

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



IIEP – UNESCO

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

Study 2

EXAMINING THE IMPACT OF HIV/AIDS ON GOVERNANCE 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 prioritize 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 organizational 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
CWD	Central West Division
DEO	District Education Office
EFA	Education for All
GoM	Government of Malawi
HIV	Human Immunodeficiency Virus
HRM	Human resource management
IIEP	International Institute for Educational Planning
MoEST	Ministry of Education, Science and Technology
MoHP	Ministry of Health and Population
NAC	National AIDS Commission
OPC	Office of the President and Cabinet
ORT	Other Recurrent Transactions
SED	South East Division
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization

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EXECUTIVE SUMMARY

This report presents the findings, conclusions and recommendations of a study on the impact of HIV/AIDS on educational governance. Its purpose is to examine how AIDS affects the daily life of the staff of the central ministry, and division and district offices.

Malawi has an adult prevalence rate of 14.2 per cent (UNAIDS, 2004) and is one of the countries worst affected by HIV/AIDS in southern Africa. Such a generalized presence in society means that the epidemic and its effects touch all sectors of society, and education is no exception to this. However, limited research has been undertaken to date to examine the impact of HIV/AIDS on the human, financial and material resources of the education sector.

In view of this, research is required to provide the Ministry of Education, Science and Technology (MoEST) with policy options, and financial and management strategies to strengthen the overall effectiveness of its institutions and structures to operate in an AIDS-affected environment.

The study was undertaken to examine how the functioning of the education sector has been affected by HIV/AIDS at the central, division and district levels, by considering the impact of staff attrition and absenteeism. In the case of the former, research on current levels of staffing compared personnel deficits by department, division and unit, and the most significant types of attrition. In the absence of concrete quantitative data, the researchers examined the impact of absenteeism on governance in the education sector by analyzing the perceived causes and consequences of absenteeism. Finally, the budgetary impact of attrition and absenteeism was analysed by tracing the annual trends of resources spent on funerals and survivors' benefits. It is hoped that the findings will enable the MoEST and its partners to identify how the various negative impacts can better be avoided or minimized.

The approach taken in this study has been to seek information from as diverse a group of informants as possible. Primary data were obtained by conducting interviews with MoEST employees at different levels, ranging from directors to clerical officers, to elicit their views on HIV/AIDS and human resource issues. Interviews were held at MoEST headquarters, two division offices and four District Education Offices (DEOs) in Lilongwe and Zomba. The sample at district level was divided equally between rural and urban areas. Interviews were complemented by quantitative data collected from human resource and financial records.

Researchers found that there is a high and increasing level of attrition at the central, division and district levels. Death has become the cause of the highest levels of attrition, accounting for more than 40 per cent of all people that left the service between 1999 and 2004. Deaths are disproportionately high among young adults of both sexes, which corresponds with the mortality trends expected in situations of high HIV/AIDS prevalence.

There is evidence of institutional vulnerability at all levels of the ministry, due to the fact that offices operate:

- in a policy environment that is not yet sensitive to HIV/AIDS;
- with very high vacancy rates;

- with inadequate financial and material resources, and
- with substantial information gaps due to the lack of comprehensive information management systems.

The government is losing enormous amounts of scarce resources in trying to cope with the effects of ever-increasing levels of morbidity and mortality. These include greater absenteeism, reduced productivity, higher staff turnover, lower morale and falling levels of work experience and quality. These negative impacts are due, to a significant extent, to HIV/AIDS, which has yet to be mainstreamed in MoEST central, division and district offices, or considered in budgeting and financial planning.

The human resource and financial issues outlined above must be urgently addressed. The MoEST needs to produce a workforce plan that projects the human resource implications of HIV/AIDS over the next 5 to 10 years, anticipating employee absenteeism, illness and death, demand on employees' benefits, staff turnover, recruitment time and all additional costs.

Policy, financing and management strategies regarding funeral costs, death benefits, gratuity and cost implications of absenteeism should be seriously considered to strengthen the overall effectiveness of MoEST institutions and structures to operate in an AIDS-affected environment. Financial planning should project these cost implications over the next 5 to 10 years and ensure that all MoEST institutions and programmes budget for focused HIV/AIDS interventions.

1. HIV/AIDS AS AN EDUCATIONAL GOVERNANCE ISSUE

1.1 Justification for a study on HIV/AIDS and governance in the education sector

The HIV/AIDS epidemic has affected the operations of all sectors in Malawi, including the education sector. The epidemic impacts upon the ability of educational institutions to deliver key services and consequently presents a threat to achieving Education for All (EFA) goals (World Bank, 2002; UNAIDS, 2002).

It is recognized that the education system cannot contribute significantly to the alleviation of poverty or the economic and social development of a country unless the main constraints facing the system are addressed. Although the government is investing in education, high HIV/AIDS prevalence erodes the efficiency of the education system and imposes many unforeseen costs on the state education budget. High HIV/AIDS prevalence also undermines the government's wider aims of linking human capital development with economic development and poverty reduction (GoM, 2002*a*). As such, HIV/AIDS hampers the basic mission of the governance structures of the education sector.

Despite this vulnerability of the system to HIV/AIDS, in the absence of a cure or vaccine, education is the most important tool for limiting the spread of the epidemic. There is, therefore, an urgent need for a comprehensive, 'joined-up' response from the education sector.

According to the latest statistics, the adult prevalence rate in Malawi now stands at 14.2 per cent (UNAIDS, 2004). Such a generalized presence in society implies that all sectors are affected. Study One (Chawani and Kadzamira, 2003) revealed that the education sector has not fully accepted HIV/AIDS as a mainstream education issue, as indicated by the lack of articulate and sustained leadership in the sector. The policy framework of the sector shows little evidence of a change in response to the epidemic. For example, although initiatives have been launched to provide preventive education in schools, there have been no significant policy changes to reflect an awareness of the impact on teachers and other staff in primary or secondary schools. Nor is it only at the school level that the effects of the epidemic can be seen and felt: the staff and functioning of governance structures are affected as well, although there has been no research carried out to date to consider the impact of HIV/AIDS on human, financial and material resources at the various levels of sector management.

The Ministry of Education, Science and Technology (MoEST)¹ delivers human resource and budget support to schools through a network of decentralized bodies. These are the 33 District Education Offices (DEOs), which serve 6,294 primary schools throughout Malawi, and the six Divisional Education Offices, which support 1,265 secondary schools nationwide.

¹ Following data collection and the compilation of this report the ministry changed its name, initially to the Ministry of Education and Human Resources (following the elections of June 2004), and more recently simply to the Ministry of Education (September 2004). We have retained the original name (i.e. the MoEST) for the purposes of this report.

Study One (Chawani and Kadzamira, 2003) considered the impact of the epidemic on leadership, advocacy and policy in the education sector. This study will examine how AIDS affects the daily life of the staff of ministry headquarters, and the division and district offices. Particular attention will be paid to staffing and budget issues. The fundamental objective of this study is to assess the impact of the HIV/AIDS epidemic on the ability of the three levels of management to carry out their respective missions.

1.2 HIV/AIDS and governance

The extent to which an organization is affected by HIV/AIDS-related morbidity and mortality is largely a function of its governance systems, structures, procedures and resources. In this study, governance refers to the process of decision-making, and the day-to-day operational activities that lead to the carrying out of organizational policies and achieving objectives. Governance is the implementation of priorities set by leaders within MoEST sectoral policy.

HIV/AIDS impacts negatively on operational effectiveness and the management of budgetary, human and material resources through two mechanisms: increased absenteeism and increased attrition.

Attrition amounts to organizational loss of labour through death, dismissal, redundancy, resignation and retirement. The level of attrition is an important indicator of the overall health of an organization. Indeed, an analysis of attrition is needed to quantify the human resource requirements to maintain organizational stability and to develop appropriate policies to enhance human resource management (HRM). Attrition leads to vacancies, that is, shortfalls in the number of authorized personnel needed for an organization to meet its objectives. The analysis of vacancies in a particular organization is one way of ascertaining human resource demand. Over time, any unfilled vacancy will disrupt activities, contributing to adverse effects on the overall performance of an organization.

Both absenteeism and vacancies lead to a greater workload for other members of staff. Furthermore, this creates a vicious downwards spiral of operational efficiency; where workloads and vacancies are high, more staff are likely to absent themselves from work, seek transfer or even secure another job.

Not only does the combined impact of absenteeism, attrition, vacancies and heavier workloads negatively impact on the productivity and performance of individual employees and the organization as a whole; it also has significant financial implications. Extra expenses include funeral costs, death benefits, medical benefits, recruitment and training. In addition, as a result of this extra expenditure, financial resources are likely to be diverted away from service delivery, thereby hampering the quantity and quality of services and further undermining the overall performance of the organization.

1.3 What the study seeks to achieve

The main objective of Study Two is to enable the formulation of strategies to protect the institutional and management capacity of the education sector to operate effectively in the context of the HIV/AIDS epidemic. The researchers examined the daily life of the staff of the

MoEST central, divisional and district education management offices, to find out how they have been affected by AIDS, paying particular attention to two main themes:

- the impact on human resources, and
- the impact on budget, financing and material resources.

It was observed that the effectiveness of sector governance structures is already seriously constrained by shortages of skilled staff and inadequate financial and material resources, independently of HIV/AIDS. The question then became to determine how HIV/AIDS aggravates the effects of these endemic constraints and hampers the carrying out of the basic missions of the governance structures. For example, the epidemic tends to divert scarce financial resources into funeral costs and death benefits, whilst high staff turnover means more unfilled posts and loss of experience and expertise. Indicators of the effects of the epidemic include death, absenteeism and increased numbers of requests for transfers to locations with access to health care, as well as requests for sick leave. Ultimately, the study proposes options for policy, financing and management strategies to strengthen the overall effectiveness of the central, division and district offices to operate in an AIDS-affected environment.

In the area of human resources, the study builds on the Government of Malawi (GoM) and United Nations Development Programme's (UNDP) analysis of the impact of HIV/AIDS on the public sector (including education), which sought to determine overall staff attrition by cause (i.e. death, retirement, resignation or other) and the budgetary implications of that attrition (GoM and UNDP, 2003). The study also attempted to assess the indirect consequences of the epidemic in terms of staff time lost to funeral attendance, absenteeism and sick leave. It identified the coping mechanisms adopted by managers and staff trying to maintain a minimum level of services, and reviewed current personnel policies in the areas of sick leave, access to medical care and provision of funeral and death benefits. Finally, the study also examined the actual operating budget of the sector, with particular attention to resources allocated to HIV/AIDS-related activities.

The present study will show how important governance structures are to achieving sectoral objectives and, in particular, EFA goals, most especially:

- to expand and promote early childhood education;
- to make primary education obligatory for all;
- to develop learning and skills among youth and adults:
 - to reduce adult illiteracy by 50 per cent;
 - to reach parity between sexes by 2005 and equality by 2015, and
 - to improve the quality of education (UNESCO, 2000).

2. METHODOLOGY

2.1 The research process

The study was conducted at MoEST headquarters, and several division and district education offices. At the central level the departments of Educational Planning, Basic Education, Secondary Education, Education Methods Advisory Services (inspectorate) and Finance and Human Resource Management were selected for the study. At division and district levels the managers and heads of the finance and human resource sections participated in the research, mainly as key informants. Central West (CWD) and South East Divisions (SED) were sampled, together with Lilongwe Urban and Rural West, and Zomba Rural and Zomba Urban DEOs.

The research was both qualitative and quantitative in approach. Qualitative data were both non-interview- and interview based. The following data collection techniques were employed:

- **Documentary and statistical reviews**

The study required access to, and careful analysis of, sensitive human resource and financial records to assess how HIV/AIDS affects the functioning of the education sector at the central, divisional and district levels. In view of the difficulties inherent in identifying AIDS cases among other illnesses, the researchers collected information from officers on:

- general mortality over the period 1999-2003;
- early retirements and transfers, and the reasons given for these, as they are often requested by people living with HIV/AIDS;
- trends in applications for sick leave;
- trends in the cost of funerals.

- **Case studies**

The case study approach was used in order to obtain illustrative data on specific cases in which HIV/AIDS is clearly a factor. In this study the approach was used to describe how deaths, transfers and sick leave have impacted on HRM and budget issues. This required interviews with key informants at all levels (see Table 2.1) and the recording of the cases of specific individuals.

Quantitative data were also collected on HRM and budgetary issues. For HRM issues data were used to work out rates of staff attrition, whilst for budgetary issues, the ratios of original allotment to actual funds spent were calculated and analysed for the HRM and Other Recurrent Transactions (ORT) budgets.

Table 2.1 Key informants by level

Level	Key informants
Central	<ul style="list-style-type: none">▪ Directors of Educational Planning, Secondary Education and Basic Education;▪ HRM controller;▪ Accounting services controller.
Divisional	<ul style="list-style-type: none">▪ Divisional manager;▪ HRM officer;▪ Accounting services officer.
District	<ul style="list-style-type: none">▪ District Education Manager;▪ Controller of accounting services.

2.2 Limitations and constraints

The study examined how the daily life of the staff at governance institutions is affected by HIV/AIDS; it did not focus on qualified teachers or support staff in schools. However, as most data fail to differentiate school, from district and central level staff, the study team encountered serious difficulties in collecting data. These included the following:

▪ Record management

MoEST human resource records, like those of the rest of the civil service, are not properly maintained in one place. The record management has yet to be fully automated. Given the size and geographical distribution of the MoEST workforce, it is difficult to access human resource records or get a sense of any trends from the data.

▪ Record keeping

Records are not routinely kept on staff morbidity or absenteeism. Indeed the study team found that there are no records of staff absenteeism from any level of the sector. It appeared enough for an interviewee to acknowledge that the problem of absenteeism exists; most respondents articulated the feeling that given that absenteeism is a civil service-wide problem, an adequate response to the problem will require certain interventions from outside the education sector. The lack of well-kept staff attendance records made it difficult for the study team to quantify the losses in staff time due to funeral attendance, personal ill health or medical visits, illness in the family or other personal needs. Furthermore, the assertion that funerals and illness are making a large dent in MoEST finances, though acknowledged by many interviewees, could not be fully corroborated by the data, as the records are incomplete.

