Ministry of Education,
Science and Technology
(MoEST) Government of Malawi

IIEP – UNESCO

THE IMPACT OF HIV/AIDS ON THE EDUCATION SECTOR IN MALAWI

Study 1

EXAMINING POLICY, LEADERSHIP AND ADVOCACY RESPONSES IN THE EDUCATION SECTOR

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FOREWORD

THE COLLABORATIVE ACTION RESEARCH PROGRAMME

IIEP and its partner ministries of education launched the collaborative action research programme in 2003. This initiative is designed to contribute to mitigation and prevention of the impact of the HIV/AIDS pandemic in three countries – Malawi, Tanzania and Uganda. The focus of the research activities is essentially needs assessment. This, in turn, will help to prioritize options for the development of policy, training and other measures to enable the education sector to strengthen its internal capacity in two critical areas. These are to respond to the impact of the epidemic on its staff at all levels and to maintain progress towards EFA goals.

Objectives

The collaborative action research programme is designed to achieve the following objectives:

- to identify problems related to the impact of HIV/AIDS on the education sector and to prioritise areas for action;
- to formulate responses to gaps identified in current policy, leadership practices and management capacities;
- to develop a database to track patterns and trends in HIV/AIDS-related teacher and student absence, abandonment and mortality;
- to formulate effective mitigation and prevention measures based on a qualitative assessment of the impact of HIV/AIDS on selected schools and their surrounding communities.

Expected results

The programme is expected to produce results on two levels. Initial activities will produce five diagnostic studies and recommendations for specific responses to the impact of the epidemic on the education sector. The first two studies will be carried out in all three countries. The final three studies will be implemented selectively. The studies will examine the impact of HIV/AIDS on the following areas: educational leadership and policy; educational governance; enrolment, attendance and instruction in district schools; selected schools and communities, and tertiary educational institutions. This phase will also lead to the production of a handbook of research tools, policy recommendations and best practices, to facilitate replication of the research programme in other countries.

As the research progresses, the needs identified in the diagnosis stage will be used to formulate policy frameworks and recommendations, and training and organisational development strategies. The ministries of education of the co-operating countries will implement, monitor and evaluate these strategies, in partnership with IIEP and other technical and financial partners in the donor community.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
CBO	Community-Based Organization
CDSS	Community day secondary school
CSS	Conventional secondary school
DEM	District Education Manager
DEO	District Education Office
DFID	Department for International Development (United Kingdom)
EFA	Education for All
EMAS	Education Methods Advisory Services
EMIS	Educational Management Information System
ESA	East and Southern Africa(n)
FBO	Faith-Based Organization
FGD	Focus group discussion
FPE	Free primary education
GDP	Gross Domestic Product
GER	Gross enrolment rate
GoM	Government of Malawi
GTZ	German Agency for Technical Cooperation
HIV	Human Immunodeficiency Virus
HR(M)	Human resource (management)
IIEP	International Institute for Educational Planning
LEA	Local Education Authority
MoEST	Ministry of Education, Science and Technology
MoF	Ministry of Finance
MoGCS	Ministry of Gender and Community Services
MoHP	Ministry of Health and Population
MoJ	Ministry of Justice
MoLG	Ministry of Local Government
MoLVT	Ministry of Labour and Vocational Training
MSCE	Malawi School Certificate of Education
MTP	Medium-Term Plan
NAC	National AIDS Commission
NACP	National AIDS Control Programme
NAPHAM	National Association for People Living with HIV/AIDS in Malawi
NEC	National Economic Council
NGO	Non-Governmental Organization
NORAD	Norwegian Agency for Development Cooperation
NSO	National Statistical Office
OPC	Office of the President and Cabinet
PEA	Primary Education Advisor
PEMA	Principal Education Methods Advisor
PIF	Policy and Investment Framework
PLWHA	People living with HIV/AIDS
PPP	Purchasing power parity

PSLCE	Primary School Leaving Certificate of Education
PTA	Parent Teacher Association
SADC	Southern Africa Development Community
SEMA	Senior Education Methods Advisor
SEP	Secondary Education Project
STI	Sexually Transmitted Infection
TLWHA	Teachers living with HIV/AIDS
TUM	Teachers' Union of Malawi
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WFP	World Food Programme

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EXECUTIVE SUMMARY

This report presents the Malawian component of a three-country research programme, involving Malawi, Tanzania and Uganda, which aims to examine policy, leadership and advocacy responses to HIV/AIDS in the education sector.

The HIV/AIDS scourge has reached devastating proportions, especially in sub-Saharan African (ESA) countries like Malawi. Malawi's national prevalence rate, estimated at 16.4 per cent is higher than the adult prevalence of 8.4 per cent for the rest of sub-Saharan Africa. Although it is generally acknowledged that HIV/AIDS will affect the education systems of most ESA countries, impacting on both educational quality and supply, little has been done to develop effective and sustainable responses to the epidemic in the sector. In view of this, more research is required to provide the information needed to develop sectoral capacities, especially in the areas of enhanced leadership, advocacy and policy-making.

The study was undertaken to assess how leaders at the central, district and local levels perceive the HIV/AIDS epidemic. It also examined the sectoral and national policy framework on HIV/AIDS in order to identify priorities for capacity building and other suitable responses to be laid out in a 'road map', which will be developed by the Ministry of Education, Science and Technology (MoEST), the International Institute for Educational Planning (UNESCO-IIEP) and interested partners and stakeholders. The findings will enable the MoEST and its partners to identify how leadership initiatives and policy innovations can create an 'enabling environment' to mainstream HIV/AIDS in the education sector.

The study is a qualitative assessment, involving an extensive review of secondary sources, including previous impact studies of HIV/AIDS on education, national policy documents and sectoral documents (the latter to a more limited extent due to scarcity). Primary data were obtained by conducting interviews and focus group discussions (FGDs) with leaders at different levels, ranging from the Vice President of Malawi to headteachers. Other stakeholders were also consulted, including administrators, teachers and pupils in order to elicit their views on the key leadership messages and commitments made regarding HIV/AIDS. The same respondents were also questioned about their knowledge and perceptions of AIDS policy in the education sector in general and in schools in particular. Interviews and FGDs were conducted at the MoEST, and at schools and district education offices (DEOs) in Zomba and Lilongwe. The sample was divided fairly evenly between primary and secondary schools. It included Local Education Authority (LEA) and mission schools at the primary level and government, grant-aided and community day secondary schools (CDSS) at the secondary level.

The MoEST does not have a formal policy framework on HIV/AIDS for the education sector; there is only a draft strategic plan and agenda for action. In the absence of an HIV/AIDS policy, there is no framework to guide an education sector response to galvanize the collective action necessary to reverse the trends of the epidemic and mitigate its impact. In addition to the absence of a formal policy, the MoEST does not have a dedicated HIV/AIDS unit; responsibility for HIV/AIDS falls to an individual desk officer who has many other duties. As a result, the MoEST accords HIV/AIDS limited attention. A steering committee and five technical committees set up in 2001 to develop an HIV/AIDS policy have failed to

deliver any concrete results.

Another result of this lack of a sectoral policy is the low level of decentralization; key decisions about HIV/AIDS policy are made at the central rather than district level. DEOs perceive their ability to take initiatives as limited. Moreover, efforts to implement HIV/AIDS activities are sporadic and lack sustainability.

At the school level, the absence of a comprehensive policy on HIV/AIDS has resulted in a high degree of variety in practice between institutions. For example, since there are no formal guides, headteachers make up their own policies on condoms, which in general tend to be negatively viewed by teaching staff. In the few instances where head teachers have promoted the use of condoms, their efforts have usually met with community opposition.

School committees have varying practices regarding HIV/AIDS and orphans. Since these committees have the power to exclude children whose parents have not paid their contribution to the school fund, orphans and indigent children are particularly at risk. In some locations, however, orphans are exempted from paying contributions to the school committee fund.

Innovation and change do not come about without firm and committed leadership. Conversely, leadership without an adequate policy framework can neither set consistent priorities nor have a long-term sustainable impact. Leaders at all levels of the system, including those at the very top, claim to have spoken out on HIV/AIDS. However, statements about the epidemic given by leaders have tended to be unspecific (e.g. appeals to recognize AIDS as a serious problem for all, calls for youth prevention efforts etc.). When they have been more specific, they have typically focussed on more limited issues, such as curriculum components, sexual abuse or pupils and condoms.

Considerable financial resources are available through the National AIDS Commission (NAC) for the development of responses to HIV/AIDS in different ministries. However, the MoEST has not submitted any funding proposals to the NAC.

Leadership concerns about HIV/AIDS at all levels tend to focus on pupils rather than staff and teachers. The contents of circulars, directives and memos show that the MoEST characterizes HIV/AIDS as primarily a curriculum issue. Moreover, awareness of the frequency of distribution of circulars, their key messages and follow-up at the local level is scarce.

Workshops have been held to sensitize and train various actors in the education system about HIV/AIDS issues. The workshops are often held at a central location and participants are expected to disseminate information to colleagues in a ‘cascade’ system of transfer of information and competencies. However, such workshops have limited effectiveness, as participants are frequently not motivated to share information.

Amongst partner organizations, HIV/AIDS is still viewed primarily as a health or human rights issue. International partners, working specifically on HIV/AIDS and education, tend to prioritize curriculum issues, emphasizing the importance of the development of life skills, preventive education and reproductive health manuals as a primary response. Of the partners, the Teachers’ Union of Malawi (TUM) appears to be more active at the central than at local level. The TUM is principally concerned with salary levels and conditions of service

and teachers tend to be cynical about the TUM's commitment to their needs, particularly regarding HIV/AIDS issues.

The policy, leadership and advocacy issues outlined above need to be urgently addressed, through the implementation of the following measures:

- The current draft Education for All (EFA) plan and other sectoral strategies should be studied to identify entry points for HIV/AIDS mainstreaming.

- An HIV/AIDS unit should be created in the MoEST and headed by the recently appointed focal point officer, with the support of focal points in the main divisions. HIV/AIDS focal points in DEOs and schools should support HIV/AIDS mainstreaming in teacher management and curriculum issues. They should also coordinate with other partners with an interest in HIV/AIDS issues, such as Non-Governmental Organizations (NGOs) and Community-Based Organizations (CBOs).

- The MoEST needs to combine responses to HIV/AIDS with strategies on educational quality. The draft strategic plan should be finalized and implemented with a view to enhancing quality and management, as well as protecting learners.

- Initiatives using live broadcast and audio cassette-based learning for schools and teacher training institutions have the potential to enhance the quality of instruction and learning. Such distance learning options should be explored.

- Capacity-building needs to support leadership development should be identified. Training in media skills and the principles of effective communication are among the possible leadership tools to explore. Effective partners should be identified to support leadership and advocacy strategies on HIV/AIDS.

- The MoEST should engage in proactive networking. It needs to designate personnel to form selected thematic sub-groups of the Technical Working Group on HIV/AIDS such as mainstreaming, monitoring, evaluation, research and information systems, and orphans.

1. INTRODUCTION

All over the world the rapid spread of HIV/AIDS is causing devastation, destroying communities and families and taking away hope for the future (UNECA, 2000). It is generally accepted that the HIV/AIDS epidemic will seriously affect the education sector in sub-Saharan Africa and in particular, in the 15 countries of Eastern and Southern Africa (ESA), where half of the people in the world living with AIDS can be found (UNECA, 2000). Already in Malawi teacher morbidity and mortality have increased significantly over the past decade, largely as a result of HIV/AIDS (Kadzamira, Maluwa-Banda, Kamlongera and Swainson, 2001; GoM and UNDP, 2002).

Two decades after the onset of the epidemic, our understanding of how HIV/AIDS is affecting the provision of education services and processes in sub-Saharan Africa remains poor. Ministries of education have only recently begun to formulate appropriate sector policies and strategies to mitigate the impact of HIV/AIDS on the achievement of national and international educational goals, such as Education for All (EFA). To date, some efforts have been made by ministries of education to both prevent HIV/AIDS and to mitigate its effects on teachers, other staff and pupils. In all highly affected countries, initiatives have been launched to incorporate HIV/AIDS preventive education into primary or secondary school curricula. In some countries, for example in Uganda and Botswana, programmes have been introduced to ensure that orphans are not excluded from the education system. Some research on the extent and nature of the impact of HIV/AIDS on education has also been undertaken in Malawi and other ESA countries. However, these studies show that there is a clear need for more research. In particular, very little has focussed on the leadership, policy and management issues that arise as a result of the HIV/AIDS epidemic.

1.1 Overall objectives of the collaborative action research programme

In an attempt to obtain a preliminary understanding of the impact of, and educational response to HIV/AIDS, in early 2003 a three-country, collaborative, action research programme was launched in Malawi, Tanzania and Uganda, under the auspices of the International Institute for Educational Planning (IIEP), part of the United Nations Educational, Scientific and Cultural Organization (UNESCO). Action research in this context is an exploratory investigation process designed to identify factors that underlie certain problem conditions. It is designed to be a practical, iterative undertaking, in which a first level of investigation leads to initial findings which are further explored in follow-up inquiry through individual interviews, focus group discussions (FGDs) or direct observation. In the case of HIV/AIDS in the education sector of Malawi, action research was chosen as a way of investigating how leadership and policy initiatives have had an impact on sectoral responses to the epidemic. It was hypothesized that the apparent lack of a systematic and comprehensive response to HIV/AIDS in some way reflected priorities and initiatives set by national and sectoral leaders. The question of policy frameworks was also a focus of the investigative process.

The research programme consists of five separate but inter-related studies[1], undertaken to assess the impact of HIV/AIDS on various aspects of the education system, as well as the development and implementation of activities and projects to respond to the needs identified by the research studies. The programme is designed to provide information needed to develop sectoral capacities in the areas of enhanced leadership and advocacy, responsive policies and information systems. Finally, it will also provide tools to support EFA objectives in an AIDS environment.

The action research programme in Malawi is a collaborative effort between IIEP and the Ministry of Education, Science and Technology (MoEST). A Memorandum of Understanding between IIEP and the MoEST was agreed upon and signed to facilitate collaboration between all of the stakeholders and to ensure that the entire programme is participatory in nature. Thus, the MoEST is fully involved in the whole action research process, from design to implementation, as well as deciding on the strategies and activities that need to be implemented to mitigate the impact of HIV/AIDS on the education sector.

IIEP, through its Paris-based HIV/AIDS and Education Research Manager, provides the overall management, as well as technical guidance on the implementation of the action research programme. The responsibility for managing the implementation of the project rests with the MoEST, who provides guidance on researching inter- and intra-sectoral issues and in developing responses to the problems and issues revealed by the action research process. Collaboration is facilitated by the appointment of a senior MoEST official, to act as a counterpart to the research team headed by the Team Leader, and also through the constitution of two research advisory committees: a steering committee and a technical committee. These bodies are composed of members drawn from institutions that have a stake in both HIV/AIDS and education. The steering committee, chaired by the Principal Secretary, provides overall support to the policy-making process, approving policies and other measures emerging from the research. The technical committee on the other hand, acts as the technical advisory board of the collaborative research programme. As such, it is responsible for reviewing draft proposals and reports produced by the action research process.

1.2 Objectives and issues for Study One

The main objective of Study One is to enable the formulation of leadership and policy strategies that will enhance the capacity of the education sector to respond to the HIV/AIDS epidemic. It is also intended to provide guidance for the maintenance or acceleration of movement toward EFA goals in the face of the impact of the HIV/AIDS epidemic.

The study focuses on formal primary and secondary education and centres on the following issues:

- statements made by education sector leaders of about HIV/AIDS and the extent to which these statements had been followed by concrete action;
- awareness-building campaigns, staff meetings, workshops and other activities held on HIV/AIDS in the ministry;

[1] Study 1: The impact of HIV/AIDS on educational leadership and policy; Study 2: The impact of HIV/AIDS on educational governance; Study 3: The impact of HIV/AIDS on enrolment, attendance and instruction; Study 4: The impact of HIV/AIDS on selected schools and their communities; Study 5: The impact of HIV/AIDS on tertiary educational institutions.

- the views of other stakeholders, including administrators, teachers and pupils on key leadership statements and commitments regarding HIV/AIDS;
- the positions taken by teachers' unions and other professional associations on HIV/AIDS;
- partnerships that have developed between education and other sectors;
- the role of external partners, such as the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other multilateral agencies, international Non-Governmental Organizations (NGOs) and bilateral agencies in playing a leadership or advocacy role on HIV/AIDS in the education sector;
- the existence and implementation of an education sector policy on HIV/AIDS and the extent to which sectoral policy has responded to the epidemic in various areas of education;
- co-operation between the MoEST and the National Aids Commission (NAC);
- strategies and principles used by central, district and local education authorities (LEAs) to make decisions on HIV/AIDS and the mechanisms that they use to make those decisions in the absence of a fully developed sector policy;
- formal and informal policies on teacher management and how these have changed over time in response to HIV/AIDS epidemic.

1.3 Demographic and economic context

Malawi is a small, landlocked country, which lies south of the equator in sub-Saharan Africa. It is bordered to the north and north-east by the United Republic of Tanzania, to the east, south, and south-west by the People's Republic of Mozambique, and to west and north-west by the Republic of Zambia (see Figure 1.1). Malawi has experienced rapid population growth, with annual population growth rates estimated to be in excess of 3.0 per cent between 1967 and 1987, although this levelled off to about 2.0 per cent between 1987 and 1998. This fall in the growth rate has been principally attributed to the impact of HIV/AIDS and the repatriation of Mozambican refugees (NSO, 2000). In 1998, when the last census was carried out, a total of 9.8 million people were enumerated. The population is estimated to have further increased to about 11.5 million by 2003 (NSO, 2000; 2003). Malawi is one of the most densely populated countries in Africa: in 1998 there were 105 persons per square kilometre, leading to enormous pressure being exerted on dwindling arable land and natural resources. The majority of the population (i.e. about 85 per cent) live in rural areas, whilst over half comprises children and young people under the age of 15 years. Educational attainment amongst the adult population is very low, with only 59 per cent having attended primary school, 8 per cent secondary school and less than 0.3 per cent tertiary education. In 1998 the adult literacy rate stood at 64 per cent (NSO, 2000).

Malawi is one of the poorest countries in the world: in 2001 it had a gross domestic product (GDP) per capita adjusted for purchasing power parity (PPP) of 570 United States dollars (US$), compared with a GDP per capita PPP US$1,831 for sub-Saharan Africa as a whole (UNDP, 2003). Poverty is both pervasive and deep rooted: the majority (i.e. 65 per cent) of the population live below the poverty line (NEC, 2000). In 2000 agriculture accounted for more than one third of the GDP and over 85 per cent of the country's export earnings. Tobacco, tea and sugar are the major export commodities. Since 1981 Malawi has been implementing a structural adjustment programme under the sponsorship of the World Bank and the International Monetary Fund, in order to address structural weaknesses in the economy and revitalize the economy. However, despite the implementation of economic

reforms, Malawi's economy remains weak. Economic growth has been erratic during the adjustment period, leading to serious consequences for the funding of the social sectors, including education. As a result of this underfunding of the education sector, quality and outcomes have both suffered, posing serious challenges for the attainment of EFA and the Millennium Development Goals (Kadzamira, Nthara & Kholowa, 2003).

Figure 1.1 Map of Malawi, showing regional boundaries

Source: Perry-Castañeda Library Map Collection, the General Libraries, the University of Texas at Austin, 1985.

1.4 Overview of the education system

The formal education system in Malawi is divided into three levels – primary, secondary and tertiary – each of which is terminated by a public examination. The education system is highly centralized, although a decentralization process is currently underway as part of the overall decentralization programme of the government. However, this process is not yet complete and at present it is still not clear how much power will be devolved to the lower levels of the education system. In terms of management, the education ministry is divided into six divisions, responsible for nearly 700 secondary schools. Below this are the 33 District Education Offices (DEOs), which oversee nearly 5,000 primary schools.

