the 'window period'. During this time the HIV antibody test will not detect the infection, even though the person is infected and infectious.

Usually HIV antibody testing is done using an ELISA test (Enzyme Linked ImmunoSorbent Assay). The test can be done using a number of body fluids, but is usually done using blood. The ideal testing process involves two tests, if the first is positive. This re-testing, using a different test allows for the positive test to be confirmed and excludes the possibility that the first test was perhaps a false positive.

Pre- and post-test counselling are universally regarded as necessary accompaniments to all HIV testing where the person concerned will receive his or her test result. The 3 'C's' are the standards for ethical HIV antibody testing:

- Informed Consent
- Counselling
- Confidentiality

COUNSELLING

HIV counselling is defined as a confidential dialogue between a client and a counsellor aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS.

Effective counselling requires:

- Self awareness of one's beliefs, values and assumptions
- A respectful non-judgemental attitude
- Active listening, including accurate reflection of issues and concerns
- Asking supportive questions that raise important issues
- Awareness of one's verbal and non-verbal behaviour
- Providing practical support, advice and information
- Discussing options for care, prevention and support
- Encouraging the person counselled and his/her family to make their own decisions
- A quiet, private environment
- Ensured confidentiality

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Pre and post-test counselling

Counselling at the time of having an HIV antibody test has two main functions: prevention and support. It allows those tested to adopt preventive measures and, for those who are positive, to learn to live positively, accessing care and support at an early stage.

Counselling affected children and youth

Children and youth will react to crises in life, like the death of a family member, in different ways and will need different types of support. Bereavement counselling should be available to affected children and youth *before* the death of the family member and for as long afterwards as they may need it. Bereavement counselling should:

- Give children and youth an opportunity to talk about death, about events leading up to death, about the death itself (if it has occurred) and about the observances and rituals immediately after a death.
- Reassure them that feelings of disbelief, denial, sadness, pain and anger are normal.
- Allow them to express their feelings and concerns.
- Enable them to accept their loss or imminent loss and start looking to the future.

- ▶ Voluntary counselling and testing (VCT) are encouraged in many countries to enable individuals or couples to learn their HIV status and to plan for their futures
- → Good counselling assists people to make informed decisions, cope better with health conditions, lead more positive lives and prevent further transmission of HIV

FACT SHEET NO. 9: TREATMENT AND CARE

HIV/AIDS treatment and care may be defined within the following framework:

- For those uninfected but at risk
- For asymptomatic HIV-positive individuals
- For those with early HIV disease
- For those with late disease or AIDS
- For those with terminal illness

Treatment, care and support needs are very different at different stages and are not restricted only to the infected person. The primary objectives therefore are:

For the infected person - to reduce suffering and improve quality of life

to provide appropriate treatment of acute

intercurrent infections

For families - to render practical support

to lend bereavement support

The points at which a person who is HIV infected will require treatment and care are numerous and may include:

- treatment for STDs and TB
- treatment of opportunistic infections
- prophylaxis for opportunistic infections
- palliative care
- antiretroviral therapy

Positive living

This means taking control of aspects of your life such as:

- Eating a good diet whenever possible
- Staying as active as possible
- Getting sufficient rest and sleep
- Reducing stress as far as possible
- Staying occupied with meaningful activities
- Meeting and talking to friends and family
- Seeking medical attention for any health problems

Antiretroviral therapy

Antiretroviral drugs are used to treat HIV disease and in some instances to prevent HIV infection. There are different classes of drugs but all act to prevent replication or reduce the rate of replication of the virus and so slow the progression of the disease and prolong the survival of infected persons.

Vaccines

A vaccine is a substance that teaches the immune system to recognise and protect against a disease caused by an infectious organism or virus. Some experimental AIDS vaccines are in development, but the widespread availability of an effective vaccine is still many years away.

- ► It is a well-established fact that living positively can delay the onset of symptoms and extend the period of wellness in a person who is infected
- → Options such as antiretroviral therapy which are widely used in the developed world to treat people living with HIV/AIDS are not routinely available in developing countries

FACT SHEET NO. 10: HIV/AIDS, THE WORKPLACE AND UNIVERSAL PRECAUTIONS

HIV and other blood borne infections (like hepatitis B) can be transmitted in an accident situation where there is contact with blood. The risk of a person becoming infected with HIV in such a situation is dependent on factors such as the extent of the contact or the sort of injury that allows the blood to enter the person's body. The average risk of transmission is however low, approximately 0.3% following a needlestick-type injury.

Preventing occupational exposure to potentially infectious blood and blood products and managing occupational exposures that do occur are important elements of any workplace safety programme.

There are simple guidelines to manage the risk of HIV transmission in an accident situation.

- Create a safe working environment by identifying any risk situations and minimising such risks
- Assume that everyone is HIV positive and always take precautions in an accident situation
- Ensure that personal protective first aid equipment (such as gloves) is available and that personnel have been trained to use the equipment
- In the event of accidental contact with blood, follow standard first aid procedures
- Make sure that any contaminated materials are disposed of safely
- Comply with health and safety regulations in terms of recording and reporting incidences

- → Prevention of occupational exposure should always be the priority
- ► In an accident situation, 'universal precautions' implies assuming that everyone is infectious and always taking the same precautions
- → Where occupational exposure does occur, follow well-established protocols to minimise the risk of transmission and keep comprehensive documentation to facilitate compensation claims should an infection occur

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GLOSSARY

AIDS Acquired Immune Deficiency Syndrome - A syndrome

(collection of diseases) which results from infection with

HIV

Antibodies Substances produced by cells in the body's immune system

in response to foreign substances which have entered the

body

ELISA test Enzyme Linked ImmunoSorbent Assay - the test used to

identify the presence or absence of HIV antibodies

Epidemic A disease, usually infectious which spreads quickly through

a population

HIV Human immunodeficiency virus - the name of the virus

which undermines the immune system and leads to AIDS.

Immune system A complex system of cells and cell substances which

protects the body from infection and disease

so weak that it cannot fight off the infections

PLWHA Person living with HIV/AIDS

Seroconversion The point at which the immune system produces

antibodies and at which the HIV antibody test can register

an HIV infection

Window period The period between infection with HIV and seroconversion

(when HIV antibodies can be detected by the HIV antibody

test)

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children in sub-Saharan Africa AIDS 2000, 14 (suppl 3)

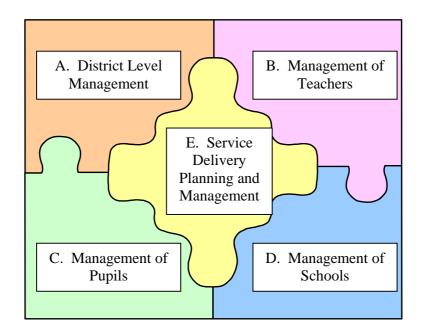
Management Checklist for the District Manager

Background:

The purpose of this publication is to provide a checklist for the education manager at District Level to raise awareness of the impact of HIV/AIDS on the education system. This is done by highlighting certain signs, which should alert education mangers to the disturbing impact of the disease on the system. The checklist then goes on to provide suggested action steps required of the education manager, to best manage the impact of the disease on the system, particularly relating to issues within his/her ambit of management. Planning and Management issues related to the action steps are then listed with the intention of assisting the District Manager to strategically plan for the mitigation of HIV/AIDS and its devastating effect on the education system.

This publication is also an attempt to empower and enable management response at the most direct point of delivery of service within the education system in order to better manage the situation.

Five areas of impact are reviewed. While each of these areas is dealt with separately in this publication, it is understood that in practice, these areas are interlinked and further impact on each other. The five areas defined are illustrated below:



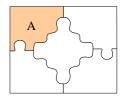
How to use this checklist:

The checklist is designed in such a way that should be easy and quick for the education manager to complete. To best manage and control the aspects highlighted in this publication, the checklist will need to be administered at regular intervals – either monthly or bi-monthly. For each of the five areas covered by the checklist, follow these steps:

- 1. Start with the section entitled "Signs". Work through each point and if the sign described is evident mark the "Yes" box if not evident mark the "No" box.
- 2. If any of the "Signs" are marked "Yes", move onto step 3 "Checks and Controls". If not, move onto the next section for that area or onto the next area.
- 3. Ensure that each of these activities described under "Checks and Controls" has been completed. If the responsibilities for the activities described are delegated to other parties, ensure that they have completed that which is required. As the activity described is completed, mark it off with a tick (✓). When all activities are complete, move onto step four "Action required".
- 4. Work through all the activities described under "Action required" to ensure that all the requirements have been met. Move onto step 5 "Planning and Management Issues"
- 5. The items listed under "<u>Planning and Management Issues</u>" are provided to highlight the broader issues that you as an education manager will need to consider. Resources required or available to each of these issues are provided.
- 6. Make sure that you have completed all five areas listed and each section within the specific area.
- 7. Append your name, designation and signature to the last page of the document.
- 8. Date the checklist as you may wish to refer back to the checklist to monitor and track progress made.

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A. District Level Management

 Temporary loss among all office staff – District Manager, Superintendents of Education and Public Service Employees

Signs:

1.	An increase in absenteeism amongst members of staff?		No
2.	An increase in sick-leave taken?	Yes	No
3.	3. An increase in applications for compassionate leave?		No
4.	4. Extended sick leave taken by members of staff?		No
5.	Members of staff attending more funerals?		No
6.	6. An increase in the loss of family members amongst staff?		No
7.	7. Staff experiencing family trauma?		No
8.	An increase in applications for possible early retirement or	Yes	No
	medical boarding?	162	INO

Checks and controls:

1.	Application for leave completed, approved, submitted and processed		
2.	2. Keep track of absenteeism rates		
3.	. Attendance and leave register for all members of staff completed		
4.	. Arrangements made for reallocation of tasks and delegation of		
	responsibilities		

Action required:

1.	Track leave application	Ensure that all leave taken and attendance is accurately reflected in the appropriate attendance and leave registers	
2.	Process leave form	Consult leave regulations for CS teachers and PS Employees	
		Ensure that leave is available Ensure member of staff completes required leave application form/s	
		Once approved, submit application form/s to Regional Office - Personnel Section	
		Confirm that leave taken is logged on the PERSAL system	

3.	Report absenteeism in excess of 10 working days	Inform Personnel Section within Region of extended absenteeism	
4.	Make application for temporary, relief or secondment of staff	Confirm regulations in terms of seconded and relief appointments Submit detailed report together with full motivation for appointment of secondment or relief appointment	
		Contact Personnel Section within Region to follow up on application	

Planning and Management Issues:

- Required to keep detailed and accurate attendance records for ALL office based staff
 - Resource: Introduction of district office DEMIS return, Attendance and Leaver registers maintained for all members of staff
- Implement HIV/AIDS awareness and education programme
 - Resource: Work with the Departmental HIV/AIDS team, NGOs and Department of Health
- Offer trauma counselling and guidance support
 - <u>Resource</u>: Psychological Guidance Counselling Services, NGOs and Department of Health

2. Attrition of all staff appointed to the office – District Manager, Superintendents of Education and Public Service Employees

Signs:

1. An increase in turnover of staff – due to illness, early retirement, medical boarding or death?	Yes	No
2. An increase in number of vacant posts – due to illness, early retirement, medical boarding or death?	Yes	No
3. Increase in the loss of experience?	Yes	No

Checks and controls:

1.	Correct process for resignation has been followed		
2.	2. Removed from Salary roll		
3.	3. Arrangements made for the reallocation of tasks and delegation of		
	responsibilities		

Action required:

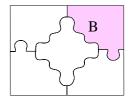
1.	Inform Personnel section in the Region that services of the individual have been terminated or lost	Provide detailed report in terms of loss of member of staff Ensure that required documentation is completed and submitted to personnel section of regional office Ensure that the member is removed from the PERSAL system	
2.	Finalise personnel file and archive	Ensure that personnel section in regional office are informed of death/resignation/retirement Complete form to remove member from the PERSAL system Archive the personnel file	
3.	Lodge application for replacement and secondment	Ensure that vacant post still part of approved establishment Determine/provide job description for post to be filled Request for application to be published for post/s to be filled Arrange for secondment of officials till post is filled Ensure posts are advertised	
4.	Induction for new member/s of staff	Provide induction for new member/s of staff Arrange for support and mentorship of new member/s of staff Ensure job descriptions are clear Ensure authorities are delegated if required	

Planning and Management Issues:

- Review workload and distribution of work
 - Resource: Job descriptions and organizational chart
- Delegate work to members of staff and secondees
 - Resource: Job descriptions and organizational chart

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- Ensure appointment of required member/s of staff
 - Resource: Personnel section
- Plan mentorship for new member/s of staff
 - Resource: Human Resource Division
- Plan and manage an office that is responsive to changes in structures to ensure continuity in workflow and services offered.
 - Resource: District Development plan



B. Management of Teachers

1. Temporary loss of teachers

Signs:

1. An increase in absenteeism amongst teachers?	Yes	No
2. An increase in multi-grade classes?	Yes	No
3. Loss of contact teaching time?	Yes	No
4. An increase in sick-leave taken by teachers?	Yes	No
5. An increase in applications for compassionate leave?	Yes	No
6. Extended sick leave taken by teachers?	Yes	No
7. Members of school staff attending more funerals?	Yes	No
8. Loss of family members amongst school staff?	Yes	No
9. Staff experiencing family trauma?	Yes	No
10. An increase in applications for possible early retirement or medical boarding?	Yes	No

Checks and controls:

1.	Application for leave completed, approved, submitted and processed	
2.	Check reported absenteeism rates	
3.	Secondment of teachers if required and appropriate	
4.	Track how delivery of curriculum is being affected	

Action required:

1. Process leave form	Consult leave regulations for CS Teachers	
	Ensure that leave is available	
	Ensure that teacher completes required leave	
	form/s	
	Submit application form to Regional Office -	
	Personnel Section	
	Application for leave is logged on PERSAL	
	system	
2. Report absenteeism in	Inform Personnel Section within Region of	
excess of 10 working	extended absenteeism	
days		

Make application for secondment of teachers	Investigate how curriculum offered at the school is being affected – Does this involve specialist teachers, are schools required to introduce multi-grade classes?
	Consult regulations as to when secondments can be put in place
	Submit detailed report together with full
	motivation for appointment of secondment to Regional Office
	Contact Personnel Section within Region to
	follow up on application Keep school management team informed of
	progress.

Planning and Management Issues:

- Required to keep detailed and accurate attendance records for all teachers
 - Resource: Introduction of monthly DEMIS return
- Develop a detailed register of teachers available for secondment or relief work
 - Resource: Introduction of register of teachers
- Implement HIV/AIDS awareness and education programme
 - Resource: Work with the Departmental HIV/AIDS team and Department of Health
- Facilitate trauma counselling and guidance support sessions for school
 - <u>Resource</u>: Psychological Guidance Counselling Services and Department of Health

2. Attrition of teachers

Signs:

 Increase in turnover of school-based teachers – due to illness, early retirement, boarding or death 	Yes	No
2. Increase in number of vacant posts	Yes	No
3. Increase in teaching loads of teachers	Yes	No
4. Increase in multi-grade classes	Yes	No
5. Decrease in curriculum options	Yes	No
6. Loss of experience	Yes	No

Checks and controls:

1.	Correct process for resignation has been followed	
2.	Removal from Salary roll	
3.	Arrange for reallocation of teaching load and other tasks	
4.	Vacant posts advertised and filled	

Action required:

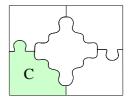
	nform Personnel ection in the region	Provide detailed report in terms of loss of teacher	
te	hat services of the eacher have been	Ensure that required documentation is completed and submitted to personnel	
te	erminated or lost	section of regional office	
		Ensure that the member is removed from the PERSAL system	
	inalise personnel file	Ensure that teacher's records and	
aı	nd archive	correspondence is filed	
		Complete form to remove teacher from the	
		PERSAL system	
		Archive the personnel file	
3. Lo	odge application for	Request review of Post Provisioning Norm to	
Se	econdment and	determine if school qualifies for the vacant	
re	eplacement	post/s	
		Arrange for secondment of officials till post is filled	
		Provide details for post to be filled	
		Request for application to be published for post/s to be filled	
		Ensure post/s is/are advertised	_

Planning and Management Issues:

- If required, assist Principal to review teaching load and administrative tasks and general distribution of work
 - Resource: Post Provisioning Norm and school time-tabling and schedules
- Review number of posts that school qualifies for
 - Resource: Post Provisioning Norm
- Monitor and track changes occurring at school
 - Resource: DEMIS
- Ensure appointment of required member/s of staff
 - Resource: Personnel section

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- Ensure that HIV/AIDS awareness and education programme is implemented at school level
 - Resource: Work with the Departmental HIV/AIDS team and Department of Health
- Facilitate trauma counselling and guidance support sessions for school
 - <u>Resource</u>: Psychological Guidance Counselling Services and Department of Health



C. Management of Pupils

1. Increase in pupil enrolment decline

Signs:

1.	An increase in drop out rate? – pupils either too ill to cope with studies, need to care for family members at home, need to earn money to supplement family income, child-headed homes, etc.	Yes	No
2.	An increase in reported absenteeism of pupils? – pupils either pupil ill or has to care for members of the family	Yes	No
3.	An increase in extended illness?	Yes	No
4.	Out of school pupil numbers increase?	Yes	No
5.	An increase in number of school days lost?	Yes	No
6.	Member of immediate family very ill or dying?	Yes	No
7.	Pupils experience family trauma through loss of family members?	Yes	No

Checks and controls:

Accurate class attendance registers maintained	
2. Feasible class size maintained	
3. Infected and affected pupils not being marginalized	
4. Records kept of pupils leaving the system – admission register and	
transfer records updated	

Action required:

1. Accurate class registers	Daily attendance figures captured in class
maintained	register
	Monthly DEMIS returns completed
2. Maintain records of	Update the admission register when pupil
pupils leaving the	leaves the school
system	Update the pupils' transfer record
	Monthly DEMIS returns completed

Planning and Management Issues:

- Required to monitor and track pupil enrolment patterns check feasibility of class size, consider introduction of multi-grade classes
 - Resource: Introduction of monthly DEMIS return
- Ensure that all school based records are maintained
 - <u>Resource</u>: Daily registers, monthly DEMIS returns, annual EMIS surveys, admissions registers and transfer cards
- Ensure that HIV/AIDS awareness and education programme is integrated into the curriculum
 - Resource: Work with the Departmental HIV/AIDS team and Department of Health
- Facilitate trauma counselling and guidance support sessions for pupils
 - <u>Resource</u>: Work with the Departmental HIV/AIDS team, Psychological Guidance Counselling Services and Department of Health
- Introduce programmes of support for pupils as care-givers
 - <u>Resource</u>: Work with the Departmental HIV/AIDS team, NGOs, Psychological Guidance Counselling Services and Department of Health
- Ensure that pupils that are affected by and infected with HIV/AIDS are given the necessary support
 - <u>Resource</u>: Work with the Departmental HIV/AIDS team, NGOs, Psychological Guidance Counselling Services and Department of Health

2. Increase in number of orphaned pupils

Signs:

1. An increase in number of orphans?	Yes	No
2. An increase in number of fostered children?	Yes	No
3. An increase in number of abandoned or displaced pupils?	Yes	No
4. An increase in applications for school fee exemption?	Yes	No
5. An increase in child-headed households?	Yes	No

Checks and controls:

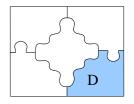
1.	Department of Social Welfare informed of those orphaned	
2.	Grant applications lodged with Department of Social Welfare	
3.	Pupils given all support possible	

Action required:

Inform Department of Social Welfare	Ensure Social worker visits the home to meet with pupil	
	If appropriate ensure that necessary forms	
	completed for social grant	

Planning and Management Issues:

- Required to keep track of increase in number of orphans
 - Resource: Introduction of monthly DEMIS
- Facilitate trauma counselling and guidance support sessions for pupils
 - <u>Resource</u>: Work with the Departmental HIV/AIDS team, Psychological Guidance Counselling Services and Department of Health
- Introduce programmes of support for pupils as care-givers
 - <u>Resource</u>: Work with the Departmental HIV/AIDS team, NGOs,
 Psychological Guidance Counselling Services and Department of Health
- Ensure that pupils that are affected by and infected with HIV/AIDS are given the necessary support
 - <u>Resource</u>: Work with the Departmental HIV/AIDS team, NGOs, Psychological Guidance Counselling Services and Department of Health



D. Management of Schools

1. Curriculum choice at schools

Signs:

1.	Certain subject choices are unfeasible or become obsolete?	Yes	No
2.	Specialist subject teachers not available to offer the subject?	Yes	No
3.	Number of pupils that demand a subject does not warrant a full class group?	Yes	No
4.	Size of certain class groups (with subject choices) shrinking?	Yes	No

Checks and controls:

1.	Accurate numbers maintained regarding enrolment in specific grades	
	and subjects	
2.	Feasible class size for specific subjects maintained	
3.	Qualified teachers are available to provide subject choice	
4.	Pupils provided adequate choice in terms of curriculum options	
5.	Curriculum options comply with examination requirements	

Action required:

1.	Adequate planning	Annual EMIS returns completed accurately –	
	and monitoring for	monitor change in pupil numbers for different	
	choice of the	subject choices	
	curriculum	Demand for subjects monitored – is there	
		adequate demand for feasible class group?	
		Projections for the phase of study (e.g. Grade	
		10 –12) needs to be completed	
		Consider availability of teachers to provide	
		subject choices	
		Consider alternate teaching styles – offer	
		support to home based teaching for pupils	
		who are ill	

1.	Adequate planning	Consider examination requirements for the	
	and monitoring for	different curriculum options	
	choice of the	Consider material and resource requirements	
	curriculum (cont.)	for new subjects before altering the	
		curriculum	

Planning and Management Issues:

- Required to monitor and track pupil enrolment patterns for different subject choices – check feasibility of certain subjects being offered in certain grades
 - Resource: Annual EMIS return possible expansion of monthly DEMIS
- Ensure that all school based records are maintained
 - <u>Resource:</u> Daily registers, monthly DEMIS returns, annual EMIS surveys, admissions registers and transfer cards
- Forward planning for the provision of curriculum is essential
 - Resource: Prepare estimate projections, based on pupil enrolment patterns, of the demand for subject choices
- Review workload and distribution of workload of teachers
 - Resource: EMIS returns and teacher time-table
- Consider alternate teaching styles home based learning, group activities, peer group support and "floating" teachers
 - Resource: Pupil support materials, detailed study and work plans, creative teachers
- Plan for and manage a school that is responsive to change
 - Resource: Constant review of school climate and school development plan

2. Change in School Governing Bodies

Signs:

1.	An increase in turnover of members of the School Governing Body – due to illness or resignations?		No
2.	An increase in the number of vacant positions in the school Governing Body or working sub-committees?	Yes	No
3.	An increase in the number of members of the School Governing Body who miss meetings?	Yes	No
4.	Increase in the loss of experience?	Yes	No
5.	Dramatic change in the membership of the School Governing Body?	Yes	No

Checks and controls:

1.	Correct process for resignation of member has been followed	
2.	Correct process for nomination and appointment of new members	
	has been followed	
3.	New members of the School Governing Body provided training,	
	support and mentorship	
4.	Record the changes in the composition of the School Governing Body	
	membership	

Action required:

1.	Ensure that School	Keep track of resignations received	
	Governing Body is	Keep track of absenteeism and measure	
	correctly constituted	against what the constitution allows for	
		If new or additional member/s are to be	
		appointment ensure that correct nomination	
		procedures are followed	
		Ensure new members are correctly appointed	
2.	Training for new	Provide training for new member/s of the	
	members of the	School Governing Body	
	School Governing	Arrange for support and mentorship for the	
	Body	new member/s of the School Governing Body	
		Ensure new member/s are aware of their	
		responsibilities and tasks	

Planning and Management Issues:

- Track the changes in membership of the School Governing Bodies
 - Resource: Introduction of monthly DEMIS
- Ensure new member/s of School Governing Body correctly appointed
 - Resource: SASA, SGB training manuals and School Governance Unit
- Facilitate training sessions for new member/s of the School Governing Body
 - Resource: SGB training manuals and School Governance Unit
- Plan mentorship for new member/s of the School Governing Body
 - Resource: School Governance Unit and monthly DEMIS

3. Reduction in School Fees collected

Signs:

1.	An increase in the number of school fee exemptions granted?		No
2.	An increase in schools having to reduce budgets?	Yes	No
3.	An increase in contestations around the recurrent cost allocation made to schools?	Yes	No
4.	An increase in schools that are pleading poverty?	Yes	No
5.	A reduction in what schools can fund from their school fee fund?	Yes	No