Where records are kept, the study team noted that there are some inconsistencies. For example, the number of posts filled in MoEST headquarters, as recorded by HRM was 373, out of a possible 379. The Payroll, Personnel, Pensions Advances Integration section only recorded 315 in post. These differences raised fundamental concerns about the accuracy of all records.

- **MoEST co-operation**

Overall, the study team enjoyed the support and co-operation of the MoEST. However, some information was hard to access – and some has still not been made available due, in part, to negative or obstructive staff attitudes. Some people contacted were not convinced of the value of the study, whilst others, especially junior officers, showed little appreciation for a culture of openness and information sharing.

- **Time constraints**

Time pressures for the completion of the research compounded all of the problems outlined above. Some departments and officers took a long time to find and pass on information, further complicating the task of the study team.

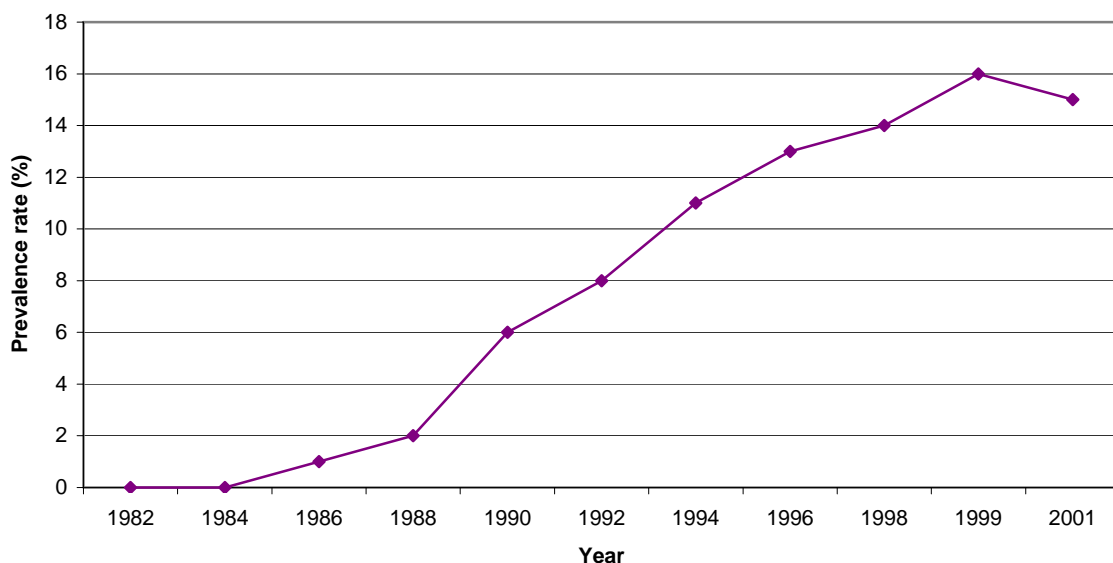
Therefore, while serious efforts have been made to produce quality results, the researchers did encounter some problems. The study findings should be considered and interpreted with these constraints in mind.

3. THE IMPACT OF ATTRITION AND ABSENTEEISM ON THE GOVERNANCE OF THE EDUCATION SECTOR

3.1 Overview of AIDS impact

Malawi, like its neighbours in sub-Saharan Africa, has been severely affected by the HIV/AIDS epidemic. AIDS was first identified in Malawi in May 1985. Since then, the epidemic has spread rapidly. As of 2003, about 760,000 Malawian adults were living with HIV/AIDS, representing a national prevalence among 15 to 49 year olds of about 14.4 per cent (see Figure 3.1 below). Almost twice as many adults are HIV positive in urban areas (23.0 per cent) than in rural areas (12.4 per cent). It is estimated that 900,000 Malawians are infected with HIV today, although it would seem that adult HIV prevalence is no longer rising as rapidly as it did in the 1990s. This does not mean that the infection rate is necessarily falling; a stable level of prevalence means that the large number of people dying each year from AIDS is being matched by an equal number of new infections. In 2003, about 87,000 Malawians died from AIDS. Since 1985 the disease has claimed approximately 641,000 Malawian lives (OPC and NAC, 2003).

Figure 3.1 Adult (15-49 years) HIV prevalence, 1982-2001



Source: OPC and NAC, 2003.

The cases that are actually reported represent only a small proportion of all AIDS cases, but nevertheless their distribution by age and sex provides useful information about the epidemic. About three-quarters of AIDS cases are found among adults between the ages of 20 and 40, the most economically productive segment of the population. Although the total number of reported cases by sex is roughly equal, female cases are concentrated in the 15-29 age group, while more men than women over the age of 35 are reported to have AIDS.

The epidemic has affected all sectors of Malawian society, including the social services. The direct effects can perhaps be seen most easily in the health sector. HIV/AIDS patients occupy more than half of medical ward beds and almost three-quarters of all tuberculosis patients are HIV positive.

The prevalence of HIV/AIDS in the education system exerts pressure on the total resource envelope for education. Study One (Chawani and Kadzamira, 2003) considered the impact that it has had at the school level, disrupting education in many ways, including through staff and pupil attrition and absenteeism. Personnel and budget support to schools is delivered through a network of division and district offices and HIV/AIDS has hit the workforces of these and central offices in a similar fashion. It is known that absenteeism of education sector personnel rises in a situation of high AIDS prevalence due to illness, the need to attend funerals of sick colleagues, overwork and stress, and home care of ill dependents. Eventually, those infected die, leaving offices understaffed and contributing further to the incidence of overwork and stress. Despite the gravity of this situation, there has been no significant research to measure the impact of HIV/AIDS on the staff, functions and missions of the three levels of governance institutions.

3.2 Overview of organization of staffing in the education sector

The MoEST is the single largest employer of civil servants in Malawi, with an establishment of 68,528 out of a total civil service population of 121,000 (MoEST, 2004). The composition of the total establishment can be seen below in Table 3.1.

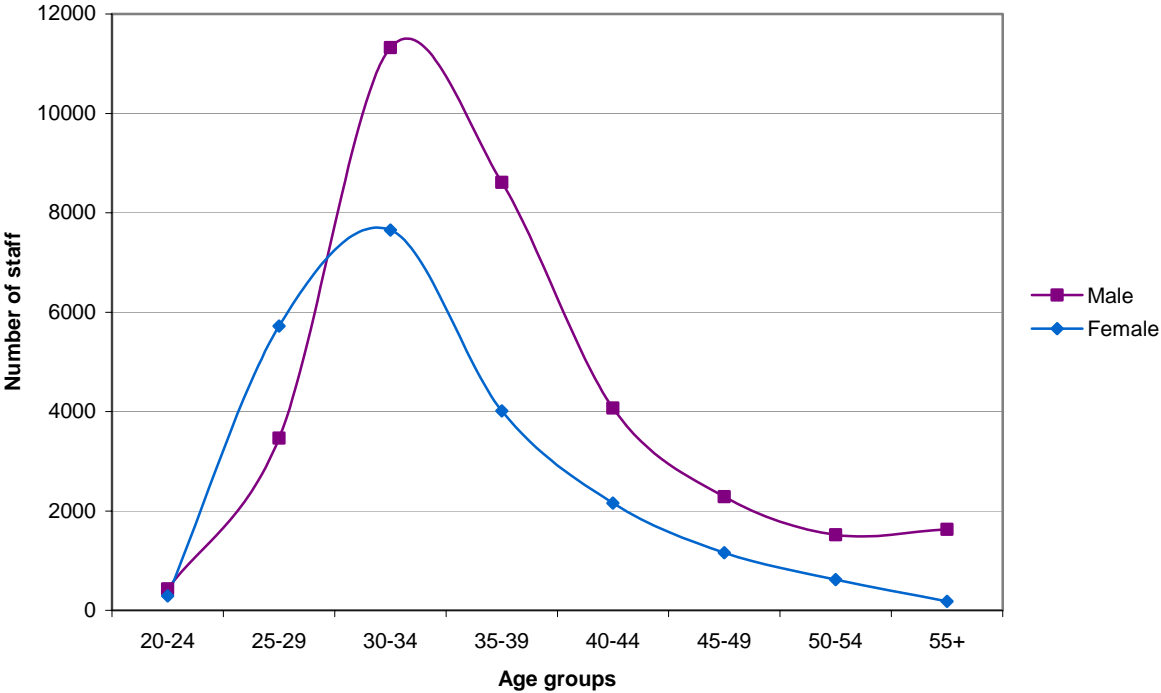
Table 3.1 Distribution of education sector staff by institution or division

Institution or division	No. of established posts
Ministry headquarters	379
Northern Education Division	10,832
Central West Education Division	15,312
Central East Education Division	11,859
South West Education Division	8,580
South East Education Division	9,604
Sire Highlands Education Division	8,565
Malawi College of Distance Education	2,566
Domasi College of Education	147
Industrial class employees	684
Total	68,528

Source: MoEST, 2004.

Figure 3.2 below shows the current distribution of staff by age and sex. The data show that there are two men for every female employee and that 85 per cent of current employees fall into the most economically productive segment of the population, in other words they are between the ages of 25 and 44.

Figure 3.2 MoEST staff distribution by sex and age group



Source: MoEST, 2004.

MoEST headquarters comprises two main departments: the Educational Department and Administration and Support Services Department. The Education Department is split into Planning and Evaluation, Staff Development, Methods Advisory Services (inspectorate), Teachers’ Development, Primary Education, and Secondary and Higher Education. Administration and Support Services encompasses the Project Management Division, Supplies Unit, Physical Facilities, Accounting Services, HRM and Internal Audit. Table 3.2 shows the number of established filled and vacant posts in the various branches of the ministry.

Table 3.2 Number of established and vacant posts at MoEST headquarters

Sub-programme	Total posts	Posts filled	Posts vacant	Percentage vacant
Office of the Minister	3	1	2	66.7
Management and Support	42	31	11	26.2
Project Management	7	3	4	57.1
Supplies Unit	52	49	3	5.8
Physical Facilities	28	27	1	3.6
HRM	67	59	8	11.9
Financial Management	48	37	11	22.9
Internal Audit	4	1	3	75.0
Planning and Evaluation	28	16	12	42.9
Staff Development	2	0	2	100.0
Teacher Development Unit	9	5	4	44.4
Methods Advisory Services (inspectorate)	21	15	6	40
Primary Education	9	5	4	44.4
Secondary and Higher Education	9	5	4	44.4
Teaching Service Commission	50	27	23	46.0
Total	379	281	98	25.9

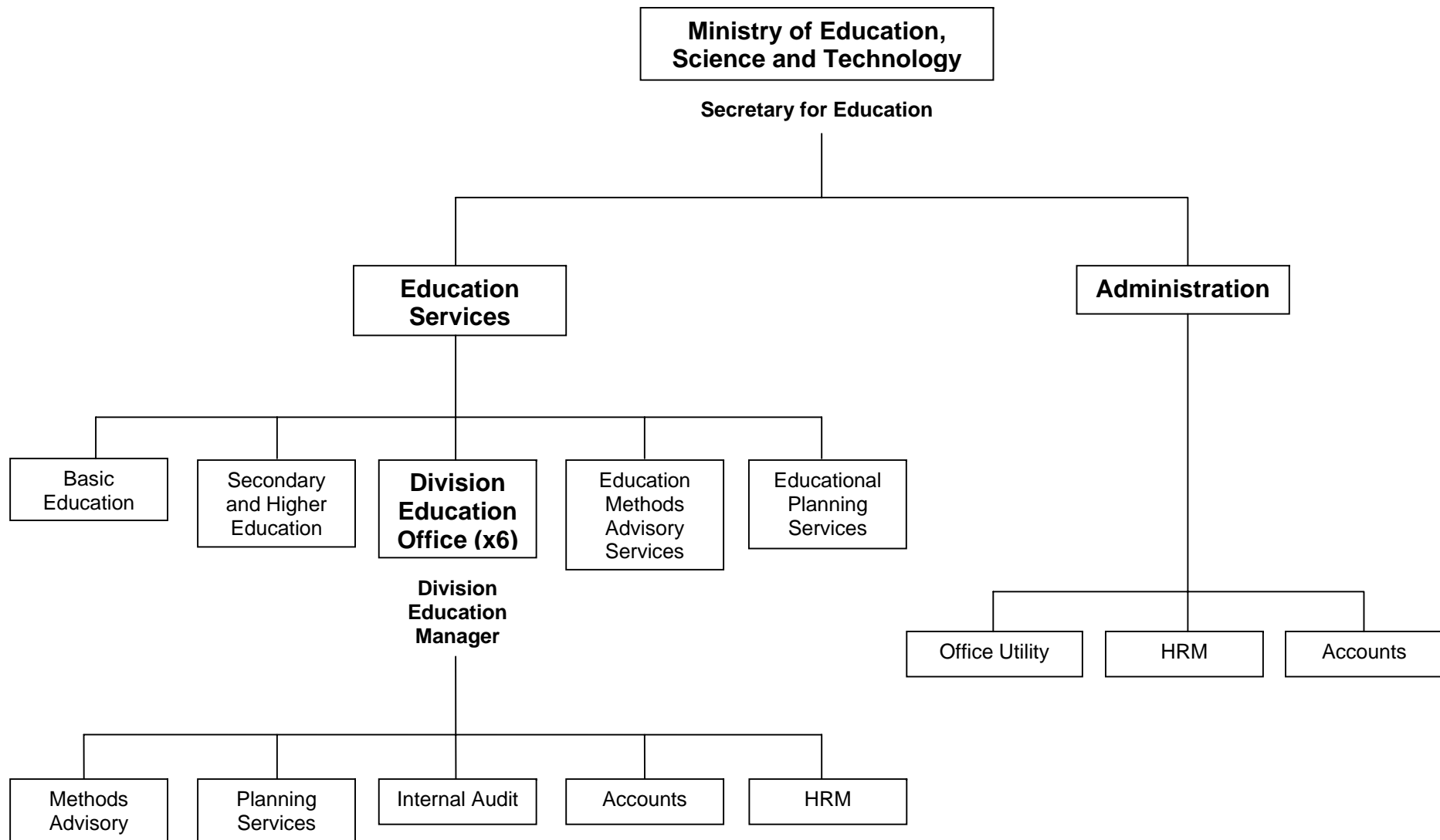
Source: MoEST, 2004.