1.4.1 Primary education

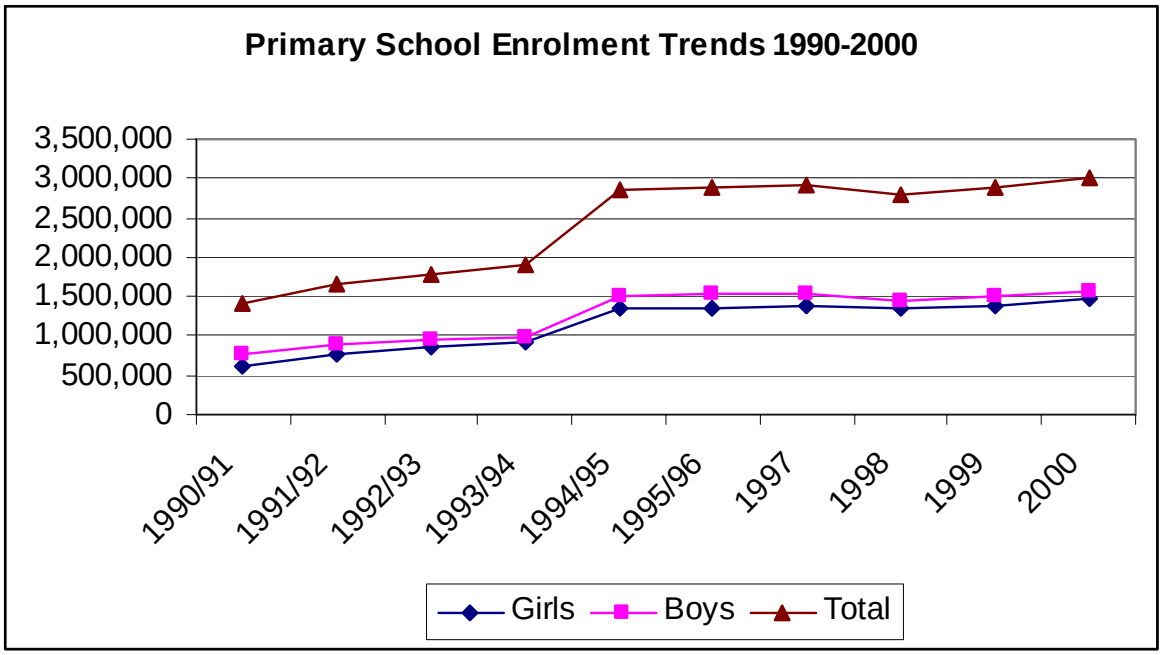
Primary education lasts eight years and is divided into infant (Standards 1-2), junior (Standards 3-5) and senior (Standards 6-8) levels. The official age of entry is six years and at the end of the cycle children sit for the Primary School Leaving Certificate of Education (PSLCE), which also acts as a selection tool for entry into secondary school level.

Primary school enrolment trends

In 2000 there were around 4,841 primary schools enrolling slightly over 3 million pupils, which represents a 4 per cent growth over the previous year (MoEST, 2000*a*). Primary school enrolments expanded extremely rapidly following the introduction of free primary education (FPE) in 1994, increasing by 51 per cent, from 1.9 million in 1993/1994 to 2.9 million in 1994/1995 (see Figure 1.2). Gross enrolments rates (GERs) exceeded 100 per cent as a result of the enrolment increases and for the first time Malawi achieved Universal Primary Education[2] (UPE). By 2000 the primary GER was estimated to be 136 per cent, although with a 1998 net enrolment rate of 77 per cent (NEC, 2000), Malawi is yet to achieve primary schooling for all or its EFA goals. The rapid increase in enrolment rates is a clear indication that the policies introduced in 1994 have helped to mitigate the potential impact of the HIV/AIDS epidemic; FPE has enabled many orphans and other vulnerable children to attend school for the first time.

[2] UPE is defined as a GER of 100 per cent or over. It implies that a country has enough school places to accommodate all eligible children in school.

Figure 1.2 Primary enrolment trends, 1990-2000



Source: MoEST, various years.

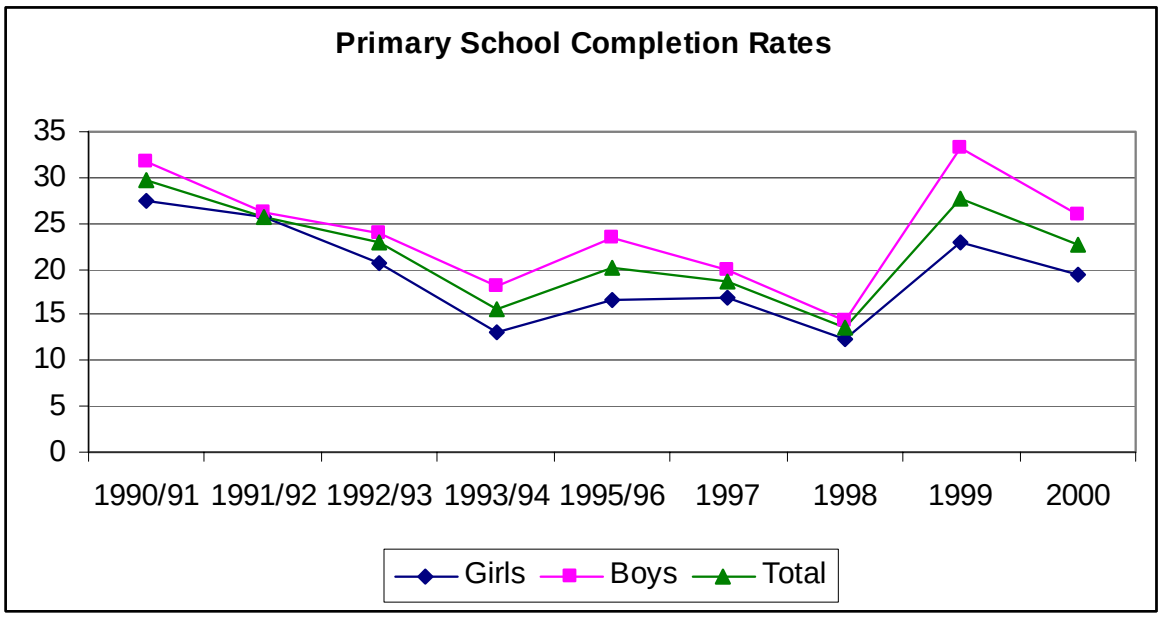
Primary school internal efficiency

Although the enrolment gains are undoubtedly impressive, the primary education system is still plagued by the persistent and inter-related problems of low internal efficiency and poor school quality. The rapid expansion of enrolments exerted enormous pressure on an already overstretched system, resulting in deterioration in all key quality indicators. Repetition and dropout rates, already high before UPE was achieved, have not shown any significant improvements from their early 1990s levels. They continue to be unacceptably high in the post FPE period, despite the increase in real terms of government and donor resources since 1994. Overall repetition rates increased after FPE was introduced, from 20 per cent in 1990/1991 to 27 per cent in 1994/1995 and have since declined to about 16 per cent in 2000 (see Appendix 1, Table 1a). However, these rates mask wide variations between the standards. In all years shown in Appendix 1, Table 1a, the rates were highest in the first three standards and in Standard 8.

Dropout rates have also been particularly high, averaging well over 20 per cent between 1990 and 2000. The figures are particularly alarming for the earlier years, especially in Standard one (see Appendix 1, Table 1b). A variety of reasons, most of which are related to poverty, account for the high dropout. The majority of households find the cost of schooling, in particular the cost of providing school supplies such as exercise books, writing materials and clothing prohibitive and thus are unable to sustain their initial commitment to education (Kadzamira and Chibwana, 2000; Rose, 2002; Kadzamira and Rose, 2003; Kadzamira et al., 2003). Dropout rates may continue to be high because of the increasing number of AIDS orphans. A recent study found that orphans were more likely to drop out of school than non-orphans (Kadzamira et al., 2001), due to a lack of material, financial and moral support.

The net effect of these high dropout and repetition rates is that very few children actually complete primary school: less than 30 per cent of the children who start primary school finish Standard 8. As Figure 1.3 shows, the completion rates have not changed significantly, despite the massive enrolment increases that occurred after 1994 and the subsequent increase in government spending on education.

Figure 1.3 Primary school completion rates, 1990-2000[3]



Source: Calculated from MoEST, various years.

Primary school quality

Key quality indicators show that the quality of primary schooling is very poor. Almost half of the teaching force is unqualified and the proportion of unqualified teachers is on the increase (33 per cent in 1995/1996 to 49 per cent in 2001). One reason for this is that staff attrition rates are estimated to be around 10 per cent per annum, forcing the Ministry to recruit untrained teachers to fill the vacancies. As a result the number of pupils per qualified teacher is much higher than the overall pupil:teacher ratio: 123 per qualified teacher, compared with 63 pupils per teacher overall. One of the main reasons for the high teacher turnover is the increasing number of deaths as a result of HIV/AIDS. Indeed recent surveys identified retirement and death as the main causes of the high attrition rates among education personnel (Kadzamira et al., 2001; GoM and UNDP, 2002).

The learning conditions of the majority of classes are very poor. There is a scarcity of essential teaching and learning resources, such as classrooms, leading to large classes and overcrowding, particularly in the lower standards, which in turn has contributed to the high repetition and dropout rates. The few resources available tend to be allocated to senior classes because of the pressure of the Standard 8 examinations. In the lowest standards pupils are more likely to sit on the floor, have their lessons under trees, lack writing materials and be

[3] Calculated using the reconstructed cohort method.

taught by less experienced and less qualified teachers (Kadzamira and Kunje, 1996; Kadzamira and Chibwana, 2000).

Table 1.1 Key primary school quality indicators, 1995-2000

Indicator	1995/96	1997	1998	1999	2000
PSLCE pass rates	62	71	75	81	78
Percentage of qualified teachers	67	51	50	54	51
Pupil:teacher ratio	59	61	67	63	63
Pupil:qualified teacher ratio	88	119	114	118	123
Pupil:classroom ratio	134	121	154	76	95
Pupils per desk	-	21	17	18	15
Pupils per chair	-	91	58	-	-
Pupils per English textbook	3.0	2.0	4.7	1.4	1.8
Pupils per maths textbook	2.9	2.1	1.3	1.4	1.8

Source: Calculated from MoEST, various years.

1.4.2 Secondary education

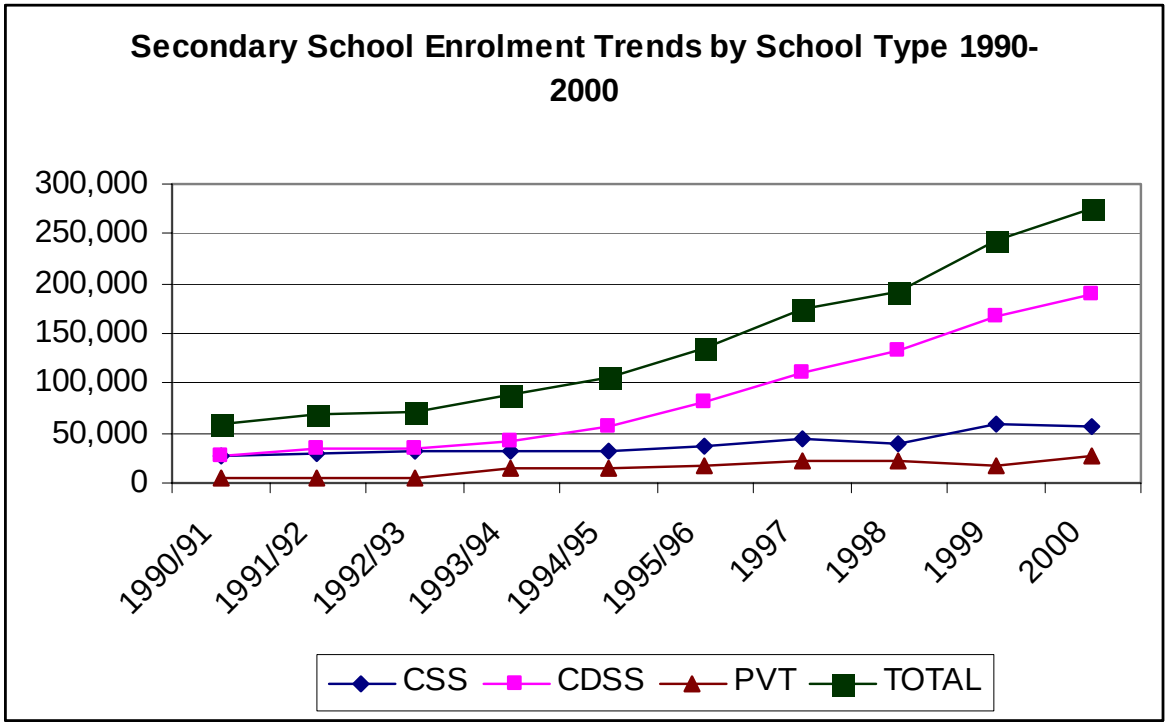
Secondary education lasts four years and is subdivided into two sections: junior secondary (Forms 1-2) and senior secondary (Forms 3-4). At the end of junior secondary, pupils sit the Junior Certificate of Education, which is also used for senior secondary selection. At the end of senior secondary, pupils sit the Malawi School Certificate of Education (MSCE) examinations to determine their eligibility for university education and other tertiary institutions.

Secondary education is offered through conventional secondary schools (CSSs), which are either government owned or grant aided, community day secondary schools (CDSSs) and private secondary schools. In 2000 there were approximately 274,949 pupils enrolled in about 700 secondary schools (MoEST, 2000*a*). The bulk of enrolments is concentrated in the CDSS', especially since 1994/1995. At the beginning of the 1990s, CDSSs and CSSs enrolled almost equal proportions of pupils. From the mid-1990s however, the CDSS experienced phenomenal growth compared to the CSSs, as a result of the high social demand for secondary education and the low transition rates to the CSSs. This was because entry was highly competitive and restricted, in contrast to the CDSSs, which practiced an open access policy. The introduction of FPE created additional pressure on the limited number of secondary places and also contributed to the mushrooming of CDSSs and private schools. By 2000, 69 per cent of all secondary enrolments were in CDSSs, while CSSs and private schools accounted for 21 per cent and 10 per cent respectively.

Trends in secondary school enrolments

Access to secondary education in Malawi has improved tremendously as a result of the developments outlined above. Theoretically at least, the majority of primary school leavers now have greater access to secondary education than ever before: transition rates[4] to secondary school have improved from 21 per cent in 1990 to 78 per cent in 2000, and the GER doubled from 10 per cent in 1990/1991 to 27 per cent in 1999. However, the net enrolment rate, that is the proportion of the secondary school-aged population (14-17) who actually attend secondary school, is much lower, at 2 per cent in 1990/1991 and 5 per cent in 1999. Although transition rates have greatly improved in recent years, the proportion of the population receiving secondary education remains low, because with very low primary school completion rates, relatively few children can go on to attend secondary school.

Figure 1.4 Trends in secondary school enrolments by school type, 1990-2000



Source: MoEST, various years.

Quality of secondary education

There are wide variations in quality between the various types of secondary schools. The quality of schooling is lowest in the CDSSs, which account for nearly 70 per cent of total enrolments. The CDSSs were originally distance education centres and were largely financed through parental and community contributions. Although the government has now assumed greater responsibility for the financing of these schools in an attempt to create a more unified public secondary school system, the quality of education offered remains below the minimum

[4] The transition rate was calculated by dividing the number of PSLCE passes in a year by the number of Form 1 places available in following year.

acceptable standards. Most CDSSs continue to suffer from a lack of resources and are still staffed by teachers who are only qualified to teach at primary level. Only 5 per cent of CDSS teachers were qualified to teach at secondary level, compared with 87 per cent in the CSSs. Consequently, achievement levels are extremely low: very few CDSS pupils pass the MSCE. In 2000, for example, the pass rate was only 8 per cent (see Table 1.2).

Table 1.2 Key secondary school quality indicators, 2000

Indicator	CSS	CDSS	Private	Total
MSCE pass rate	36.9	8.3	34.5	**21.6**
Percentage of qualified teachers	86.5	4.7	64.4	**26.1**
Pupil:teacher ratio	56.9	45.9	41.1	**47.3**
Pupil:qualified teacher ratio	65.9	976.0	63.7	**181.0**

Source: Calculated from MoEST, 1995-2000.

Apart from access and equity, there are many other challenging issues affecting the secondary school sector in Malawi. The overall quality of schooling appears to fallen drastically in government-assisted schools: MSCE pass rates in CSSs have dropped from 58 per cent in 1990 to 28 per cent in 1999. The main purpose of secondary education has remained that of preparing pupils for tertiary education. Consequently, the curriculum is highly academic and irrelevant to the needs of 90 per cent of secondary school leavers, for whom secondary education is terminal.

1.5 Education policy

There are two main education policy documents currently guiding the education sector in Malawi. These are the Policy and Investment Framework (PIF) and Poverty Reduction Strategy Paper. The main objectives of the PIF and strategy paper are:

- to increase access for all children to both primary and secondary schools;
- to promote greater equity in school participation for various groups in society;
- to increase the relevance of education, and
- to improve the overall quality of education.

The government is also committed to the attainment of EFA goals and is in the process of finalizing the national EFA strategy. A number of programmes have been developed and implemented to achieve these objectives. To increase access, the PIF promises to maintain the policy of FPE introduced in 1994, which as indicated earlier, has helped to ensure that orphans and other vulnerable children attend school. However, it has been argued that poverty at the household level continues to prevent children from the poorest households from taking full advantage of FPE, as the high direct and indirect costs of schooling mean that they are more likely to drop out of school before attaining basic literacy and numeracy (Kadzamira

and Rose, 2003). To address quality issues at primary school, the government, under the Protected Pro-Poor Expenditures Programme, has identified four priority areas, namely teaching and learning materials, teacher training, teacher salaries and teacher housing. It has yet to be seen whether the strategy will lead to significant improvements in the quality of schooling, which as indicated earlier is appallingly poor. Improving the quality of education is a necessary pre-requisite to mitigate some of the impacts of HIV/AIDS on the education sector. Unless key quality issues are addressed it is unlikely that any dedicated HIV/AIDS and education strategy introduced would be successful.

Although increasing equity is one of the key objectives of government policy at secondary level, it is obvious that some of the strategies adopted by the government will in fact hinder progress towards its equity goals. Secondary education in Malawi remains out of reach of the majority of children from the poorest households (Castro-Leal, 1996), largely because too few poor pupils complete primary education. The few who do then cannot afford the high costs of secondary education, which include school fees, transport costs, uniforms and the cost of school materials. One of the key objectives of government policy at secondary level is to increase the current levels of cost sharing and to encourage the establishment of private schools as the main provider of secondary education. However, the number of AIDS orphans is increasing steadily and it is likely that these polices will prevent the majority of them – and many other vulnerable children – from accessing secondary education, unless specific support measures, such as bursaries, are introduced.

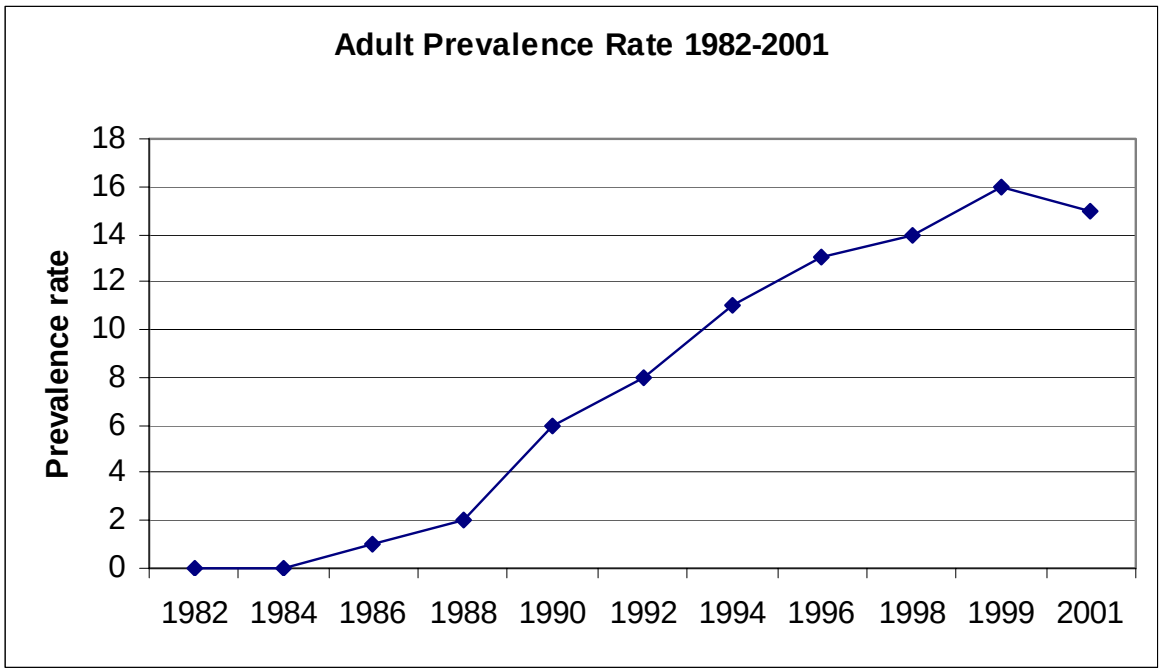
1.6 Overview of the HIV/AIDS epidemic

This section gives an overview of the HIV/AIDS epidemic in Malawi, looking at prevalence trends and magnitude, as well as the response of the government in terms of the policies and strategies adopted and the organization and management of the epidemic.