Checks and controls:

1.	Parents informed of procedures for the application of school fee	
	exemption	
2.	Schools dealing fairly with school fees exemptions applications	
3.	Schools following correct procedure to contest the allocation made for	
	recurrent costs	
4.	School budgeting and exercising adequate financial control	
5.	Schools monitoring school expenditure and school income	

Action required:

1.	Involvement in processing applications and appeals for school	Be aware of legal framework and departmental regulations for school fee exemptions Ensure that school is dealing fairly with all	
	fee exemption	applications for fee exemptions	
		Ensure that parents exercise the right to	
		appeal if application is dealt with unfairly	
2.	Guide schools in budgeting and	Ensure that schools are accurately tracking school expenditure and income	
	financial planning	Ensure that schools are keeping to budget	
		Monitor the submission of audited annual	
		financial statements	
		Assist schools in determining school fee	
		structures	

Planning and Management Issues:

- Schools informed of school fee exemption policy
 - <u>Resource</u>: School Funding Norms support material and Regional component
- Schools are adequately training in financial matters
 - Resource: Financial training manuals and School Governance Unit
- Schools are keeping parents informed of their rights to appeal and apply for fee exemption
 - <u>Resource:</u> School Funding Norms support material and Regional component

4. Change management within school

Signs:

1.	Noticeable change in pupil enrolment		No
2.	Change in composition of staff	Yes	No
3.	Considerable change in composition of School Governing Body	Yes	No

Checks and controls:

1.	Changes occurring at school are reported	
2.	School management having to deal with Change Management	
3.	Management, staff, pupils and broader school community all	
	experiencing trauma and having to deal with loss and change	

Action required:

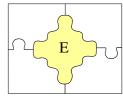
1.	Provide detailed reports in terms of changes occurring at the schools	
	Provide school with necessary support visits	

Planning and Management Issues:

- Provide school with programme of support for teachers to deal with HIV/AIDS issues in the classrooms
 - <u>Resource</u>: Work with Departmental HIV/AIDS team and Psychological Guidance Counselling Services

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- Offer support in terms of Change management issues
 - Resource: Human resource development component
- Offer trauma counselling and guidance support
 - Resource: Psychological Guidance Counselling Service, NGOs and Management training consultants



E. Service Delivery Planning and Management

1. Considerations for the planning of effective schools

Signs:

1.	An increase in the number of school schools	Yes	No
2.	An increase in the number of one-teacher schools	Yes	No
3.	An increase in the number of multi-grade classes	Yes	No
4.	Changes in service ratios such as Pupil:Teacher and	Yes	No
	Pupil:Classroom ratios	162	INO

Checks and controls:

1.	Confirm if schools are economically viable entities	
2.	Confirm that there is an educational need for the schools/grades and	
	curriculum within the community	
3.	Consider the amalgamation or extension of some schools	
4.	Track the teaching staff and curriculum options at schools	
5.	Record the service ratios within schools	

Action required:

1.	Conduct a needs	Consider a grouping or clustering of schools	
	analysis for the	Consider the enrolment patterns of these	
	existence of the	schools	
	school	Consider the complement of staff required for	
		the schools within the cluster	
		Consider the curriculum options available	
		within the cluster	
		Plan accordingly considering how schools	
		within the cluster will best serve the needs of	
		the community	

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2.	Track the service	Regularly collect the required data	
	ratios within schools	Calculate the required service ratios	
		Consider these calculated ratios over a period	
		of time to track changes	

Planning and Management Issues:

- Required to conduct detailed analysis of schools in groupings
 - Resource: EMIS, Introduction of DEMIS and spatial analysis.
- Manage the collection of relevant and accurate local level data regularly.
 - Resource: Introduction of DEMIS
- Broader planning of schooling facilities within the cluster
 - Resource: Detailed analysis of schools and a district development plan
- Broader planning for renovating and extending existing school or introduction of new schools or grades
 - Resource: Detailed analysis of schools and a district development plan

Completed by:	Name of Official	 Designation	
	Signature	Date	

A case for developing a Characteristic District Level Education Management Information System (DEMIS) within the broader framework of an EMIS

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Introduction

"Improving the information available to decision makers is identified as a key element in improving educational management and, in turn, the efficiency of the education system"

DW Chapman and LO Mählck

The lack of education information, which is complete, accurate, relevant and timely, is a major obstacle to effective planning in our education system. Yet the implementation and monitoring of education policies places an increasing emphasis on the role and function of information. At the same time decision-makers, who have to rely on information, are being held more accountable.

As a result, education managers at all levels within the education system are increasingly being faced with the challenge of *collecting, monitoring, archiving* and *analysing* data, and *disseminating* information. To meet these demands, it is imperative that the Education Ministries provide those empowered to make decisions, at various levels within the system including clients of the system, with the relevant information they need in a manner that is understandable, pragmatic and functional. To do so it is necessary to develop information management and the information application skills of education managers at all levels.

A brief review of the aims and objectives of an EMIS

EMIS is an acronym for Education Management Information Systems.

The ultimate aim of the information system is to improve efficiency in the management of the education system. This is achieved through better allocation, use and management of available resources, as well as by introducing greater accountability of the use of scarce public resources. Improved decision making and greater accountability can only be achieved, however, through the effective utilisation of information.

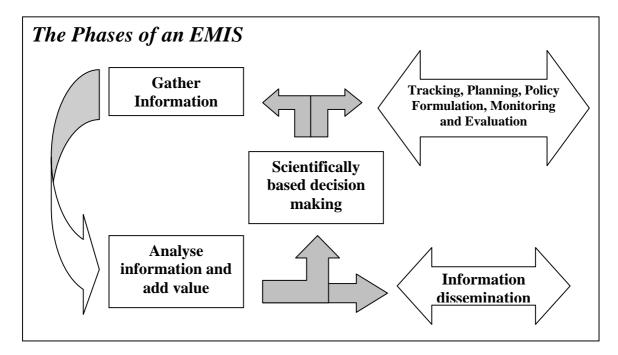
An effective EMIS needs to meet the diverse pressures of the different interest groups it serves. International studies reveal that an EMIS is very largely demand-driven with the needs of the different users determining the data to be collected. An effective EMIS needs, at all levels, to facilitate:

- Policy development
- Decision support in the broadest sense
- Planning
- Management
- Monitoring of system change
- Evaluation of policy implementation and service delivery.

Design and Function of an EMIS

To meet these needs, the EMIS should be an integrated, open-ended system. This means that the system is required to facilitate and process information from a variety of sources, and has to be responsive to the needs of the users. EMIS is not, and should never become, an end in itself: it is there to provide a service. As a system, the data collected by the various components of the education system - e.g. human resources, physical facilities planning, examinations, quality assurance, etc. should be integrated and data should flow bi-directionally - both upwards and downwards. If the EMIS is to have any value and succeed, the system should be as simple, accessible and accurate as possible. Decentralised systems appear to have more accurate and timely data collection and processing abilities. Therefore data should be processed, analysed and published as close to the point of collection as possible.

The phases and typical functions of EMIS are illustrated in the graphic provided below:



Each of these phases will now be reviewed and consideration given to the functions and persons involved at each phase.

It should be noted that more often than not, a manager or decision maker being faced by a problem initiates this process; the problem then identifies the information needs.

Gather information

During this phase it is critical that the person tasked with managing and developing the EMIS work closely with the information users and

owners. The system developers must seek agreement from the information users and owners on all decisions that may affect them.

There needs to be agreement on what information is needed and how it will be collected. Generally surveys are designed to collect the required information. The data collection instrument – or survey – needs to be carefully designed, to ensure that the required information is obtained. Questions asked must be clearly structured and unambiguous. It is worth investing a great deal of time on this phase and even requesting the assistance of form design specialists.

Once the survey has been tested and proven to be manageable and informative, the survey is taken to scale. Once the completed forms have been submitted, the data needs to be captured. This can be done manually, but given the speed and power of computers it is recommended that it be done electronically. There are several options available for data capture including data typists, who are appointed to key the data onto computer, or specific technologies such as "optical character or mark recognition" (OCR/OMR) which employ scanning technology to pick up marks on specifically designed and printed forms.

The data captured from the survey then has to be compiled, cleaned and verified. This can be a lengthy process and involve several persons. Generally preliminary data is fed back to providers so that they can verify accuracy and completeness. Error reports, which highlight exceptions or improbabilities, can also be provided for checking and verification.

Analyse information and add value

During this phase the raw data is converted to information, by adding value to the data. "Value adding" could simply be done through placing the data in context and presenting it in a user-friendly manner.

The process of "value adding" may mean the tabulation of totals, calculating appropriate indicators, determining projections or forecasts, doing time series analysis or using other statistical techniques. Generally this process relies on persons with data management and data manipulation skills. Persons with a background or exposure to statistics are also invaluable in this process.

Information dissemination

This is a critical aspect of the EMIS. During this phase the suppliers and users of the information receive feedback in the form of information being disseminated to them. This step is critical in terms of accountability and reporting. Studies show how increased

accountability of local decision makers will naturally initiate a move towards greater local data use and need.

Information can be disseminated via a wide variety of media – *printed*; in the form of reports, tables, brochures, posters, maps, graphs, etc. and *electronically*; through the world wide web, databases, analytical tools, spreadsheets and models etc. being made available. Many EMIS' now have a query service attached to the system as a matter of course, since the demand for information and questions requiring some response have grown. By far the majority of the information disseminated can be standardised to create generalised information products that once developed need to only be periodically up-dated and re-released. Persons with some creative flair and experience in producing published material are invaluable to this process, but most importantly the task requires the ability to interrogate the database and present the solution or outcome in a simple, understandable manner.

During this phase, the principle of bi-directional flow of information is critical: any feedback provided should be incorporated to improve both the data and the EMIS as a whole.

Scientifically based decision making

EMIS is not there to make decisions or solve problems – people are required to do this. The EMIS should therefore provide information that supports the decision making process. It follows that the EMIS should be structured and supported to assist with:

- Identifying possible problems or decision making processes
- Identifying possible solutions
- Accessing and providing the information required to solve a problem or make a decision
- Analysing how a possible decision will impact on a decision
- Simulating possible solutions and their likely results.

In order to meet these needs the information needs to be modelled and developed to play out several "what if" scenarios to assist decision makers. This requires the services of persons skilled in modelling techniques with some statistical background. Often Education Ministries outsource these functions since they can be very specialised – but generally with the advanced software programmes that are now available, persons with data manipulation skills can quickly acquire the necessary skills to develop complex decision support models.

An important aspect of this phase is that the information and possible scenarios are used to support and inform dialogue. The decision

makers therefore have more tools available to them to make better and informed decisions.

Tracking, Planning, Policy Formulation, Monitoring & Evaluation

Throughout the process, the information should be used to:

- track progress,
- inform planning and policy formulation, and in turn
- monitor and evaluate any growth or improvements made.

This needs to be done regularly to inform decisions and measure the impact of policy on delivery. The results of this analysis may mean that policies and programmes of intervention need to be changed to better suit the needs of the system or avoid problems or obstacles encountered. In this way information is being used to improve the efficiency and effectiveness of the education system.

Most EMIS systems in this region currently collect data from schools and other learning sites on an annual or biannual basis. Local information, for example school information provided by principals, is generally returned to a central venue for capturing and processing. Capture and analysis lags many months behind actual reported information. Feedback, in either electronic or paper form, is then provided back through the different levels. The further the collection and analysis is done from source, the greater the delay in providing relevant information back to the local level. In many instances the originators or suppliers of the information never receive any feedback.

If an EMIS were populated with the required information at the appropriate intervals, the datasets could generate early warning signals in respect of system malfunction or failure. Unfortunately this is not the case with most EMIS systems in sub-Saharan Africa. Very little value is added to the data or serious analysis undertaken. Meanwhile education management continues apace, with the need for constant monitoring, or implementation of new policies or strategies. Since information is either not complete, or not timeous (or both), many of initiatives are introduced based on estimations, unfounded assumptions or invalid projections.

The case for a District Level EMIS (DEMIS)

The need for current, accurate and local data is probably the strongest argument for the establishment of a DEMIS. At the centre of almost all education policy and planning decisions is school enrolment: it is the enrolment figure that drives the need for teachers, the need for school building and facilities, the need for curriculum and the need for management structures. Learner enrolment can therefore be viewed as the single most

important education statistic. Yet in a typical EMIS enrolment is monitored only once (or twice) a year and only available for management decision-making several months after the period to which it referred. This delay severely restricts the scope for rapid response to potential problems in the system such as declining enrolment or increasing pupil:teacher ratios.