MoEST headquarters has 379 authorized or budgeted posts. Of these, 281 (74.1 per cent) are filled, leaving 98 (25.6 per cent) vacant. Analysis of the vacant positions shows that most programmes are operating with serious personnel deficits: the average per programme is 42.2 per cent). The most serious problems are predictably in those programmes with the fewest number of established posts, most notably Internal Audit, where only one of its four posts has been filled, and Staff Development, which currently has no personnel. Of the larger departments, the Teaching Service Commission fares the worst: 46 per cent of posts are unfilled. The lowest number of vacancies is in two of the largest departments: Supplies Unit and Physical Facilities (5.8 and 3.6 per cent respectively).

Figure 3.3 below presents an organizational chart of services at the central and division levels. Below MoEST headquarters are six Division Education Offices. They are each headed by a Division Education Manager and comprise methods advisory services, planning services, HRM, accounts and internal audit. Each division has an authorized establishment of 38 posts.

The DEO is the lowest government structure that discharges educational management functions. There are 34 offices controlling district level methods advisory, education management, HRM and accounting services. Each district office is headed by a District Education Manager and has a minimum of 32 posts. The number of additional posts depends on the number of zones in the district. Each zone has one established position: that of Primary Education Advisor. Lilongwe Urban and Lilongwe Rural West DEOs have 5 and 17 zones respectively.

Figure 3.3 Organizational chart of MoEST headquarters and the Division Education Office



3.3 Staff attrition

3.3.1 Findings from previous research

The GoM-UNDP study (2002) of the impact of HIV/AIDS on human resources in five selected ministries shows that total staff attrition in the Malawi public service has increased over the 1990-2000 period, from 11.5 per cent for the five institutions surveyed in 1990, to 29.1 per cent in 2000. The total attrition rate was 2.5 per cent between 1990 and 1995 (excluding the Ministry of Health and Population (MoHP)), and 2.2 per cent between 1996 and 2000 (including the MoHP). However, almost all ministries exceeded this average, with the exception of the MoEST (see Table 3.2 below). The highest average attrition rate was recorded in 1993 (5.4 per cent, excluding data from the MoHP), the year that the government enforced the mandatory retirement age of 55 years.

Table 3.3 Average attrition rates in the Malawi public service, 1990-2000

Sector	Average attrition rate (%)
Ministry of Water Development	15.0
Ministry of Agriculture and Irrigation	4.8
MoHP*	2.2
Malawi Police Service	6.1
MoEST**	1.6
Total (excluding MoHP)	2.3

**1996-2000 only*

***Qualified teachers and support staff only*

Source: GoM and UNDP, 2002: 107.

The average attrition rate among qualified teachers and support staff in the MoEST was 1.6 per cent; the lowest recorded for any of the ministries. As with other ministries, total attrition increased significantly over the period in question, although the highest rates were recorded in 1993 (4.3 per cent), due to an abnormally high number of retirements. There was a secondary peak in 1997 and 1998, when a high number of retirements and deaths resulted in attrition rates of 1.9 and 2.2 per cent respectively (GoM and UNDP, 2002: 107).

The study found that death was the highest cause of attrition (2.6 per cent of all people in post), followed by retirement (1.7 per cent). Mortality was highest in the Ministry of Water Development (5.9 per cent), followed by the police service (2.8 per cent) and the Ministry of Agriculture and Irrigation (2.1 per cent). Mortality in the MoHP and MoEST were lower (1.3 and 0.7 per cent respectively). The trend of mortality rates in the Malawi public service increased by more than 500 per cent, from 3 per cent in 1990 to 16 per cent in 2000. All ministries studied revealed steady increases in mortality from 1996 to 1999. However, poor

record keeping meant that, of the 16,708 records analysed, only 11,447 indicated both sex and age of the deceased, in other words, almost 30 per cent of staff records analysed lacked this important information.

Where age and sex were recorded, analysis revealed that deaths among women were highest in the 20-34 age group, after which they declined. Death rates among men of the same age rose even more sharply and remained high until they reached 44-49 years. This age and sex profile corresponds with HIV/AIDS-related mortality trends, suggesting that most deaths were AIDS related.

Although the study focused on staff at the school level and did not record comprehensive data on central, division and district education personnel, the researchers did make some noteworthy points about MoEST attrition:

- Retirement and death are the main causes of attrition, accounting for 52 and 45 per cent of the total respectively.
- In most cases of retirement staff had attained the age of 55 or had served the 20 years stipulated in the regulations.
- Most of employees (47 per cent) who had left the MoEST had reached the age of 50, followed by people between 30 and 34 year olds (24.9 per cent), 35 and 39 year olds (11.6 per cent) and 45 and 49 year olds (11.4 per cent). From this distribution, it was inferred that the departure of those aged over 50 was due to retirement, while death was likely to be the main cause for the loss of younger staff members.
- Between 1997 and 2000, 1.7 per cent of annual attrition was due to primary school teachers that left the service, mostly on medical grounds.
- General attrition among temporary teachers gradually increased during the decade. Death is the main cause of attrition among temporary teachers, accounting for 85-98 per cent of total attrition between 1995 and 2000. There was a sharp increase in deaths between 1990 and 1993, after which the increase remained constant but steady.
- Attrition of female workers was highest in the 20-29 age group, while male attrition exceeded female attrition from the age of 30 upwards. The death of young adults correlated with other studies of HIV/AIDS-related deaths amongst the general population of Malawi.

3.3.2 Types of attrition at MoEST headquarters, division and district offices

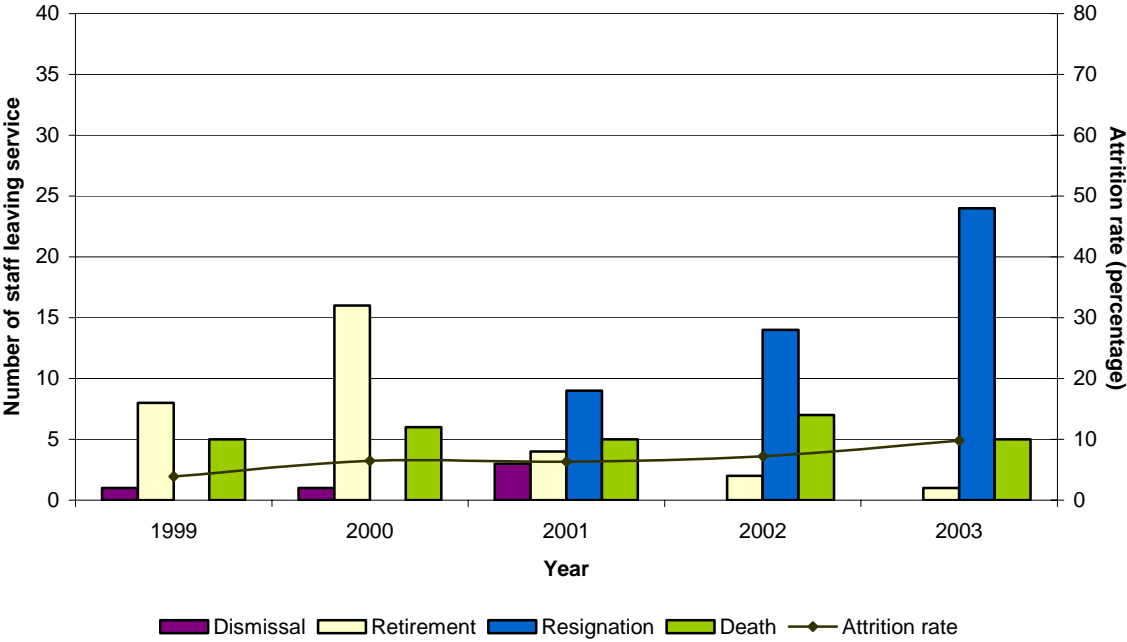
The present study attempts to show the types of attrition at MoEST headquarters, division and district offices. Due to poor record management, the information is incomplete. However, from the records available and the verbal reports made, the research team was able to highlight a number of indicative trends.

MoEST headquarters

At MoEST headquarters data on death, dismissal, resignation and retirement were available for the period 1999 to January 2004. Figure 3.4 shows that in 1999 and 2000 the

major cause of attrition was retirement, followed by death. From 2001 onwards, resignation, principally among professional grades, was the leading cause of attrition, again followed by death. In the opinion of the authors, this increase in the rate of resignation may be attributed to the growing awareness among public sector education workers of the superior salaries and benefit packages on offer in other sectors and especially in private enterprise. This is similar to the findings of the GoM-UNDP study for qualified teachers and support staff, which learned that the most common reason given for resignation was poor remuneration packages.

Figure 3.4 General attrition by cause, MoEST staff, 1999-2003

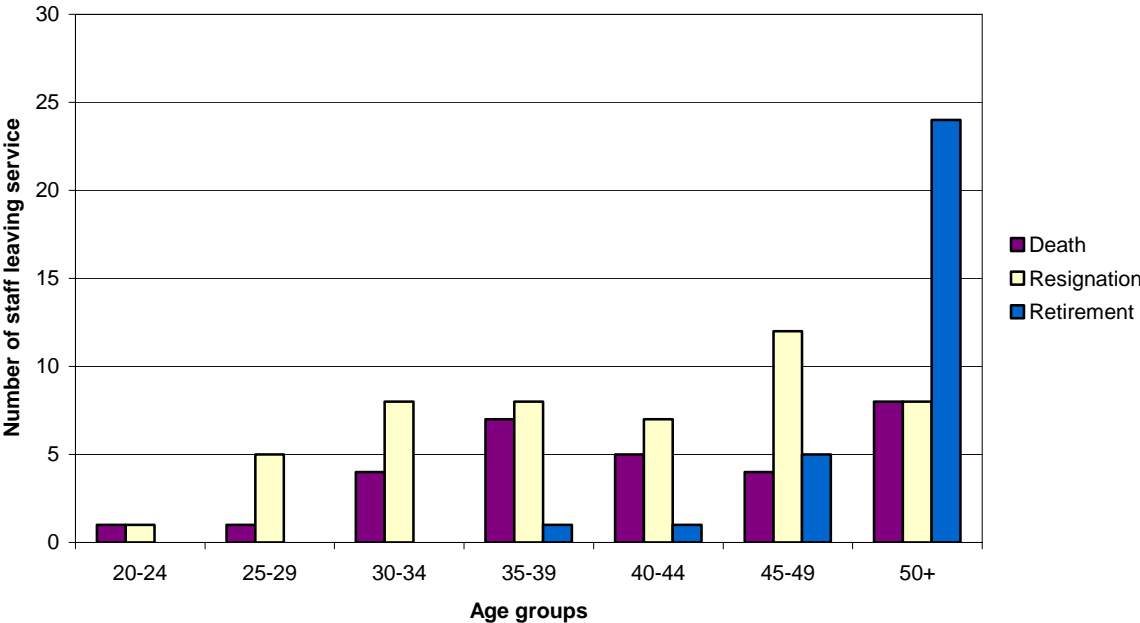


Source: Calculated from data presented in Appendix 1.

Analysis of the records showed neither redundancy nor premature retirement to be a major cause of attrition amongst ministry staff. This is principally due to the introduction of free primary education in 1994, which necessitated an increase in the ministry establishment. As a result there have been no redundancies, and almost all retirements have been due to staff attaining 55 years of age, or serving for 20 years as stipulated by the Malawi Public Service Regulations. Deaths in the period under review remained fairly constant. It is also noted that dismissals were at negligible levels.

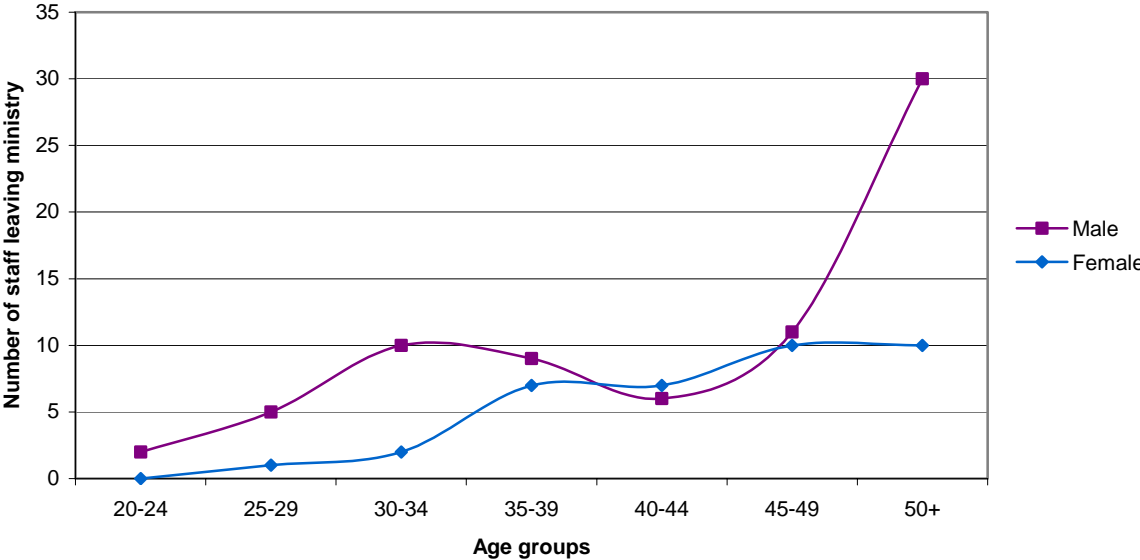
Figure 3.5 shows that, as expected, the highest number of employees leaving the MoEST had reached retirement age or beyond, and were indeed retiring. This supports the conclusions drawn in the GoM-UNDP study (2003); that the loss of staff over 50 is principally due to retirement, although below this age it is resignation and *not* death that would seem to be the greatest cause of attrition. Figure 3.6 presents general attrition by age and sex. It shows that men generally leave the MoEST at an older age than women: 41.1 per cent of all men leaving the service are 50 or over, compared to 27.0 per cent of women. The peak among male 30-34 year olds can be attributed to a high rate of attrition due to death. High relative death rates also account for the first ‘step up’ at 35-39 in the curve for female employees.