1.6.1 Prevalence

Malawi has one of the highest rates of HIV prevalence in the world. Although general awareness of the epidemic is very high (i.e. over 90 per cent), behavioural change has been limited and the incidence of HIV has continued to rise (World Bank, 1998). From 1985 – when the first AIDS cases were reported – to 1993, HIV seroprevalence rates among pregnant women in 19 sentinel surveillance sites have risen from 2 per cent to 30 per cent, before dropping to 20 per cent in 2001. Figure 1.5 shows that the adult (i.e. ages 15-49) prevalence increased from approximately 1 per cent in 1986 to 16 per cent in 1999. Although the adult prevalence rate since decreased to 15 per cent in 2001, it is too early to conclude that the epidemic has peaked and is now on the decline in Malawi.

Figure 1.5 Adult (15-49 years) HIV/AIDS prevalence rates, 1982-2001



Source: NACP, 1999; 2000*b*; 2001.

In 2001 the total number of Malawians infected with HIV was estimated to be 845,000, about 8 per cent of the total population. The prevalence rates are highest among the economically active population (i.e. 15-49 years). Fifteen per cent of this group is HIV positive compared to 1.3 per cent of children (0-14) and 5 per cent of those aged 50 years and over. Prevalence rates are also higher in urban than in rural areas. In 2001, the urban adult prevalence rate was 25 per cent, against 13 per cent for rural adults (NACP, 2001). HIV seroprevalence rates are higher among women than men in the 15-49 age group. In the 15-24 age group, women are four to six times more likely to be infected than men (UNDP/Malawi, 2001).

1.6.2 Government policy

When AIDS was first diagnosed in 1985, the immediate response of the government was to institute HIV screening for all blood donated at the two main central hospitals. This was later expanded to other centres and hospitals (UNDP/Malawi, 2001).

The screening programme was followed by the first Medium-Term Plan (MTP) – MTP-I (1989 to 1993). MTP-I was largely biomedical in nature, focussing as it did on blood screening, public HIV/AIDS education, the establishment of the National Aids Control Programme (NACP) within the Ministry of Health and Population (MoHP) and the establishment of home-based care programmes for orphans and patients. The second MTP (MTP-II) was implemented from 1994 to 1998. In addition to continuing the activities identified in MTP-I, MTP-II considered the need for a multi-sectoral HIV/AIDS response and dealt with a range of social, psychological and economic issues.

Following a review of MTP-II, Malawi developed the National HIV/AIDS Strategic Framework for the period 2000-2004, in order to scale up and accelerate the national response. This process involved consultation with a wide range of stakeholders.

The overall goal of the National HIV/AIDS Strategic Framework is to reduce the incidence of HIV and other sexually transmitted infections (STIs) and improve the quality of life of those infected and affected by HIV/AIDS. The framework is organized into nine specific goals or thematic areas for action, which include: culture, social change and youth; socioeconomic status; despair and hopelessness; HIV/AIDS management; orphans, widows and widowers; prevention of HIV/AIDS transmission, and information, communication and education and Voluntary Counselling and Testing (VCT).

The key themes of the National HIV/AIDS Strategic Framework are:

- promoting and intensifying the community-based response;
- ensuring that gender concerns are taken on board in all interventions;
- ensuring greater involvement of people living with HIV/AIDS (PLWHA);
- intensifying the response for and with young people, and
- promoting an integrated programme of care and prevention as the only meaningful way to effectively respond to the epidemic.

The following broad strategies have guided the operations of the framework:

- mainstreaming HIV/AIDS in the public and private sectors;
- monitoring and evaluation;
- creating a comprehensive HIV/AIDS management strategy for the area of PLWHA;
- capacity building for implementation;
- coordination of the national HIV/AIDS response.

In 2001 the coordination of a multi-sectoral response to the HIV/AIDS epidemic was further strengthened by the creation of a new body to replace the NACP: the NAC. Unlike NACP, which was part of the MoHP, the NAC was located in the Office of the President and Cabinet (OPC). The move signalled a shift from viewing HIV/AIDS as predominantly a health issue, to the realization that it represented a larger development problem and, as such, required a truly multi-sectoral response. The NAC has successfully secured US$196 million of funding from the Global Fund to Fight AIDS, TB and Malaria, over a period of five years. The money is destined for the implementation of a comprehensive HIV/AIDS plan, which will focus especially on:

- VCT;
- the prevention of mother-to-child transmission;
- the management of opportunistic infections, including widening access to antiretroviral drugs (ARVs), and
- home-based care for orphans and patients.

In addition, the NAC has spearheaded the creation of a policy framework for HIV interventions within all sectors. This has not only required the development of an overall multi-sectoral HIV/AIDS policy, but also a critical assessment of the need for updating existing, or creating new, intervention-specific policies and guidelines (e.g. a set of guidelines for PMCT, for ARVs and for public sector mainstreaming). The first draft of the national

HIV/AIDS policy was developed in 2002, following extensive consultation with, and involvement of, PLWHA. It is currently in the final review stage.

2. THE RELATIONSHIP OF HIV/AIDS AND EDUCATION

2.1 Overall impact of HIV/AIDS on education

Left unchecked, HIV/AIDS has the potential to destroy formal education, particularly in ESA countries. This is evidenced by the increasingly chaotic conditions that are brought about by higher levels of funeral attendance, teacher absenteeism, teacher mortality etc. in countries that are seriously affected by the epidemic. Education systems become increasingly difficult to manage as organizational effectiveness is undermined.

Malawi is currently working on an education sector development framework, which includes strategies for reaching the EFA goals adopted at the World Education Forum in Dakar in 2000. The strategic framework outlined in the Dakar declaration is built of 12 elements, which, crucially in the case of HIV/AIDS, include the pledge to:

- mobilize strong national and international political commitment for education for all, and develop action plans;
- develop responsive, participatory and accountable systems of educational governance and management;
- implement integrated strategies for gender equality in education, which recognize the need for changes in attitudes, values and practices;
- implement as a matter of urgency education programmes and actions to combat the HIV/AIDS pandemic;
- enhance the status, morale and professionalism of teachers;
- build on existing mechanisms to accelerate progress towards EFA (UNESCO, 2000: 8-9).

Research informs us that HIV/AIDS is more than a curriculum issue and that it affects many aspects of educational quality. EFA strategies are fundamental to mainstreaming HIV/AIDS in the education sector. To this end, the education sector needs programmes that are designed to provide information to develop, among other things, sectoral capacity in the areas of enhanced leadership, advocacy and policy.

2.2 Leadership and advocacy issues

In countries all over the world, there are well-documented examples of efforts to mount an effective national response to limit the spread of HIV and mitigate the effects of the epidemic. Although no universal blueprint exists, effective responses do frequently share some common features. The most important of these are political will and strong leadership (POLICY project, 2000): “Effective responses are characterized by political commitment from community leadership up to a country’s highest political level” (UNAIDS, 2000: 110).

Nationally, leaders are committing themselves and their administrations to fighting AIDS at all levels, right down to within individual communities. This political commitment is being translated into action as institutional structures are reorganized and mobilized to join the AIDS response (UNAIDS, 2000).

Senior political leaders throughout Africa and elsewhere are publicly displaying personal commitment to the fight against AIDS. Rapid advances have been made in the cases where presidents, prime ministers and, sometimes, first ladies have taken control of the AIDS response, often through chairing the national coordinating bodies dedicated to dealing with the epidemic (UNAIDS, 2002*a*). In Malawi, the Vice President and other political leaders began speaking publicly for the first time about HIV/AIDS in the 1990s. A cabinet-level committee on HIV/AIDS, chaired until recently by the Vice President, was organized and has been meeting regularly. The President declared HIV/AIDS a national emergency in October 1999 and the NACP was elevated in the overall government structure and located in the OPC (POLICY project, 2000).

UNAIDS (2002*a*: 176) reports that in Africa especially, "It has become commonplace to include multiple ministries, as well as representatives of civil society and other development partners in high-level political coordination structures… This high-level leadership not only demonstrates political commitment, but also increases the pressure on non-health ministries to develop activities to fight AIDS within their normal programmes."

The political will and commitment of the sectoral leadership, in addition to that at the central government level, is central to an expanded and sustained response. However, there is little by way of reliable data to assess the political commitment of education sector leaders to combat the HIV/AIDS epidemic. Ministries of education, together with other departments, are responsible for setting both the national tone and spearheading the creative action that is demanded by HIV. The leadership is expected to encourage, promote and strengthen the involvement of the individual sectors in critical HIV/AIDS activities (POLICY project, 2000).

2.3 Policy issues

HIV/AIDS gradually undermines the whole education sector in several ways. Firstly, it impacts on the quality and supply of education by:

- infecting and killing teachers;
- infecting staff of the Ministry, inspectorates, teacher training colleges, and district and LEAs;
- impairing the management of education, and
- impairing financial planning and management through increased and unbudgeted funeral expenses, sick leave and early retirement.

HIV/AIDS also impacts on the demand for education by:

- shrinking the cohort of school-aged children through vertical transmission of HIV and lowered fertility among seropositive women;
- diminishing the ability to afford schooling, by creating or deepening poverty as families lose income earners;
- impairing local funding for school construction and maintenance, and
- creating orphans, of whom there are now estimated to be 11 million in sub-Saharan Africa. Many orphans who are victims of poverty, stigma and discrimination cannot enrol or stay in school. (Jackson, 2002; Kelly, 2000*a*; UNECA, 2000; World Bank and UNAIDS, 2002; World Bank, 2002).

2.3.1 Supply factors

Evidence shows that HIV/AIDS affects the supply of education through the following factors:

- the loss, through mortality or sickness, of education officers, inspectors, finance officers, planning officers and management personnel;
- the closure of classes or schools due to population decline in catchment areas and the consequent decline in enrolments or teacher loss (Kelly 2000*b*).

The impact on teachers and teaching in ESA countries is fourfold: teacher mortality; decreased teacher productivity; increased teacher costs, and teacher stress.

Teacher mortality

Although there are few reliable data concerning the number of teachers who are dying from HIV/AIDS, some observers have estimated that in the worst affected countries of Africa, around 10 per cent of teachers will die over the next five years (World Bank, 2002). Current annual death rates of teachers in Uganda, Kenya and Zimbabwe are 0.5 per cent, 1.4 per cent and 2.1 per cent respectively. The World Bank and UNAIDS (2002) estimated that 860,000 primary school children had teachers who died as a result of AIDS during 1999, with national figures varying from 27,000 children in the Democratic Republic of Congo to 100,000 children in South Africa. Losses through death among teacher trainees have also been reported in Zambia. There are no comprehensive data on AIDS-related teacher mortality for Malawi. However, studies indicate that up to 10 per cent of teacher deaths between 1995 and 2000 were HIV/AIDS related (Kadzamira and Chibwana, 2000; GoM and UNDP, 2002). In addition to teacher loss due to mortality, HIV has indirectly affected teacher supply, as some teachers move to take up non-teaching jobs vacated because of AIDS mortality (World Bank and UNAIDS, 2002).

Teacher productivity

Teacher morbidity also affects the supply of education. Teacher absenteeism has always been an endemic problem in Malawi and HIV/AIDS undoubtedly exacerbates the situation. Kelly (2000*b*) states that because infected persons experience recurring bouts of illness, infected teachers frequently absent themselves from school long before they develop full-blown AIDS. Opportunistic infections mean that many HIV-positive teachers may be formally in post but consistently absent. It is estimated that an infected teacher is likely to lose six months of professional time before developing full-blown AIDS and that death is preceded by the equivalent of 18 months of disability, during which teacher involvement in school activities becomes progressively impaired. This erratic attendance of infected teachers leads to a decrease in their productivity. During periods of illness, their classes receive little or no teaching and as their health declines, many have to reduce their teaching load. Furthermore, “The despondency that an awareness of their condition engenders reduces the vigour of their teaching work and makes them disinclined to trouble themselves with lesson preparations, homework correction, or co-curricular activities” (Kelly, 2000*b*: 67).

Educational quality also suffers because high teacher mortality leads to teacher shortages, creating high demand (which is also sustained by the need for more teachers in order to meet EFA enrolment targets), and an increased reliance on less qualified teachers.

Low teacher morale, considerable pupil and teacher trauma, inability on the part of both the teacher and pupil to concentrate on school work because of concern for those who are sick, unhappiness and fear of stigmatization and ostracization, and uneasiness and uncertainty about personal HIV status all contribute further to an undermining of stability and confidence in the education sector (UNECA, 2000).

Human resource management (HRM)

HIV/AIDS has affected issues of HRM in the following ways:

- The loss of serving teachers, most of whom die relatively young, has financial repercussions for the education system. The financial cost of replacement, both in the short term through the hiring of part-time substitutes and in the long term through the training of additional teachers, have to be considered.

- It is very difficult to terminate the services of a teacher who is ill. Consequently, the system carries an unknown, large number of non-productive persons who continue to be paid. Infected teachers who do not take formal sick leave, tend to do this in order to avoid or postpone the decline in remuneration that results from prolonged absence. Teachers are thus absent but are not replaced with substitutes, as they normally remain in post earning a full salary (Kelly, 2000*b*; World Bank and UNAIDS, 2000; GoM and UNDP, 2002).

- In some countries, death benefits and funeral expenses are borne by the employer, that is, the government. In the wake of HIV/AIDS, such expenses are a serious drain on the budget. Given the unpredictable nature of teachers' deaths and the ever-overstretched budget, most countries have had difficulties accommodating the escalating costs of death benefits and funeral expenses.

- Legal provision regarding retirement benefits to staff infected with HIV/AIDS has affected the system. Whilst early retirement for those who opt to retire on medical grounds exerts pressure on government resources, there have nevertheless been complaints that the level of remuneration is insufficient.

- In most, if not all, ESA countries, teachers do not enjoy the benefit of subsidized medical care. Teachers living with HIV/AIDS (TLWHAs) drain their meagre financial resources on treatments, for example, ARV therapy, so when they die, they leave little or nothing for members of their family to live on.

These HRM issues need to be urgently addressed. They will be treated in more depth in Study Two.

Curriculum and quality of instruction

In Malawi, as in other African countries, ministries of education have felt the need to incorporate HIV/AIDS education into the curriculum. This has often been done in the context of 'life skills' education, which attempts to equip pupils for positive social behaviour and for coping with negative social pressures. Possible options that have been advocated for HIV/AIDS and life skills curricula include:

- a vigorous human rights approach;

- the need to bring HIV/AIDS issues out into the open;
- the need for earlier inclusion in the curriculum of work-related training and skills, in order to prepare those compelled to leave school early to care for themselves and their families, and
- the need to adjust educational content to cater for the sorts of skills that society is losing through HIV/AIDS (Kelly, 2000*b*).

Education is expected to make its most immediate and direct impact on HIV/AIDS through in-school programmes and activities. Although all of these programmes go by different names, such as HIV/AIDS education, reproductive health and sex education and life skills, and do differ in some aspects, "The essential concern for all of them is to communicate relevant knowledge, engender appropriate values and attitudes, and build up personal capacity to maintain or adopt behaviour that will minimize or eliminate the risk of becoming infected with HIV" (UNECA, 2000: xiv).

Although ESA countries have made efforts to integrate life skills programmes into the curriculum, they have achieved mixed success (Kelly, 2000*b*) and have encountered the following problems:

- lack of teacher knowledge and confidence;
- a tendency to gloss over sensitive issues, such as sexuality;
- the perception that because it is not examined, the subject area is not important, and
- inadequate efforts to mobilize the support of parents and other key stakeholders.

For their part, and with the assistance of international co-operating partners, ministries of education in ESA have made efforts to ensure that teachers are prepared and supported in their work on HIV/AIDS, through pre-service and in-service education and training, and the preparation and distribution of scientifically accurate, good quality teaching and learning materials on HIV/AIDS, communication and life skills (UNESCO, 2000). The Malawian experience in incorporating HIV/AIDS education into the curriculum will be analysed in Chapter Five.

2.3.2 Demand

The *raison d'être* of any education system is its pupils. This section will look at the various ways in which AIDS affects pupils in the education system, considering not only it impacts on the number of children accessing school, but also how pupil ability and performance suffer.

Pupil enrolment

A decline in school enrolment is one of the most visible effects of the epidemic in highly affected countries. This is due to:

- the removal of children from school to care for parents and family members;
- an inability to afford school fees and other expenses;
- AIDS-related infertility and a decline in birth rate, and
- the fact that more children are themselves infected and do not survive the years of schooling (Coombe, 2000; Kelly, 2000*a*; UNAIDS, 2000).

Assuming the continuation of current HIV prevalence rates, the World Bank (in Kelly, 2000*a*: 11; Kelly, 2000*b*: 49-50) projected reductions in the size of the primary school-aged population by 2010, stand at 13 per cent for Uganda, 14 per cent for Kenya, 20 per cent for Zambia and 24 per cent for Zimbabwe. Research also shows that, in Southern African Development Community (SADC) countries seriously affected by the AIDS pandemic, enrolment rates will decline and dropout ratesl rise. In some cases, there will be negative school population growth. The 1998 United Nations Development Programme (UNDP) Human Development Report, for South Africa reported that, "The entry-level cohort was already in decline: an average five per cent per annum shrinkage was observed over the previous three years'' (Coombe, 2000: 14). Economic hardship would have been a major factor in this drop in numbers, but it is additionally suggested that some children do not live long enough to enter school (Kelly, 2000*a*). Similar declines in enrolment, that is in the region of 20 to 36 per cent, were reported in Swaziland and the Central African Republic (Kelly, 2000*a*: 11).

Pupil performance and absenteeism

HIV/AIDS affects pupil performance. Studies have shown that extended parental illness places demands on the time of children, who are often obliged to care for them or take over the responsibility for younger siblings. Such demands lead to a rise in the rate of absenteeism from school. Kelly (2000*a*; 2000*b*) reports that pupil performance is affected by:

- pupil and teacher absenteeism;
- an increased reliance on less qualified teachers;
- intermittent pupil participation, following an irregular 'drop-out/drop-in' pattern;
- considerable pupil and teacher trauma;
- an inability on the part of both teachers and pupils to concentrate on school work because of concern for those who are sick at home;
- repeated occasions for grief and mourning in schools, families and in the wider community;
- a widespread sense of insecurity and anxiety among young learners, especially orphans;
- fear on the part of girls and young boys that they might be sexually abused or maltreated;
- uncertainty and distrust in the relations between pupils and teachers who have been affected by HIV/AIDS, and
- teacher uneasiness about personal HIV status (Kelly, 2000*b*; UNECA, 2000).

Pupil dropout

As discussed above, there are many factors that contribute to pupil dropout. In addition, in many countries where children begin school at a later age, where there are no automatic promotion policies and consequently where repetition rates are high, many primary school pupils will have already entered their reproductive years, and as they become sexually active they will become increasingly exposed to the disease. Research shows that girls from poor families are particularly vulnerable, as they are susceptible to the advances of older men with disposable income. Reports of 'sugar daddies' abound in Namibia and elsewhere. There are also unsubstantiated reports of 'sugar mummies'. Furthermore, reports of teacher-to-pupil sexual contact have increased. These have led to increased rates of pregnancy among girls and, consequently, higher dropout rates.

Orphans

Adult AIDS-related deaths are responsible for a dramatic increase in the number of orphaned children. Studies involving 19 sub-Saharan countries project that the number of AIDS orphans (both maternal and dual[5]) will steadily grow, so that by 2010 they will represent nearly 9 per cent of all children under 15. Table 2.1 presents orphans statistics for ESA countries. The growth in the number of orphaned children increases the burden on extended families and society at large. The economic and psychological demands of such huge numbers of orphans are hard to cope with. Few orphans are able to pay their school fees and many are forced to shoulder responsibilities that are far beyond them. For example, many have to care for others at home, whilst others have to work to support themselves or younger, dependent siblings. Consequently, a significant number are at risk of contracting HIV/AIDS through virtually inescapable, income-generating prostitution.

