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**AD HOC EXPERT GROUP MEETING ON THE  
IMPACT OF HIV/AIDS ON THE EDUCATION  
SECTOR IN AFRICA: SUB REGIONAL  
OUTLOOK AND BEST PRACTICES**

**(EASTERN AND SOUTHERN AFRICA)**

**CASE OF RWANDA**

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## **I. INTRODUCTION**

Rwanda has just come out of a terrible tragedy, the 1994 genocide, which took the lives of more than a million people of all ages.

It also provoked massive population movements both internal and external as well as an almost total destruction of the social fabric, socio-economic infrastructure and human resources. Consequently, it is for instance estimated that 3,000 teachers were either killed or fled the country.

The movements of the populations, massive rapes used as a genocide weapon, people being cramped and promiscuity in the camps or displaced people and refugees where more than three million Rwandans lived caused a rise in seroprevalence and dissemination of HIV/AIDS among both the urban and rural populations and especially among the youth.

## **II. Rwanda's POPULATION INDICATORS**

### **1. The general indicators**

Rwanda's population is estimated at about 8 million inhabitants of whom 54 % are women.

Rwanda's population is relatively young: 47% of the population is less than 15 years of age; 43% is between 15 and 49.

The majority of Rwanda's population is rural and agriculture its main activity.

The illiteracy rate is 43% in men and 67% in women

### **2. Education indicators**

The population of schooling age (7 to 12 years) is estimated at 1,452,412 (1998) of whom 738,635 are girls;

The population attending primary school education for the year 1998 was 1,154,769, which is about 80%;

The population of secondary education schooling age (13-18 years) was estimated at 1,410,816 (1998) while that registered at that level was 82,224, which is less than 6% of the number of that age group.

Concerning the university population, it was 7,503 in 1999, of which 30.16% was girls.

More than 50% of primary and secondary school teachers in Rwanda are under-qualified; while 71% of the lecturers in Rwanda National University were visiting lecturers;

Another characteristic of the Rwanda education system is the high rate of school pupils, which is a real bottleneck in the passage from primary to secondary education (17%) and between secondary and higher education.

A study that we carried out recently showed us that one of the important factors for dropping out of school, and this at all levels, is early marriage and pregnancies.

In closing this chapter we should point out that Rwanda sets aside 30% of its budget for education essentially to pay teaching staff's salaries.

### III. EPIDEMIOLOGIC PROFILE OF HIV/AIDS IN RWANDA

The first cases of AIDS were reported in Rwanda in 1983. In 1998 it was estimated that 18 % of the urban population was infected.

For the year 1999, UNAIDS report, published in 2000 gives a total of 400,000 cases with a high female predominance (210,000 cases). Infected children of age between 0 and 14 years are 22,000.

HIV/AIDS came out of the urban perimeter with a high propagation in the rural area where the rate of infections is reported to be 11%. Yet more than 80% of the eight million Rwandans live in the rural area and are illiterate.

**TABLE 1: DEVELOPMENT OF THE HIV/AIDS EPIDEMY FROM 1986 TO 1997**  
(1)

	1986 survey at the national level	Surveillance by look-out posts		
		1991 (4 post)	1996 (9 posts)	1997 (posts)
Urban area	17.8%	27 %	26.4%	16.2-24.2%
Semi urban area	-	8.5%	13.0%	-
Rural area	1.3%	2.2 %	6.9%	9.6-15.5%

From this table will observe that while the trend seems to be stabilization in urban areas, propagation has intensified by 10 times in rural areas between 1986 and 1997, which is highly alarming.

**Table2: HIV/AIDS SERIOREVAKEBCE BY AGE AND RESIDENCE IN RWANDA (1997)\***

<b>Residence</b>	<b>Age group</b>	<b>Infection %</b>
1. Urban	12-15 years	3.3 %
	16-25 years	9.2 %
	26-40 years	23.1 %
	> 40 years	11%
2. Rural	12-15 years	4.6 %
	16-25 years	9.9 %
	26-40 years	14.1
	>40 years	12.7 %

From the above tables we observe that HIV/AIDS is very high in the young populations economically and sexually active (16-40 years). Yet it is from this population that pupils/students and teaching staff are recruited.

It is also very important to note that the rate of HIV/AIDS seroprevalence in the 12-15 years age group is respectively 3.3 in urban areas and 4.6 in rural areas, which is an indicator of early sexual relations among the Rwandans youth.

#### **IV. PERSISTANCE IN NOT CHANGING BEHAVIOUR**

Another indicator of the epidemiological situation in Rwanda is the absence of behavioral change. Despite the fact that surveys made (Calves, 1998) show that more that 90% of the population is informed about the existence of the HIV/AIDS epidemics, its ways of transmission and prevention, they have also shown that only 24% of men in urban areas and 7 % in rural areas have declared having used a condom during sexual intercourses (cited by Nicolas Meda, 2000).

This is testimony that the current infection situation is going to stay and even worsen.

#### **V. HIV/AIDS IMPACT ON HEALTH**

A recent study of STD epidemiological surveillance and HIV/AIDS infection from lookout posts (Nicolas Meda, August 2000) says « the population infected with HIV/AIDS in Rwanda will reach 518,660 persons in 2005; 715,580 in 2010.

At that date (2010), 500,000 Rwandans will have perished from AIDS since the epidemic's outbreak in 1983.

The recent projections (Nicolas MEDA, August 2000) give the number of children's deaths and numbers of orphans due to AIDS. For the year 1999, 4630 children died of AIDS. The number of AIDS orphans was 25,540 in 1999 and theoretical estimated done by MEDA show an almost exponential evolution: 31,280 (2002); 43,030; (2004); 60,640 (2008); 69,700 (2010). The same exercise of projection made by the Ministry of Health/AIDS control National programme in 1997 show a similar trend, very worrying (AIDS epidemic in Rwanda... October 1997).