Figure 3.5 Attrition by age group, MoEST staff, 1999-January 2004



Source: Calculated from data presented in Appendix 1.

Figure 3.6 Total attrition distributed by age and sex, MoEST staff, 1999-January 2004



Source: Calculated from data presented in Appendix 1.

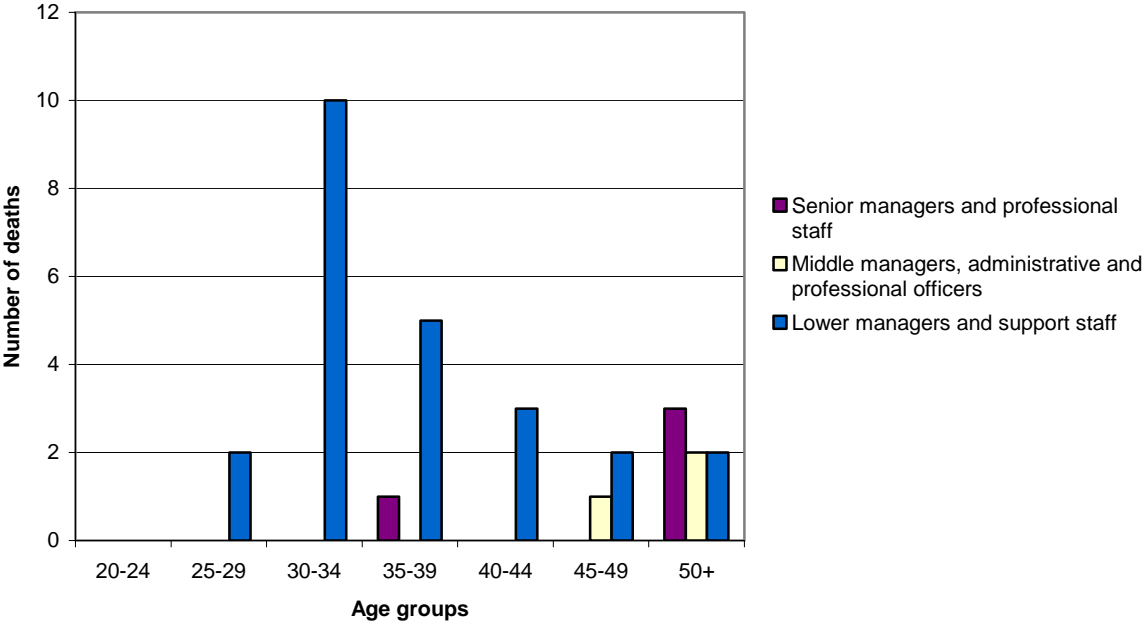
Appendix 1 presents tables breaking this data down by age, sex and type of attrition². Regarding death-related attrition, the data show that most deaths among male staff (35 per

² There are separate tables for death-, resignation and retirement-related attrition. The number of staff leaving due to dismissal was very low, so the breakdown of the sample was not of sufficient analytical value to be presented and discussed.

cent) occurred after the age of 50. The secondary peak (20 per cent) for men in the 30-34 age group is likely to reflect premature, disease-related deaths. As noted above, the death rate of women employees is highest in the 35-39 age group (50 per cent of deaths), followed by the 40-44 age group (30 per cent of deaths). This too, is broadly in line with GoM-UNDP study finding that women are dying earlier than men. It should be noted, however, that the proportion of male to female deaths is similar to the proportion of male to female employees. This would suggest that there is no significant sex-linked difference in the rate of death-related attrition.

In addition to age and sex, the research team gathered data breaking down attrition by professional category. The staff of all three governance levels can be grouped into three categories. First, P5/S5 and above comprises senior managers and professional staff. Second, from P8/S8 to P6/S6, this is the category for middle management, administrative and professional officers. Third, PO/CEO grade and below are lower managers and support staff. The results are presented in Figures 3.7 (deaths) and 3.8 (retirements). Figure 3.7 shows that, overwhelmingly, most deaths (77.4 per cent) were among lower managers and support staff, and that if premature deaths (here taken to be those under 40) are considered alone, this proportion rises to 94.4 per cent. However, it must be remembered that lower level staff make up the majority of the workforce, so if the significance of these figures is to be assessed, they would have to be compared with the number of staff currently in post at each level.

Figure 3.7 Death-related attrition broken down by professional category, MoEST staff, 1999-January 2004

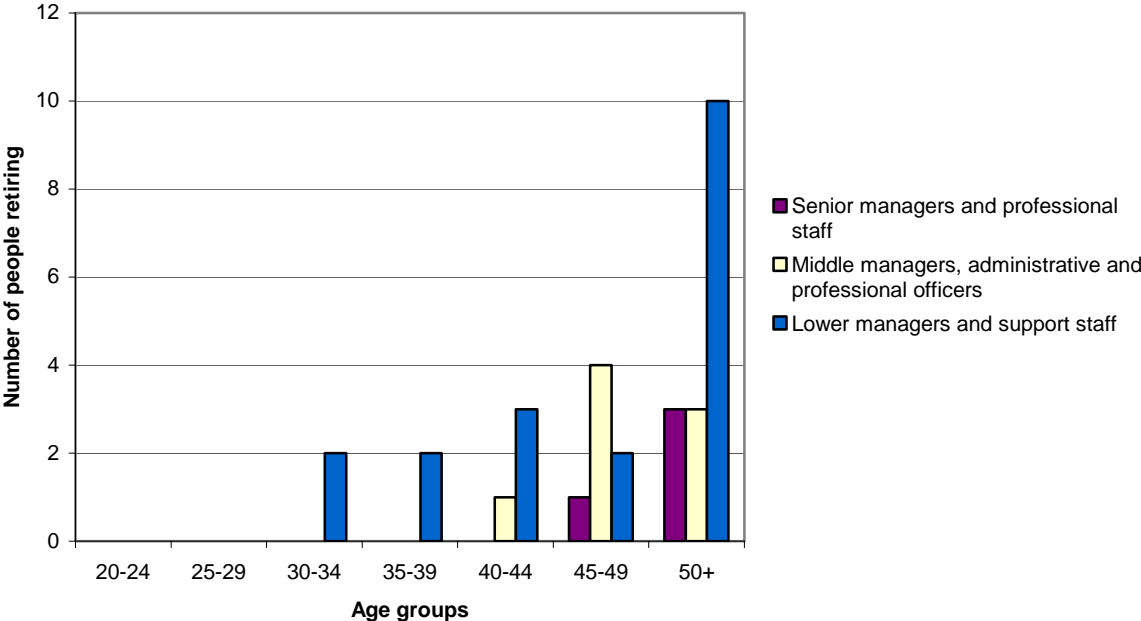


Source: Calculated from data presented in Appendix 1, Table 1f

Although the figures for attrition due to retirement remain skewed firmly towards lower level staff, they are spread out slightly more evenly than those for deaths: 61.3 per cent for lower managers and support staff; 25.8 per cent for middle level staff, and 12.9 per cent for the top level; a pattern that probably reflects the relative proportions of staff in post as

much as anything else. It is the early retirement figures that constitute the main point of interest, as they suggest that lower level workers are more likely to retire early than their senior colleagues. Early retirement may be taken for many different reasons, one of the most frequently recurring being ill health. Therefore, we could propose a hypothetical link between the high number of premature deaths of lower level staff, and their premature retirement. Further research and a larger sample would be needed to test this.

Figure 3.8 Retirement-related attrition broken down by professional category, MoEST staff, 1999-January 2004

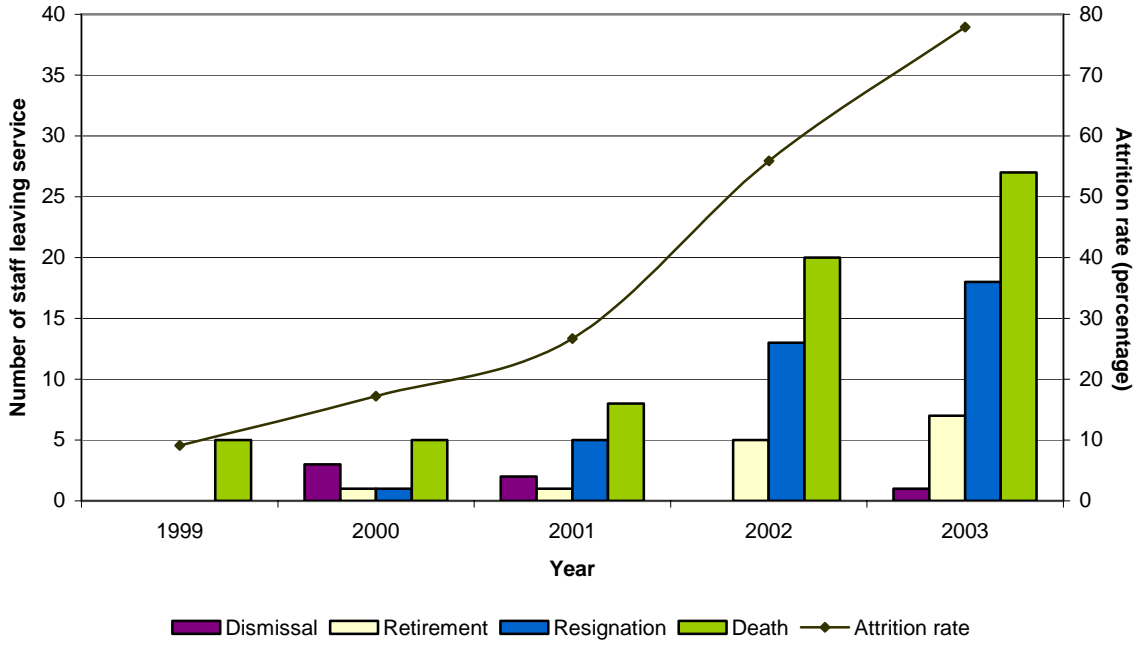


Source: Calculated from data presented in Appendix 1, Table 1g.

Division management offices

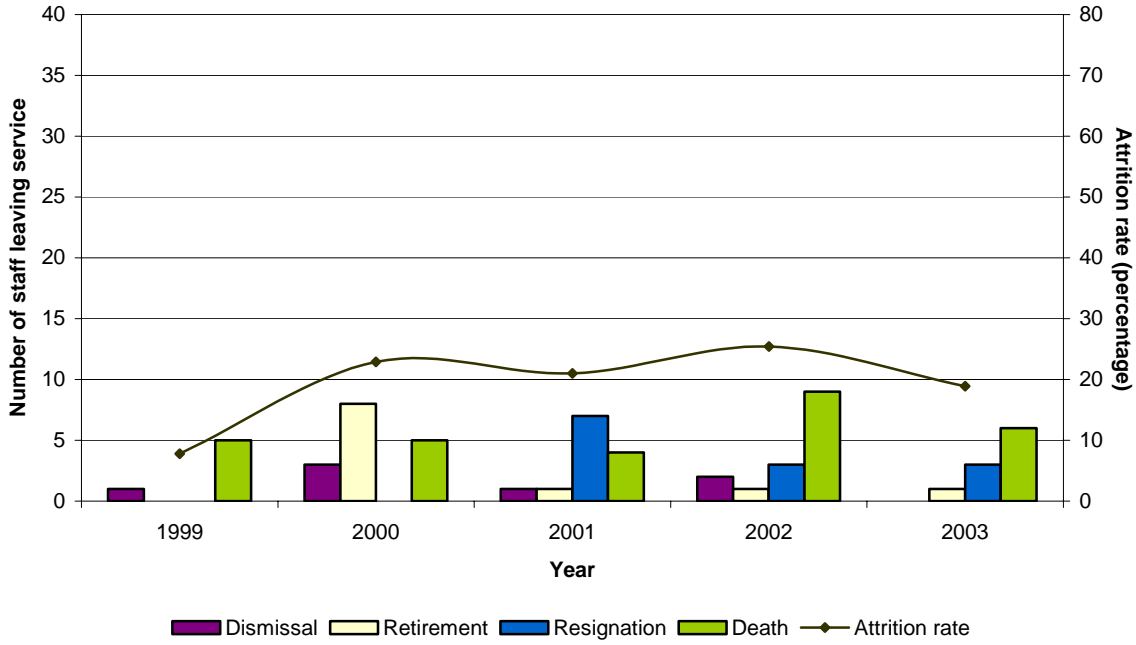
The study also examined attrition rates in CWD and SED offices (see Figures 3.9 and 3.10 below and Appendices 2 and 3). The graphs have a number of striking features, especially when they are compared with Figure 3.4, which shows the equivalent data for ministry headquarters. Unlike ministry headquarters, where resignation was the leading cause of attrition, at the division level it is death that is far and away the most significant cause. The figures are especially dramatic for the CWD, showing an average annual increase of 52.4 per cent in the number of deaths over the last five years. Indeed, the absolute figures are much higher than those for the ministry, despite the fact that the division office employs roughly one fifth of the number of employees of the central level. If the data for the first month of 2004 can be taken as an indicator of the trend for the rest of the year, then it would seem that death rates will remain high, at least for the short term – there were seven deaths in the first three weeks of the year alone. Although the figures are much lower and more stable for the SED, the attrition rate is still higher than that of ministry headquarters. Why, then, are attrition, and the number of deaths especially, so much higher at the division rather than the central level?

Figure 3.9 Attrition by cause and year, CWD staff, 1999-2003



Source: Calculated from data presented in Appendix 2.

Figure 3.10 Attrition by cause and year, SED staff, 1999-2003



Source: Calculated from data presented in Appendix 3.