Studies in ESA countries show that the rate of attendance of orphans is typically between 20 and 65 per cent lower than non-orphans (World Bank, 2002). In SADC countries seriously affected by the HIV/AIDS pandemic, it is probable that by 2010, 30 to 35 per cent of children will have lost one or both parents. The ability of relatives to keep such children in school will become a critical issue, and in the context of widespread and deepening poverty, enrolment will decline and dropout rates increase. In some countries this will even lead to negative school population growth. For example, a 1998 UNDP study suggested that by 2010, combined primary and secondary enrolments are likely to be 8 per cent lower than the total enrolment in 1998 (Coombe, 2000).

[5] According to *Children on the Brink* (UNAIDS, USAID and UNICEF, 2002: 8), “Maternal orphans are children under age 15 whose mothers, and perhaps fathers, have died (includes double orphans)”, whilst dual, or double orphans are: “Children under 15 whose mothers and fathers have both died”.

Table 2.1 Statistics for orphans in ESA countries, 2001[6]

Country	Total children	Total orphans	% orphans	Total AIDS orphans	% AIDS orphans	Projected orphans 2005	Projected orphans 2010
Botswana	650	98	15.1	69	70.5	113	120
Burundi	3,064	508	16.6	237	46.6	267	296
Ethiopia	29,141	3,839	13.2	989	25.8	1,563	2,165
Kenya	13,428	1,659	12.4	892	53.8	1,265	1,541
Lesotho	805	137	17.0	73	53.5	143	169
Malawi	**5,350**	**937**	**17.5**	**468**	**49.9**	**648**	**741**
Mozambique	8,196	1,274	15.5	418	32.8	767	1,064
Namibia	780	97	12.4	47	48.5	90	118
Rwanda	3,503	613	17.5	264	43.1	326	2,638
South Africa	14,773	1,528	10.3	662	43.3	1,328	1,700
Swaziland	388	59	15.2	35	58.8	63	71
Tanzania	16,094	1,928	12.0	815	42.3	1,090	1,167
Uganda	11,852	1,731	14.6	884	51.1	790	605
Zambia	4,961	874	17.6	572	65.4	769	836
Zimbabwe	5,779	1,018	17.6	782	76.8	1,140	1,191
DR Congo	25,698	2,733	10.6	927	33.9	1,139	1,366

Source: Hunter, 2002.

2.4 Impact on policy

It has emerged from the discussion in the preceding sections that education must respond to the challenges of HIV/AIDS; it cannot simply continue with 'business as usual'. Whether the concern is with prevention or coping with the impact, the education system must examine every dimension of the pandemic. Among the most serious challenges facing the sector is that of how to cater for orphans and other vulnerable children. Orphans have special learning needs and education policy must respond to these.

The issues raised pose a challenge to policy makers and planners at all levels. The current system was conceived in a world without AIDS. What needs to be done is to look at the system – every programme, every methodology – through the eyes of a world with AIDS.

[6] All figures are in thousands

Kelly (2000*b*: 103) states that responding to this challenge requires that educational policy makers and planners manifest and adopt the following qualities and approaches:

- great flexibility;
- much resourcefulness and openness to change;
- tolerance for a diversity of solutions and models;
- co-operation with several partners, including other government sectors, civil society, communities and religious groups;
- meaningful decentralization, centred upon schools and requiring the effective participation of local stakeholders;
- more purposeful use of the resources inherent in PLWHAs;
- enhanced understanding of what education is all about;
- sensitivity to the needs of those infected and affected by HIV, the poor and those in difficult circumstances.

The response of the Malawi education sector to these challenges will be discussed and assessed in Chapters Four, Five and Six.

3. METHODOLOGY

3.1 Introduction

The chapter will outline the research methodology adopted for Study One. It is divided into four sections, covering an overview of the study research design and approach, selection of the study areas and samples, techniques for data collection and data analysis, and the problems encountered and the limitations of the results.

3.2 Study design

The main research strategy in Study 1 was to apply a variety of qualitative field methods, utilizing an ethnographic perspective and seeking to assign meaning to the behaviours and attitudes reported by respondents. This approach was deemed appropriate given the objectives of the study, which were to assess the policy response to the impact of the HIV/AIDS epidemic and the degree to which the opinions, perspectives, directives and messages expressed by education sector leaders have contributed to the creation of an enabling environment for developing dynamic and proactive approaches to HIV/AIDS prevention and mitigation. In addition, the study collected and analysed a large amount of contextual data from both published and unpublished sources on education and HIV/AIDS.

3.3 Selection of study districts and samples

The research was conducted principally at the central ministerial level and also at division, district and school levels. At the central level the study targeted the political leadership in the education sector and HIV/AIDS-related institutions, as well as senior managers and other senior level staff from MoEST headquarters and other key ministries and departments involved in the fight against HIV/AIDS, such as the MoHP, Local Government (MoLG), Finance (MoF) and Justice (MoJ). Other key stakeholders were also consulted, including donor agencies and other co-operating partners, such as Faith-Based Organizations (FBOs) involved in the education sector and journalists working in both print and broadcasting. In addition, junior central, district and division level staff were interviewed to canvass their opinion of the leadership's attitudes to HIV/AIDS.

In all, 64 key interviews were conducted at the central level, 4 at the division, 15 at the district and 106 at the school level (see Table 3.2). Table 3.1 presents the number, type and category of interviews conducted. A full list of key informants, together with their institutional affiliations is given in Appendix 2.

Table 3.1 Category, type and number of interviews conducted

Level	Category	Persons interviewed	Total interviewed
Central	Political leadership	▪ Vice President ▪ Minister of Education ▪ Minister of HIV/AIDS ▪ Chairpersons – Parliamentary Committees on Education and Health	5
	Senior managers – MoEST	▪ Principal Secretary ▪ Directors – Education Methods Advisory Services (EMAS), Planning, Basic Education, Accounting Services, Secondary Education, Finance and Administration, Human Resources, Teacher Service Commission	22
	Junior staff – MoEST	▪ Clerks and secretaries ▪ Drivers	5
	Senior managers – MoHP, MoF, MoLG, MoJ; Dept. of HRM and Development	▪ Principal Secretary (MoJ) ▪ Director – Clinical Services (MoHP) ▪ Senior Monitoring and Evaluation Officer (MoLG) ▪ Deputy Director of Budget ▪ Director of HRM	5
	Other stakeholders	▪ Church leaders ▪ Education secretaries of mission schools ▪ Representatives of the Teachers' Union of Malawi (TUM) ▪ Journalists	17
	Donor agencies	▪ Bilateral and multilateral donors	7
Division	Senior managers and staff	▪ Divisional managers ▪ Education methods advisors	3
District	Senior managers and staff	▪ District Education Managers (DEMs) ▪ Primary Education Advisors (PEAs)	11
	Junior staff	▪ HR officers ▪ Copy typists and messengers	4
School	School leadership	▪ Headteachers and deputy heads ▪ School committee and Parent Teacher Association (PTA) members	30

Stakeholders in anti-HIV/AIDS activities	▪ Members and patrons of anti-HIV/AIDS clubs ▪ Representatives of Community-Based Organizations (CBOs) ▪ School welfare committee members ▪ Guidance and counselling teachers	70

3.3.1 Selection of study districts

Two districts – Lilongwe and Zomba – were selected by the research team, in close collaboration with the ministry counterpart. Three criteria guided the selection. First, the two districts had relatively high HIV prevalence rates. In 2001 the rates were 14 per cent in the case of Lilongwe and 19 per cent in the case of Zomba, compared to a national average of 15 per cent. Both districts also have both urban and rural education areas, thus allowing comparisons to be made. As a result, the research covered four education districts: Lilongwe Rural West; Lilongwe Urban; Zomba Rural, and Zomba Urban. The two education divisions, Central West Education Division and South East Education Division of which these are a part, were automatically included in the study. Finally, the two districts were selected because of ease of access for the Team Leader and the Research Associate, who are based in Lilongwe and Zomba respectively.

The key informants at the division and district levels included division managers, DEMs, PEAs, Principal Education Methods Advisors and other middle to lower level staff. In all, 15 interviews were conducted.

3.3.2 Selection of study schools

In each district, four primary and six secondary schools were selected as loci for data collection. Location (i.e. rural or urban) and proprietorship in the case of primary schools or type of school in the case of secondary schools were the two selection criteria used. Public primary schools in Malawi are normally classified by school ownership into one of two categories: government- or LEA-owned, and mission-owned schools. At least one of each type of primary school was selected from the rural and urban education districts. There are three main types of public secondary school: CSS; grant-aided schools (most of which are mission schools), and CDSS. In all, a total of 21 schools, 9 primary and 12 secondary were selected. The characteristics of the selected schools are presented in Table 3.2.

Table 3.2 Selected schools by type and location

Primary schools				Secondary schools			
Type	**Zomba**	**Lilongwe**	**Total**	**Type**	**Zomba**	**Lilongwe**	**Total**
Rural	**2**	**2**	**4**	**Rural**	**3**	**3**	**6**
Govt/LEA	1	1	2	CSS	1	1	2
Mission	1	1	2	Grand-aided	1	1	2
				CDSS	1	1	2
Urban	**3**	**2**	**5**	**Urban**	**3**	**3**	**6**
Govt/LEA	2	1	3	CSS	1	1	2
Mission	1	1	2	Grant-aided	1	1	2
				CDSS	1	1	2
Total	**5**	**4**	**9**	**Total**	**6**	**6**	**12**

In each school, interviews or discussions were held with the school management team, the headteacher or deputy head, the school committee, teachers, pupils, patrons of anti-AIDS clubs, members of anti-AIDS clubs – e.g. AIDS TOTO, Bible, Why Wait and Students Christian Organization of Malawi clubs – PTA members, and representatives from CBOs and NGOs operating in the school. Table 3.3 presents the research instruments used and the number of respondents for each method of data collection.

Data were collected by two teams of four graduate research assistants, led by a supervisor who had undergone an intensive four-day training course in qualitative data collection techniques and fieldwork procedures, facilitated by the action research team. Almost all of the research assistants recruited were very experienced, having previously participated in similar studies using similar methodologies[7]. The two teams were under the close supervision of the Team Leader (in the case of the Lilongwe team) and the Associate Researcher (the Zomba team). The instruments were translated into the local language, Chichewa, by the research team, with aid of research assistants. The instruments were pilot tested in one urban primary school and subsequently revised before the teams were deployed.

[7] About half of the research assistants were involved in another HIV/AIDS and sexuality study, focussing on adolescents and young people, which involved conducting FGDs and key informant interviews.

Table 3.3 Breakdown of respondents

Type of instrument	Category of respondents	Zomba	Lilongwe	Total
Semi-structured interviews	Headteachers	11	10	**21**
	School committee/PTA	8	7	**15**
	Anti-AIDS club members	12	15	**28**
	Anti-AIDS club patrons	11	12	**23**
	CBOs	-	3	**3**
	Guidance and counselling teachers	4	-	**4**
	Welfare committee	7	5	**12**
FGDs[8]	Teachers	11	10	**21**
	Female pupils	11	9	**20**
	Male pupils	10	10	**20**
School checklist	Headteacher/deputy	10	10	**20**
Checklist for data	Headteacher/deputy	10	10	**20**

3.4 Data collection techniques

As indicated earlier, the main research strategy was to collect qualitative data, using open-ended research instruments, from both primary and secondary sources. To this effect, a variety of data collection techniques was used to enable the researchers to triangulate the data and validate their findings. Primary data were obtained by conducting interviews, both semi-structured and unstructured, with leaders at all levels, ranging from the Vice President of Malawi to primary school headteachers. Other data were collected through FGDs with pupils and teachers.

Secondary data were collected from both published and unpublished official documents covering the education system and HIV/AIDS, principally from the MoEST and the NAC.

3.4.1 Semi-structured interviews

Semi-structured interviews, carried out with informants at all levels, were designed to cover the two main themes of Study One: leadership and advocacy, and policy. The interview guidelines were tailored to each group of informants, be they at ministry headquarters, a central level institution, division, district or school level, or from an NGO or other stakeholder. Under the theme of leadership and advocacy, the following sub-themes were covered:

[8] Figures represent the number of groups, rather than the number of participants.

- leadership statements about the epidemic;
- budgetary commitments to HIV/AIDS issues;
- awareness campaigns;
- structures and programmes responding to the epidemic;
- the role of teachers' unions and professional associations in fighting the disease and its effects HIV/AIDS, and
- coordination and networking.

Under the topic of policy, the respondents were asked about:

- the existence and implementation of sectoral policies on HIV/AIDS;
- the existence of a strategic framework on HIV/AIDS in the education sector;
- HR, planning and management issues;
- stigma and discrimination;
- the mainstreaming of HIV/AIDS in the education sector;
- guidance and counselling, and VCT services.

3.4.2 Unstructured information-gathering sessions

Informal conversational interviews were conducted with different stakeholders, particularly at the MoEST and in schools, in the initial stages of the research. The aim was to identify key issues and concerns that would be followed up, using other data collection instruments, during the course of the study.

3.4.3 Focus group discussions (FGDs)

FGDs were held with groups of teachers and pupils (male and female pupils separately) in selected primary and secondary schools, in order to explore the views and perspectives of actors at the 'grass-roots' level, regarding the leadership and advocacy response to HIV/AIDS within the education sector, and the policies implemented – both formal and informal – at the central and local levels. In all 61 FGDs were held, targeting 8 to 12 participants at a time.

3.4.4 Documentary analysis

The research process also involved an extensive literature review, analysing the following types of documents:

- policy statements and documents, both inter- and intra- sectoral;
- epidemiological reports;
- mass media information, e.g. press releases, newspaper articles etc.;
- studies and reports on HIV/AIDS and the education sector;
- circulars, personnel handbooks and personnel records.

Checklists were used to record the different types of HIV/AIDS-related data and information gathered at central, district and school levels. In addition, the study collected a large amount of contextual data from educational statistics publications and the Internet.

3.4.5 Case studies

The case study approach was used in order to gain more insight into selected issues and processes. The approach was found to be valuable for documenting the evolution of HIV/AIDS policy in the education sector, to gain more insight into the apparent stalemate on the development of an integrated HIV/AIDS education policy and MoEST HIV/AIDS strategic plan.

3.5 Limitations

Time proved to be the main limitation of Study One. By design, qualitative approaches often require a much longer time for data collection than surveys and other quantitative approaches. Secondly, in spite of assurances that the information collected would be handled with the confidentiality it deserved, some respondents appeared to be under pressure to give the 'MoEST view' on certain issues. For example, on the question of pupil access to condoms, when some MoEST officials said "No" in such a way that they were indeed saying "Yes"; a faint "Yes" could be detected! This raised the question of what the true position on access to condoms in schools really is.

4. EVOLUTION OF HIV/AIDS POLICY

4.1 Introduction

This chapter addresses the impact of HIV/AIDS on education sector policy. The ultimate issue is how to develop MoEST policies that enable educational institutions to respond flexibly to the needs of staff and pupils, including orphans and other vulnerable children, especially in relation to the effects of HIV/AIDS. The following issues will be discussed:

- the evolution of the National HIV/AIDS Policy;
- the development of the national and education sector policies on HIV/AIDS;
- the relationship between the national policy and education sector policy;
- how MoEST policy advocacy should be carried out to improve childrens' knowledge about the causes and consequences of the epidemic;
- issues of school-aged children who are most directly affected.

4.2 Evolution of policy

At the beginning of the epidemic, in the mid-1980s, HIV/AIDS was addressed primarily as a medical problem, which affected relatively few people. In particular, HIV/AIDS was associated with so-called 'high risk groups', such as commercial sex workers and injecting drug users. Initial responses to the incipient epidemic focused on screening donated blood, ensuring safe medical practices and conducting surveillance and research. Stover and Johnson (1999) report that in most countries, the medical response coincided with the development of the first MTP, under the guidance of the Global Programme on AIDS. At this stage, although medical and research guidelines were needed, "There was little recognized need for comprehensive national policies" (Stover and Johnson, 1999: 20).

As governments progressively realized that a medical approach to HIV prevention and care was insufficient, a new phase of HIV prevention was introduced through a combination of programmes, highlighting the public health response. More recently, international organizations have begun to stress the broad social and economic impacts of AIDS and argue for a multi-sectoral response. All sectors of government have been encouraged to become involved in HIV prevention. The private sector, NGOs and communities have also been encouraged to join in the fight. By the time this multi-sectoral response had been adopted, a host of difficult policy issues had emerged, most notably the situation of orphans, AIDS education in schools, human rights and access to treatment and care. Stover and Johnson (1999) report that during the 1990s, several countries developed comprehensive national policies, which are now in various stages of development, vetting and implementation. However generally, "Governments responded to the emerging problem with a variety of incremental steps before recognizing the need for a comprehensive policy" (Stover and Johnson, 1999: 19).

4.2.1 Development of the Malawi National HIV/AIDS Policy

Early in the epidemic, as in most countries, there seemed to be no need for a comprehensive national policy. Instead, planning documents addressed key policy issues. As national responses to HIV in other countries were adopting comprehensive multi-sectoral approaches, Malawi too realized the need for greater dialogue (Stover and Johnson, 1999; NACP, 2000; POLICY project, 2000). Consequently, Malawi embarked on a three-phase process to develop a strategic plan to guide action against the HIV/AIDS epidemic at all levels. The National Strategic Framework for Action outlines how the country is to respond to the epidemic, notably through preventing the further spread of HIV infection and by providing care, support and impact mitigation (NACP, 2000). It was officially launched in October 2000.

Malawi now has a draft national HIV/AIDS policy, whose goal is to prevent HIV infections, reduce vulnerability to HIV and improve the provision of treatment, care and support for PLWHA, as individuals, families, communities and the entire nation (NAC, 2003: 6).

The goals of the national policy are to:

- prevent HIV infections;
- improve delivery of prevention, treatment, care and support services;
- mitigate the impact of HIV/AIDS on individuals, the family and communities;
- reduce individual and societal vulnerability to HIV/AIDS through the creation of an enabling environment;
- strengthen the multi-sectoral and multi-disciplinary institutional framework for coordination and implementation of HIV/AIDS programmes in the country.

The policy has been approved and is scheduled to be formally launched in January 2004. The Ministry of Labour and Vocational Training (MoLVT), in partnership with Project Hope, has also produced a draft national policy on HIV/AIDS in the workplace to guide mainstreaming efforts in all sectors of the economy (MoLVT and Project Hope, 2001).

4.2.2 MoEST policy on HIV/AIDS

To date, there is only a draft Strategic Plan and Agenda for Action on HIV/AIDS in the education sector of Malawi. Neither has a formal policy framework been disseminated nor has HIV/AIDS been adequately reflected in PIF, EFA and other sector strategies. Nevertheless, the MoEST acknowledges the seriousness of the epidemic. Its draft strategic plan, 2003–2005 covers HIV/AIDS interventions in the education sector of Malawi. The plan reflects the MoEST's efforts in translating the expanded multi-sectoral national response to the HIV/AIDS epidemic, which the NACP produced and disseminated as the Malawi National HIV/AIDS Intervention Education Plan and Agenda for Action for the period 2003-2005 (MoEST, undated).

The study team examined the draft Education Plan and Agenda for Action and noted that it covers the following issues:

- rationale for an HIV/AIDS strategic plan and agenda for action;
- situation analysis of HIV/AIDS in Malawi in relation to education;

- overall guiding principles on HIV/AIDS intervention in relation to education;
- goals, objectives and intended activities for key functions: curriculum development and implementation; teacher education and development; HRM; guidance and counselling, and planning and budgeting;

The next steps are prioritization, identification of possible sources of funding, identification of potential indicators, implementation of activities and monitoring and evaluation.

The development of the plan has involved both internal and external partners, such as the NAC and the United States Agency for International Development (USAID). The draft, which is in its final form, is now awaiting approval from the ministry. Once this has been given, the plan should facilitate precise planning and implementation of HIV/AIDS interventions in all of the ministry's areas of activity.

The researchers also noted that most respondents appreciated a policy that contributes to promoting effective prevention and care within the context of the education system and proposed that when, in the future, the MoEST does develop a comprehensive policy on HIV/AIDS, it should include:

- the posting of infected and affected teachers nearer to their homes;
- care for infected teachers;
- provision of age-appropriate education on human sexuality;
- measures to minimize the disruption of teaching and learning due to funerals and sickness;
- granting teachers access to HIV/AIDS treatment (particularly ARVs);
- measures to combat stigma and discrimination directed at infected and affected teaches and learners;
- HR planning, in terms of skills, knowledge and attitudes;
- training teachers to teach about HIV/AIDS effectively.

A review of education policies in some ESA countries shows that they favourably compare with the Malawian draft policy. Implementation activities should commence as soon as it is approved. However, no time frame for approval has been determined (see case study on the development of the MoEST strategic plan).