Pupil enrolment figures are provided by schools, and are best collected and collated at a district level. They are crucial for the district level manager. It is therefore imperative that a district-level manager has direct access to detailed, accurate and current information on pupil numbers, since this is the pre-eminent cost driver of the education system. The manager needs to be able to measure the effect this has on the demand and supply of teachers and the general provision of education. It is therefore proposed that a simple and accessible District-level Education Management Information System (DEMIS) be implemented to supply information that will assist the district manager to understand and manage issues at a local level.

A criticism often raised against EMIS is that the information provided is inaccurate or incomplete. By introducing a DEMIS the district, which is typically much closer to the schools, is able to check and verify the figures provided. Often the suppliers of information (such as the school management team) have no consideration of the value of the information that is provided for capture in the EMIS. Forms are completed haphazardly or in a rushed manner. With a DEMIS this information can be more easily checked and measured against reality, since the district level of management is far closer to the source and in the best position to judge the accuracy and completeness of the data provided.

A well maintained DEMIS is an invaluable management tool. District managers can have complete monthly figures for the learning sites they are required to manage. This provides a useful set of time-series data for the analysis of trends from month to month, instead of year by year. This is turn facilitates a rapid-response mechanism which, in view of recent threats to the system, is required.

Through this local level tool a range of basic education indicators are made available, which can alert management to problems and possible failures within the system. Management in turn can respond rapidly and provide the necessary management and assistance to stop further degradation of the system.

The capture of local level information is a process that should both compliment and supplement the EMIS processes. The central EMIS system will be boosted by the provision of timely and strategic information that has been validated and checked by local level managers.

There are several basic principles that should guide the introduction of a DEMIS:

- the expected tasks to implement a DEMIS must not be onerous, nor duplicate work currently undertaken
- it should dovetail with existing functions of officials concerned
- it should generate locally relevant and useful information
- the data should inform and direct district management interventions
- the information must be readily available in the average school
- indicators must not be hard to capture
- information produced by the DEMIS must be readily consumable by local level officials and communities
- information must be able to be fed back up into the EMIS.

Objectives of a DEMIS

The DEMIS needs to provide data that is useful and usable at a local level to inform and direct management. As with the central EMIS, the ultimate aim of a DEMIS must be the provision of useful and reliable information for local-level decision-makers. But the broad objectives set for DEMIS are;

- To enhance the conventional process of reporting by the school manager to the district office.
- To provide data and information for decision-making, planning and management of the education system.
- Provide information that will improve efficiency in the management of the education system through better allocation and utilisation of resources.
- To assist in generating early warnings of system malfunctions that requires management intervention such as declining pupil enrolment.
- Enhance the monitoring and evaluation role.
- Provide quantitative and qualitative indicators for measuring and reporting on the performance of the system.
- Empower all stakeholders in the system to contribute to education development and transformation.

In order to achieve these objectives it is proposed that the district office introduce a basic questionnaire for schools to return on a monthly basis. The questionnaire should be constructed in a simple manner and will form the basis of the DEMIS data. All that should be required of the school management teams is to provide numeric data in terms of pupil and staff numbers for the relevant month. In most systems, schools have an obligation to keep school-based records of this nature anyway. All that is necessary is that it is summarised and submitted to the local education office for capture. At the end of the month, when the school manager submits or collects other

¹

¹ Attached as an annexure is a proposed questionnaire that is currently being piloted in parts of the KwaZulu-Natal Department of Education and Culture, South Africa. The questionnaire has been structured in two parts. Part A is summarised information that will be submitted to the district office. Part B comprised a monthly schedule that is completed by the school and kept at school level.

documentation from the district office, the completed questionnaire would also be submitted.

Requirements for a DEMIS

In order to introduce a DEMIS the following basic requirements need to be met. These are mere pointers and a detailed systems development plan will need to be developed and costed in terms of level of effort and a budget. Many of tasks can be completed and then provided to the various districts – they do not all have to be repeated at each district office:

- A person is tasked to drive and manage the process the DEMIS officer.
- The DEMIS officer meets with the users and owners of the system to discuss their needs. Interested parties are kept informed throughout the process and are required to review the process.
- A detailed system development plan is developed. This should include an analysis of the different steps and phases – persons, resources and budget required for each phase should be identified.
- A data collection instrument (survey) to be developed and tested.
- Data standards to be determined to ensure that the DEMIS can be integrated into the broader EMIS.
- The survey to be administered.
- Completed survey forms to be checked before capture.
- A data capture tool to be developed ideally electronically.
- Data is captured.
- Data is compiled, cleaned and verified.
- Indicators are created which add value to the data.
- Information is used to develop scenarios for decision-making.
- Information is disseminated.
- Feedback received from users and suppliers is analysed.

Proposed outcomes on the DEMIS

The district level office and other levels of the education system will have access to accurate and complete detailed information on pupils and teachers on a monthly basis. Education management, at various levels in the system, will have immediate access to basic school level indicators.

Amongst the indicators that can be determined are:

- Number of pupils by gender
- Number of teachers by gender and remuneration
- Temporary absence of teachers and pupils
- Permanent absence of teachers and pupils

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- Need for replacement/substitute teachers
- Number of vacant teacher posts
- Number of orphans
- Reduction in school level income
- Indicators of access such as intake rates and enrolment rates
- Internal efficiency indicators such as promotion rates, repetition rates and drop out rates
- Indicators of quality such as pupil to teacher ratios, pupil to classroom ratios, classroom attendance, attrition rates

The analysis of the data can generate constant time series analysis showing trends in enrolment, morbidity, mortality, drop-outs, rates of pregnancy, reduction in fee income, increased rates of orphaning, etc. The value and implications of the availability of such data and the opportunity to analyse and link these to a more general EMIS are incalculable.

Concluding remarks

Education Managers *need*, *can* and *should* have access to more and better data from the school and district level. This data should be made available to all, on a more regular basis and systemically. DEMIS is a tool that enables this to be done with immediate effect and at reasonably little cost and effort. Through the implementation of a DEMIS, decision makers could potentially be better informed about the local educational reality than was possible previously.

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Ross KN and Mählck LO, 1990, <u>Planning for quality of education</u>. UNESCO/IIEEP, Oxford, Pergamon Press

Stair RM, 1996, <u>Principles of Information Systems: A managerial approach.</u> USA, Boyd & Fraser

Whitten JL and Bentley LD, 1998, <u>Systems Analysis and Design Methods.</u>
Irwin McGraw Hill

Annexure A

Proposed survey questionnaires to be used to establish a DEMIS (KwaZulu-Natal)

Form A: One copy of this form to be submitted to the District Office

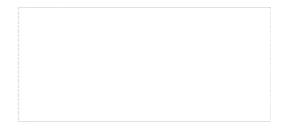
From B: Form to be completed by school and kept at school for reference



District Education Management Information System

DEMIS Form A Monthly Summary Information Form May to December 2001

One copy of this form is to be submitted to the District Office every month



Funded by:



Managed and Co-ordinated by:



District Education Management Information System

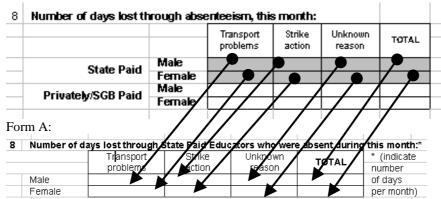
DEMIS Form A Monthly Summary Information Form

One copy of this form is to be submitted to the District Office every month

Instructions for the completion of the form:

- 1. You are required to complete the DEMIS Form B, (provided in the booklet with a gold coloured cover) before completing the DEMIS Form A (provided in the booklet with the green coloured cover).
- 2. The DEMIS forms are to be completed on the <u>last</u> working day of every month. All information must pertain to the Month for which you are completing the survey form.
- 3. Form A needs to be completed in duplicate. Carbon paper is provided to assist. Only the top copy is to be submitted to the District Office. The second copy marked school's copy is to be kept in the booklet provided.
- 4. Please provide accurate and complete information on all sections of the survey.
- 5. If the School Name, EMIS Number, Region, District and Circuit are not pre-printed on the form please complete these details.
- 6. Refer to the completed DEMIS Form B. You are required to transfer the relevant totals, provided in shaded blocks on Form B, to the appropriate spaces on Forms A. **Example:**

Form B:



- 7. The principal is required to read the statement at the foot of the page and sign as the principal of the school.
- 8. You are only required to submit ONE copy (the top copy) of DEMIS Form A to the District Office. Do NOT submit the second/duplicate copy labelled school's copy.
- 9. Complete survey forms are to be returned to the District Office.

Thank you for the time taken to complete and submit the survey form.

Supported by: DFID Survey design Facilitate by: HEARD and reproduction:



DEMIS Monthly Summary Information	
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	remaie			1 61	ilaic		//ale		probleme	dollori	roudon		of days
						F	emale						per month)
9	Number of	of days los				vho took leave du		nth:	(indicate numb	er of days per m	nonth)		
		Sick		Accouche- ent/paternity	Compassion- ate leave	Urgent private affairs	Study leave	L	Long leave	Other	TOTAL		
	Male			· · ·									
	Female												
10	State Pai	d Educato	rs th			uring this month:		nber	of educators)		11	Number stat	•
		Relocati	on	Transfer/ promotion	Left the Department	Other	Unknown reason		TOTAL			substitute ed provided:	aucators
	Male											Male	
	Female											Female	
S	tate Pair	l Public	Ser	vice Emplo	ovees								
12				-	(Support Staff)	: 13 Number	r of days lost	thro	ugh State Paid	Public Service E	mployees (Sup	port Staff) who	were absent: *
	Male								Transport problems	Strike Action	Unknown reason	TOTAL	* (indicate
	Female						Male		problems	ACTION	reason		number of days
							Female						per month)
14	Number of	of days los				ice Employees (S		who	o took leave du	ring this mont	h: (indicate nu	mber of days p	er month)
		Sick		Accouche- ent/paternity	Compassion- ate leave	Urgent private affairs	Study leave		Long leave	Other	TOTAL		
	Male			' '									
	Female		ļ						<u> </u>				
15	Number	of State Pa	id P	ublic Service Transfer/	Employees (Su Left the	pport Staff) who I Unknown	eft the school	ol/re	signed during	this month: (in	dicate number of	of staff)	
		Relocati	on	promotion	Department	reason	TOTAL						
	Male Female												
L	Tomalo	l				L							
r s	chool G	overning	Вс	dy Membe	ers —								
16	School G	overning I	Body		ers who repres	ent:	17		eeting held this		Yes	N	
	Educators	2		Male	Female		18	lf '	"yes", SGB me	mbers who mi	ssed the meeti Male	ng held this n Female	nonth:
		cator Staff						Ed	ducators		Walc	remaie	
	Parents Learners								on-Educator Sta arents	ff			-
	Other								arners				
		Tota	ıl					Ot	her				
19	School G	overning I	Body	members wh	o left/resigned	during this mont	h:						
	Educators			Male	Female			Sc	chool Stamp:				
		cator Staff											
	Parents												
	Learners Other												
		Tota	ıl										
<u> </u>													
	eclaratio		info	mation provide	nd in the DEMIC	MONTHLY CLIMAN)	TION FORM "	NDEC FORME	MIC/A) :- 22==2=+	and complet-	to the best of
	gning, I cer nowledge.	ury that the	ΙΟΊΓΙΙ	mation provide	a in the DEMIS	MONTHLY SUMM	MART IINFOR	AIVIA	TION FURM (KZ	INDEC FORM DE	IVII 5/A) IS COFFECT	anu complete	to the dest of
Princ	ipal:												/ 2001