There are two possible explanations for the division offices appearing to be more severely affected by attrition than MoEST headquarters, although it must be stressed that they are hypotheses only and require further research if they are to be validated:

- The ministry response to the impact of HIV/AIDS on the workforce was initially concentrated on ministry headquarters. Division level staff did not at first benefit from preventive education or other initiatives to raise awareness about the disease and reduce infection rates to the same degree as their colleagues at headquarters. As a result, behavioural change took root, and infection rates receded, more quickly in the capital than in outlying areas.
- It is likely that the data is slightly distorted by poor record keeping; some school and district data may be included in the division records. For example, in the absence of an established position of watchman for primary schools in Lilongwe city, part of the CWD, the division manager personally recruited watchmen for the schools and included them on his establishment. This increased his number of employees and consequently the rate of loss of staff.

The age and sex breakdowns for death-related attrition (see Tables 2b and 3b of Appendices 2 and 3) show that, since 1999, recorded female deaths at the CWD and SED have peaked in the 35-39 age group, taking a share of 25.0 per cent and 42.9 per cent of the total deaths respectively. Deaths among male CWD staff also peak relatively early, at 40-44 (23.4 per cent of the total). It is only among male SED staff that death rates are highest among the oldest, producing something like a 'normal' distribution. Cause of death was not recorded, but the age distributions, coupled with the sharp increase in deaths among CWD staff, strongly indicate premature death due to disease, supporting the explanation given above for higher than average death-related attrition at the division level. Assuming that National AIDS Commission (NAC) estimates of HIV/AIDS-related deaths among professionals have remained constant (GoM and UNDP, 2002), the present study estimates that at least 10 per cent of the deaths between 1999 and 2004 could be attributed to HIV/AIDS.

The effect of HIV/AIDS, however, is not seen in the death-related attrition data alone. In the case of the CWD, the fact that both death- and resignation-related attrition increase sharply at almost the same time suggests a causal connection between the two. If officers that die are not replaced quickly, the workload of those that remain increases to compensate. Consistently heavy workloads lead to feelings of inability to cope, low morale and high stress, and may even ultimately result in burnout and resignation. Many of the staff interviewed complained of workload pressures (see Section 3.4), although further research would be needed to establish whether this was due to taking on extra work following the death of colleagues, and if it then resulted in resignation.

District education offices

Record management at the level of the DEOs appeared to be incomplete; few records were available, presenting difficulties for data collection and confidence in the results obtained. From those records that were available, the research team found that in Lilongwe Rural West death was the only recorded cause of attrition. Between 1999 and 2003, six deaths were recorded, representing an annual death rate of 3.4 per cent. Lilongwe Urban listed attrition due to death, resignation and retirement. The rates for both death and retirement were 5.6 per cent – significantly higher than those for the ministry (1.57 per cent in both cases), although much lower than either of the division offices.

3.4 The impact of absenteeism on governance in the education sector

3.4.1 Findings from previous research

Various studies have shown that HIV/AIDS has an alarming effect on the economy as a whole. As the attrition data demonstrate, the epidemic hits the workforce most severely in its prime. Many of the victims are in their 20s and 30s, i.e. their most productive years, when they develop AIDS symptoms and begin to fall ill. The situation results in steadily rising costs to organizations, coupled with falling efficiency, as a result of the loss of workers, and decreased hours due to illness, death, overwork and stress, attendance at funerals and home care for ill dependents (Rugalema, Weigang and Mbwika, 1999).

In the education sector, it is widely reported that there is increasing morbidity, often considered to be HIV/AIDS related, and increasing absenteeism. In Malawi it has been reported that at any one time most schools have at least one sick staff member. With over 3,000 institutions, this means that there are no fewer than 3,000 MoEST employees that are likely to be absent for either part of a day or a full day (GoM and UNDP, 2002). Recorded causes of absenteeism include personal sickness, sickness in the family, funeral attendance, running personal errands, low morale, and a lack of basic and essential work materials, tools or services. The GoM-UNDP study found that, on average, employees absent themselves for 1-10 days a month to attend to personal sickness, about 2-5 days a month to attend to sickness in the family and between 1 and 10 days a month to attend funerals.

It is the generally held view that HIV/AIDS-related sickness contributes significantly to absenteeism, although there are no systems in place to corroborate this and track absenteeism in a systematic fashion. A study by Kadzamira, Maluwa-Banda, Kamlongera and Swainson (2001), for example, found that levels of absenteeism were not quantified and that there were differences in ways of understanding and defining absenteeism. Thus, incidences of staff being 'temporarily out' – with or without explanation or permission – were excluded from statistics. Part-day absences were also often not regarded as absenteeism, although they are a common occurrence and have become increasingly frequent over the last few years.

Despite the lack of explicit data on AIDS-related absenteeism, the GoM-UNDP (2002) study reported that HIV-infected employees are likely to be absent from work for at least 15 days per year, while those with full-blown AIDS will be absent for 65 days. With a national HIV prevalence rate of 16 per cent, it was estimated that in 2000 alone 9,957 MoEST staff (at all levels) were likely to be infected (GoM and UNDP 2002: 40). Excluding the 43 deaths that were likely to be HIV/AIDS-related, we can estimate that infected staff members were absent for 148,710 days or 6,760 months. All in all, HIV/AIDS-related absenteeism and morbidity have negative effects on the quality of education and the performance of the education system as a whole.

3.4.2 Findings from current research

In the present study the main reported causes of absenteeism at MoEST headquarters were sickness, followed by funeral attendance, and in a few cases, the earning of supplementary income, including attending to farming (e.g. tobacco farming to make ends meet) and beer drinking, especially in rural Malawi. Female staff members are reportedly absent more frequently than their male counterparts, because their absences due to sickness

range from personal illness, to caring for children, spouses, close and even distant family members. The study also found that few officers were reported to be out of the office for extended periods because of illness. The illnesses and symptoms that affected those that were sick for extended periods included malaria, tuberculosis, meningitis, shingles, chest pains, skin problems, diarrhoea, fever, ulcers, cough, muscle wastage and swelling of legs. Given that some of these are closely associated with HIV/AIDS, it is suggested that HIV/AIDS is a major determinant of morbidity in the MoEST.

In line with previous studies, the study team found that there are no systems to track absenteeism and morbidity, although all heads of departments and divisions confirmed that, based on personal observation of staff behaviour, absenteeism is a problem. Four out of five directors interviewed said that there are always one or two cases of chronic or frequent illness in their units. However, most of them observed that the provision for sick leave is not rigidly adhered to.

Sick leave

Current regulations state that all civil servants are entitled to sick leave, which is supposed to ease situations of long-term illness and ensure job security. According to the public service regulations, an employee is entitled to three months of sick leave with full pay, after which he or she is entitled to another three months sick leave with half pay. After six months, the individual may take another six months off, although this time without pay. If the illness persists beyond this 12- month period the controlling officer may convene a medical board to examine the patient. The board may recommend retirement on medical grounds, in which case the officer gets all of his or her benefits calculated up to the date on which he or she retires. Alternatively the board may not recommend retirement and the officer has to return to work.

The study established that most top managers in government and other central organizations feel that this provision needs to be reviewed. Reasons included that at the time the provision was made, long illnesses were not common, especially among the economically active age bracket. It needs to be revised and updated, however, to reflect the changing health environment, whereby long-term illnesses have high prevalence rates (especially HIV/AIDS), and have had a severe impact on civil servants.

It was recognized that any change to the system will have important financial implications for the government. Consequently, there will be a need for wide consultations before any decision can be reached. Bearing this in mind, respondents made the following suggestions:

- An insurance system should be introduced and civil servants should be encouraged to join the scheme.
- Sick leave should be provided with full pay to enable the sick teacher or officer to pay for antiretroviral (ARV) treatment, eat well and support his or her family. However, the study team found that in practice this is already being done! As Study One (Chawani and Kadzamira, 2003) highlighted, implementation of the formal sick leave regulations has been problematic. On humanitarian grounds, officers continue to be paid for as long as they are in post, without any decrease in salary. One officer said that, “In reality sick leave is not being given. It is just ignored and people on long illness are left to get their salary

until they die.” In addition it was revealed that sick teachers are often granted compassionate (i.e. unofficial) leave, whereby they get their pay. The proposal would therefore be to formalize the existing situation.

- Sick leave should be extended. The argument for this proposal is that the current period is too short. However it would seem there is confusion with regard to the length of sick leave. One officer indicated that sick leave is six months: three months with full pay and a further three with half pay. Another respondent said that sick leave regulations are not followed properly and that in most cases decisions about duration and level of pay are dictated by personal emotions.
- A gratuity should be paid to an officer when he or she is qualified to retire. One can retire on medical grounds on the recommendation of a medical board, upon attaining the mandatory retirement age or 20 years of service, on approval by the minister responsible for the civil service, or in the public interest. In all of these situations, the formula for working out the gratuity is based on the length of service and the salary earned at various levels (including leave days). Respondents believed that a gratuity is contributory, but this is not explicitly stated in the contracts that civil servants enter into with the government; the salaries that civil servants draw do not reflect how much they contribute towards their gratuity.

Case study 1 Mr Banda

An employee, Mr Banda³, was sick and bedridden in a central hospital for six months. No official report was made to the MoEST. He missed his pay for six months because the government had been conducting pay parades (to rid the MoEST of ghost workers) and every employee had to collect their pay in person.

It was only after the MoEST identified Mr Banda that the Treasury authorized payment of his arrears. He had been labelled a ghost worker, rather than someone who was chronically ill.

The silence and stigma attached to AIDS frequently means that information does not exist on the number of employees who are chronically ill. This makes human resource planning, and management and deployment of officers very difficult.

The study team found that conditions of service need to be reviewed and re-weighted in favour of employees who are infected and affected by HIV. Respondents at various levels made the following suggestions:

- The government gratuity should be scrapped in favour of explicit insurance. The advantages stated include that insurance premiums and benefits would be negotiable depending on one’s capacity to contribute, people would be clear of their actual salary, and it could be received directly by the bank, making it faster and free of corruption.
- The gratuity calculation should include a housing allowance. It was agreed that the housing allowance adds up to more than the actual salary of lower level staff. Therefore, if

³ This was not his real name.

it was added to the gratuity formula, it would boost the gratuity to be received, benefiting HIV/AIDS-infected and -affected employees.

- There should be no retirement on medical grounds, enabling those infected and affected by HIV/AIDS to enjoy their full salary until retirement.
- A flat rate of gratuity should be fixed for those who may wish to leave the service before their due time, i.e. the ministry should dispense with length of service in the pension formula.
- The gratuity should be adjusted upwards.
- A reduced service period should be introduced for those who are sick for long periods so that they are eligible for a gratuity and can use it to pay for medication.
- If someone is known to be HIV positive, he or she should receive the gratuity in advance for sustenance of life. The study revealed that current procedures may inadvertently penalize HIV/AIDS infected and affected staff. For example, it was said that poor documentation makes it difficult for gratuities to be calculated, so that people may spend years waiting for them to come through, spending their private savings in the process on frequent trips to ministry headquarters and bribes for ministry staff.

Other causes of absenteeism

Funeral attendance is also a major cause of absenteeism, whether it is the funerals of relatives, colleagues, neighbours or religious affiliates. It was noted that funeral attendance ranges from a fraction of a day to a week depending on the closeness of the relationship between the deceased and the employee attending the funeral, and the location of the burial place. Documents made available to the team showed that employees frequently travel to all parts of the country to attend burial ceremonies.

The study also found that other reasons for absenteeism among employees (for both men and women) include lack of money, low staff morale and lack of means of transport or means to pay for transport to come to the office.

In conclusion, it is evident that staff absenteeism is causing concern to managers at all levels of the MoEST. Whilst keeping track of the frequency and reasons for absenteeism appears to be out of question, there was a consensus among the managers that there should be consultations with all parties to discuss how absenteeism due to funeral attendance can be kept to minimum. It was suggested that funerals should be conducted at weekends rather than on weekdays. This would ensure a minimal disruption to the working week and would facilitate attendance by official mourners, who would be off duty. If this were adopted, attendance at civil service funerals need no longer interfere with normal employment duties. Some respondents dismissed the proposal, arguing that it would be inconsistent with Malawian traditions and practices. Clearly, the implementation of such a strategy would have to be preceded with careful negotiations to avoid conflict and politicization of the change.

3.5 Staff productivity

Although no empirical data were available on staff absenteeism, senior officers at all three levels of governance agreed that it has led to a reduction in overall productivity.

3.5.1 Workload

Respondents at all levels reported that although absenteeism among governance staff is at a relatively low level compared to among teachers, it has nevertheless resulted in more workload pressures on available staff, leading to added stress and burnout. Cases of up to three months absence were reported. In the absence of relief workers or a standby workforce, it falls to the remaining staff to cover for their absent colleagues. Professional, technical, clerical and support staff were all reported to be affected. Respondents also reported that male workers are more likely to have to take on additional work, since one of the most frequent reasons given for absenteeism is caring for the sick – a task usually carried out by women.

3.5.2 Workflow

The study recorded reports of declines in productivity and individual performance, as a result of absenteeism, leading to organizational disruption. It was reported that some essential tasks, like the production of the monthly payroll and various education statistics, were delayed. It was also noted that school inspections had to be postponed (and sometimes even cancelled) to accommodate provision for the funerals and burials of deceased employees (i.e. coffin transportation, travel for mourners etc.).

3.5.3 Staff morale

The study noted that the increase in workload pressures on available staff, associated with high levels of absenteeism, leads to added stress and burnout, which negatively affect staff morale. It was reported that staff morale was at its lowest among mid- and lower-level employees. For example, some staff members are deeply affected by the incidence of HIV/AIDS among their relatives and colleagues. Though this is a major concern to them, they receive little support from their peers and supervisors. Interviews with middle and lower rank staff revealed that very few of them who had experienced AIDS sickness or death among their relatives had talked about the problem with friends or relatives. Some had not been given the opportunity, whilst others felt either unable or unwilling to do so. This echoes the Study One finding (Chawani and Kadzamira, 2003) that most teachers living with HIV/AIDS are unwilling to talk to ministry officials, despite having no reservations about talking to representatives from the National Association of People Living with HIV/AIDS in Malawi.