An HIV/AIDS Education National Steering Committee has also been mandated to determine, approve, direct, coordinate and monitor HIV/AIDS interventions between the heads of departments at the ministry and the co-operating partners (MoEST, undated). However, no information on its effective functioning was available to researchers. Operating below the steering committee are five technical committees corresponding to key ministry functions. Their members are drawn from among the directors of MoEST departments, representatives of various levels of the MoEST and its semi-autonomous institutions, other selected ministries, representatives of NGOs, Civil Society Organizations in the education sector and co-operating partners (MoEST, undated). It is unclear whether these committees are still active.

The implementation of a sector policy on HIV/AIDS must be monitored and periodically adjusted and corrected. In order to do so, information is needed on the main actors in the education system, i.e. pupils, teachers and non-teaching or administrative staff.

Key indicators needed for monitoring and evaluating sector policy on HIV/AIDS include the following:

- teacher absenteeism, transfers and death;
- pupil absenteeism;
- pupil status as orphan or non-orphan.

At present, record keeping at the school level is inadequate for these purposes and data are often incomplete or scattered. Addressing the need for AIDS-sensitive school mapping, educational statistics and Educational Management Information Systems (EMIS) will have to become a priority.

1. Development of a strategic plan on HIV/AIDS for the MoEST

The first AIDS case in Malawi was diagnosed in 1985. In 1986, the government established a technical committee within the MoHP to set guidelines for blood screening and other medical issues. Thereafter, a Short Term Plan, an MTP and a second MTP were implemented in 1986, 1988 and 1993 respectively, under the aegis of the NAC.

In the early stages of the epidemic there seemed to be no need for a comprehensive national policy. Instead, various documents were produced to address specific policy issues, such as blood safety. In recognition of the need for greater participation in policy dialogue, Malawi embarked on a process to develop a strategic plan for HIV/AIDS programmes. After extensive consultations, the plan – the Malawi National Response to HIV/AIDS for 2000-2004 – was launched in early 2000. The plan lays out guidelines on the roles different ministries and groups should take in the fight against HIV/AIDS. Malawi's first national HIV/AIDS policy, that is a statement on the overall, guiding principles that should structure the country's response to the HIV/AIDS epidemic, was drafted in 2002 and is currently in the final review stage (NAC, 2003; Laurence, Begala and Stover, 2002).

When governments and international organizations began to stress the broader social and economic impact of HIV/AIDS, all sectors, including education, were required to develop specific plans. In the 1993 education sector PIF of the education sector, HIV/AIDS was not treated as an issue that deserved much attention. Rather it was dealt with by the Inspectorate Division of MoEST and the response formulated was reactive rather than systematically planned. To sum up, HIV/AIDS was perceived as a curriculum issue to be dealt with at the school level.

By 1999 there was a government-wide commitment to fighting HIV/AIDS and a Cabinet Committee on HIV/AIDS, chaired by the Vice President, spurred ministries and departments to develop effective responses to the epidemic. This generated interest in HIV/AIDS programmes, leading international partners to support HIV/AIDS programmes technically and financially. In 1999, the combined efforts of government and the co-operating partners influenced the inclusion of HIV/AIDS in the PIF for the first time. The MoEST stated that it should actively encourage the promotion of school environments where pupils are enlightened on all communicable diseases, including HIV/AIDS. Moreover, the curriculum and syllabuses of all schools should be revised to reinforce the messages related to the special impact and coping strategies of the context of the HIV/AIDS pandemic (MoEST, 2001).

In response to the requirement of the NAC for sectors to translate the National HIV/AIDS Strategic Framework into multi-sectoral activities, the MoEST commenced the development of a Strategic Plan and an Agenda for Action in April 2000. The plan will guide HIV/AIDS interventions in the Malawian education sector during the period 2003-2005.

The HIV/AIDS focal point officer from the Planning Division, together with USAID's HIV/AIDS and Education Officer, coordinated the participatory planning process. The UK Department for International Development (DFID), the German Agency for Technical Cooperation (GTZ), the

Norwegian Agency for Development Cooperation (NORAD), the United Nations Children's Fund (UNICEF), USAID, and the Danish Embassy facilitated the formulation of the participatory plan. Government ministries, NGOs, Civil Society Organizations and individuals assisted in the process, through attending workshops, meetings and consultations. The NAC ensured that the education sector plan reflected the ideals of the National HIV/AIDS Strategic Framework 2000-2004.

The plan identifies relevant HIV/AIDS prevention and care programmes, projects and activities pertinent to the education sector and determines the way forward. The document has been defined in terms of the five key functions of: curriculum development and implementation; teacher education and development; HR development; guidance and counselling, and planning and budgeting (MoEST, undated).

It is generally felt that this process has been slow; it is taking too long to produce the 'Final Policy' and disseminate it. It has been argued by an HIV/AIDS umbrella organization that there is no impetus or motivation to facilitate and conclude the strategic plan development process. Nobody in the MoEST appears prepared to really engage with the process and get things done. Secondly, the MoEST has not been able to identify technical leadership from amongst its personnel, although there are capable people on staff. This is probably due to the low priority that HIV/AIDS has been accorded by the leadership of the MoEST. Thirdly, the understanding of the ministry with regard to the delivery of HIV programmes is school based. The teacher is understood as a means of, and not a target of, the interventions. Enormous financial and material resources from donors have been utilized to prepare teaching and learning materials at the Malawi Institute of Education. However, the materials are pupil focused and to date nothing has been developed to address the needs of the teacher.

Some senior MoEST officials explained that the reason that the process has taken so long is because of high top-level staff turnover. When a Principal Secretary leaves, the policy process effectively stops, and has to start all over again only when his or her successor arrives. Experience has shown that the interest of senior officials has been a very important driving factor in policy development and implementation. Secondly, the absence of a full-time desk officer for HIV/AIDS means that the work competes with the officer's other functions. The former HIV/AIDS focal point was a substantive holder of the position of Deputy Director of Planning and his official job description made no mention of HIV/AIDS. Finally, the participatory approach adopted is, by nature, time consuming.

To sum up then, the general view is that the slow process of the development of the strategic plan is due to the absence of a full time AIDS desk officer, and the lack of political will and capacity. The draft has been finalized and although some MoEST officials would like to have the plan implemented, no official launch date has been set. Fortunately, a full-time focal point officer was recently appointed. Funding details for the plan are not yet available and although partners (NAC and donors) are willing and ready to help, they are not exerting any significant pressure on the ministry to act.

The case study on the development of the strategic plan for MOEST has highlighted several issues:

- There is a need for leadership commitment in the development of the plan and to inspire a sense of urgency.
- The process needs a work plan, with deadlines that must be adhered to.
- The process needs a full-time member of staff, who should play the role of manager for the development of the plan. Responsibility for HIV/AIDS as an added element for an already busy individual is not practical. The challenges of HIV/AIDS for the educational sector are demanding enough to merit a full-time member of staff.

- Funding for the development and implementation of the plan needs to be mobilized and set aside. In the absence of funds very little, perhaps nothing, can be achieved.

- Partners have their limitations. In spite of the financial and technical support they offer, it is the leadership of the education sector that must take control of and own the development and implementation of the plan.

5. OTHER RESPONSES TO HIV/AIDS IN THE EDUCATION SECTOR

5.1 Introduction

The absence of a comprehensive education sector policy on HIV/AIDS has led to a variety of ad hoc practices focused on prevention at the school level. This chapter will examine other responses to the epidemic that are being implemented in the sector. It will focus on HIV/AIDS prevention in schools, schools' access to condoms, teacher training, curriculum responses, extra-curricula activities for HIV/AIDS, monitoring the use of the HIV/AIDS curriculum, TLWHA. The examination is centred on identifying the effectiveness of the interventions, the problems being encountered in the course of implementation and the gaps that remain.

5.2 HIV/AIDS prevention in schools

Overall, AIDS prevention is supported in Malawi. Across the board most respondents agreed that every effort must be made to prevent HIV/AIDS infection. The virtues of abstinence and faithful partners were unreservedly supported. It was felt that all pupils in both primary and secondary schools must be taught to pursue these strategies and these are, in effect, the principle methods of AIDS prevention taught in school.

Voluntaristic approaches to AIDS prevention are prominent. For example, a senior political leader, interviewed for this study, stated that positive approaches are more productive. Threats create inquisitiveness, especially among young people, he said. What is needed, in the view of this leader, is to teach young people to be more responsible and to respect themselves. During the interviews, many respondents stated that use should be made of cases in the community, positive role models, peer education and PLWHAs who are prepared to give their testimonies and share their experiences. Fears were sometimes expressed to the effect that integrating reproductive health and HIV/AIDS education into the school curriculum would increase sexual activity among young people, thereby potentially aggravating rather than alleviating the problem. However, UNECA (2000) states that evidence from research studies in Africa and elsewhere shows that this fear is unsubstantiated: young people who participate in sexual or reproductive health programmes do not become more promiscuous.

UNAIDS (2000) recommends that education for prevention should focus principally on:

- understanding the nature of the infection and how it is transmitted;
- knowing what behaviours to avoid;
- adopting attitudes of respect for human rights.

The Malawi curriculum on HIV/AIDS prevention in schools reflects these UNAIDS focus areas, but tends to prioritize the first two over the final one.

5.3 Schools and access to condoms

Condoms as a means of prevention remain a highly controversial and problematic issue. However, the promotion of condoms is a key aspect of most HIV prevention programmes in ESA, including Malawi, albeit outside the education sector. When it comes to AIDS education in schools, general education about AIDS is usually accepted, but the specific AIDS curriculum can be viewed as controversial (Stover and Johnson, 1999), especially those elements concerning condom use (Stover and Johnson, 1999; Bennell, Hyde and Swainson, 2002).

The crucial question is whether, and under what conditions, condoms should be distributed in schools. The MoEST has no explicit policy on the provision of condoms in schools and the draft strategic plan is silent on the question. Amongst the stakeholders questioned, opinion on the matter was divided. Whilst a few respondents felt pupils should have access to condoms, others objected, arguing that it is counter-productive.

Statements from senior leaders reflect the moral debate and illustrate how diverse and divided opinion is. For example, faith-based concerns about fidelity and abstinence are prominent in written statements. Acceptance of condoms as a desirable measure of prevention would seem to be reluctant at best.

2. Provision of condoms in schools – the opinion of politicians and sector staff

Views of the Vice President

"Traditional communities should take [the] decision [themselves]. Our role should be to give factual information, e.g. [the] proper use of condoms and [their] limits. For…school children, [we should] use every means to delay the first sex encounter. We should recognize the sensitivity of the issue of sex in relation to culture. The promotion of condoms by those who sell them has caused problems, as they are concerned with ways and techniques to ensure they sell the product. This gap must be balanced and [we must] respect the faith-based [communities] and their views. I would say [that there is] no [hard and] fast rule on condom use but communities [should] decide [themselves]. The main approach is to delay [the] first sex encounter and [to disseminate] information…through responsive civic education."

Rt. Hon. J.C. Malewezi, Vice President of Malawi

Views of Senior Politicians

"Discussion is underway. [The] problem is that there are different age groups in schools – there are very young people [present].
The cultural problem should be taken care of. Malawi is a very conservative nation and [the] up-bringing of children is enclosed in Christianity. Giving condoms to children would be disastrous.
We have done very well with HIV/AIDS. Our major task is habit change. It's not simple and it has never been simple.
Our youth need to be redirected. People should be told to abstain. Emphasis must be put on education. [We must work to] prevent dropout, which is on the increase. Access has improved but retention must be maintained. We must make education attractive."

Hon. Dr. A.G. Mtafu, M.P. Minister of Education, Science and Technology

"Condoms should not come out in the forefront. In primary you can preach the gospel of abstinence (Standards 1-7); from Standard 8 upwards, condoms. Do it at the individual level, not the public.
Schools should be careful and make condoms available on a case by case basis."

Hon. Masten Khanje, M.P.

Views of other stakeholders

"The MoEST does not distribute condoms because wrong messages might be sent… However, a pupil will not be punished for possession of a condom but counselled…. Possession of a condom is evidence that he is sexually active or is about to be sexually active."

Former MoEST senior official

"Make condoms available but do not distribute them; if your message is abstinence, you are losing the battle."

Senior education specialist, international co-operating partner

"I am divided. I saw it (condom [use]) as necessary in the early 1980s. People feared, but the availability of condoms on the present scale has meant less fear.
Exposing condoms to pupils sends the message [that] 'we have full protection'."

Headteacher of a CDSS

5.3.1 Views at the school level on condom distribution.

None of the schools that took part in the study had a clear policy on in-school distribution of condoms to pupils, but there was strong resistance to the idea from headteachers, teachers and pupils alike. Of the headteachers interviewed, only two said they would allow the distribution of condoms to pupils. Nine were non-committal and the other nine said categorically that they would not allow it, either because the school proprietors' policy would not allow it (in the case of mission-owned schools), or because they personally thought that it was morally wrong to do so. Similarly, the majority of teachers (i.e. in 13 of the 21 schools visited) and pupils, both boys and girls, said that condoms should not be distributed to pupils. Respondents felt that distributing condoms to pupils would encourage them to fornicate and promote promiscuity and were of the view that schools should emphasize abstinence instead. Another reason, given less frequently, was that some pupils were too young; if not yet sexually active, condoms would encourage them to explore and to have sex at an earlier age than they would have otherwise.

Although in the minority, there were other headteachers and teachers who felt that condoms should be distributed to pupils, albeit in a more targeted manner and accompanied by more extensive counselling and education than had happened in the past. They argued that distribution of condoms by organizations has been carried out in too ad hoc a manner, as most organizations only visit schools once, or irregularly, and thus there has generally been no proper follow up. Some teachers said that some of the NGOs that distribute condoms to pupils do not provide adequate information and education on how to use them. At one school, teachers were of the opinion that civic education should be provided for parents on HIV/AIDS activities, before allowing organizations in to distribute condoms.

Pupils have a different perspective from adults. Box 3 shows the views of child Members of Parliament at this year's annual parliamentary session,[9] on the question of access to condoms in schools, as reported by Gwazayami (2003).

[9]The Children's Parliament was introduced three years ago. Sponsored by UNICEF and others, the event enables children from all over the country to meet annually to deliberate issues of concern to them.

3. Provision of condoms in schools – the opinion of pupils

"They corrupt our minds morally. …condoms should be given to married people and not us school children. We have not yet reached the point of having sex. Don't corrupt our minds with condoms."

Female child M.P.

"Although condoms are meant to prevent sexually transmitted diseases, they are not 100 per cent safe."

Female child M.P.

We really have to face the facts. A lot of pregnancies occur in schools and if they have to stop providing condoms to schoolchildren, what is this world going to be like?"

Female child M.P.

"[The] government should discuss with manufacturers to make available condoms for youngsters. The ones currently in circulation are too big for us."

Male child M.P.

5.4 Curriculum

The purpose of HIV/AIDS education is to create awareness amongst pupils of the various modes of HIV/AIDS prevention and to equip them with competencies and survival skills. The curriculum covers the following areas:

- modes of transmission;
- effects of HIV/AIDS on the individual, society, and nation;
- effects on the economy;
- how the spread of AIDS can be prevented;
- attitudes of people, and
- behaviour change.

Although there is no formal policy, the MoEST places emphasis on abstinence, as opposed to the use of condoms, as the most effective way of preventing spread of HIV/AIDS.

5.4.1 Nature of HIV/AIDS education for primary schools

At primary school, topics on HIV/AIDS have been integrated into carrier subjects: general studies (Standards 1-4) and social studies, science and health education (Standards 5-8). General studies, science and health education are core subjects. Implementation of HIV/AIDS education started in 1992, following revision of the Standard 1 curriculum. The new Standard 2 curriculum was implemented in 1993, Standards 3 and 4 in 1994 and Standards 5-8 in 1995. Implementation of these new curricula was planned to have been preceded by nationwide in-service training for teachers, headteachers and PEAs. Due to financial constraints however, teachers have not received training on the curriculum for Standards 5-8.

HIV/AIDS education is also a component of life skills, included in the primary school curriculum from early 2000 onwards. Life skills education is a core, stand-alone subject, taught for one period a week. It is currently only taught in Standard 4 in all schools, since syllabuses and accompanying materials (mainly Teachers' Guides) have yet to be developed

for Standards 5-8. Since 1997, HIV/AIDS education has been recognized as a cross-cutting issue, which should be taught across the curriculum. All teachers interviewed said that the MoEST has directed that HIV/AIDS should be taught in all subjects. One teacher said, "We teach HIV/AIDS issues in subjects like primary science [and] social studies. These are topics, but we also encourage compositions on HIV/AIDS in English and Chichewa".

5.4.2 Nature of HIV/AIDS education for secondary schools

Implementation of the secondary school HIV/AIDS education curriculum commenced about two years ago. As in primary school, inclusion of HIV/AIDS education has also been through integration in carrier subjects and as a stand-alone subject. HIV/AIDS topics have been integrated into agriculture, biology, social and developmental studies and life skills. All are core subjects at secondary school. However, although biology is a core subject, it is an elective and as such, not all pupils study it. Recently, the MoEST directed that HIV/AIDS education should be taught once a week in its own period, whilst the 1997 requirement that HIV/AIDS should be a cross-cutting issue has meant that in languages (English and Chichewa) HIV/AIDS issues are taught and reinforced through stories, compositions and poems. HIV/AIDS is also an important component of the World Bank-funded Secondary Education Project (SEP), which supports the development, printing and distribution of HIV/AIDS education materials and the implementation of HIV/AIDS education in secondary schools.

5.5 Extra-curricular activities for HIV/AIDS education

The formal school curriculum has been one of the major delivery means of HIV/AIDS education in Malawi. Another has been through extra-curricular activities, such as clubs and drama.

AIDS TOTO[10] clubs have been set up in both primary and secondary schools, for the purpose of promoting abstinence and encouraging young people to delay sexual intercourse, to avoid contracting HIV/AIDS. The clubs focus on empowering the youth, through the provision of information on HIV/AIDS that enable them make informed decisions regarding their sexual relationships and behaviour. The AIDS TOTO clubs were established and have been supported by UNICEF since the 1980s. UNICEF provides learning materials and guidelines for running clubs, in addition to training teachers to act as patrons. Initially, the clubs were intended to provide children with an opportunity for discussing the dangers of indulging in sex with multiple partners or using drugs and abusing alcohol. However, the outreach of AIDS TOTO clubs is limited, as not all pupils are members and schools only encourage pupils to join them. Various NGOs and health personnel also provide pupils with information on HIV/AIDS transmission and prevention. The NGOs also provide related materials, including condoms.

Besides the AIDS TOTO clubs, there is also the "Why Wait Programme". This is a Christian programme that has been set up in both primary and secondary schools throughout the country to promote and encourage young people to delay sexual activity until marriage.

[10] *Toto* is a vernacular word that means "No", i.e. they are called "No to AIDS" or "Anti AIDS" clubs.

More recently, the Youth Alert programme, supported by Population Services International has been set up in all schools in the country. The programme creates awareness among pupils of the dangers of HIV/AIDS and the need to avoid contracting HIV. Through the programme, materials on HIV/AIDS awareness and prevention have been developed and distributed to schools.

5.6 Challenges of school-based interventions

Malawi faces a number of problems and challenges in the implementation of HIV/AIDS and life skills education for both primary school and secondary schools.

5.6.1 Monitoring

Monitoring is important for the effective implementation of the school curriculum. In Malawi, such monitoring is carried out both internally and externally. External monitoring takes place through supervisory visits to schools by PEAs, Senior Education Methods Advisors (SEMAs) and Principal Education Methods Advisors (PEMAs), who check teaching and learning, as well as records of work. Headteachers and heads of departments carry out internal monitoring. Although PEAs, SEMAs and headteachers are trained in monitoring and supervision techniques, PEMAs and SEMAs reported that they rarely visit schools to monitor teaching and learning, due to a lack of financial resources and vehicles. Furthermore, they lack training on HIV/AIDS issues.

5.6.2 Training

Teaching of HIV/AIDS requires the use of specialist teaching approaches and methodologies, if pupils are to acquire the knowledge, skills, and attitudes necessary for behavioural change and HIV/AIDS prevention. However, teacher training on HIV/AIDS reflects the lack of an explicit sector policy. No pre-service training exists, and in-service training is sporadic and unsupported by the inspectorate services. As a result, the majority of teachers interviewed stated that they were generally unprepared to deal with the challenging questions that their pupils ask, leaving them feeling embarrassed, ashamed or angry. Where in-service training had been provided – using a set of HIV/AIDS instructional materials produced in the 1980s – it was found that most of the recipients had retired, resigned or died. To date, training has also tended to focus on senior teachers. For example, training of trainer sessions have been conducted with headteachers and heads of departments in four of the six education divisions.