Date

Please print Surname and Initials

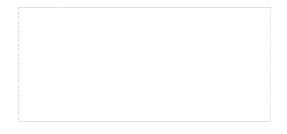
DI	EMIS I	Month	ly S	Summa	ry Inforn	nation – <u>k</u>	School's C	opy Mont	h:			KZNDEC Form DEMIS/A
	nool Na		•		-	_			Number:	1	Ref No	A/
Red	gion	_			District			Circu	it		_	
	earners	-			_					-		
		_										
1	Learner Male	Enrolment	:		2		iys lost through Compassionate	learner absentee	Transport	: (indicate the r Unknown		* (indicate
	Female					Illness	Reasons	Pregnancy	problems	reason	Total	the number
					Male Female							of days per month)
					i citiale				I			」 ′
3	Number			Financial			e number of lear	ners) Offered			Unknown	1
		Relocat	ion	reasons	Drop-out	Pregnancy	Orphaned	employment	Expelled	Death	reason	Total
	Male Female											
	remale											
4				have been o during <u>THIS</u>		5		arners whose pare option from paying				
	One pare	nt/guardiar	1	daring <u>rriio</u>			Full exemption	· [1 3011001 1003 1	Conditional ex	emption	
	Both pare	ents/guardia	ans				Partial exempt	ion				
_												
· E	ducator											
6	State Pa Male	id Educato	rs	7 Pri Ma	vately Paid Ed	ucators 8	Number of da	ys lost through Stansport	tate Paid Educ Strike	unknown		ig this month: * (indicate
	Female				male			problems	action	reason	TOTAL	number
							Male Female					of days
							remale					per month)
9	Number	of days los		ough State Pa		who took leave Urgent priva		nth: (indicate numb	er of days per r	nonth)		
		Sick		ent/paternity	Compassion- ate leave	affairs	ate Study leave	Long leave	Other	TOTAL		
	Male											
	Female		<u> </u>									
10	State Pa	id Educato	rs tha			uring this mon		nber of educators)		11	Number sta	•
		Relocat	ion	Transfer/ promotion	Left the Department	Other	Unknown reason	TOTAL			substitute e provided:	ducators
	Male				•						Male	
	Female										Female	
_	(- (- D-)		0	.i								
12				vice Emple	(Support Staff	. 42 Num	har of days loot	through State Paid	Dublic Comice	Employees (Cum	mort Stoff) wh	a wara abaanti
12	Male	u Public 3	ervic	e Employees	(Support Stan). 13 Nulli	bei oi days iost	Transport	Strike	Unknown	TOTAL	* (indicate
	Female						Male	problems	Action	reason	TOTAL	number of days
							Female					per month)
14	Number	of days los	ot thre	augh State D	aid Bublic Sory	ico Employoos	(Support Staff)	who took leave d	uring this man	th: (indicate nu	mbor of days	oor month)
14	Number	Sick		Accouche-	Compassion-	Urgent priva		Long	Other	TOTAL	liber of days p	Dei monu)
	Male	SICK	me	ent/paternity	ate leave	affairs	leave	leave	Other	IOTAL		
	Female		1									
45	Number	of Ctota Da	.: d D.	ıblia Camilaa	Empleyees (C)	mmant Staff) wh	a left the cabo	al/racionad during	thin manth. (i	diaata numbar	of atoff)	
15 [Number	Relocat		Transfer/	Left the	Unknown	TOTAL	ol/resigned during	uns monur. (idicate number	oi staii)	
	Mala	Neiocai	1011	promotion	Department	reason	TOTAL					
	Male Female											
			•									
S	chool G	overning	g Bo	dy Membe	ers —							
16	School C	Soverning	Body		ers who repres	sent:	17	Meeting held thi		Yes		lo
	Educator	\$	ŀ	Male	Female		18	If "yes", SGB me	embers who m	issed the meet Male	ing held this i Female	month:
		cator Staff						Educators		Widio	Tomalo	
	Parents Learners		ŀ					Non-Educator Sta Parents	aff			_
	Other							Learners				
		Tota	al					Other	Total			
19	School C	Soverning	Body	members wh	no left/resigned	during this mo	onth:	L	Total			_
		_	[Male	Female	.		School Stamp:				
	Educator Non-Edu	s cator Staff										
	Parents	Jacor Otali										
	Learners Other											
	Outer	Tota	al									
						•						
- D	eclarati	on -										
		rtify that the	infor	mation provid	ed in the DEMIS	MONTHLY SU	MMARY IINFOR	MATION FORM (K	ZNDEC FORM DE	EMIS/A) is correct	t and complete	to the best of
my k	nowledge.											
Princ	ipal:	_										/ 2001
		F	Please	print Surnam	e and Initials		Signature				Date	



District Education Management Information System

DEMIS Form B Monthly Statistical Survey Form May to December 2001

You do not need to submit this form to the District Office on a monthly basis. Keep this booklet at school for reference.



Funded by:



Managed and Co-ordinated by:



District Education Management Information System

DEMIS Form B Monthly Statistical Survey Form

You do not need to submit a copy of this form to the District Office every month

Instructions for the completion of the form:

- 1. You are required to complete the DEMIS Form B, (provided in this booklet with a gold coloured cover) before completing the DEMIS Form A (provided in the booklet with the green coloured cover).
- 2. The DEMIS forms are to be completed on the <u>last</u> working day of every month. All information must pertain to the Month for which you are completing the survey form.
- 3. Form B does not need to be completed in duplicate. From B does not need to be submitted to the District Office.
- 4. Please provide accurate and complete information on all sections of the survey.
- 5. If the School Name, EMIS Number, Region, District and Circuit are not pre-printed on the form please complete these details.
- 6. You are required to transfer the relevant totals, provided in shaded blocks on Form B, to the apporpriate spaces on Form A.

Example: Form B:

Number of days lost through absenteeism, this month: Transport Strike Unknown TOTAL problems action reason Male State Paid Female Male Privately/SGB Paid Femak Form A: 8 Number of days lost through this month:* (indicate Transpor sor number Male of days per month) Female

- 7. The principal is required to read the statement at the foot of page 3 and sign as the principal of the school.
- 8. Only provide information for the relevant month.

Thank you for the time taken to complete and submit the survey form.

Supported by: DFID Survey design
Managed and Co-ordinated by by: HEARD and reproduction:



Name of School:										EMIS Number:				Circuit:		
Learner	Enrolment															
	Pre Gr	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8	Gr 9	Gr 10	Gr 11	Gr 12	Other	TOTAL	
/lale																
emale				1			1		1		1					

Male learners

2a Number of days lost through absenteeism of MALE learners this month: (indicate the number of days)

	Dei Oi uaya	<u>,</u>				
		Illness	Compassio- nate reasons	Transport problems	Unknown reason	TOTAL
	Pre Gr					
	Gr 1					
	Gr 2					
	Gr 3					
	Gr 4					
	Gr 5					
4	Gr 6					
Male	Gr 7					
2	Gr 8					
	Gr 9					
	Gr 10					
	Gr 11					
	Gr 12					
	Other					
	TOTAL					

Number of MALE learners who have left the school (are off the role) during THIS month, for the following reasons: (indicate number of male learners)

		Relocation	Financial reasons	Drop-out	Orphaned	Offered employment	Expelled	Death	Unknown reason	TOTAL
	Pre Gr									
	Gr 1									
	Gr 2									
	Gr 3									
	Gr 4									
	Gr 5									
	Gr 6									
Male	Gr 7									
2	Gr 8									
	Gr 9									
	Gr 10									
	Gr 11									
	Gr 12									
	Other									
	TOTAL									

Female learners

Number of days lost through absenteeism of FEMALE learners this month: (indicate the number of days)

		Illness	Compassio- nate reasons	Preg- nancy	Transport problems	Unknown Reason	TOTAL
	Pre Gr						
	Gr 1						
	Gr 2						
	Gr 3						
	Gr 4						
	Gr 5						
<u>o</u>	Gr 6						
Female	Gr 7						
Fe	Gr 8						
	Gr 9						
	Gr 10						
	Gr 11						
	Gr 12						
	Other						
	TOTAL						

Number of FEMALE learners who have left the school (are off the role) during THIS month, for the following reasons: (indicate number of female learners)

		Relo- cation	Financial reasons	Drop- out	Preg- nancy	Orphaned	Offered employment	Expelled	Death	Unknown reason	TOTAL
	Pre Gr										
	Gr 1										
	Gr 2										
Female	Gr 3										
	Gr 4										
	Gr 5										
	Gr 6										
	Gr 7										
	Gr 8										
	Gr 9										
	Gr 10										
	Gr 11										
	Gr 12										
	Other										
	TOTAL										

age		WONT	nly Statis	tical s	oui ve	y – t	o ne	complet	eu on u				•	ıne	illollt	"	O'		' '	\ZI\DLU	form DE	MIS/E
Na	ame of School:										MIS N	ımber:					Circ	uit:				
_	Orphaned Learners																					
1	Number of learners who h	nave beei	n orphaned (lost a pa	rent/gua	ırdian)	during	THIS month	:											Total		
		Pre	Gr Gr 1	Gr	2	Gr 3	Gr -	4 Gr 5	Gr 6	Gı	. 7	Gr 8	Gr 9	9	Gr 10	Gr 11	Gr 12	Othe	er (Orphane	d	
	One parent/guardian Both parents/guardians																					
_	Learners with Fee e	exempti	on grante	d —																		
,	Number of learners whose																			tal with		
	Full exemption	Pre	Gr Gr 1	Gr	2	Gr 3	Gr	4 Gr 5	Gr 6	Gı	7	Gr 8	Gr s	9	Gr 10	Gr 11	Gr 12	2 Othe	er e x	xemptio	ns	
	Partial exemption						+			+				+			+					
	Conditional exemption																					
_	Educators																					
	November of Educations			No	Matric	REQ'		REQV 11 A1	REQV 12 B	REQV C	′ 13 R	EQV 14 D		QV 15 E	REQV F	16 RE	QV 17 G	TOTAL				
	Number of Educators:		Male									_										
6	Stat	te Paid*	d* Female																			
,	Privately/	/SGB Pai	d Male Female																			
	* STATE PAID = include all state paid	id educators,	, both permanent	and tempora	ry appointm	ents and	those seco	onded TO your s	chool. DO NOT is	nclude tho	se seconded	from your	school.		•							
3	Number of days lost throu	ugh abse	nteeism, this	s month:	1			•		lumber er mont		ost thro	ugh ed	ducate	ors who to	ook leave		his month	: (indica	te the nu	mber of o	days
		ays lost through absen		Strike action	Unkno Reas		TOTAL				5		ck Accouchement/			Compassion- ate leave*		Urgent private affairs**	Study leave	Long leave	Other	тоти
	State Paid								State Pa	id*	Male											
	M	emale Iale						Priv	ately/SGB P	aid	Female Male											
	Privately/SGR Paid	emale						1 110	atory/OGD F	aiu	Female											
		ļ						1							-		•	reasons – e.g		-		
												** "U	rgent priv	ate affai	irs refers to le	eave granted	to deal with p	ersonal matte	ers – e. g. sp	ouse involv	ed in an acc	ident
	Number of educators who	left the	school/resia	ned duri	na THIS	month	. for the	e followina ı	easons:		State p	aid "Lo	cum" E	Educa	tors:							
			Relocation	Transfe	/ Left	the	Other	Unknown	TOTAL	11					ors provid	led:		lale				
	B.	folo.	TOOGGIOT	promotio	n De	ot.	Cario	reason	. JIAL								F	emale				
	State Paid*	lale emale																				
	M	lale																				
	Privately/SGB Paid "	emale																				

ge 3 of 3 DE	MIS Mon	ithly St	atistical Su	urvey – to b	e com	pleted on	the last	school	l d	ay of the mon	ıth			ŀ	(ZNDEC fo	rm DEMIS
ame of School:							EI	VIS Numl	ber	:	_	Circ	uit:			
Public Service I	Personnel	(Suppor	t Staff)													
Number of State P	aid Public Se	ervice Emp	oloyees (Suppor	t Staff):*				1	13	Number of days los	st through	Support S	Staff who	were abs	ent this m	onth:
		TOTAL		,						•		Tra	nsport	Strike	Unnown	TOTAL
State Paid	Male												blems	action	reason	TOTAL
	Female Male		-							State Paid	l Fema	ale l				
Privately/SGB Paid	Female		<u></u>							Privately/SGB Paid	, Ma	ale				
support staff includes all ad	ministrative staff a	and general sta	r, those not involved in	teaching						,	Fema	ale				
Number of days lo	st though Su	pport Staf	f who took leave	e during this Mon	th: (indic	ate the number	r of days per	month) 1	15 1	Numberof Support	Staff who	left the sc	nool/resig		ng <u>THIS</u> m	onth:
		Sick	Pregnancy/	Compassion	Urgent private	Study Long		TOTAL				Relo catio		the	Unnow	1 1014
			Accouchement	ate leave*	affairs**	leave leave	reason						motion	Depar		1
State Paid	Male Female								ł	State Paid	Ma Fema	ale				
Privately/SGB Paid	Male									Privately/SGB Paid	Ma	ale				
"Compassionate leave" is le	Female	mnossionata r	accons and death in	the family							Fema	ale				
Number of repres	sentatives wh	no make		School Governing give number of S		•		Ye		19 Indicate t	No he numbe			•	ith a cross e left/resig	/
up the SGB:	Male	Female	month:		Illness	Other	Unknown	TOTAL		the mont	h:	Death		Lapsed term of	Other -	TOTAL
Educators	s			Male		commitments	reason				Male			office	_	
Non-educator staf	f		Edu	cators Female						Educators	Female					
Non cadoator star			Non-ed	ucator Male staff Female					No	on-educator statt	Male Female					
Parents	5		P	arents Male						Parents	Male					
Learners	5			remaie Male						! !	Female Male					
Othe	r		Lea	arners Female						Learners F	Female					
TOTAL	-			Other Female						Other	Male Female					
	•					•	•				_		•	•		
Declaration																
Deciaration																
	information pro	ovided in the	DEMIS MONTHLY	STATISTICAL SURV	'EY (KZNDE	C FORM DEMIS/B)	is correct and	complete to the	the be	est of my knowledge.						
	information pro	ovided in the	DEMIS MONTHLY	STATISTICAL SURV	EY (KZNDE)	C FORM DEMIS/B)	is correct and	complete to th	the be	est of my knowledge.						
Declaration signing, I certify that the Principal:		ovided in the		STATISTICAL SURV	'EY (KZNDE)	C FORM DEMIS/B)		complete to th	the be	est of my knowledge.		ate	/ 2001			