4. THE BUDGETARY IMPACT OF ATTRITION AND ABSENTEEISM

4.1 Overview of the MoEST budget

This chapter will examine the financial implications of HIV/AIDS-related attrition and absenteeism in the education sector. It aims to do the following:

- review government budget allocations and actual expenditure for the ministry and its governance structures;
- analyse the costs of attrition and absenteeism;
- identify the sources of funding for unbudgeted expenses;
- determine the ratio of expenses for identified attrition factors to operating expenses, and
- identify coping mechanisms that are used to deal with resource shortfalls.

As the largest ministry in the Malawi Government, accounting for more than 50 per cent of the total civil service, the MoEST's services spread far and wide throughout the country. One of the government's major goals for the socio-economic development of the country is poverty reduction. Education is a recognized centrepiece for supporting poverty reduction efforts and, consequently, has been declared one of the top priority ministries by central government (MoEST, 2001; GoM, 2002*a*).

Over the years, the government's commitment to education development has been demonstrated through budgetary allocations. Since 1993/1994, there has been a general increase in the government expenditure allocation to the education sector. The share of recurrent expenditure for education in the national budget has increased from 11.1 per cent in 1990/1991, to 25.5 per cent in 2001/2002 and 27.9 per cent in 2003/2004. This compares favourably to the average 25 to 30 per cent share for other African countries.

The development budget allocation has also increased within the same period. However, at a per capita expenditure of 16 United States dollars (US\$), Malawi is still spending less compared to other countries in the region, where the per capita expenditure for education already stands at US\$24. In the last three financial years (2000/2001 to 2002/2003), the education sector's share of recurrent and development expenditure has averaged 24 per cent and 15 per cent respectively. From 1993 until now the proportion of Gross Domestic Product invested in the sector has averaged 5.7 per cent. Furthermore, the education sector has benefited from Heavily Indebted Poor Countries Initiative funding from the International Monetary Fund and the World Bank for activities earmarked for poor and disadvantaged enrollees (GoM 2002*b*). Most of the total allocation to education has been spent in the primary sector. Thus, in 2001/2002 a grant of 50,000,000 Malawi kwacha (MWK) – approximately US\$50,000 – was shared out as follows:

- 57 per cent for primary education;
- 25.5 per cent for secondary education;
- 16 per cent for the University of Malawi, and
- 1.5 per cent for vocational education.

In spite of this allocation, the ministry will have to significantly increase funding simply to finance the recurrent expenditure; achievement of the targets that it has laid down will necessitate yet more commitment and investment. Over the years, there have been variations between the actual expenditure and the original budget for domestic resources, while expenditure under external financing also shows disparities between the money spent and the original budget.

4.2 The costs of attrition and absenteeism in the education sector

Education budgets at all governance levels are affected by HIV/AIDS. The financial implications of HIV/AIDS-related mortality, morbidity and absenteeism include funeral costs, death benefits and the cost implications of absenteeism.

4.2.1 Funerals and survivors' benefits

Public service regulations state that the government is obliged to meet the cost of providing the coffin and transportation to the place of burial for a deceased employee, plus his or her spouse, children and any dependents living with the employee at the time of death. The study confirmed both this and the findings of previous research; that funeral expenditure includes the cost of a coffin, wreaths, transportation and subsistence allowance for staff on duty.

Every ministry's budget comprises two budget types: recurrent and capital. The recurrent budget has two categories, namely Personal Emoluments and Other Recurrent transactions (ORT). The ORT budget covers goods and services, including provision for funeral costs, although this is not an explicit part of its remit. The government's ORT allocations to MoEST headquarters, CWD and SED for the period between 1999/2000 and 2003/2004 are presented in Table 4.1 below.

Table 4.1 Government ORT allocation in MWK, by governance structure, 1999/2000 to 2003/2004

Fiscal year	Headquarters	CWD	SED
1999/2000	74,361,499	3,395,346	7,979,435
2000/2001	75,288,190	3,395,346	7,979,435
2001/2002	513,738,553	72,756,500	59,783,200
2002/2003	941,964,380	79,317,520	68,956,700
2003/2004	1,071,898,700	116,727,300	88,098,500

Source: MoEST records in the accounts section.

In the period under review, some data were available on the expenditures that have been incurred on death gratuity, which is principally made up of survivor's benefits. It must

be pointed out, however, that because of the lack of records on fuel expenses, it was not possible to compute how much is spent on transporting the dead to their place of burial (usually their original home). Every interviewee admitted that paying for fuel and the attendant costs of vehicle repair and maintenance eat into the ORT budget and are a significant add-on cost to budgeted funeral expenses.

Table 4.2 Expenditure (in MWK) on death gratuity and coffins at MoEST headquarters, CWD and SED offices, 1999-2003

	Death gratuity	Cost of coffins	Total expenditure
MoEST headquarters			
1999	798,552	35,000	833,552
2000	579,996	42,000	621,996
2001	1,665,324	28,000	1,693,324
2002	726,624	28,000	754,624
2003	1,013,172	35,000	1,048,172
Total	4,783,668	168,000	4,951,668
CWD			
1999	781,452	49,000	830,452
2000	539,100	35,000	574,100
2001	1,382,004	91,000	1,473,004
2002	2,727,792	175,000	2,902,792
2003	4,519,728	287,000	4,806,728
Total	9,950,076	637,000	10,587,076
SED			
1999	223,452	14,000	237,452
2000	1,734,372	84,000	1,818,372
2001	524,052	35,000	559,052
2002	2,035,728	98,000	2,133,728
2003	1,811,412	91,000	1,902,412
Total	6,329,016	322,000	6,651,016

Source: Compiled from MoEST, CWD and SED records (for breakdown by professional category see Appendices 4, 5 and 6).

Table 4.2 reveals that the cost of funerals has steadily increased from 1999 to 2003. It is noted that in 2003 the CWD, with 48 employees in post, spent more money on funerals than MoEST headquarters, with 304 employees in post. This supports the figures for death-related attrition given in the previous chapter. Given that up to 10 per cent of deaths are estimated to be AIDS related, it is suggested that HIV/AIDS is exerting more pressure on CWD financial resources than on headquarters resources. The study team was told that transport requirements for funerals not only exert heavy pressure on the division office's limited financial resources; they also stall some critical services, notably school inspections, as inspection vehicles are assigned to transport dead bodies and officers to attend funerals.

Another expense incurred is that of the subsistence allowance paid to the officials that represent the ministry at the funerals of employees and, sometimes, their relatives. The records available to the study team show that MoEST headquarters spent MWK26,880⁴ on such allowances in 2002 and MWK103,540 in 2003.

In some cases, funeral assistance has been given in the form of cash to help with food purchases for the officials escorting the dead bodies. In 2003, the sum of MWK62,500 was spent on assistance for some six CWD funerals. This was in addition to the expenses that were incurred on coffins and transport. On top of these arrangements, which are confined to an employee and close family members, there have been cases in which the MoEST was requested to extend assistance to ineligible members (see case study below).

Case study 2 Mr Phiri

An employee, Mr Phiri⁵, came to the MoEST to request support, specifically a vehicle (a 7 ton lorry), to ferry the remains of his brother-in-law to Mulanje, about 400 km from Lilongwe. When he was told that a brother-in-law was not a family member that the ministry was obliged to support, Mr Phiri sought an explanation from a personnel officer. He went on to meet a senior management officer because he was under pressure from all of his relatives, who expected him to deal with the problem. He explained that in the absence of his wife, the deceased's sister, who had passed away due to AIDS a year ago, he was obliged to assist.

The management officer felt sorry for Mr Phiri and granted permission, on humanitarian grounds, for a lorry to be provided, on the condition that he fill the vehicle with fuel himself.

Despite this condition, the ministry still incurred some costs in terms of the field allowances for the driver and maintenance costs of the vehicle. In addition, because of availability of the transport, some members of staff in the ministry accompanied Mr Phiri (again on humanitarian grounds) and were absent for two working days. This loss in time through absence from the duty station was an additional expense that the ministry met for a person who was not an employee.

4.2.2 Medical insurance premiums and other medical benefits

There is no health care system or medical scheme for civil servants. It is argued that civil servants have access to adequate services through government health care facilities, be they health posts or referral hospitals, which provide free care. However, in recent years,

⁴ The exchange rate is approximately MWK107 to US\$1.

⁵ This was not his real name.

government hospitals and health facilities have had serious shortages of drugs. To this extent, provision of free ARVs is out of question for the foreseeable future.

The study discovered that there is a strong demand for a medical scheme at all levels of the education sector. Some respondents felt that as an employer, the government should be concerned about the health of its human capital; they took the absence of such a scheme to be an indicator of how little the government cares about staff welfare. They suggested that provision should be made for good medical care and payment of bills, most especially for teachers living with HIV/AIDS. Those that expressed this desire said that there are several medical schemes currently in operation in the private sector, which the government could adopt and have employees join.

Another strongly expressed desire was for the government to put in place an insurance scheme. It was argued that access to health care is a serious problem and that public provision does not meet the need, especially in rural Malawi. Health insurance would enable teachers and other staff to make use of private clinics. However, some respondents expressed the fear that the government does not have the resources to start such a scheme.

The other need that was expressed at all levels was that, in the absence of a health care system, the government should provide free or subsidized ARVs. The study team learned that Parliament recommended that 2 per cent of the budget of a ministry or department should be used for ARV provision for staff members. An official from one ministry confirmed this and said, “We have allocation in the budget for ARVs and we have made it clear to people in the ministry. However only a few can access the drugs.”

Another proposal to source the ARVs was that the ministry should initiate a workplace programme. The study found that under the Global Fund to Fight AIDS, TB and Malaria, Malawi has been allocated US\$196 million for a period of five years. Some respondents advised the MoEST to approach the NAC, as co-ordinating body for the Fund in Malawi, to channel some resources to the education sector for the provision ARVs. It was noted that most of the people interviewed did not have adequate information on the processes and procedures to follow for accessing funding, and some MoEST officials were sceptical about the accessibility of the Fund.

In conclusion, the absence of proper health care for employees, especially in rural Malawi, is a serious matter of concern. The MoEST, together with the government ministry and department responsible for HRM issues, should review the policy of health care for civil servants.

4.3 Sources of funeral expenses

The study team failed to find a single point of agreement among respondents on whether funeral expenses are foreseen in institution budgets. Some respondents said that the expenses are sourced from ORT office supplies and expenses, and sub-item consumable stores, and that there is no deliberate effort to estimate the cost of funerals. Others confirmed that the expenses are sourced from the sub-item consumable stores, but thought that they are in fact budgeted for. Respondents did agree, however, that due to limited treasury allocations to various ministries and departments, the MoEST does not have sufficient funds for the cost of funerals. As funerals demand priority treatment, other services have to be sacrificed to pay

for them. These include school inspection visits, in-service training for teachers, the purchasing of adequate teaching and learning materials, and the maintenance of buildings and vehicles.

4.4 Ratio of expenses of attrition factors to operating expenses

There are no accurate or complete records of the cost of attrition factors, such as teacher absenteeism, mortality or morbidity. The study team was only able to source information on gratuities and the cost of coffins as a percentage of ORT. This is presented in Table 4.3 below.

Table 4.3 Total gratuity and cost of coffins as a percentage of ORT, 1999/2000 to 2003/2004

Fiscal year	Headquarters	CWD	SED
1999/2000	1.1	24.5	3.0
2000/2001	0.8	16.9	22.8
2001/2002	0.3	2.0	0.9
2002/2003	0.1	3.7	3.1
2003/2004	0.1	4.1	2.2

If funeral expenditure can be taken as a proxy for the number of deaths, the table shows that the ratio of death-related costs has generally decreased during the period under review. The MoEST headquarters ratio has consistently decreased, while expenses for both CWD and SED have fluctuated. Over the last three years, ORT budgets have had to be adjusted upwards to accommodate the escalating costs of funerals (see Tables 4.1 and 4.2, above). In spite of the seeming decrease in the ratio of attrition to operating expenses, the ratio of expenses for death-related attrition to operating expenses of MoEST headquarters, and the CWD and SED offices is steadily increasing.

4.5 Coping mechanisms

The research team has found that there are few coping mechanisms in place to deal with the resource shortfalls resulting from high HIV prevalence. In the absence of specific provisions to cover funeral expenses, for example, ORT funds are utilized, and consequently certain planned activities, like funding for the University, government assisted schools and school inspections, are sacrificed. Summed up, the MoEST is not able to cope with the resource shortfall. Moreover, although such shortfalls are acknowledged to exist, they have not been discussed at senior management level with a view to finding a solution. They are in effect viewed as a recurring problem that has simply to be endured.

The study team was told that resource constraints do not just affect other sector activities; activities directly resulting from the epidemic also suffer. Most funerals, for example, are under-provided in terms of transport. Instead of three vehicles for each funeral, two vehicles are more common. Sometimes only one vehicle has been provided. There was also a case in which two funeral parties had to be transported in the same vehicle.

It was noted that in the absence of official arrangements, employees have established welfare committees as an informal coping mechanism (see case study below).

Case study 3 Welfare committees

Although the organization of funerals for officers and their immediate family members is the responsibility of the administration department, the MoEST's department is so understaffed that most of the time it fails to cope. From the late 1990s there has been a mushrooming of welfare committees or clubs at capital hill government ministries and departments to help meet this demand, and to provide support on other issues relating to death and ill health.

While the origins of this development are not very clear and are not explicitly linked to the emergence of HIV, the need to make such arrangements was articulated by all those interviewed on the matter. In one ministry the idea originally flowed out of a discussion in a management meeting on the need for members of staff to act as a family and provide moral and material support for each other. It was argued that, "AIDS or no AIDS we still would have a welfare club as only one officer has so far said she is HIV positive. We do not know the extent of the HIV/AIDS problem." An MoEST respondent expressed similar sentiments, saying that, "The setting up of the welfare committee in the ministry has nothing to do with HIV/AIDS. It was initiated by a Principal Secretary who moved from the MoHP where such a thing existed and due to problems he saw in this ministry, especially related to funerals, he felt a welfare committee was needed. When an officer died such issues were talked about in the corridors and there was a lot of disorganization. There was [a] need to have someone, or a group of people, to take the lead, be accountable and answerable."