In this training vacuum, it has fallen to donors and cooperating partners to play the predominant role:

- UNICEF has provided financial support for the training of trainers for teaching HIV/AIDS and life skills education at secondary school level. It has also provided support in orienting patrons for AIDS TOTO clubs at both primary and secondary schools.

- UNICEF, in collaboration with Action Aid, has provided training specifically targeting teachers as a group. However, data on the number of teachers trained are unavailable.

- Africare, Inter-Aide and GTZ have conducted seminars and workshops in a selected number of schools, aimed at sensitizing teachers and pupils to the dangers of HIV/AIDS and its prevention.

- The TUM declared that it had conducted training of trainer programmes for both primary and secondary school teachers at zonal level. However, the majority of teachers questioned expressed lack of knowledge of TUM's work on HIV/AIDS education in school.

- USAID has supported workshops for primary teacher training tutors on HIV/AIDS transmission and prevention. Again, precise figures on the numbers of persons trained are lacking.

- The World Bank, through the SEP, is supporting in-service training for secondary-school teachers, PEAs and SEMAs on HIV/AIDS education materials, using a cascade model.

Although these schemes are worthwhile, there is a lack of overall coherence and the majority of teachers still feels ill prepared. Furthermore it is not known how many teachers have been reached in this way, as neither the DEOs nor the MoEST have kept any records of this sort of training.

Respondents also articulated a concern that training must be tailored more specifically to the needs of staff at the different levels of the system. For example, secondary school teachers, who are subject specialists, expressed a desire for the intervention of specialist HIV/AIDS teachers.

5.6.3 Resources

A lack of resources – material, human and financial – was highlighted by almost all respondents as a major problem militating against the effective implementation of HIV/AIDS education in Malawi. In terms of material resources, there is a general lack of teaching and learning materials in the majority of primary and secondary schools. The materials that have been developed have either been poorly distributed or have remained unused at school level. There are no materials for primary level life skills education and materials that have been developed through the SEP for use in secondary schools have yet to be printed or delivered.

Where teaching or learning resources have been distributed, there are no accompanying instructions explaining how to use them. Typically, only the teachers have books and they are forced to resort to a 'chalk and talk' approach, which is not effective in changing pupils' attitudes and behaviour. It was also found that materials were distributed a long time ago, so schools that had just been built had missed out on the distribution. Materials available – usually a few posters and magazines – were found in the libraries and mostly only used by members of anti-AIDS clubs.

5.6.4 Coverage

HIV/AIDS is not examinable, so content is not taught thoroughly and too little time is allocated for it to have a palpable impact. HIV/AIDS themes are not revised and what is taught tends to be repetitive. Most information is already well known by the best pupils.

Unfortunately, certain crucial issues are not covered, such as how to use a condom or how the virus multiplies.

5.6.5 Teacher confidence

The study has revealed that most teachers are not comfortable or willing to teach HIV/AIDS education, partly because of lack of knowledge and training, but also because cultural norms mean that the discussion of sexual issues with young children is perceived as inappropriate and taboo. Some teachers also admitted to feeling too shy to talk openly or said that they felt pupils were like their own children, further inhibiting open discussion.

4. Discussing AIDS in the classroom – the opinion of pupils

"Teachers do not explain enough. Amachita manyazi *[they are shy]."*
Pupil at a Pirimiti primary school

"Some teachers are not open enough; they hide information which is supposed to be taught."
Pupil at a Pirimiti primary school

*"Since our school is a Catholic school, teachers are not open enough. They say '*Zinthu zimenezi sitingamazitchule kunoyi' *[we cannot say these things here]."*
Pupils at a Catholic school

"The blame is put on girls – that they are the ones that spread and transmit HIV/AIDS. Boys laugh [at the] top of their voices on issues concerning girls' sexual reproductive organs. This disrupts girls' attention."
Female pupils in a FGD

In addition, it was reported that some parents do not want their children to be taught about HIV/AIDS, as they believe this will encourage them to be promiscuous. Parents do not think teachers will teach HIV/AIDS education in an appropriate way. According to one teacher, "There is confusion when talking about the use of condoms because they think we are encouraging them to have sex. Once, parents stormed the school premises to discourage teachers from teaching HIV/AIDS topics".

5.6.6 Pupils' attitudes towards HIV/AIDS education

Pupils' attitudes towards HIV/AIDS education varied. *The study revealed that most pupils do not take HIV/AIDS education seriously*. Some pupils interviewed thought that HIV/AIDS was 'not real', so it was not worth spending time discussing the subject. Others had a resigned attitude, saying that HIV/AIDS could infect anyone and as such, there was nothing that could be done to avoid contracting it. In some cases pupils fail to take HIV/AIDS education seriously because it is taught by teachers who indulge in sexual activities. Pupils then feel at liberty to take what teachers say as a mere joke.

Most pupils, particularly in secondary schools, are not comfortable with HIV/AIDS education. Some pupils felt that HIV/AIDS education was for older people, so teaching it in class was wrong. Most classes contain a considerable range of ages, meaning that adolescents often find themselves in a class with children. It is difficult to teach about sex and HIV/AIDS

in these conditions, especially since younger pupils get embarrassed about the subject. Pupils were reported to become noisy and sometimes even walk out of lessons in protest. Other pupils, particularly girls, do not participate in the learning process, fearing to be stigmatized as indulging in sex by showing 'too much' interest in HIV/AIDS.

5.7 Orphans

Among the most serious effects of the epidemic on learners is that of the loss of one or both parents. Studies on the situation in Malawi (UNICEF, 2002*b*) indicate that the number of orphans (defined as an under-15 whose mother or both parents has died due to AIDS) has increased from 390,000 at the end of 1999 to 937,000 in 2001 (UNICEF, 2002*a*: 15; UNICEF, 2002*b*; Hunter, 2002). Other categories of vulnerable children who require similar treatment to orphans, include children with disabilities, street children, children in institutions, working children, sexually abused children, children with no schooling, children in child-headed households and severely malnourished children (Rembe, 2003).

Orphans and other vulnerable children require extra care and support. For example, their schooling may be affected by the economic strain put on the household due to illness or death of the principle earners, stigmatization, changes in family structure, responsibilities of caring for sick family members or younger siblings and the loss of parental guidance. The outcomes of these may include erratic attendance, lack of concentration, poor performance, behaviour disturbances or dropping out altogether. The Bennell study (Bennell et al., 2002) showed that in Malawi and Uganda, absenteeism is very high among most primary school children, irrespective of parental status. Both are relatively poor countries and chronic poverty leads to most children encountering problems that result in erratic attendance. However, absenteeism amongst orphans was found to be even higher. On the other hand, the rates of absenteeism amongst orphans in Botswana are relatively low. This can be attributed to the fact that there is low demand for child labour in the home and any chores can be completed after school hours. Furthermore, provision of school meals acts as an incentive for children from poor and disadvantaged families to attend.

The present study found that the MoEST does not have a sectoral policy dealing specifically with orphans. The perception in the MoEST is that they are the responsibility of NGOs and the Minsitry of Gender and Community Services (MoGCS); most orphans and vulnerable children in need of support are referred to the MoGCS by the MoEST officials. Without clear guidance, schools develop ad hoc responses as the situation arises. In response to a question about the support provided to orphans and vulnerable children by the school, a headteacher replied: "Fees, teachers contribute fees. We identify them (orphans) when we are chasing them away for non-payment of school fees".

The study found that the only large-scale programme at the school level addressing the issue of orphans, was a pilot school feeding programme sponsored by the World Food Programme (WFP), targeting 30,000 pupils in 37 schools from Dedza, Ntcheu and Salima districts. However, even this does not specifically target orphans.

The study also found that some FBOs and individual schools have bursary schemes. Robert Blake, Karonga Girls and the Livingstonia Synod were some of the examples given as individual organization-based initiatives. District Assemblies used to have bursary systems

but most of these are no longer functional. However, it was learnt that some District Assemblies, for example, Dedza, are in the process of reviving the scheme.

Some FBOs have established orphanages. For example, the Mchinji Orphanage, run by the Nkhoma Synod provides free education. However, the sustainability of such initiatives is questionable, as they have high unit costs and are heavily dependent on donor support. In the absence of reliable data it can be concluded that many deserving orphans and vulnerable children are left without help.

5.8 Teachers living with HIV/AIDS (TLWHAs)

There are no formal mechanisms to support TLWHAs; schools have to deal with the situation as they see fit. The ministry's focus has been on raising awareness in general on issues of stigma and discrimination, rather than on responding to the needs of teachers in particular. In response to a query on how the education sector responds to long-term staff illness, an official admitted that very little was being done, beyond receiving reports that a particular teacher was ill.

Although two out of the seven TLWHAs interviewed reported that they enjoyed support from their schools, silence and stigma seem to be the more usual response. Labelling a teacher as a TLWHA is a matter for gossip, based on symptoms of long illness, weight loss, TB, shingles etc. In a FGD with TLWHAs, it was reported that very little support was received from schools, apart from being given leave to go home and rest when they were not feeling well. Due to some headteachers' attitudes, some TLWHAs had opted not to reveal their status, because of fear that the headteacher would publicize it, castigate them, mock them and shout at them "using unfriendly words." Others reported that as soon as staff learn that a colleague is HIV-positive, they do not sit near him in meetings or use the same utensils. Staff may avoid handshakes and use suggestive or value-laden terms that make a TLWHA think they are talking about him.

Once it is suspected that a teacher is suffering from AIDS he or she may become isolated, excluded, posted away or offered sympathy in excess; sometimes support and discrimination co-exist. One female teacher received full support from her fellow teachers, who even slept in her room at the hospital to ensure round-the-clock care. However, another spoke of blatant discrimination: "I know a case of a teacher who died of AIDS at a girl's secondary school, who experienced discrimination when she was in hospital. They could not wash her soiled clothes [or] even [the] plates she ate from and instead they took them to her mother to wash them, despite the fact that there were gloves in the hospital."

Teachers are developing their own support mechanisms for TLWHAs or long illnesses. Headteachers may ensure that the workload of the affected teacher is reduced. This is usually done in consultation with the teacher and colleagues who are prepared to take on the extra workload. School boards, especially of faith-based schools, may ease the workload of sick teachers by employing relief teachers, school leavers or retired teachers to fill in.

The study also found that some of the conditions of service are ignored if doing so is to the advantage of the TLWHA. For example, it was reported that sick leave is sometimes not enforced; instead compassionate leave is given without limits. One respondent from the MoEST said that despite the fact that there are many teachers who have been very ill for a

long time, mostly from HIV/AIDS, he has not seen a single submission requiring the intervention of the medical board. “We simply [turn] a blind eye and [don’t] talk about it. It appears as if everything is normal”, one respondent said.

It was noted that TLWHAs are often freer to seek advice from the National Association for People Living with HIV/AIDS in Malawi (NAPHAM), than to go to their headteachers. The study documented the problems that TLWHAs have presented to NAPHAM. TLWHAs reported that:

- they want information on care and prevention and support services;
- they cannot ‘come out’ because even if they go for a test and are pronounced HIV-positive, it is not known what the government will do next;
- salaries are very low and are inadequate for TLWHAs, who have nutritional and medical demands, and
- the MoEST and its partners target services at pupils but ignore teachers.

A senior NAPHAM official stated that the government can assist TLWHAs if they have enough information on living positively with HIV: policies may be modified to cover care and medical services; ARVs may be provided for eligible teachers, and care and support (nutritional and medical) may be provided. An enabling environment is needed, however, for these policies to be developed and implemented.

6. LEADERSHIP AND ADVOCACY

6.1 Introduction

HIV and AIDS are politically sensitive issues and experience has shown that political commitment is crucial to the success of AIDS interventions. Strong political support is required to encourage, promote and strengthen the involvement of government ministries in critical HIV/AIDS activities. The aim of this chapter is to establish whether such a supportive environment exists. The political commitment of leaders at various levels will be studied by:

- examining the statements that have been made;
- exploring whether these statements have been followed by concrete action;
- studying the position taken by the TUM;
- exploring partnerships that have been developed, and
- examining the role of external partners.

6.2 Leadership and political commitment

In the education sector implementing successful sectoral strategies and priority activities also depends on the political commitment and will of key sectoral partners, as well as of the political hierarchy. Therefore, collective responsibility falls to politicians, senior managers at ministry headquarters, educational divisions and district offices, headteachers and school management committees, teachers' union representatives, members of NGOs and FBOs, and senior figures from the corporate and media worlds.

The political leadership in particular has played a major advocacy role in the fight against HIV/AIDS. The major thrust of the statements has been to promote HIV/AIDS awareness and prevention among young people, reduce HIV transmission through changing behaviours and help pupils develop personal value systems that empower them to make correct and safe choices, and to reduce the stigma, silence, shame and discrimination so often associated with the disease. This positive rhetoric, however, has not been matched by positive action, especially at the middle level of management. Other central level stakeholders interviewed, observed that what commitment there is, is donor driven, raising questions about its sustainability. It was pointed out that HIV/AIDS lacks ownership in the education sector. The level of commitment is low, "Because people take HIV/AIDS as not our problem. We are still apportioning responsibility to other ministries".

The reason senior managers gave for the apparent lack of commitment was that a lack of financial, material and human resources and capacity has frustrated efforts to address the impact of HIV/AIDS on the education sector. However, it has emerged that the ministry has not been demanding increased resources to run some of its HIV/AIDS programmes. For example, the MoEST failed to take advantage of NAC funds made available between 2001 and mid-2003 to both government institutions and NGOs for HIV/AIDS related activities. Of the 173 grant recipients, only one MoEST institution – a teacher training college – has benefited from the fund, representing less than 1 per cent of the total funds disbursed. In contrast, a significant number of MoHP institutions benefited, most notably District Health

Offices. Apparently the MoEST failed to inform its institutions of the availability of NAC funding. This would seem to lend support to the claim that the level of sectoral leadership commitment is limited.

Some respondents stated that HIV/AIDS issues are taken more seriously at the school level; the higher one ascended in the ministry's hierarchy, the less willingness one encountered to address HIV/AIDS issues openly. The respondents argued that there is a tendency on the part of the MoEST to deal with HIV from the perspective of the curriculum; management issues are neither addressed nor acknowledged and there is nothing on care and support for teachers. Other respondents felt that HIV/AIDS in general is not seen as an urgent matter. This is borne out by the length of time (four years) it has taken to introduce the life skills curriculum in schools and the difficulties that have been encountered with its implementation.

The following sections summarize the statements made by leaders at various levels of the system on HIV/AIDS and evaluate the impact that they have made on stakeholders. The views and opinions expressed were sourced from ministry documents, personal communications, interviews and FGDs.

6.2.1 Political leadership

A review of documents and verbal communications suggests that there is political commitment and will at the highest levels of government. Most notably, the President, Vice President and Minister of Education have used public forums, such as the launching of national programmes, seminars, conferences and public rallies etc. to disseminate messages about HIV/AIDS. These messages generally centre on prevention and behavioural change, with abstinence being promoted as the main method of avoiding contracting HIV. There are few specific messages on the themes of stigma, access to treatment, orphans, etc. Only in two of the schools visited did teachers indicate that they had heard messages and statements made by the political leadership on HIV/AIDS on the radio and at public rallies. Those that had heard messages singled out the Minister of Education as having made numerous statements on HIV/AIDS to raise awareness amongst teachers, pupils and other education staff. One respondent said that, as a medical doctor, the Minister of Education understands the epidemic and is concerned about the situation.

5. Advocacy at the highest level – statements made by senior politicians

"My government is determined to fight the HIV/AIDS pandemic with all the vigour we can muster. …we are ready to provide the political leadership needed to fight this dreadful disease."

His Excellency, Dr. Bakili Muluzi, President of the Republic of Malawi.
Launch of the National HIV/AIDS Strategic Framework,
October 1999, Chichiri Conference Centre.

"The hope for this nation lies in the uninfected youth. We must do all in our power to prevent transmission of the virus within our youth. We therefore…need to develop some guidance on the most appropriate way of communicating to young people."

The Right Hon. J.C. Malewezi, Vice President of Malawi.
Round table conference on resource mobilization for HIV/AIDS for
government, NGOs and development partners.

"It is now and not later that we must determine the possible HIV/AIDS intervention in education, since most of our children are attending the popular Free Primary Education."

Hon. Dr. Nga Mtafu, M.P., Minister of Education Science and Technology.

Although the perception of some stakeholders is that the political leadership in education has shown strong commitment and will, the messages do not seem to have had the desired impact of mobilizing education staff at the central and lower levels of the education system. The advocacy strategies adopted have not always been appreciated at the lower levels of the system and have not inspired staff to take a more pro-active role in the fight against HIV/AIDS. Most of the school-level personnel interviewed were of the view that the political leadership of the MoEST has done very little to raise awareness of the HIV/AIDS pandemic among teachers, other education staff and pupils. The following sentiments were typical of the views expressed by headteachers and teachers:

6. Is the message getting through? What teachers think about leadership commitment

"…I would say that [the] Ministry of Education has done little to fight against HIV/AIDS in the education system. The Minister himself is very quiet."

Headteacher, urban primary school

"[The] MoEST, through the Minister himself, has made statements to the effect that the ministry is most adversely hit by the scourge.... He said this in Parliament. Apart from that he never [did] or said anything [and nor did] his deputy."

Headteacher, rural primary school

"The Minister or his deputy, have never said anything about HIV/AIDS directly to teachers."

Teachers, rural secondary school

"We know the Minister is shouting on the radio that teachers are dying but he has never talked to teachers about HIV/AIDS."

Teachers, rural primary school

Some of the teachers interviewed attributed the lack of effectiveness of the political leadership's advocacy efforts to inadequate teacher training. Very few teachers have the information or skills to protect themselves and impart knowledge to pupils. They also felt that most messages have failed to target teachers, with the result that teacher mortality has continued to rise.

Most of the messages and statements on HIV/AIDS have been made during the opening and closing of workshops and seminars, the launching of new programmes in education targeting HIV/AIDS-related issues and, less frequently, in press briefings. The school level personnel thus perceive leaders as making statements on formal occasions only; the messages to not impact on practical, day-to-day operations. In addition, teachers display scepticism towards workshops that do not directly involve them. The issue of allowances for attending workshops is a hot topic amongst teachers and other educational staff in Malawi. In this study, as in other surveys (Kadzamira et al., 2001), teachers complained that they are usually sidelined when it comes to attending workshops that provide allowances and that in

the case of HIV/AIDS training workshops for AIDS TOTO clubs, patrons and PEAs receive allowances, while teachers have to use their own resources for transport and meals. Thus, efforts to disseminate messages and mobilize education staff through the cascade model, which targets a small proportion of education staff through seminars or workshops in the expectation that results will 'trickle down', have failed to achieve the desired outcomes.

6.2.2 Senior managers at central level

It was our observation that the central level leaders interviewed were confident that their statements formed eloquent expressions of support for HIV/AIDS programmes in the education sector. The statements in Box 7 represent a typical sample.

7. Messages at the central level

"As a monitor we have shared information on prevention through radio, flyers, brochures and verbal communications, [the] formation of clubs in schools, messages of general awareness to staff and pupils through the curriculum and teaching [and] learning materials, [and] messages encouraging attitude and behavioural change sent to people to reduce impact of HIV/AIDS."

Director, MoEST headquarters

"Yes, in management meetings. My message has been 'let us be careful'. I have appealed to people to change behaviour but unfortunately attitudinal change is slow."

Director, MoEST headquarters

However, it was noted that although some respondents had heard statements made at the central level, the majority had heard nothing at all. Respondents' views on the ministry's political will and commitment are therefore mixed.

The few who were supportive of the ministry's efforts gave the following reasons for their positions. They pointed out that HIV/AIDS education has been included in the primary and secondary curricula. In a few of the schools visited, headteachers and teachers were aware of centrally organized training workshops and seminars and had received resources, such as textbooks. One school also reported that they had received central level memos and circulars regarding the care and support of those infected by HIV/AIDS and had heard radio messages sent by headquarters on HIV/AIDS prevention.