Republic of Zambia Ministry of Education DEMIS Registration Form

Version 1

Province:	
District:	

		U																		
Name of School																				
Province																				
District																				
School Code																				
Status (Mark with an X)						1	. Gra	de 1					2. Gra	ade 2				3.	Grad	e 3
Indicate whether scho Board (Mark with an X)	ool ha	as a F	TA a	nd/or	a Sc	hool					1. P	TA					2. \$	Schoo	ol Boa	ard
Indicate whether Day	or B	oardir	ng (Ma	rk with a	n X)						1. D	ay					2. l	Board	ling	
Indicate School Type (Mark with an X)	ark with an X)											3. Re	egular	Scho	ol wit	h Spe	ecial E	Educa	ation (Jnit
Indicate School Level	dicate School Level (Mark with an X)										1. B	asic						. Sec	onda	ry
Indicate whether Day X)	ndicate whether Day or Boarding School (Mark with										1. D	ay						2. Boa	arding	
Indicate Agency responsible running the school (MX)					1. (GRZ			2.	Priva	ate		3.	Grar Ager		ed (S elow)		lame	of	
Name	of A	gency	/ :																	
Indicate whether Rura	al or l	Jrbar	(Mai	k witl	n an)	X)						1. Ru	ıral					2. Urb	an	
Postal Address																				
Physical Address																				
				+														+	+	
Telephone Number Mobile Number	_ ·									Nu	mber	-								
Mobile Multibel																				
School Head	Title				Ini	tials				Surn	amo									
Gender of School Hea	1		vith a	n X)	1111	uais				Juill	1. N	/lale						2. Fei	male	
							ļ							ļ						
Quick Counts	Mala		Eomo	10				Mala	١	Eom	OIO.					1/1/	210		Eama	Λ

Pupils | Male Female | Male Female | Male Support | Support | (Ancillary) Staff |

Pupil Numbers:

	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8	Gr 9	Gr 10	Gr 11	Gr 12	Total
Male													
Female													

Number of Pupils who receive Bursary Support:*:

	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8	Gr 9	Gr 10	Gr 11	Gr 12	Total
Zambian													
Non- Zambian													

^{*}Bursary Support refers to the bursary scheme that provides support to pupils in distress who qualify

Pupil Nationality by Grade and Gender:

	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8	Gr 9	Gr 10	Gr 11	Gr 12	Total
Zambian													
Non- Zambian													

Number of Orphans by Grade:

	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8	Gr 9	Gr 10	Gr 11	Gr 12	Total
One parent/ guardian has died													
Both parents/ guardians have died													

Number of classes by Grade:

	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8	Gr 9	Gr 10	Gr 11	Gr 12	Total
Male													
Female													

Pupil Enrolment by age, gender and grade: Regular Classes – Basic Education:

J		ide 1		de 2	Gra	de 3	Gra	de 4	Gra	de 5	Gra	de 6	Gra	de 7
	Male	Female												
Below 7 yrs														
7 yrs														
8 yrs														
9 yrs														
10 yrs														
11 yrs														
12 yrs														
13 yrs														
14 yrs														
15 yrs														
Over 15 yrs														

Regular Classes – Secondary Education:

	Gra	de 8	Gra	de 9	Grad	le 10	Grad	le 11	Grad	le 12
	Male	Female								
Below 13 yrs										
13 yrs										
14 yrs										
15 yrs										
16 yrs										
17 yrs										
18 yrs										
19 yrs										
20 yrs										
Over 20 yrs										

Academic Production Unit (APU) enrolment – Secondary Education:

	Gra	de 8	Gra	de 9	Grad	de 10	Grad	de 11	Grad	le 12
	Male	Female								
Below 13 yrs										
13 yrs										
14 yrs										
15 yrs										
16 yrs										
17 yrs										
18 yrs										
19 yrs										
20 yrs										
Over 20 yrs										

Number of Support (Ancillary) Staff

	Mat	tron	Bur	rsar		rical cer	Dri	ver	Off	Ord	Ca tak	re- cer	St F	land	San	odr	Wa ma		Clea	aner	Oth	her
	М	F	М	F	М	F	М	F	М	F	М	F	М	F	М	F	М	F	М	F	М	F
Zambian																						
Non- Zambian																						

Number of teachers – Private Schools (Please include School Head and Deputy Head)

Male	Female	Total

Surname and Initials	Ger	nder			Prof Qual							С	ond	litio	ns o	of Se	rvic	e		
Only mark ONE option for each category. Mark with an X.	Male	Female	None	Certificate	Adv. Certificate	Diploma	Adv. Diploma	First Degree	Higher Degree	Permanent & pensionable	On Probation	Local Contract	1960 Agreement	Temporary Agreement	Part time	Local unpaid volunteer	Aid Agreement	Volunteer Service	GAE	LMAT
on, man one opnomic soon onego, man mar arm																				
																			_	
																		ge 5		

Surname and Initials	Ger	nder				iona atio					С	ond	litio	ns o	f Se	rvic	:e		
Only mark ONE option for each category. Mark with an X.	Male	Female	None	Certificate	Adv. Certificate	Adv. Diploma	First Degree	Higher Degree	Permanent & pensionable	On Probation	Local Contract	1960 Agreement	Temporary Agreement	Part time	Local unpaid volunteer	Aid Agreement	Volunteer Service	GAE	LMAT
Only mark one opnormor each category. Wark with an A.																			
This questionnaire was filled in by:																			
PRINT NAME (School Head)									-	Dat	te								
Signature																			
PRINT NAME (DEO)									_	Dat	te								
Signature																			
PRINT NAME (SEO)										Dat	te								
Signature																			



Republic of Zambia Ministry of Education

District Education Management Information System Monthly Summary Information

The DEMIS forms are designed to capture the changes that are occurring in schools from month-to-month. The responses reflected in the DEMIS forms are captured to provide school and month-specific information to assist District level management and programmes of interventions. As a Head Teacher you are required to reflect the situation in the school as at the end of the month and provide figures relating to leave taken and absenteeism rates during the course of the month.

The Monthly Summary form is to be completed **every** month, on the <u>last</u> working day of every month. All information must pertain to the Month for which you are completing the survey form - provide details for the specific month that is being reported on, and not cumulative totals. The Monthly Summary Information form is to be completed in quadruplicate – one copy is to be retained at the school and 3 copies are to be sent to the DEO for distribution to the PEO and Headquarters. Please provide accurate and complete information on all sections of the survey. The Head Teacher is required to read the statement at the foot of the page and sign as the Head Teacher of the school.

Guidelines for the completion of the Form: References are made to the numbered sections of the DEMIS Monthly Summary Information.

- Ensure that you provide the **name of the Month** that you are completing the form for.
- Indicate which school term the Month falls within, by ticking the appropriate box provided.
- Please print the full name of the school.
- Ensure that the correct EMIS number is provided. The EMIS number is the unique six-digit number assigned to your school. The EMIS number is extremely important, please do check this carefully.
- Provide the name of the Province and Education District your school is assigned to.
- Provide the current status (or level/Grade) of the school according to the grades offered at the school:
 - Grade 1 = lower (Grades 1 4)
 - Grade 2 = Middle (Grades 1 7)
 - Grade 3 = Upper (Grades 1 9)
 - Grade 4 = Multi Grade
 - Grade 5 = Mixed (Grades 1 12)

Pupil Information

At times you are required to report on DAYS lost and in other sections you have to indicate the number of pupils or members of staff who left the school. Please carefully read the question to see whether you have to report the **number of DAYS** or the number of **PERSONS**.

Do not double-count pupils at all – only report numbers in one of the categories provided.

- 1. <u>Pupil enrolment</u>: Provide the total enrolment for your school, by gender, for this month. This is the number of pupils registered and enrolled at your school. Provide the total enrolment.
- 2. <u>Number of Pupils who entered the school during this month</u>: Indicate the number of new entrants by gender. Only reflect the number of newly registered pupils who were admitted into the school during the course of the month. Provide the total pupils who entered the school during the month.
- 3. Number of pupils who stopped school during this month: In this section you are required to indicate the number of pupils who left the school (dropped out) by gender according the category providing the reason for leaving during the specific given month. Note these pupils have left the school –they no loner attend classes and are no longer on the school enrolment register.
 - *Relocation/Transfer/Move* The pupil leaves school because the parent or guardian has moved away or relocated and the pupil can no longer attend the same school.
 - *Financial reasons* The pupil leaves school or drop-outs during the course of the month, due to financial reasons or not be able to meet financial obligations.
 - *Expelled* The pupil is required to leave the school since s/he has been expelled, for whatever legitimate reason provided by the school.

- Suspension The pupil leaves the school because of a suspension while his/her behaviour is being considered or investigated.
- *Desertion* The pupil leaves the school for no apparent reasons or no reason provided.
- Orphaned The pupil leaves school as s/he has been orphaned and is no longer in a position to attend school.
- Caring for the sick The pupil leaves school in order to attend or care for the sick at home.
- *Pregnancy* The pupil leaves due to pregnancy. Only female pupils can be reported in this category.
- Causing pregnancy The pupil leaves, as he is found responsible for causing a pregnancy. Only male pupils can be reported in this category.
- Offered employment The pupil leaves school to take up employment.
- Death Indicate the number of pupils who died during the course of the month.
- Illness These pupils leave school due to illness, they are no longer physically able to attend school due to illness
- Other—Should pupils leave school, for a reason other than the categories provided above, indicate the number of pupils by gender.
- *Total* provide the total number of pupils, by gender and category, which left the school during the course of the month. (Add the number of pupils who dropped out by gender, for each of the categories provided)
- 4. Number of **pupils** and **school days** lost through absenteeism this month: Please note you are to provide the **number of pupils and school days** that were lost through absenteeism according to the categories provided.

E.g. if one pupil is away Monday, Tuesday and Wednesday (3 days), another pupil is away Wednesday and Thursday (2 days) while yet another is away for the whole week (5 days) then the total (3+2+5) of 10 days will be reflected for these 3 pupils.

- Illness absent due to any illness or sickness experienced by the pupil
- *Compassionate reasons* Indicate the number of pupils and school days lost due to the pupil, experiencing any personal trauma that keeps him/her away from school.
- *Pregnancy* number of pupils and days lost due to pregnancy experienced by the pupil. If the pupil is away as s/he is assisting another member of the family through her pregnancy, this would be reflected under "compassionate reasons".
- Causing pregnancy number of pupils and days lost due to being responsible for causing a pregnancy.
- Financial reasons absent due to pupil not being able to meet financial costs.
- *Transport problems* if the pupil was not able to attend school, as s/he could not reach school because of transport problems.
- Weather problems if the pupil was not able to attend school, as s/he could not reach school because of weather related problems.
- *Unknown reason* if the reason for being absent does not relate to any of the categories provided above, indicate the number of pupils and school days lost, within this category.
- *Total* provide the total number of pupils and days missed during the month, by gender and category. (Add the number of days lost, by gender, for each of the categories provided)
- 5. Number of pupils who have been orphaned during this month: Indicate the number of pupils, who during the course of the month, lost a parent or guardian were orphaned. Indicate the number of pupils who lost one parent separately from those who lost both parents/guardians.
- 6. <u>Number of pupils who were granted bursary support during this month:</u> Indicate the number of bursaries granted to pupils during the course of the month.