Before a welfare club can be set up it must be approved by the staff of the ministry. In the case of the MoEST a three-person team first consulted the police headquarters, as they have a long history of well-established welfare committees. Thereafter meetings were held in the ministry to consult the members of staff on the modalities of the welfare club. Once the outcomes of this consultation had been accepted, members of the committee were elected from among ministry staff. In a number of ministries committees have now been elected, and constitutions prepared and approved.

The elected committee is the executive arm of the club, responsible for its management and accountable to its members. The term of office for the members varies from ministry to ministry, ranging between one and three years. In the MoEST there is an elaborate structure: there are members who are the owners of the club, then a coordinator and a deputy; below this is the committee, headed by a chairperson. Monthly meetings are provided for in the constitution to inform members about the club finances and activities.

Most committees have similar objectives. In the Ministry of Gender and Community Services, for example, it is to assist officers and their families in times of death or illness, as government funding is limited. In the MoEST the objective is to show solidarity and provide moral support in times of need, be it funerals, illnesses or weddings.

In addition to aiding with the costs of funerals and illnesses, the clubs cover areas that are not provided for in the civil service conditions of service, for example providing psychological and moral support. Some clubs, such as that of the MoEST, have taken a broader approach to support, aiding with weddings and retirements, and promoting togetherness by hosting end of year parties. At these parties the 'best clerks of the year' in the various professional categories are presented with awards and those who retired during the year are invited back and given gifts. According to the MoEST the

parties are expensive, so the welfare committee asks the ministry to provide some funds to meet the shortfall. The activities that consume more time and happen more frequently are funerals and provision for illnesses. Sometimes condolences are deferred if the committee does not have enough money.

Membership of the club or committee is by monthly subscription. In some ministries (e.g. Gender and Community Services) membership is compulsory, while in others (e.g. the MoEST) it is optional. A register is kept where contributions are recorded. Some clubs have opened bank accounts in the name of the club or committee. The factors that influence the amount of subscription vary. In some ministries it is the officers' grades that determine the level of subscription: the higher graded officers pay more than the lower grades. In other offices the subscriptions are the same irrespective of rank. In all offices condolences and other forms of support are paid out at the same rate across the board. Usually money is paid out to the affected officer and their family and a higher figure is set when it is the officer him- or herself that has died, is ill or is being married.

There is a general feeling that the welfare clubs are beneficial to the individual as well as the organization. A respondent from the MoEST said: "For the individual it has been a source of much needed cash to cover for the costs which [the] government as [an] employer does not provide. It promotes a sense of belonging and improves the image of government and this is expressed in the form of appreciation by the relatives of the deceased. People in the ministry now know where to take issues of death instead of everybody running around trying to organize."

The problems that the clubs meet include unwillingness on the part of some officers to pay the monthly subscriptions and lack of confidence on how their money is being spent. Use of internal auditors in the MoEST seems to have improved the confidence levels. People's expectations of the welfare clubs are very high. Where club functions are restricted to funerals and illness, there are moves to expand the scope to include other social functions such as weddings and end of year parties. There is also some expectation that the clubs could provide loans to its members in addition to considering the needs of members that have been posted away.

The development of the concept of welfare clubs at the divisional and district levels has varied from ministry to ministry. In some ministries they remain purely a headquarters affair (e.g. Gender and Community Services), while in other ministries (e.g. the MoEST) divisional offices have established welfare clubs of their own accord.

Some managers suggested that it is time that government review the provisions made for funerals; they view those currently in place as unsustainable. One suggestion was that the government might wish to introduce a cost-sharing arrangement. Some respondents felt that to take care of the long distances that frequently have to be covered to take the remains of the deceased to the location chosen for burial, it might be necessary to introduce a standard grant to assist the deceased family. The choice of location of burial would still be left to the bereaved party, but they would have to decide whether they were willing to bear the possible excess costs of transportation from the duty station to the home village. This would keep the expenses incurred by the government to a minimum. The proponents of these proposals acknowledged that such changes would need to be approached with great care and tact because of their sensitive nature; human nature is instinctively conservative and prefers the status quo.

The public sector makes no effort to record and quantify the costs of short-term absenteeism, unlike the private sector, where absenteeism and its affects are tracked much more efficiently. There is also no information on how the MoEST is being affected by AIDS, how it is responding to the epidemic, which adjustments it finds necessary, or the initiatives it has put in place. In brief, there is no effective, well-maintained AIDS-related management information system. Furthermore, insufficient efforts had been made to mainstream

HIV/AIDS into MoEST governance structure programmes and activities, thereby establishing an environment where it would be more comprehensively and strategically addressed.

Despite all of this, it was acknowledged that the Malawi Government is determined to mainstream HIV/AIDS in the public sector. To this end the ministry has two principle aims: to slow down and eventually terminate HIV transmission, and to strengthen impact mitigation capacities. The study team established that between 2001 and June 30 2003, the NAC provided funding totalling MWK145,087,266.10 (approximately US\$1,667,670) to 173 grantees to support their efforts in combating HIV/AIDS and mitigating its impact. Government ministries and departments were granted 24.3 per cent of the total amount. Further examination revealed, however, that MoEST central, division and district offices did not benefit at all from the funds. Only Kasungu Teachers' College received a grant, totalling MWK121,260 (approximately US\$1426.50), representing 0.083 per cent of the total NAC grant. This means that MoEST central, division and district employees are working in environments with increasing rates of HIV/AIDS, but have yet to derive any benefit from the financial resources that the NAC has to help with mainstreaming HIV/AIDS in the workplace.

4.6 Budgetary commitment

The study sought to establish whether there is a budgetary commitment to addressing the epidemic and providing care for people living with HIV/AIDS.

The government introduced HIV/AIDS mainstreaming in all ministries and departments with effect from 2002/2003. The study found that there was a noticeable improvement in government funds spent on HIV/AIDS, 2002/2003 being the first financial year that 2 per cent of all government spending (including sector ministry budgets) was allocated to HIV/AIDS. Total government spending on HIV/AIDS was MWK1,166,692,451 (or US\$12,963,249.46). Budget documents for the 2002/2003 financial year show that estimates of expenditure by ministry stood on average at 1.6 per cent, some ministries not allocating any funds and others exceeding the 2 per cent ceiling (GoM, 2003).

Consultants of the Budget Sub-Committee of the Parliamentary Committee on Health found that only a third of all ministries had obligated funds to HIV/AIDS, reportedly because officers were not sure of the activities that they were supposed to spend the money on. For its part, the NAC claimed that all ministries were sensitized to the activities that needed to be carried out and that a mainstreaming HIV/AIDS background manual had been developed. However, although workshops on mainstreaming have been held for government ministries and departments, the lack of follow-up to the manual remains problematic. Furthermore, the consultants established that ministries find it hard to access the 2 per cent funding level because of the Cash Budget System. The system means that actual funding is based on month-by-month collected revenue, rather than what was originally allocated. If the government under-collects in a particular month, ministry activities suffer as funds are diverted to perceived 'key' functions. MoEST officials interviewed confirmed that there is a high degree of diversion of funds away from HIV/AIDS activities to other critical areas. Issues with the Cash Budget System notwithstanding, this diversion of funds originally earmarked for HIV/AIDS activities lends support to the perception that HIV/AIDS is not seen as a priority. It is this, rather than the accessing of funds, that is the real problem. The present study concurs with other studies' conclusions that most ministries and departments have not taken HIV/AIDS seriously; their priorities are elsewhere.

The MoEST is no exception to this; like most ministries and departments, it has underutilized HIV/AIDS funds. For example, in 2002/2003 the MoEST allocated MWK9,080,000, that is, 0.6 per cent of the ORT allocation. Only MWK28,908 (i.e. 0.005 per cent) was spent on HIV/AIDS activities. In the following fiscal year MWK5,948,500 (approximately US\$66,000) was budgeted for mainstreaming HIV/AIDS in the MoEST. The funds were allocated to all division and district education offices. However, examination of ORT records shows little or no evidence of actual expenditure on HIV/AIDS interventions.

In conclusion, there are several noteworthy points about budgetary commitment in the ministry:

- There is limited knowledge of the government's policy that directs ministries and departments to allocate 2 per cent of their budget to HIV/AIDS. Only a few senior officials know about this policy.
- Most respondents in the ministry think that co-operating partners support HIV/AIDS activities.
- Although the MoEST has budgeted some funds, the co-operating partners feel that these funds are insufficient.

There is limited appreciation of the devastating impact that HIV/AIDS will have on the economy and the public sector in the next 10 to 15 years.

5. CONCLUSIONS AND RECOMMENDATIONS

This chapter will outline the study findings on the impact of HIV/AIDS on the human, material and financial resources of MoEST governance structures. Based on these findings, recommendations will be made on options for policy, financing and management strategies to strengthen the overall effectiveness of MoEST institutions and structures to operate in an AIDS-affected environment.

5.1 Conclusions

The study provides evidence that the MoEST faces major problems in mitigating the impact of the HIV/AIDS epidemic, not least in the carrying out of tasks by staff at the central, division and district levels in the face of large scale and on-going issues of staff turnover, absenteeism, budget shortfalls and difficulties in obtaining information.

5.1.1 Staff attrition

Between 1999 and 2003 there has been a consistently high level of attrition at the central, division and district levels. Total annual attrition from central, division and district services has risen sharply, especially from 2001 onwards. The average rate of attrition in the various governance structures was 21.1 per cent, although there was some variance in the experience of different divisions. There are several principal causes of attrition, although one stood out in all of the institutions surveyed: death is the highest cause of attrition, varying from 40 per cent to 60 per cent of all people leaving the service.

For MoEST central, division and district offices as a whole, mortality has increased by a factor of eight, a situation that has to be due primarily to the impact of HIV/AIDS. Deaths are disproportionately high among young adults of both sexes. Deaths among women in the 20-34 age group have risen significantly, while deaths among men in the same group have risen even more sharply. This age and sex profile corresponds with HIV/AIDS-related mortality trends. The age and sex mortality distribution is also a clear indication of the personal and economic costs of the epidemic and confirms the scale of the losses of social and economic output due to premature death. When divided by occupational category mortality was found to be far higher among support staff than senior managers and professional officers.

5.1.2 Absenteeism and governance

Absenteeism, whether it is due to personal sickness, sickness in the family, funeral attendance, running personal errands or low morale, has sharply increased. However, there remain substantial information gaps and absenteeism cannot easily be quantified, due to the lack of a comprehensive information management system.

Despite the lack of data, officials feel that the rise in absenteeism is due to a large extent to HIV/AIDS. There is evidence that MoEST central, division and district governance structures and institutions are becoming increasingly vulnerable to HIV/AIDS. The MoEST

operates with high vacancy rates and in a policy environment that is not yet sensitive to the effects of the epidemic.

5.1.3 Budgetary impact of attrition and absenteeism

The research team has found that MoEST headquarters, division and district offices are operating with inadequate financial and material resources. The ministry is spending enormous amounts of scarce resources on covering the effects of ever-increasing levels of mortality. These are, to significant extent, due to HIV/AIDS.

These problems are compounded by the lack of budgeting and financial planning to address HIV/AIDS issues in the workplace. There are no guidelines on how funds budgeted for HIV/AIDS should be utilized. Moreover, due to the limited ORT funds that are made available, no funds are allocated for HIV/AIDS programmes.

HIV/AIDS has yet to be mainstreamed in the MoEST. Issues surrounding the pandemic have not been addressed, most notably how to bring HIV/AIDS into strategic planning, into day-to-day operations inside the ministry, into its programmes and into its relationships with other institutions in the education sector.

5.2 Recommendations

- All members of staff at central, division and district offices should be sensitized to HIV/AIDS, ensuring that they understand the basics of HIV, including modes of transmission, risk situations and behaviours, progression from HIV to AIDS and living positively. There should be a concerted effort to change the overall organizational culture, partly through attention to individual attitudes and skills.
- Each governance level should develop an HIV/AIDS workplace policy, which is specific to its work environment and operations. Staff health policies should include promotion of HIV education, prevention, management of ill health, confidential HIV testing in line with the country's legal framework and good practice guides.
- The MoEST, in liaison with the mandated authorities, should review conditions of service to bring them in line with the realities of the AIDS affected workforce. Some of the issues to be addressed include sick leave, staff illness, health and medical benefits, and temporary cover for absent employees. Additionally, the MoEST should explore the possibility of ensuring that all of its employees have access to ARVs as necessary.
- Human resource planning should be addressed by assessing and projecting the impact of morbidity and mortality for the next five to ten years. Anticipated employee absenteeism, illness and death, demand on employee benefits, staff turnover and recruitment time are some of the aspects that should be built into the model. Management information systems at central and district levels will be needed to monitor the flow of staff at different levels.
- Budgeting and financial planning should also consider the projected cost implications of the epidemic for the next five to ten years. Budgets should address HIV/AIDS in terms of programmes for focused HIV/AIDS interventions. Additionally, measures should be

instituted that ensure that funds allocated for HIV/AIDS interventions are protected and utilized for their intended purpose.

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APPENDIX 1

MoEST ATTRITION DATA, 1999-2004

Table 1a General attrition by cause and year, MoEST staff, 1999-January 2004

Cause	1999	2000	2001	2002	2003	2004	Total
Death	5	6	5	7	5	3	31
Dismissal	1	1	3	0	0	0	5
Resignation	0	0	9	14	24	0	47
Retirement	8	16	4	2	1	0	31
Total attrition	14	23	21	23	30	3	114
Total staff in post	361	353	331	320	307	304	1976
Attrition rate (%)	3.9	6.5	6.3	7.2	9.8	1.0	5.8

Table 1b Death-related attrition by sex and age group, MoEST staff⁶

	Female		Male		Total	
	No.	%	No.	%	No.	%
20-24	0	0.0	1	5.0	1	3.3
25-29	0	0.0	1	5.0	1	3.3
30-34	0	0.0	4	20.0	4	13.3
35-39	5	50.0	2	10.0	7	23.3
40-44	3	30.0	2	10.0	5	16.7
45-49	1	10.0	3	15.0	4	13.3
50+	1	10.0	7	35.0	8	26.7
Total	10	100.0	20	100.0	30	100.0

⁶ All tables presenting age and sex breakdowns give aggregate figures for 1999 to January 2004.