However, these were the exceptions. Most respondents at both the central and school levels, were of the view that the leadership at central level has not shown any commitment to address the challenges of the HIV/AIDS epidemic. It is clear from these results that there is very little centrally led advocacy for HIV/AIDS activities. Very few senior managers have made any statements concerning the epidemic and despite the difficulties the lower levels of the ministry are facing, particularly with regard to the cost of funerals, the central level has done very little to guide the division and district level responses. Although a strategic education sector plan for HIV/AIDS is in the process of being developed, the majority of lower-level personnel seem not to be aware of it, suggesting that the development of the strategic plan has not been participatory.

8. Is the message getting through? What teachers think about the management commitment

"There is no activity that has been initiated by the MoEST central, division or district offices with the aim of educating teachers and other education staff on HIV/AIDS… There is [a] need for our ministry to do something to assist us teachers and other education staff on HIV/AIDS awareness…"

Teachers, urban primary school

"The leadership at the central, division and district levels have not done anything to educate us about HIV/AIDS. For example, they have introduced subjects that have incorporated HIV/AIDS, like life skills and social studies. The teachers are not trained on how to handle them. So we wonder what the leaders at Capital Hill think."

Teachers, urban secondary school

School level personnel see the lack of a comprehensive prevention and mitigation programme for teachers as evidence that there is little commitment from the MoEST to address the impact of HIV/AIDS on the sector. From the comments of headteachers and teachers it is clear that the central level has not been pro-active in raising awareness of HIV/AIDS issues amongst its staff, despite the increasing number of personnel who are dying each year. One possible reason for this apparent lack of leadership is that a culture of silence and denial still surrounds HIV/AIDS, paralysing the decision-making process and effectively preventing the implementation of responses.

6.2.3 Senior managers at division and district levels

It was observed that most senior managers at division and district levels do not make any statements about HIV/AIDS. Their view is that through their various HIV/AIDS-related activities and contribution to efforts such as curriculum development, they have shown commitment and provided leadership in the fight against HIV/AIDS. In response to the question, "Can you share the messages you have made on HIV/AIDS in the education sector?" most Education Methods Advisors invariably responded by outlining the role they had played in the development process of HIV/AIDS curricula and materials. One respondent said, "We have included life skills and HIV/AIDS education both in primary and secondary schools".

Teachers who participated in the FGDs overwhelmingly agreed that senior officials at the division and district levels have rarely played a role in educating staff about HIV/AIDS.

9. District level commitment – what the teachers think

"DEMs and PEAs never discuss…HIV/AIDS with us during visits to our school."

Teacher, urban primary school

"SEMAs only come here to supervise."

Headteacher, urban secondary school

"There is nothing they are doing for teachers and pupils. If something comes up for teachers they grab it… You see people are after receiving allowances and not making sure that the messages have been disseminated to teachers."

Clerk, rural secondary school

"In their normal duties DEMs and PEAs do not talk about HIV/AIDS, except once at a workshop on life skills the DEM in passing mentioned about HIV/AIDS prevention."

Headteacher, urban primary school

These observations were echoed by the Division Managers and DEMs themselves, who said they had not made any statements about HIV/AIDS to staff or pupils. The reasons they gave were that the opportunity had not arisen and that they did not have any concrete evidence or hard facts to support the messages they would like to send out. This clearly shows that there is inadequate leadership on HIV/AIDS issues at both division and district levels.

There is no evidence either to indicate that advisors plan for HIV/AIDS activities in their work schedules. In one DEO the PEAs claimed that they make plans for HIV/AIDS-related activities but that these were not usually supported. However, none of them were able to provide such a plan upon request. Management problems are further exacerbated by the budgeting system, which is not very transparent, especially at the lower levels. According to one DEM interviewed, this has frustrated efforts to plan and implement activities related to HIV/AIDS. Since the DEOs are not cost centres, their budgets are consolidated at the divisional level. However, when adjustments have to be made to the proposed budget, the DEMs are not involved, so they do not know which items in their budgets have been cut or trimmed. Moreover, their monthly allocations fluctuate and are not always adequate, making it difficult to plan for in-service training and other activities.

6.2.4 Role of the teachers' union on HIV/AIDS

The leadership of the TUM has made various statements on HIV/AIDS and implemented a number of programmes in response to the epidemic. Representatives stated that they had organized workshops and seminars for selected teachers, where misconceptions about HIV/AIDS and cultural practises and beliefs that increase the risk of contracting HIV were openly discussed. It was the union's view that the messages delivered at these workshops have disseminated down to other teachers and even to the wider community. As a result, teachers have formed clubs to educate young people or alternatively laid on preventive education for colleagues. According to the TUM, the result of these efforts has been behavioural change on the part of some teachers. The Executive Secretary stated: "Our message is centred on behaviour change. We believe awareness is 90 per cent but we need behavioural change. That's [what the] Ministry of Education and [the TUM] are stressing. We have heard of how teachers are shunned but we should work with them."

Teachers at 3 of the 21 schools visited confirmed that the TUM has organized some sort of in-service training on HIV/AIDS. At one primary school it was reported that selected teachers have been trained to be HIV/AIDS facilitators, who can in turn train other teachers. However, this has not been very effective, as only a few schools were targeted and those involved had found it difficult to organize training sessions because of the lack of resources.

Once again there was a lack of consensus on the visibility and effectiveness of the activities carried out. Some MoEST officials stated that the TUM was an active partner, playing a significant role in the fight against HIV/AIDS, whilst other officials took the opposite view. It appears that although the TUM is active, it has a low profile beyond those

directly affected by its activities, especially at school level. In both interviews and FGDs, headteachers and teachers overwhelmingly agreed that the TUM has not taken an active role in the fight against HIV/AIDS (see Box 10).

10. The verdict of teachers on the TUM's commitment to HIV/AIDS issues

"[The] TUM is almost non-existent when it comes to combating HIV/AIDS in schools."
Teachers, rural primary school

"[The] TUM has done nothing [for the] prevention of HIV/AIDS among teachers and in providing support to affected and infected teachers. It is even failing to lobby [the] MoEST to take more pro-active action."
Teachers, urban secondary school

"[The] TUM has never played a role in lobbying the MoEST to take a pro-active role in the prevention of HIV/AIDS among teachers. [It] is always crying that a lot of teachers are dying, yet it is doing nothing to help in the prevention of HIV/AIDS or supporting teachers who are affected."
Teachers, urban secondary school

"[The] TUM is doing nothing. I have never heard any statement…from [the] TUM regarding HIV/AIDS issues in the education sector in Malawi."
Headteacher, rural primary school

Similarly strong and negative sentiments have been reported in previous studies. In the first HIV/AIDS impact study in Malawi (Kadzamira et al., 2001) it was found that the TUM had not lobbied or negotiated with the MoEST on HIV/AIDS issues, particularly those directly affecting teachers. The teachers interviewed felt unsupported by their union, describing it as useless and doing nothing. Headteachers and teachers interviewed for this study corroborated these earlier findings. In particular, staff criticized the union for not attacking HIV/AIDS issues with the same enthusiasm that it had reserved for salary disputes. Given the failure of the ministry to address the impact of HIV/AIDS on teachers, school personnel expected the TUM, at least, to support them.

6.2.5 Leadership at the school level

Much more effort has been made by headteachers to raise awareness among pupils on HIV/AIDS; the majority claimed that they had discussed HIV/AIDS issues with pupils. Headteachers principally disseminate HIV/AIDS information during school assemblies, but also sometimes through talks at anti-AIDS club meetings and through in-class teaching. Messages tend to focus on HIV/AIDS prevention, with the main message to pupils being that of abstinence. Most of the heads questioned frowned on the use of condoms by pupils and said that they do not promote their use, as Box 11 illustrates.

11. The profile of AIDS in school – messages delivered to pupils

"I tell teachers, other staff and pupils that HIV/AIDS is not a fallacy; it kills. It is important to abstain. I also tell them that if they want to enjoy their money they should enjoy carefully."
Headteacher, secondary school

"For pupils, abstinence is encouraged."

Headteacher, urban secondary school

"I make statements about HIV/AIDS… I emphasize…morality… I teach Catholic beliefs concerning condoms. My message is [abstinence]."

Headteacher, rural Catholic secondary school

Though all except one head interviewed, stated that they were actively involved in HIV/AIDS advocacy, the perceptions of teachers and pupils about their commitment and leadership were somewhat mixed. Teachers at the majority of schools (i.e. 13 out of 21) stated that their headteachers and deputies rarely or never made any statements to pupils or teachers on HIV/AIDS. When heads did talk, it was usually in very general terms, in passing or only in response to a particular event, such as a case of pupil indiscipline, or the illness or death of a teacher or pupil.

12. The profile of AIDS in school – the opinion of pupils

"The headteacher and deputy headteacher often talk about HIV/AIDS during assemblies and when the term is coming to an end."

Male pupils, urban primary schools

"The headteacher and deputy have discussed HIV/AIDS when the health club members are conducting their activities on HIV/AIDS prevention."

Male pupils, rural primary schools

"[The headteacher] has talked about HIV/AIDS during school assemblies but he is never explicit… Sometimes he talks to you individually when he suspects that you have a boyfriend and you are having a sexual relationship. He tells us 'Mudzisamale kunja kwaopsa' *[Be careful: the world out there is dangerous]."*

Female pupils, urban primary school

None of the schools visited appeared to have a clear plan or strategy for HIV/AIDS prevention and mitigation and for disseminating messages, apart from what they had been officially sanctioned to do by the ministry. Only in one of the secondary schools – an urban, grant-aided institution – did the head mention that the school was about to launch an HIV/AIDS action plan to stimulate message dissemination. The school is owned by an NGO focusing on orphan care and support and is supported by a government aid grant.

The results do suggest that headteachers have been more pro-active than the central, division and district levels in providing leadership in the fight against HIV/AIDS. However, their efforts have not always been well coordinated or thought out and have over-emphasized preventive education at the expense of care and support. Most headteachers in Malawi have not received any training in management; they are simply promoted straight from classroom teaching. School level leaders require training for the extra managerial challenges that HIV/AIDS poses. They must also to be equipped with adequate knowledge about the disease, so that they can deal effectively with issues of stigma and discrimination.

In the majority of cases, school committees and PTAs have yet to embrace HIV/AIDS issues in their work. The only time it was reported that a school committee or PTA had made statements about HIV/AIDS was when they were called to handle disciplinary issues, mostly involving pupils who had been discovered to be sexually active. Thus, like headteachers, their involvement in HIV/AIDS issues has been reactive, rather than as part of a comprehensive plan on HIV/AIDS prevention and care. None of the committees have made an effort to monitor HIV/AIDS activities in their respective schools. Neither is there any evidence to suggest that they have acted as bridge between schools and communities, especially where there have been contentions, as has sometimes been the case with the issue of condoms or sexual and reproductive health education.

6.3 Organizational structures and linkages

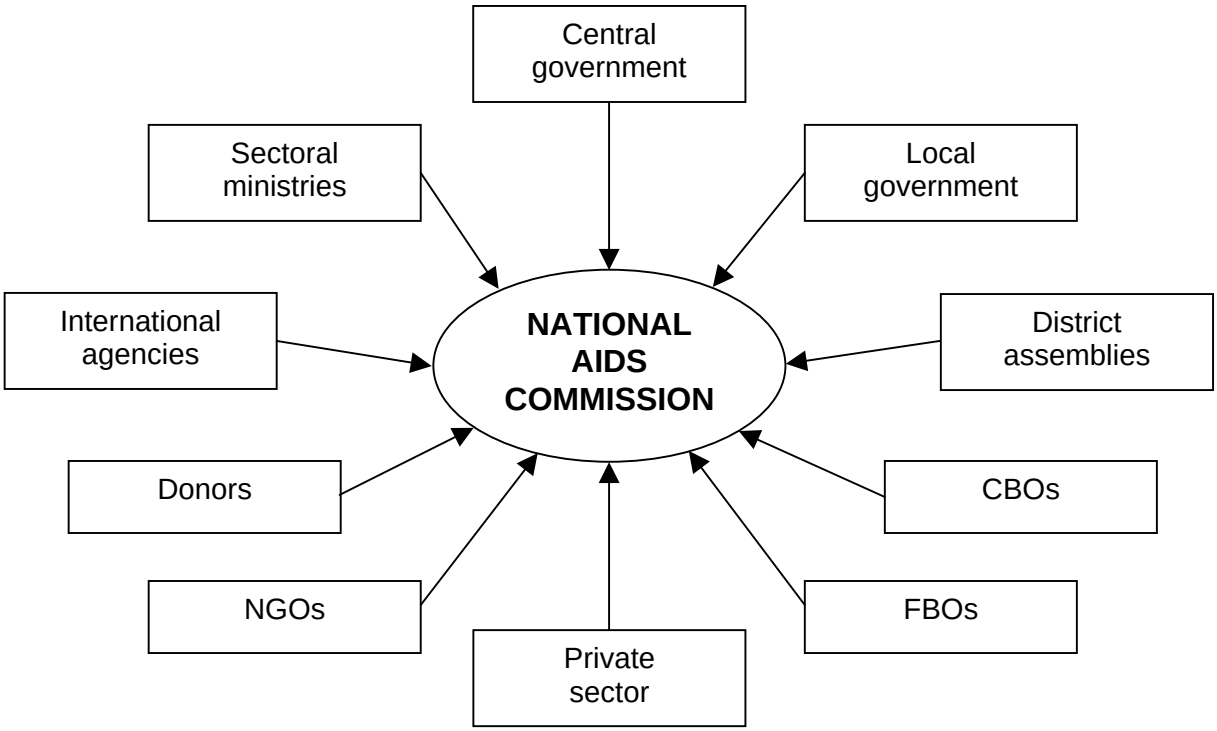
Since the epidemic impacts on all sectors, it is vital to ensure a multi-sectoral participatory response to HIV/AIDS prevention and impact mitigation. This in turn must create an enabling environment and ensure a reliable timely flow of information to decision makers and programme implementers. Before we discuss the organizational structure of the MoEST and its linkages to other sectors, we will examine the national framework.

6.3.1 Existing national institutional framework

The Malawi NAC was created in July 2001 and is the guardian and coordinator of the national HIV response. In August 2002, the NAC was transferred from the MoHP to the OPC; a move that was intended to rid it of its skewed health focus and to initiate a truly multi-sectoral response.

The Government of Malawi established the NAC and its secretariat to focus on management, strategic planning coordination, advocacy, monitoring and evaluation of the national response to HIV/AIDS, and to oversee all NGOs, CBOs and FBOs that are actively involved in HIV prevention and mitigation activities. The NAC brings together representatives from all of the institutions that are involved in the fight against HIV/AIDS. These include government line ministries – including the MoEST – the private sector and civil society (see Figure 6.1 below).

Figure 6.1 Sectors and organizations contributing to the NAC



The study found that there is some dissatisfaction over the way that the NAC works. When asked to comment on working with an umbrella organization like the NAC, one respondent stated that he felt is if the NAC would prefer to "go it alone" and that it appeared unwilling to disburse the huge sums of money at its disposal[11].

On the other hand, this sort of criticism would seem to cut both ways, as the NAC is also not satisfied with the MoEST's contribution to HIV/AIDS activities. Representatives of the NAC felt that the ministry's efforts have been inadequate and that they have been slow in responding to the support on offer. The NAC also observed that even when MoEST staff members are invited to a meeting, they do not attend. When the MoEST was asked to comment on this, a spokesperson said that to the best of his knowledge, representatives do attend such meetings. However, this statement was not supported by other participating institutions.

At the district level, the NAC works though district assemblies, which are the bodies responsible for the coordination of all development activities at this level. District AIDS Coordinating Committees plan and implement HIV/AIDS activities at community level, mainstream HIV/AIDS in the development process and act as an interface between top-down and bottom-up initiatives and have several sub-committees, focusing on key aspects of the epidemic. Membership is drawn from all NGOs implementing AIDS activities in the district, some ministries, FBOs and the community. Officials from the District Education Management Office also attend committee meetings. In some cases, the coordinating PEA has even been appointed as chairperson. However, in spite of this, the study found that coordination and collaboration between education officials and the coordinating committee

[11] However, the lack of response by the education sector to the availability of financing from the NAC has already been noted.

has been quite limited in scope. This may be partly due to a lack of decentralization, as well as the prevailing mood in the MoEST, which has not made co-operation with the NAC a priority.

6.3.2 Institutional arrangements in the public sector

The public sector is the largest employer in Malawi, so the impact of the epidemic on the sector has had far-reaching consequences for the economy and society in general. The Department of HRM and Development of the OPC is charged with the responsibility of overseeing the mainstreaming of HIV/AIDS activities and reviewing human resources policies, practices and procedures in the light of the HIV/AIDS crisis, in order to reduce employee and institutional vulnerability to the disease (OPC, 2003: 13).

All other line ministries and departments should ensure that their response to HIV/AIDS is properly coordinated and strategically developed. As they come up with institution-specific responses, line ministries or departments also have to be aware of the need for a multi-sectoral approach to the epidemic. The study team noted that three committees are to be created to coordinate implementation issues relating to HIV/AIDS prevention and mitigation in the public sector. These are the:

- Public Sector Steering Committee on HIV/AIDS;
- Public Sector Technical Committee;
- Institutional HIV/AIDS Committee.

The overall aim of the Public Sector Steering Committee is to deal with cross-cutting HIV/AIDS issues in the public sector. Its specific objectives are to:

- steer programme implementation;
- provide policy guidance on HIV/AIDS mainstreaming in the public sector;
- ensure that mechanisms for monitoring and evaluating the impact of HIV/AIDS are in place;
- ensure that mobilized resources are properly operationalized and utilized.

The Public Sector Techinical Committee aims to facilitate technical coordination of all HIV/AIDS initiatives being undertaken in the various public sector institutions. While accountability for implementation is to be vested in individual organizations, the technical committee will provide initial technical inputs on specific institutional proposals, as well as those issues that are cross-cutting in nature. A formally designated HIV/AIDS coordinator will represent each major public sector institution.

The third committee, the Institutional Committee on HIV/AIDS is to be embedded in each public sector institution, so that HIV/AIDS activities are implemented more effectively and progress is systematically reviewed. Each institution's principal secretary or chief executive will chair committee proceedings. Progress reports and records of meetings shall be sent to the DHRMD and the Public Sector Technical Committee. To facilitate the development and maintenance of institutional memory, each institution's HIV/AIDS coordinator will provide secretariat services to the committee.

The MoEST, together with all other public institutions is expected, over the course of the next couple of years, to:

- institutionalize and strengthen the coordination mechanisms for the public sector response to HIV/AIDS;
- build the capacity of the public sector to respond to the epidemic;
- strengthen networking and information sharing activities among and between public sector institutions;
- create a conducive environment for the public sector response to HIV/AIDS.

6.3.3 Organizational and institutional arrangements within the MoEST

Initial HIV/AIDS activities within the ministry were coordinated through the department of EMAS. Since the adoption of a multi-sectoral approach however, this coordinating function has moved from EMAS to the Planning Division. Within Planning, one senior officer was designated as the HIV/AIDS sector focal point, responsible for coordinating all HIV/AIDS-related activities within the ministry. Since the focal point assumed this role on top of his existing responsibilities (see Box 1 for more detail), it undermined the effectiveness of the leadership provided for HIV/AIDS activities. In addition, there are no clear structures or linkages between the focal point and other sections of the ministry. Nor have focal points been appointed for the remaining six key departments. Thus it is not clear how the HIV/AIDS sector focal point works with the other departments.

The Planning Division is also responsible for costing all HIV/AIDS-related interventions. The division has officers based in all six education divisions. Together with officers at the central level, they act as liaison points in the budgeting-cum-planning process, with the various implementing departments of the MoEST.

At the divisional and district levels, no structures or organizational arrangements have been put in place to manage and coordinate HIV/AIDS activities. For example, there are no focal points or desk officers dealing specifically with AIDS issues. As a result, issues are handled in an ad hoc manner as and when they arise. Interviews with both division and district officials revealed that they regard their representatives at the District Youth Office and the District AIDS Committee as their focal points. However, it was discovered that these representatives do nothing more than attend district committee meetings on behalf of their offices; they are not focal points in any real sense.

At the school level little has been done to create organizational structures to respond to the impact of HIV/AIDS. Most schools have used existing structures to address the problems that have arisen. In particular, guidance and counselling teachers, disciplinary committees and welfare (or bereavement or condolence) committees have incorporated HIV/AIDS-related issues into their activities to some extent.

Guidance and counselling services have been offered in secondary schools since 1983. Each school is supposed to appoint a member of staff to act as a guidance and counselling teacher. In principle, the service provided is supposed to cover vocational and career guidance, educational, personal and social guidance, individual and group counselling, learning resource centres and enterprise education. In practice though, the lack of resources, training and support for guidance and counselling teachers has meant that only a few of these services are offered. As a result, guidance and counselling services have failed to respond to issues arising from the HIV/AIDS epidemic. In two of the secondary schools visited, teachers said that services offered at the school did not include HIV/AIDS-related guidance and counselling. Counselling services are irregular, poorly planned and, in most cases, reactive.