Teacher and Support Staff Information

- 7. <u>Number of paid members of staff at school this month</u>: Indicate the number of paid teachers (educators) and support staff (auxiliary), by gender, appointed to the school.
- 8. <u>Number of teachers and support staff that left the school/resigned during this month</u>: Indicate the number of paid members of staff who left the service of the school or ministry during the course of month by gender and category.
 - Death indicate the number of teachers and support staff who died during the course of the month.
 - Resigned- members of staff who have resigned and left the services of the ministry.
 - Dismissed indicate the number of members of staff who were dismissed during the course of the month.
 - Transfer/promotion within the ministry- teachers and support staff who have left the school, following a
 promotion within the ministry or transfer to another school. This includes transfers to other districts or
 provinces.
 - *Retired* indicate the number of teachers and support staff that retired from the service. This will include members of staff who qualify and take early retirement.

- *Unknown Reason/Other* if the reason for leaving the school/ministry does not relate to any of the categories provided above, indicate the number of teachers and/or support staff in this category.
- *Total* provide the number of members of staff who left the school/ministry during the month, by gender, category and under teachers and support staff. (Add the number of teachers and support staff who left, by gender, for each of the categories provided).
- 9. Number of staff absent and school days lost through absenteeism during the month: Indicate the number and the number of school days lost where paid teachers (educators) and support staff (auxiliary) were absent from school. NOTE this relates to days away/absent not leave taken. Again you are required to separate teachers from support staff and then within these two groups indicate the number of members of staff and the number school days lost through absenteeism.
 - *Illness* absent due to any illness or sickness experienced by the teacher and member of support staff.
 - *Compassionate reasons* absent for any recognised compassionate reason. This will include caring for the sick, attending funerals or dealing with any personal trauma experienced by the member of staff.
 - Transport Problems if the teachers and support staff were not able to attend school, as s/he could not reach school because of transport problems then indicate the number of days lost and the number of members of staff affected due to this problem within this category.
 - Weather problems if the teachers and support staff were not able to attend school, as s/he could not reach
 school because of weather problems then indicate the number of days lost and the number of members of
 staff affected due to this problem within this category.
 - *Strike action* if the teacher/s and support staff are undertaking strike action, indicate the number of days the members of staff are away from school and the number of staff partaking in the strike action.
 - Attending Official Function away from school as the member of staff is attending an official function arranged or recognised by the ministry. These functions could include training sessions, workshops or meetings.
 - Unknown reasons/Other— if the reason for being absent does not relate to any of the categories provided
 above, indicate the number of members of staff and days the teacher/s and support staff are away from
 school within this category.
 - *Total* provide the total number of members of staff and days missed during the month, by gender. (Add the number of days lost, by gender, for each of the categories provided for both teachers and support staff)
- 10. Number of members of staff and days lost through leave during this month: Indicate the number and the number of school days lost where paid teachers (educators) and support staff (auxiliary) were absent from school /due to taking LEAVE. NOTE this relates only to days away/absent when leave is taken not general absenteeism without leave. Again you are required to separate teachers from support staff and then within these two groups indicate the number of members of staff and the number school days lost through absenteeism.
 - Approved Sick leave Leave taken during illness, hospitalisation or recovery time.
 - Maternity leave Leave taken by pregnant women or fathers during the time of the birth of their baby/ies.
 - *Compassionate reasons* Leave taken by members of staff to deal with personal trauma. This may relate to attendance at funerals, caring for the sick, or dealing with matters related to family burials.
 - Urgent Private Affairs Leave granted to deal with "urgent private affairs". This may relate to dealing
 with a family crisis or personal matters. This leave is generally granted at the discretion of the head
 teacher.
 - Study leave Leave taken to prepare or write examinations.
 - Long leave/extended Extended leave taken by members of staff who meet the requirements.
 - *Total* provide the total number of days of leave taken by all the members of staff during the month, by gender. (Add the number of days lost, by gender, for each of the categories provided for both teachers and support staff.)

Declaration

As **Head Teacher** you are required to read the **declaration**, indicate your name in printed letter, sign and date the form.

Remember:

- The form is to be completed at the end of every month and only include numbers for that month.
- Keep one copy of the form at school and submit the other three copies to the DEO for onward transmission to the PEO and Headquarters.

Thank you for the time taken to complete and submit the survey form.



Head Teacher:

Please print Surname and Initials

Republic of Zambia Ministry of Education

DEMIS Monthly Summary Information

	\bigcap			Month:				1	Гerm:	1st	2nd	3r
School Name:	$\sim \sim $						EM	S Num	ber:			
	UHAN									<u> </u>	_ 1 1	
Province	JU Dist	trict			_ Schoo	I Statu	<u> </u>					
— Pupil Infor												
Pupil enrolment THIS month:		r of pupils w IS month: (n				Numbe	er of pupils v	vho stop	ped sch	ool durin	g	
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							inancial reas	-				
4. Number of pupils and scho	ool days lost Number of p		senteeism Number of				Expe Suspens					_
В	oys Girls		Boys Gir				Deser	tion				
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Pregnancy or causing							nancy or caus	sing				
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Transport Problems						00	De	eath				
Weather Problems Other Reasons								ess ther				_
TOTAL							TOT					
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Both Parents/guardians												
Teachers and Support St	aff —											_
7. Number of paid members of s	taff at		Tea	achers				Suppo	ort Staff			\neg
school THIS month:	aff Members	Male	Fe	emale	TOTAL		Male		male		TAL	
												_
8. Number of members of staff v school THIS month: Indicate number		Male		Teachers Female TOTAL			Male		ort Staff male	TO	T / I	
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	Resigned											
Transfer/promotion within	Dismissed the Ministry											_
,	Retired											
Unknown re	eason/Other TOTAL											\dashv
9. Number of staff absent and		т,	eachers			Τ		Suppo	rt Ctoff	:		_
school days lost through								Suppo				
absenteeism THIS month:		of <u>Teachers</u> male TOTA		nber of sch Female	nool <u>days</u> TOTAL	Num Male	ber of <u>Suppo</u> Female	rt Staff TOTAL	Numb Male	er of scho		<u>ys</u> TAL
Illness											Ė	
Compassionate Reasons Transport problems											+-	
Weather problems												
Strike action Attending Official Function											+	
Unknown reasons/Other											1	
TOTAL											<u></u>	
10. Number of staff on leave and school days lost through		Te	eachers					Suppo	rt Staff	f		
leave THIS month:		of Teachers		nber of sch			ber of Suppo			er of scho		
Approved sick leave	Male Fei	male TOTA	L Male	Female	TOTAL	Male	Female	TOTAL	Male	Female	TO	TAL
Maternity leave											丰	
Compassionate reasons Urgent private affairs											+-	
Study Leave											\perp	
Long/extended leave TOTAL											\pm	
Declaration		•										_
By signing, I certify that the information	provided in the	DEMIS MONTI	HLY SUMMA	ARY INFOR	MATION FOR	M is corr	ect and compl	ete to the b	est of my	knowledge	} .	

Signature Submit this copy of the form to Headquarters Planning Unit / 2002

District Education Management and Monitoring Information System

Registration Form and Monthly Summary Information Form (A) 2002

The Regional Chief Director (Ladysmith Region) has approved that the DEMMIS Project be extended to all FIVE Districts in the Region. The DEMMIS forms are designed to capture the changes that are occurring in schools from month-to-month. The responses reflected in the DEMMIS forms are captured at District level to provide school and month-specific information to assist District level management and programmes of interventions. As a principal you are required to reflect the situation in the school as at the end of the month and provide figures relating to leave taken and absenteeism rates during the course of the month. DEMMIS Form B is provided to assist you in completing this form (DEMMIS A) and also to keep a detailed record of the return at school.

In addition to the above, the Region is obliged to respond to the request as per memo (10.12.2001) from the SG for monthly learner attendance statistics.

Registration Form

The school is only required to complete the registration form <u>ONCE</u> a year to be registered onto the DEMMIS system; ideally this form should be completed in January. Please note the EMIS number is critical to this process. In the registration process you are required to provide the information for that specific (first) month, which will be used as base-line information. The responses received in the subsequent DEMMIS Form A will be measured against this base line to track changes occurring at the school throughout the year. Submit the **registration form**, together with a copy of the **DEMMIS Form A** (Summary) to your District office.

DEMMIS Form A

This form is to be completed every month. You are required to complete the DEMMIS Form B, provided in a separate booklet, before completing the DEMMIS Form A. The DEMMIS forms are to be completed on the <u>last</u> working day of every month. All information must pertain to the Month for which you are completing the survey form - provide details for the specific month that is being reported on, and not cumulative totals. Form A is be submitted to the District Office. Please keep a copy at the school. Please provide accurate and complete information on all sections of the survey. The principal is required to read the statement at the foot of the page and sign as the principal of the school.

Guidelines for the completion of the Form: References are made to the numbered sections of the DEMMIS Form A.

- Ensure that you provide the name of the Month that you are completing the form for, and the number of school days in that month. Number of school days refers to the number of days school is open to the learners number of days teaching took place.
- Please print the full name of the school, education district and circuit.
- Ensure that the correct EMIS number is provided. The EMIS number is the unique six-digit number assigned to your school
- At times you are required to report on DAYS lost and in other sections you have to indicate the number of learners or members of staff who left the school. Please carefully read the question to see whether you have to report the **number of DAYS** or the number of persons.
- 1. <u>Learner enrolment</u>: Provide the total enrolment for your school, by gender, for this month. This is the number of learners registered and enrolled at your school.

Only include learners from Grade 1 through to 12 and LSEN learners. DO NOT include Pre Grade and Grade R leaners.

- 2. Number of **DAYS** attended by learners: Provide the total **number of DAYS** attended by learners. The summary for each class may be extracted from the monthly table at the back of the class attendance register (EC 59).
- 3. Number of **DAYS** lost through absenteeism this month: Please note you are to provide the **number of DAYS** that were lost through absenteeism according to the categories provided. Do not report the number of learners who were absent, but the DAYS lost during the month.

E.g. if one learner is away Monday, Tuesday and Wednesday (3 days), another learner is away Wednesday and Thursday (2 days) while yet another is away for the whole week (5 days) then the total (3+ Page 2 be reflected for these 3 learners.