Table 1c Resignation-related attrition by sex and age group, MoEST staff

	Female		Male		Total	
	No.	%	No.	%	No.	%
20-24	0	0.0	1	2.8	1	2.0
25-29	1	7.7	4	11.1	5	10.2
30-34	2	15.4	6	16.7	8	16.3
35-39	1	7.7	7	19.4	8	16.3
40-44	3	23.1	4	11.1	7	14.3
45-49	5	38.5	7	19.4	12	24.5
50+	1	7.7	7	19.4	8	16.3
Total	13	100.0	36	100.0	49	100.0

Table 1d Retirement-related attrition by sex and age group, MoEST staff

	Female		Male		Total	
	No.	%	No.	%	No.	%
20-24	0	0.0	0	0.0	0	0.0
25-29	0	0.0	0	0.0	0	0.0
30-34	0	0.0	0	0.0	0	0.0
35-39	1	7.1	0	0.0	1	3.2
40-44	1	7.1	0	0.0	1	3.2
45-49	4	28.6	1	5.9	5	16.1
50+	8	57.1	16	94.1	24	77.4
Total	14	100.0	17	100.0	31	100.0

Table 1e Total attrition by sex and age group, MoEST staff

	Female		Male		Total	
	No.	%	No.	%	No.	%
20-24	0	0.0	2	2.7	2	1.8
25-29	1	2.7	5	6.8	6	5.5
30-34	2	5.4	10	13.7	12	10.9
35-39	7	18.9	9	12.3	16	14.5
40-44	7	18.9	6	8.2	13	11.8
45-49	10	27.0	11	15.1	21	19.1
50+	10	27.0	30	41.1	40	36.4
Total	37	100.0	73	100.0	110	100.0

Table 1f Death-related attrition by age and professional category, MoEST staff, 1999-January 2004

Professional category	Grade	Age groups							Total deaths	% deaths
		20-24	25-29	30-34	35-39	40-44	45-49	50+		
<i>Senior managers and professional staff</i>	P4+				1			3	4	12.9
	P5								0	0.0
<i>Middle managers, administrative and professional officers</i>	P6							1	1	3.2
	P7						1	1	2	6.5
	P8								0	0.0
<i>Lower managers and support staff</i>	PO							1	1	3.2
	SEO-CEO			1		1	1		3	9.7
	EO				1				1	3.2
	SCO		1	3	1				5	16.1
	CO		1	6	3	2			12	38.7
	SC I-IV						1	1	2	6.5
Total		0	2	10	6	3	3	7	31	100.0

Table 1g Retirement-related attrition by age and professional category, MoEST staff, 1999-January 2004

Professional category	Grade	Age groups							Total deaths	% deaths
		20-24	25-29	30-34	35-39	40-44	45-49	50+		
<i>Senior managers and professional staff</i>	P4+							2	2	6.5
	P5						1	1	2	6.5
<i>Middle managers, administrative and professional officers</i>	P6						2	2	4	12.9
	P7						2		2	6.5
	P8					1		1	2	6.5
<i>Lower managers and support staff</i>	PO						1	1	2	6.5
	SEO-CEO			1		1		1	3	9.7
	EO			1				1	2	6.5
	SCO				2	1	1	4	8	25.8
	CO								0	0.0
	SC I-IV					1		3	4	12.9
Total		0	0	2	2	4	7	16	31	100.0

Source: All tables compiled from ministry records.

APPENDIX 2

CWD ATTRITION DATA, 1999-2004

Table 2a **General attrition by cause and year, CWD staff, 1999-January 2004**

Cause	1999	2000	2001	2002	2003	2004	Total
Death	5	5	8	20	27	7	72
Dismissal	0	3	2	0	1	0	6
Resignation	0	1	5	13	18	3	40
Retirement	0	1	1	5	7	0	18
Total attrition	5	10	16	38	53	10	136
Total staff in post	55	58	60	68	68	67	376
Attrition rate (%)	9.1	17.2	26.7	55.9	77.9	14.9	36.2

Table 2b **Death-related attrition by sex and age group, CWD staff**

	Female		Male		Total	
	No.	%	No.	%	No.	%
20-24	0	0.0	1	2.1	1	1.4
25-29	2	8.3	2	4.3	4	5.6
30-34	3	12.5	8	17.0	11	15.5
35-39	6	25.0	10	21.3	16	22.5
40-44	4	16.7	11	23.4	15	21.1
45-49	4	16.7	5	10.6	9	12.7
50+	5	20.8	10	21.3	15	21.1
Total	24	100.0	47	100.0	71	100.0

Source: Both tables compiled from CWD records held at central and division offices.

APPENDIX 3

SED ATTRITION DATA, 1999-2004

Table 3a General attrition by cause and year, SED staff, 1999-January 2004

Cause	1999	2000	2001	2002	2003	2004	Total
Death	5	5	4	9	6	1	30
Dismissal	1	3	1	2	0	0	7
Resignation	0	8	1	1	1	0	13
Retirement	0	8	1	1	1	0	11
Total attrition	6	16	13	15	10	1	61
Total staff in post	77	70	62	59	53	49	370
Attrition rate (%)	7.8	22.9	21.0	25.4	18.9	2.0	16.5

Table 3b Death-related attrition by sex and age group, SED staff

	Female		Male		Total	
	No.	%	No.	%	No.	%
20-24	0	0.0	0	0.0	0	0.0
25-29	0	0.0	2	8.7	2	6.7
30-34	1	14.3	0	0.0	1	3.3
35-39	3	42.9	3	13.0	6	20.0
40-44	2	28.6	3	13.0	5	16.7
45-49	0	0.0	6	26.1	6	20.0
50+	1	14.3	9	39.1	10	33.3
Total	7	100.0	23	100.0	30	100.0

Source: Both tables compiled from SED records held at central and division offices.

APPENDIX 4

MoEST EXPENDITURE ON DEATH GRATUITY AND COFFINS, 1999-2003

Year	Grade	No. of people	Average salary (MWK)	Years data collected	Total death gratuity (MWK)	Average unit cost of coffin (MWK)	Total cost of coffins (MWK)
1999	CO	3	24,132	3	217,188	7,000	21,000
	SCO	1	36,648	3	109,944	7,000	7,000
	S4	1	157,140	3	471,420	7,000	7,000
Total					798,552		35,000
2000	CO	3	24,132	3	217,188	7,000	21,000
	D6	1	30,972	3	92,916	7,000	7,000
	SCO	1	36,648	3	109,944	7,000	7,000
	SEO	1	53,316	3	159,948	7,000	7,000
Total					579,996		42,000
2001	D2	1	53,316	3	159,948	7,000	7,000
	SEO	1	53,316	3	159,948	7,000	7,000
	P2	1	222,084	3	666,252	7,000	7,000
	S2A	1	226,392	3	679,176	7,000	7,000
Total					1,665,324		28,000

2002	CO	1	24,132	3	72,396	7,000	7,000
	SEO	1	53,316	3	159,948	7,000	7,000
	P7	1	79,188	3	237,564	7,000	7,000
	P6	1	85,572	3	256,716	7,000	7,000
Total					726,624		28,000
2003	SC1	1	17,108	3	51,324	7,000	7,000
	D6	1	30,972	3	92,916	7,000	7,000
	SEO	1	53,316	3	159,948	7,000	7,000
	P7	1	79,188	3	237,564	7,000	7,000
	P4	1	157,140	3	471,420	7,000	7,000
Total					1,013,172		35,000

Source: Compiled from MoEST records.

APPENDIX 5

CWD EXPENDITURE ON DEATH GRATUITY AND COFFINS, 1999-2003

Year	Grade	No. of people	Average salary (MWK)	Years data collected	Total death gratuity (MWK)	Average unit cost of coffin (MWK)	Total cost of coffins (MWK)
1999	CO	2	24,132	3	144,792	7,000	14,000
	D7	1	25,500	3	76,500	7,000	7,000
	DS	1	36,648	3	109,944	7,000	7,000
	POE	2	43,320	3	259,920	7,000	14,000
	POB	1	63,432	3	190,296	7,000	7,000
Total					781,452		49,000
2000	SV IV	1	14,220	3	42,660	7,000	7,000
	CO	1	24,132	3	72,396	7,000	7,000
	SCO	1	36,648	3	109,944	7,000	7,000
	EO	1	41,268	3	123,804	7,000	7,000
	POB	1	63,432	3	190,296	7,000	7,000
Total					539,100		35,000
2001	SC IV	5	14,220	3	213,300	7,000	35,000
	D7/8	1	25,500	3	76,500	7,000	7,000
	POE	3	43,320	3	389,880	7,000	21,000
	SEO	1	53,316	3	159,948	7,000	7,000
	PO	2	58,680	3	352,080	7,000	14,000
	POB	1	63,432	3	190,296	7,000	7,000
Total					1,382,004		91,000

2002	SC IV	9	14,220	3	383,940	7,000	63,000
	SC II	1	17,432	3	52,296	7,000	7,000
	CO	2	24,132	3	144,792	7,000	14,000
	D8	1	25,500	3	76,500	7,000	7,000
	D6	1	30,972	3	92,916	7,000	7,000
	POE	3	38,820	3	349,380	7,000	21,000
	POC	1	49,536	3	148,608	7,000	7,000
	POB	2	53,136	3	318,816	7,000	14,000
	A1	1	63,432	3	190,296	7,000	7,000
	P8	2	71,232	3	427,392	7,000	14,000
	P6	1	85,572	3	256,716	7,000	7,000
	P5	1	95,380	3	286,140	7,000	7,000
Total				2,727,792		175,000	
2003	SC IV	6	14,220	3	255,960	7,000	42,000
	C2	1	24,132	3	72,396	7,000	7,000
	CO	9	24,132	3	651,564	7,000	63,000
	D7	1	25,500	3	76,500	7,000	7,000
	D6	1	30,972	3	92,916	7,000	7,000
	DP1	1	30,972	3	92,916	7,000	7,000
	G2	1	33,660	3	100,980	7,000	7,000
	C1	1	36,648	3	109,944	7,000	7,000
	SCO	3	36,648	3	329,832	7,000	21,000
	EO	1	41,268	3	123,804	7,000	7,000
	POE	5	43,320	3	649,800	7,000	35,000
	SEO	1	53,316	3	159,948	7,000	7,000
	POC	7	58,680	3	1,232,280	7,000	49,000
	A1	1	63,432	3	190,296	7,000	7,000
POB	2	63,432	3	380,592	7,000	14,000	
Total				4,519,728		287,000	

Source: Compiled from CWD records.

APPENDIX 6

SED EXPENDITURE ON DEATH GRATUITY AND COFFINS, 1999-2003

Year	Grade	No. of people	Average salary (MWK)	Years data collected	Total death gratuity (MWK)	Average unit cost of coffin (MWK)	Total cost of coffins (MWK)
1999	SC IV	1	14,220	3	42,660	7,000	7,000
	CEO	1	60,264	3	180,792	7,000	7,000
Total					223,452		14,000
2000	SC IV	2	14,220	3	85,320	7,000	14,000
	SC III	1	16,620	3	49,860	7,000	7,000
	CO	1	24,132	3	72,396	7,000	7,000
	EO	1	41,268	3	123,804	7,000	7,000
	PO	1	58,680	3	176,040	7,000	7,000
	POC	2	58,680	3	352,080	7,000	14,000
	POB	2	63,432	3	380,592	7,000	14,000
	P7	1	79,188	3	237,564	7,000	7,000
	P6	1	85,572	3	256,716	7,000	7,000
Total					1,734,372		84,000
2001	SC IV	2	14,220	3	85,320	7,000	14,000
	CO	1	24,132	3	72,396	7,000	7,000
	POC	1	58,680	3	176,040	7,000	7,000
	CA 1	1	63,432	3	190,296	7,000	7,000
Total					524,052		35,000

2002	SC IV	2	14,220	3	85,320	7,000	14,000
	C2	1	34,132	3	72,396	7,000	7,000
	CO	2	24,132	3	144,792	7,000	14,000
	D6	1	30,972	3	92,916	7,000	7,000
	CA 1	1	63,432	3	190,296	7,000	7,000
	POB	4	63,432	3	761,184	7,000	28,000
	P8	1	71,232	3	213,696	7,000	7,000
	P7	2	79,188	3	475,128	7,000	14,000
Total					2,035,728		98,000
2003	C2	1	24,132	3	72,396	7,000	7,000
	CO	2	24,132	3	144,792	7,000	14,000
	SCO	2	36,648	3	219,888	7,000	14,000
	EO	1	41,268	3	123,804	7,000	7,000
	POE	1	43,320	3	129,960	7,000	7,000
	SEO	1	53,316	3	159,948	7,000	7,000
	POC	1	58,680	3	176,040	7,000	7,000
	POB	3	63,432	3	570,888	7,000	21,000
	P8	1	71,232	3	213,696	7,000	7,000
Total					1,811,412		91,000

Source: Compiled from SED records.

APPENDIX 7

A LIST OF PEOPLE INTERVIEWED

Name	Position and name of organization
1 Agabu, R.	Deputy Director, Education Methods Advisory Services, MoEST
2 Alfanfika, M.	District Education Manager, Zomba Urban District
3 Banda, M.	Director of Budget, Ministry of Finance
4 Banda, T.	Acting Division Education Manager, CWD
5 Chamdimba, S.V.	Director of Secondary Education, MoEST
6 Chokhoto, R.	Acting Division Education Manager, SED
7 Kabuye, M.	Director of Education Methods Advisory Services, MoEST
8 Kalanda, M.S.H.	Acting Director of Basic Education, MoEST
9 Mandala, E.D.	District Education Manager, Lilongwe Urban District
10 Maoka, E.S.K.	Chief HRM Officer, MoEST
11 Mpando, B.R.	Deputy Secretary, MoEST
12 Mwale, J.B.K.	Director of Educational Planning, MoEST
13 Nambindo, G.D.	Controller of Accounting Services, MoEST
14 Sineta, A.	District Education Manager, Zomba Rural District