For example, counselling is provided only on demand or in response to an incident, such as finding pupils who are involved in a sexual relationship. Furthermore, since guidance is principally demand-driven, low utilization of the services by pupils has further limited the impact of guidance and counselling efforts.

Both in primary and secondary schools, disciplinary committees have been used to handle HIV/AIDS issues, especially when the subject of sexual relationships among pupils arises. Much of the time advice, rather than counselling, is provided for those concerned.

In every school visited, welfare or bereavement committees have been formed to provide some level of support for affected teachers and, in some cases, affected pupils. All teachers are expected to contribute something every month and the money is used to offer condolences to teachers or pupils who have been bereaved, or in the case of the death of a teacher, to their families. The committee is also responsible for arranging visits to sick teachers to offer moral support.

6.4 Collaboration and networking

The MoEST collaborates with other line ministries (the MoHP, MoLG and district assemblies, the Ministry of Gender and Community Development, Ministry of Youth Services, MoLVT and MoF), the NAC, international NGOs and international co-operating partners (UNAIDS, the United Nations Population Fund, the World Health Organization, UNICEF, the World Bank, DFID, USAID, GTZ, Japan International Cooperation Agency, WFP, the United Nations Development Programme (UNDP), NORAD and the Canadian International Development Agency).

The MoEST has worked with other line ministries on a host of issues, most notably curriculum development and orphan care. It was observed that such collaboration has been felt to be mutually beneficial. An MoEST official claimed: “We consult, for example, with the Ministry of Health. When it comes to teaching methods, our teachers are utilized by other Ministries”.

Collaboration with international co-operating partners has also been greatly appreciated, as Box 13 illustrates.

13. The contribution of co-operating partners

“International co-operating partners are extremely important in the fight against HIV/AIDS. They have worked well in Malawi on HIV/AIDS issues and this is because they are well coordinated through the Technical Working Group on HIV/AIDS.”

Rt Hon. J.C.Malewezi, Vice President

“[International co-operating partners] have played a remarkable role in the fight. They have been very supportive, have provided funds and encouraged us. They organize meetings to sensitize us. We meet monthly with our ten donors. The World Bank has come [up] with a proposal for testing and supplying drugs.”

Director, MoEST

The focus of the international partners has principally been on curriculum issues, financial resources and technical assistance, as the following list of activities demonstrates:

- production of HIV/AIDS training and teaching materials;
- orienting primary and secondary teachers on teaching life skills etc.;
- formation of anti-AIDS clubs;
- training of headteachers, deputy headteachers and heads of department;
- finalization of sector strategy on HIV/AIDS;
- support for the development of a strategic plan for HIV/AIDS;
- life skills and carrier subject development;
- teacher training;
- production of an adolescent health education programme;
- development of a pre-service life skills education curriculum for teacher training colleges at the Malwi Institute of Education;
- a TUM project in which 40,000 teachers are to be sensitized;
- printing and distributing primary school textbooks.

The major strength of these types of collaborations has been the pooling of financial, human and material resources. However, there have also been problems. For example, as with the activities carried out with the NAC, participating actors have expressed the feeling the other party has not done enough. The team noted that there is a need for more interaction with other actors. A senior MoEST official admitted that: “We are not familiar with ARVs. They should take the initiative to acquaint us with some of these things”.

Another weakness mentioned was that although there is collaboration at central and district levels, there have been no collaborative activities at division level. This was confirmed by a Division Manager. Finally, many NGO- and co-operating partner-sponsored activities were planned in the short term only; follow-up has been the responsibility of the MoEST. In the wake of dwindling resources (as MoEST budget allocations are inadequate and funding from the NAC untapped), fears have been raised for the sustainability of these activities.

7. FINDINGS AND RECOMMENDATIONS

7.1 Findings on policy

7.1.1 General findings

- To date, there is only a draft strategic plan and agenda for action on HIV/AIDS in the education sector of Malawi. A formal policy framework has not yet been disseminated.
- HIV/AIDS is not adequately reflected in PIF, EFA and other sector strategies.
- The MoEST does not have a dedicated unit concerned with HIV/AIDS. Responsibility for HIV/AIDS has been an added duty for an individual desk officer with many other existing commitments.
- HIV/AIDS is an examinable subject at primary but not at secondary level. Many secondary pupils do not take preventive education seriously, but as they do not perceive any direct consequences for their school careers, little can be done to reverse this.

7.1.2. Findings at the central level

- Considerable financial resources are available through the NAC for the development of responses to HIV/AIDS. However, it would appear that the MoEST has not explored or exploited this possibility to the fullest extent, as the study found that they have not yet submitted any proposals to the commission.
- The research team found that a steering committee and five technical committees set up in 2001 to develop an HIV/AIDS policy for the MoEST have not produced any concrete results.

7.1.3 Findings at the district and local levels

- Whilst decentralization has been mandated in theory, in practice it is not yet fully operational. Key decisions about HIV/AIDS policy are still made at central level. DEOs perceive themselves as having limited ability to take the initiative.
- There is a lack of information tools to assess the impact of HIV/AIDS on teachers and pupils. Data on teacher absenteeism, transfer and death as well as the numbers of orphans enrolling need to be collected on a regular basis. School mapping and EMIS systems have not been adapted to take into account AIDS-sensitive data.
- Efforts to implement HIV/AIDS activities are sporadic, rather than sustained.
- In the absence of a formal policy on condom promotion in the education sector, headteachers are left to articulate their own, usually negative, views on condoms. In the few instances where headteachers have made efforts to promote condoms, they have generally met with community opposition.

- School committees have varying practices regarding HIV/AIDS and orphans. Since these committees have the power to exclude children whose parents have not paid their contribution to the school fund, orphans and indigent children are particularly at risk of being denied access to education. Although the study did discover that in some institutions orphans are exempted from paying contributions to the school committee fund, it was more usually the case that the fees charged by secondary schools inhibit the attendance of orphans and other vulnerable children.

7.2 Findings on leadership and advocacy

7.2.1 General findings

- Leaders at all levels of the system, including at the highest levels of government, claim to have spoken out on HIV/AIDS.

- Statements about the epidemic given by leaders tend to lack specific focus (e.g. appeals to recognize AIDS as a serious problem for all, calls for youth prevention efforts, attention to the human rights of 'AIDS victims', etc.) or focus on specific but limited issues, such as life skills curriculum development, rejection of sexual abuse or pupils and condoms.

- HIV/AIDS is viewed primarily as a curriculum issue at all levels of the educational system and among partners. This finding is supported by analysis of the contents of circulars, directives and memos as well as the types of interventions supported by NGOs and international partners.

- Leadership concerns about HIV/AIDS at all levels tend to focus on the needs of pupils, rather than those of staff and teachers.

7.2.2 Findings at the central level

- Interlocutors at the central level perceive greater commitment from leaders to combating AIDS, than those at district or local levels.

- Workshops have been held to sensitize or train various actors in the education system about HIV/AIDS issues. The workshops are often held at a central location and participants are expected to disseminate information to colleagues in a 'cascade' system of transfer of knowledge and competencies. The research team has found that such workshops have limited effectiveness in disseminating information, as participants are not motivated to share their experiences and new-found understanding. Their colleagues resent the fact that participants receive per diems and they do not, creating a further barrier to successful communication.

7.2.3 Findings at the district and local levels

- Awareness of leadership statements tends to be strongest at the central level and weakest at the local level, particularly in schools. At the school level, there is a much lower level of awareness – or approval – of leadership commitment to HIV/AIDS.

- Local level awareness of the frequency of distribution of circulars and their key messages is scarce, as is any subsequent follow-up action.

- In schools, leadership statements appear to be sporadic and given on formal occasions only, such as at assemblies.

- Some pupil groups interviewed reported that hearing the same HIV/AIDS messages repeated over and over again in class induced boredom, rather than inspiring any change in behaviour.

7.2.4. Findings amongst partners

- The TUM started work in June 2001 on developing a toolkit for educators in Malawi. It is said to be ready for printing.

- According to respondents, the TUM appears to be more active at the central level, in terms of statements about HIV/AIDS, than at local level.

- Teachers tend to be cynical about the TUM's commitment to their needs, particularly with regard to HIV/AIDS issues. The TUM is perceived to be far more concerned with the debate on salaries and conditions of service.

- Because HIV/AIDS is still viewed primarily as a health or human rights issue in the international community, international partners working on HIV/AIDS and education tend to emphasize the development of life skills, preventive education and reproductive health manuals as a primary response; in other words, they focus on curricular solutions, rather than management issues or the provision of care and support for affected persons.

- There are periodic efforts to sensitize and train teachers. However, these do not tend to develop or feed into long-term solutions, partly because of coordination issues with the ministry and the lack of a policy framework.

- Coordination problems and poor communication also mean that the messages disseminated by partner organizations may sometimes be in conflict with those of the ministry. This has been found to be especially the case over the provision of condoms for pupils.

- Some attention is given to non-formal education, usually through the running or supporting of anti-AIDS clubs.

7.3 Recommendations

- HIV/AIDS should be integrated into education sector policies on access, quality and management of education. The current draft EFA and sector investment strategies should be studied to identify entry points for HIV/AIDS mainstreaming.

- An HIV/AIDS unit should be created within the MoEST and headed by a full-time, high-level manager. The person could be supported by focal points in the main divisions of the ministry, who would expect to give 25 to 35 per cent of their time to HIV/AIDS issues.

HIV/AIDS focal points in DEOs and schools would support HIV/AIDS mainstreaming in teacher management and curriculum development. These focal points would also coordinate with partners, such as CBOs and NGOs, who support HIV/AIDS issues

- Responses to HIV/AIDS should be combined with strategies on educational quality. The draft for sector policy on HIV/AIDS should be finalized and focused on enhancing educational quality and management as well as protecting learners. The appropriate national and international partners should be involved.

- Distance learning options should be explored. The Malawi College of Distance Education could be a partner in re-visiting initiatives on broadcast and audio cassette-based learning for schools and teacher training colleges. This strategy could be very helpful in providing quality instruction in secondary schools, where the death or prolonged absence of specialist subject teachers is particularly problematic. Pupils who have difficulty in attending school regularly would benefit from listening to the cassette recordings of broadcasts.

- Capacity-building needs to support leadership development should be identified. Training in media skills and the principles of effective communication should be offered to sector leaders at all levels. Partners should be identified or, in the case of those already operating, further encouraged, to support leadership and advocacy strategies on HIV/AIDS.

- 'Floating teachers' (i.e. those teachers that do not have only one class assigned to them and that move round teaching a number of different classes and subjects in the school) for special needs should be re-trained so that they can provide support to schools whose staff and pupils are affected by HIV/AIDS. The building of counselling skills must be a priority.

- MoEST personnel should be designated to participate in selected thematic sub-groups of the Technical Working Group on HIV/AIDS. This self-selecting group of over 60 front-line HIV/AIDS organizations and donors has some 15 sub-groups. The MoEST should explore more active participation in some of these cluster groups, such as mainstreaming, monitoring, evaluation, research and information systems.

- The MoEST, in liaison with the MoGCS, should consider how best to develop and encourage new and existing programmes for orphans. A policy needs to be considered to address effective mechanisms to coordinate and monitor their activities.

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APPENDIX 1

PRIMARY REPETITION AND DROPOUT RATES, 1990-2000

Table 1a Primary repetition rates by standard, 1990-2000

	Std 1	Std 2	Std 3	Std 4	Std 5	Std 6	Std 7	Std 8	Total
1990/91	21	19	18	14	16	16	18	40	20
1991/92	23	17	10	13	12	14	17	44	19
1992/93	21	21	21	15	15	14	14	36	20
1993/94	21	20	18	12	12	10	10	16	18
1995/95	29	24	27	27	26	26	26	32	27
1995/96	18	16	15	11	10	8	7	20	15
1997	17	16	16	13	12	11	11	20	16
1998	16	14	13	12	10	9	8	15	14
1999	17	16	16	12	10	9	8	16	14
2000	19	17	17	14	12	11	10	14	16

Table 1b Primary dropout rates by standard, 1990-2000

	Std 1	Std 2	Std 3	Std 4	Std 5	Std 6	Std 7	Std 8
1990/91	21.16	11.59	15.99	7.19	12.58	7.58	-22.79	59.96
1991/92	5.96	4.99	19.95	3.71	15.07	9.66	15.34	55.55
1992/93	26.15	14.15	11.83	8.82	14.47	13.94	-12.89	64.5
1993/94	23.26	15.33	16.58	15.6	17.55	16.51	18.88	83.51
1995/95	4.21	-12.89	-11.72	-22.05	-16.8	-20.75	-59.6	68.43
1995/96	31.34	13.11	18.37	14.88	15.33	12.29	3.91	79.79
1997	28.26	15.74	18.26	14.65	15.2	13.82	6.28	79.71
1998	26.71	19.35	24.95	20.11	20.4	17.82	13.5	85.12
1999	24.01	13.36	16.61	6.85	13.25	11.03	2.77	84.1
2000	19.87	9.88	16.44	7.23	22.35	14.36	10.53	86.07

Source: Calculated from MoEST, Basic education statistics, various years.

APPENDIX 2

A LIST OF PEOPLE INTERVIEWED

	Name	Position and name of organization
1	Rt. Hon. J.C. Malewezi	Vice President, Office of the Vice President
2	Hon. Dr. G. Nga Mtafu M.P.	Minister of Education, MoEST
3	Hon. Mary Kaphwereza Banda	Minister responsible for HIV programmes, OPC
4	Hon. H.N. Zembere M.P.	Chairperson, Parliamentary Committee on Health
5	Hon. Masten Kanje M.P.	Chairperson, Parliamentary Committee on Education
6	Z.D. Chikhosi	Principal Secretary, MoEST
7	C.G.Gunsalu	Principal Secretary, MoJ
8	Saiti Burton Jambo	Public Relations Officer, Muslim Association of Malawi
9	McPherson Jere	Programme Officer (education), Canadian International Development Agency
10	Prof. Anaclet Phiri	Executive Director, Association of Christian Educators of Malawi
11	Cleopas Mastala	Education Secretary, Catholic Secretariat
12	Fr. Robert Mwaungulu	General Secretary, Catholic Secretariat
13	Mrs. C Chirwa	Programme Officer UNICEF
14	K.W.J Chiputu	Senior Monitoring and Evaluation Officer, MoLG
15	Sr Kambilonje	Chairperson, Teacher Service Commission
16	Dr. R. Mpazanje	Director of Clinical Services, MoHP
17	Dr. A.F. Kamlongera	Ex Deputy Director of Planning and HIV/AIDS Focal Point Officer
18	M.S.H. Kalanda	Acting Director of Basic Education, MoEST
19	R. Ngalande	Director of Teacher Education, MoEST
20	B.K. Mjojo	Chief HRM Officer, MoEST
21	Dr. J.B. Kuthemba Mwale	Director of Educational Planning, MoEST
22	M.G Kabuye	Director of EMAS, MoEST
23	S.V. Chamdimba	Director of Secondary Education, MoEST
24	S. Yonasi	Division Education Manager, MoEST
25	Pastor Dr. S. Mfune	President, Seventh-day Adventist Church
26	M.S.J. Kadyakapita	Education Director, Central Malawi Field of SDA Church
27	A. Chimzimu	Director of Finance and Administration, MoEST
28	J. Kambwiri	Controller of Programmes, Radio 1
29	George Kalungwe	Journalist, Capital F.M. Radio
30	Hilda Ngomano	Journalist, Capital F.M. Radio
31	Al Osman	Director and Station Manager, Capital Radio
32	Joan Woods	HIV/AIDS and Education Technical Advisor, USAID
33	J.A. Chamdimba	Controller of Accounting Services, MoEST
34	Pamela Munthali	Controller of Accounting Services, MoEST
35	Roy Hauya	Director of Programmes, NAC
36	J. Chimbuto	Features Editor, Daily Times

37	D. Mzembe	Senior Reporter, Nation Publications
38	Ina Thombozi	Editor, TV Malawi
39	A. Kamphonje	Executive Secretary, TUM
40	B. Chikulo	Executive Secretary, Private Schools Association of Malawi
41	A.J. Mpunga	Acting National Coordinator for Community-Based SRH
42	L.H. Yambeni	Principal Education Officer (Special Needs)
43	K.Y.D. Otaniel	Senior Education Methods Advisor, MoEST
44	E. Chinguwo	Senior Education Officer, Planning
45	R.V. Mbamba	Principal Education Methods Advisor, MoEST
46	Z. Moyo	Registrar of Teachers, MoEST
47	P. Jinazali	Senior Education Methods Advisor
48	S.M. Yotamu	Machine Operator, MoEST
49	S.C. Mpulula	Senior Assistant HR Officer
50	W. Mindiyela	Assistant Accountant, MoEST
51	E.D. Bonongwe	HRM Officer, MoEST
52	A.Kanyamula	Driver, MoEST headquarters
53	Q.A. Banda	Messenger /Cleaner
54	A.M. Amiyere	Messenger, MoEST, DEO Office
55	R. Kapichi	DEM, MoEST
56	F.M. Taulo	DEM, MoEST
57	M. Mambo	Senior Education Specialist, World Bank Malawi Office
58	Kumbukani Black	Executive Director NAPHAM
59	P.B. N'goma	Senior Assistant HR Officer
60	Rose Kumwenda	HIV/AIDS Coordinator, DFID
61	C. Shaba	Personal Secretary, MoEST
62	L. Chikopa	Office Superintendent, MoEST
63	Monica Djupvik	Programme Officer, UNAIDS
64	P.H.F. Katuma	Guidance and Counselling Officer
65	V. Kabwila	Programme Officer, GTZ
66	R Agabu	Deputy Director, EMAS
67	J.M.Banda	Senior Education Methods Advisor
68	Emma Maseko	Headteacher, Chinsapo Secondary School
69	Miss F. Pwele	Teacher and HIV/AIDS Patron
70	A.M.J. Mwanza	Deputy Headteacher, Chinsapo Secondary School
71	Mr. Kaliyati	Coordinating PEA, Zomba Rural DEO
72	Mrs J. Chiromo	PEA, Zomba Urban DEO
73	Mrs G. Chitalo	PEA Zomba Urban DEO
74	Mrs J. Kalongonda	PEA Zomba Rural DEO
75	Mrs M.J. Musasa	PEA Zomba Rural DEO
76	Mr J.M. Nkata	PEA Zomba Rural DEO
77	Mrs F. Bhima	PEA Zomba Rural DEO
78	Mrs B. Mittawa	Principal Methods Advisor, South East Education Division
79	Mrs C. Mussa	Divisional Manager, South East Education Division
80	Mr A. Sineta	District Education Manager, Zomba Rural

APPENDIX 3

A LIST OF PARTICIPANTS OF THE PRIMARY FINDINGS VALIDATION WORKSHOP
MoEST CONFERENCE ROOM, 10 OCTOBER 2003

	Name	Position and name of organization
1	Mrs. A.M. Chimzimu	Director of Finance and Administration, MoEST
2	Mrs. L.V. Magreta	Deputy Director (Secondary), MoEST
3	Mr. O.B. Mponda	Principal Planning Officer, MoEST
4	Mrs. Grace Milner	Senior Planning Officer, MoEST
5	Mr. C.P. Imani	Chief Education Officer (Secondary), MoEST
6	Mrs. L. Yambeni	Principal Education Officer (Special Needs), MoEST
7	Joan Woods	HIV/AIDS and Education Advisor, USAID
8	Michael Mambo	Senior Education Specialist, World Bank
9	Ken Longden	Teacher Development Advisor, DFID
10	Rose Kumwenda	HIV/AIDS Coordinator, DFID
11	Eric Allemano	Education and HIV/AIDS Research Manager, IIEP
12	Mrs. Kishindo	Deputy Executive Secretary, UNESCO, Malawi
13	Tony Mulera	Programme Officer, UNESCO, Malawi
14	B. Samuel Chawani	Team Leader
15	Esme Chipo Kadzamira	Associate Researcher
16	Mary Myava	Research Assistant
80	Tony Chirwa	Research Assistant

APPENDIX 4

THE MALAWI RESEARCH TEAM

B. Samuel Chawani	Team leader
Esme Chipo Kadzamira	Associate researcher
Linley Kamtengeni	Research assistant
Hanock Mateche	Research assistant