Illness – absent due to any illness or sickness experienced by the learner

- Compassionate reasons Indicate the number of days lost due to the learner, experiencing any personal trauma that keeps him/her away from school.
- Pregnancy number of days lost due to pregnancy experienced by the learner. If the learner were away as s/he is assisting another member of the family through her pregnancy, this would be reflected under "compassionate reasons".
- *Transport problems* if the learner was not able to attend school, as s/he could not reach school because of transport problems then indicate the number of days lost due to this problem within this category.
- *Unknown reason* if the reason for being absent does not relate to any of the categories provided above, indicate the number of days the learner/s are away from school within this category.
- *Total* provide the total number of days missed during the month, by gender. (Add the number of days lost, by gender, for each of the categories provided)
- 4. <u>Number of learners who left school during this month</u>: In this section you are required to indicate the number of learners who left the school (dropped out) by gender according the category providing the reason for leaving during the specific given month. Note these learners have left the school are no longer on the school enrolment register.
 - *Relocation* The learner leaves school because the parent or guardian has moved away or relocated and the learner can no longer attend the same school.
 - *Financial reasons* The learner leaves school or drop-outs during the course of the month, due to financial reasons or not be able to meet financial obligations.
 - Drop-out The learner leaves the school, or drops out of education, and is known not to attend any other school.
 - *Pregnancy* The learner leaves due to pregnancy.
 - Orphaned The learner leaves school as s/he has been orphaned and is no longer in a position to attend school.
 - Offered employment The learner leaves school to take up employment.
 - Expelled The learner is expelled from the school and therefore leaves the school.
 - *Death* Indicate the number of learners who died during the course of the month.
 - *Unknown reason* Should learners leave school, for a reason other than the categories provided above, indicate the number of learners by gender.
 - *Total* provide the total number of learners, by gender, which left the school during the course of the month.
- 5. <u>Number of Learners who entered the school during this month</u>: Indicate the number of new entrants by gender. Only reflect the number of newly registered learners who were adminitted into the school during the course of the month.
- 6. <u>Number of learners who have been orphaned during this month:</u> Indicate the number of learners, who during the course of the month, lost a parent or guardian were orphaned.
- 7. Number of learners whose parents/guardians have been granted exemption from paying school fees THIS month: Indicate the number of fee exemptions granted to parents during the course of the month. Count each fee exemption granted separately. These fee exemption categories relate to the fee exemption policy outlined on the "National Norms and Standards for School Funding". Only indicate the number of exemptions granted during the course of the month not the total cumulative number of exemptions granted during the course of the year.
 - *Full exemption* 100% exemption granted.
 - Conditional exemption Special circumstances require that exemption be granted
 - Partial exemption Exemption granted on a sliding scale.
- 8. <u>State paid educators</u>: Indicate the number of teachers (educators), by gender, appointed to the school that are paid by the state.
- 9. <u>Privately paid educators:</u> Indicate the number of teachers (educators), by gender, that are privately paid also referred to as school governing body appointment.
- 10. Number of DAYS lost through state paid educators who were absent during the month: Indicate the number days lost where teachers (educators) paid by the state were absent from school. NOTE this relates to days away/absent **not leave** taken.
 - Illness absent due to any illness or sickness experienced by the educator
 - *Transport Problems* if the educator was not able to attend school, as s/he could not reach school because of transport problems then indicate the number of days lost due to this problem within this category.
 - Strike action if the educators are undertaking strike action, indicate the number of days the educator/s are away from school
 - *Unknown reason* if the reason for being absent does not relate to any of the categories provided above, indicate the number of days the educator/s are away from school within this category.

- *Total* provide the total number of days missed during the month, by gender. (Add the number of days lost, by gender, for each of the categories provided.
- 11. Number of DAYS lost through State Paid educators who took leave during this month: remember only state paid educators are to be included. In this section you are required to indicate the number of leave DAYS that educators take during the month. The different leave categories are catered for.
 - Sick leave Leave taken during illness, hospitalisation or recovery time.
 - Accouchement/Paternity Leave taken by pregnant women or fathers during the time of the birth of their baby/ies.
 - *Compassionate leave* Leave taken by educators to deal with personal trauma. This may relate to attendance at funerals or dealing with matters related to family burials.
 - *Urgent Private Affairs* Leave granted to deal with "urgent private affairs". This may relate to dealing with a family crisis or personal matters. This leave is generally granted at the discretion of the principal.
 - Study leave Leave taken to prepare or write examinations
 - Long leave Extended leave taken by educators who meet the requirements.
 - *Other* if the reason for being absent does not relate to any of the categories provided above, indicate the number of days the educator/s are away from school within this category
 - *Total* provide the total number of days of leave taken by all the educators during the month, by gender. (Add the number of days lost, by gender, for each of the categories provided.)
- 12. <u>Number of State Paid Educators that left the school/resigned during this month:</u> Indicate the number of state paid educators who left the service of the school or department during the course of month by gender and category.
 - Relocation educators who have resigned/left the school, as they are relocating moving away from the
 area.
 - *Transfer/promotion* educators who have resigned/left the school, following a promotion within the department or transfer to another school. This includes transfers to other provinces.
 - Left the department educators who have resigned and left the services of the education department.
 - *Death* indicate the number of teachers who died during the course of the month.
 - *Retirement* indicate the number of educators who retired from the service. This will include educators who qualify and take early retirement.
 - *Unknown Reason* if the reason for being leaving the school/department does not relate to any of the categories provided above, indicate the number of educator/s
 - *Total* provide the number of educators who left the school/department during the month, by gender. (Add the number of educators who left, by gender, for each of the categories provided).
- 13. <u>Number of state-paid substitute educators provided:</u> indicate the number of state-paid substitute (locum) educators provided to the school during the course of the month.
- 14. <u>State paid public service employees (support staff)</u>: Indicate the number of state paid support staff by gender. Support staff includes administrative and general assistants and all staff other than "professional" staff involved in teaching and educating.
- 15 17 Same as 10 to 12 above but relates to State Paid Public Service Employees (Support staff)
- 18. <u>School Governing Body (SGB) members who represent:</u> Indicate the composition of the appointed SGB by gender and grouping they represent the following groupings are provided:
 - Educators relates to teaching staff at the school
 - Non-educator staff relates to administrative and support staff
 - *Parents* relates to parents of the learners
 - Learners where appropriate, these members represent the learner body of the school
 - *Other* members of the SGB who do not for part of the above groupings
- 19. Meeting held this month? If a meeting of the SGB was held during the course of the month mark the YES box with a tick (\checkmark) you will need to answer question 19. If no meeting of the SGB was held during the month, mark the NO box with a tick (\checkmark) you can move onto question 20, omit question 19.
- 20. <u>If "yes", SGB members who missed the meeting held this month</u>: If a meeting was held, during the month, indicate the number of SGB members, according to grouping and gender, who did not attend the meeting.
- 21. <u>School governing body members who left/resigned during this month</u>: Indicate the number of SGB members, according to grouping and gender, who resigned from the board during the course of the month.

DEM	MIS	Re	gist	trat	ion	F	orm	1																
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One	Gr 1	Gr	2	Gr 3	G	r 4	Gr !	5	Gı	r 6	Gr	7	G	r 8	Gr ⁽	9	Gr 10	Gr 1	1	Gr	12	LSE	.N	Total
parent/ guardian has died																								
Both parents/ guardians																								
have died Number o	l f Learne	rs wh	nose p	parents	 s/guar	dian	l s have	bee	n g	ranted	d exe	mpt	ion	from	payin	g s	chool fee	es:						
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- L	ainers	\mathcal{S}	9/10-								
1	Learner E	Enrolment:	2 Numb	per of school	3 Number of	DAYS lost t	hrough learner ab	senteeism this	month: (indicate	the number of	f days) *
	(Total enr			attended by total		Illness	Compassionate	Pregnancy	Transport	Unknown	TOTAL
	all grades Male)	numa Ma	er of learners	Male		Reasons		problems	reason	+
	Female		Fema	ale	Female						
4	TOTAL	of I EADNE	TOTA	AL school during this	month: (indic	ata numbar a	f loarnore)				
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		Relocatio	reasons	Drop-out	Pregnancy	Orphaned	employment	Expelled	Death	reason	TOTAL
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	entrants)				THIS month:			THIS n	nonth:		
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- E	ducators	s —									1
8	State Pai	d Educator	s_ 9 F	Privately Paid Educ	cators 10 h	Number of D	AYS lost through	State Paid Educ	ators who were	absent during	g this month: *
	Male			/lale		Illness	Transport problems	Strike	Unknown reason	TOTAL	* (indicate
	Female			emale	Ma	le	problems	action	reason		number of days
					Fema	le					per month)
11	Number	of DAYS los	st through State	Paid Educators v	vho took leave	during this n	nonth: (indicate nu	mher of days ne	r month)		
••	Trainison .	Sick	Accouche-	Compassion-	Urgent privat	e Study	Long leave	Other	TOTAL		
	Male	leave	ment/paternity	ate leave	affairs	leave	Long leave	Other	TOTAL		
	Female										
40		. (0					d. C. F. d.			· • • • • • • • • • • • • • • • • • • •	
12	Number		Transfer/	that left the school			Unknown	·	13]	Number stat substitute e	•
		Relocatio	n promotion		Death	Retirement	reason	TOTAL		provided:	
	Male Female			+					-	Male Female	
	romaio		I				L		1	romaio	
- St	ate Pair	l Public S	Service Emp	lovees							
14			-	es (Support Staff):	15 Numb	er of DAYS Id	st through State Pa	aid Public Servic	e Emplovees (Su	pport Staff) wh	o were absent: *
	Male			(Illness	Transport	Strike	Unknown	TOTAL	* (indicate
	Female				Ma		problems	action	reason		number of days
					Fema						per month)
16	Number	of DAYS los	st through State	e Paid Public Servi	ice Employees	(Support Sta	off) who took leave	during this mo	onth: (indicate n	umber of days	ner month)
	Trainison .	Sick	Accouche-	Compassion-	Urgent privat			Other	TOTAL		pormonary
	Male	leave	ment/paternity	ate leave	affairs	leave	e leave	Other	TOTAL		
	Female										
47	Managhan	-4 Otata Dai	d Dublic Comic	- FMDL OVEEC (C.		h = 1 = ft + h = = =			. /ilit		
17	Number		Transfer/	Left the	· · · · · · · · · · · · · · · · · · ·		Unknown		: (indicate numbe	er or starr)	
		Relocatio	n promotion		Death	Retirement	reason	TOTAL			
	Male Female			+					-		
	remaie						I		1		
_ So	chool G	overning	Body Memb	bers							
		•	•		nt.	10	Mosting hold t	hia manth?	Voc	N	•
18	SCHOOL G	overning b	Male	nbers who represe Female	:111.	19 20	•	nembers who m	Yes nissed the meet		
	Educators						-		Male	Female	
	Non-Educ Parents	cator Staff					Educators Non-Educator S	Staff			4
	Learners						Parents	nan			1
	Other						Learners				
		TOTA	L				Other				_
21	School G	overning B	ody <u>members v</u>	who left/resigned	during this mor	nth:					
	- 1		Male	Female			School Stamp:				
	Educators Non-Educ	s cator Staff		+							
	Parents										
	Learners Other										
	Julei	TOTA	<u>L</u>								
		-									
= D	eclaratio	on -									
By eig	ning I cartify	that the infor	mation provided in	the DEMMIS MONTHI	V SLIMMARY IINIE	ORMATION E	DRM (KZNIDEC EODA	DEMIS/Δ) is corre	ct and complete to	the heet of my kn	owledge

Date

Principal:

Please print Surname and Initials

DEMIS Monthly Statistical Survey – to be completed on the last school day of the month **CLASS EDUCATOR SUMMARY SHEET**: Complete one sheet for every grade taught

Ed	ucator	:						Grade	;	Month		
L	earners	•						•				
= 1	Learner	Enrolment:		er of school		mber of		nrough learner ab	senteeism this			days) *
	In your gi		DAYS this m	attended by onth:	learners		Illness	Compassionate Reasons	Pregnancy	Transport problems	Unknown reason	TOTAL
	Male		Mai	е]	Male				prosieme	. oaoo	
	Female TOTAL		Femal TOTA		-	Female						
			_		」							
4	Number		Financial					Offered	T	Τ	Unknown	
		Relocation	reasons	Drop-o	out Preg	gnancy	Orphaned	employment	Expelled	Death	reason	TOTAL
	Male Female											
_												
5			RS who entered					no have been uardian) during			S whose paren cemption from	
	entrants)			,	-	month:		7 –	schoo	l fees <u>THIS</u> mo		
	Female				One parent/g h parents/gu						Full exemption artial exemption	
	TOTAL					_		_		Condition	onal exemption	
	_											
	ducator											
8	Is your sa	alary paid by	the State?	Yes	No		10	Against the cat during this mor		ed, how many o	days were you a	bsent for
_		0.41				 	10.	Transport	Strike	Unknown	TOT::	
9	What RE you ranke		qulaifaction categ	ory are			Illness	problems	action	reason	TOTAL	
	,					_]
11	Against	the categor	ies indicate the	number of da	ıys leave tak	cen durin	g this montl	n: (indicate numbe	r of days per mo	onth)		
	J	Sick	Accouche-	Compassi	on- Urge	nt private	Study	Long leave	Other	TOTAL]	
	Male	leave	ment/paternity	ate leav	e a	affairs	leave					
	Female											
ж		DEMI	S Monthly	Statistic	al Surv	············		nloted on the			manth	
ж								pleted on the				·
Ed	<u>CL</u>	ASS E							sheet for			t
Ed	<u>CL</u>	ASS E						nplete one	sheet for	every gra		t
Ed	<u>CL</u> ucator earners	ASS E	2 Numb	R SUMM	3 Nu	HEET	: Cor	nplete one Grade	sheet for	every gra	ade taugh	
Ed 	CL ucator earners Learner	Enrolment	2 Numb	er of school attended by	3 Nu	HEET	: Cor	Grade Grade Grough learner ab Compassionate	sheet for	every gra Month month: (indicat Transport	e the number of	
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