Finally, a recent study (Pia Schneider) showed that AIDS patients went to the hospital 10.3 times per year (while non infected person went there 0.3 times) and were hospitalized for 21 days per year.

Added to the 1994 genocide and to its consequences, particularly on the education system, the country's future seems to be highly jeopardized.

## **VI. HIV/AIDS IMPACT ON THE EDUCATION SECTOR IN RWANDA**

No study has been done up to this date on HIV/AIDS impact on the economic and social sectors in Rwanda. There are plans to carry out such a study in a few months to come and consultations for recruiting an expert are underway.

Even in the absence of such a study however, one can, from the epidemiological situation, current weaknesses of the education system, economic sector's limited means, fragility of the social fabric highly shaken by the genocide and its consequences, affirm without high risks of being wrong, that HIV/AIDS infection will have big consequences on Rwanda's education sector.

Given the fact that no study has been done in this field however, I will not pretend to make an analysis based on rigorous data. It will be an outline of the big ideas of the research that the Ministry of Health envisages to carry out will either confirm or not in the months to come.

### **1. Impact on the school population**

- The population profile shows that the majority of the Rwandans population is young: which means that there are high risks of being infected with HIV especially because research has shown that the Rwandans youth has early sexual intercourse and that one of the factors for dropping out of school is unwanted marriage and pregnancies. At the current rate of the epidemic, one should expect a big reduction in the number of students especially in secondary and higher education:

Another factor that is going to influence absenteeism and dropping out of school is that in a few years from now a high percentage of parents will have develop AIDS.

Their children will be forced to either absent themselves or to drop out of school in order to take care of their bed ridden parents or to cater for the daily needs of their younger brothers and sisters some of whom will probably be sick. This will particularly affect girls who in the Rwandans society are the first to take up family management responsibilities when the mother is not able to. The number of female students will greatly fall down.

- The expansion of AIDS manifestation will also increase the number of orphans and that of children headed households. As has been observed with genocide orphans, their school attendance will fall for the following reasons: those who are relatively old drop out of school to take up their parents place in agricultural production in order to feed the rest of the family; due to lack of school fees (...registration fees, school uniform...), the youngest are forced to drop out of school. To this should be added other factors like malnutrition, psychological trauma, etc.

## **2. Impact on the teaching staff**

As we noted in the chapter on education indicators, the majority of the teaching personnel, both for primary and secondary schools are not qualified. Efforts should be made to invest particularly in training schools. There are however risks that these efforts will be reduced to nothing by the extent of the HIV/AIDS epidemics. The population profile shows that the most affected age group is that between 16 and 40 years of age. Yet it is from this group that the current teachers are recruited as well as the future candidates for the teacher training colleges.

Another important risk factor about losing the teaching personnel is that with the high expansion of HIV/AIDS in the rural area, from where most of them are recruited and then posted, their social and financial status exposes them to HIV infection.

There are risks that all the efforts of investment done by the state may be reduced to nothing by the epidemics, the quality of education, already affected by the genocide will fall down further because of a shortage in the teaching staff and top management (headmasters, inspectors, planners...)

## **3. Impact on education budget**

The education sector is already taking up almost a quarter of the State's annual budget, mainly to pay salaries for the personnel and operational costs. With the expansion of the epidemics in this personnel, the deaths of some of them and absenteeism, it will be necessary to recruit a staff to replace them and these will be less qualified and without experience! And yet at the same time it will be necessary to pay those who are not able to teach and pay for their medical care

and other expenses. This will put very high pressure on the budget and stop other planned investments.

A recent projection (Nicolas Meda) showed that in the year 2010, AIDS alone will be taking 94.8% of the total budget of the Ministry of Health. The repercussion of this will definitely be felt on other sectors budgets and education will be affected.

## **VII. IS THERE ANYTHING RWANDA CAN DO TO CHANGE THE SITUATION?**

Currently we can observe a high involvement of the political authorities from the highest level to fight the epidemics and the approach of the current programme of fight it is multisectorial.

The Ministry in charge of education should take this opportunity to integrate, among others, the following actions:

1. Integrate AIDS' probable effects in its short, medium and long term system of planning;
2. Get fully involved in the fight against AIDS by setting up a programme and strategies targeting students and teaching staff. These strategies would for instance be integrating information on AIDS into the school programmes, both into the initial teacher training courses and into the continued courses for teachers, reinforcing debates in the anti-AIDS clubs in schools.
3. Open a debate in the school (at all levels) on sexuality and risks involved by introducing a lesson on reproductive health in school programmes
4. Set up mechanisms to encourage and protect the affected young children (orphans, children heads of households) so that they may continue their studies;
5. Promote solidarity mechanisms, particularly by creating mutual assistance funds, which would in part be supported by colleague's voluntary contributions, in order to reduce the impact of the disease on the budget and take care of the needs of the infected teachers.
6. Propose and make apply laws against sexual harassment and rape to which girls are often preys particularly by teachers.

## **VIII. CONCLUSION**

Our presentation is not a result of a detailed research because as of today no study has been done on the education sector or on any other sector. There are plans to carry out such a study in the months ahead. We hope that the results will enlighten us further and especially enable our authorities to take into account the experience and impact of HIV/AIDS in their planning.

However, and despite the absence of this study, it is clear from the epidemiological profile that HIV/AIDS' impact on the education sector in Rwanda

will be very high especially because the students, teachers and school top management are all in age group of the population at risk... Urgent and specific measures should be taken, particularly by the concerned Ministry in order to stop or at least reduce HIV/AIDS' catastrophic effects on this sector.

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