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Teacher management in a context of HIV and AIDS

Zimbabwe report

Saul Murimba

This report is one of a series of case studies and forms part of a project entitled 'Teacher Management in a Context of HIV and AIDS'.

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For more information, contact UNESCO's International Institute for Educational Planning (IIEP):

7-9, rue Eugène-Delacroix

75116 Paris, France

Website: www.iiep.unesco.org

E-mail: info@iiep.unesco.org

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Background to the research

Introduction

This study aims to describe and analyse the results of a qualitative research study on teacher management policies, tools and practices in Zimbabwe, a country where HIV and AIDS is highly prevalent. The research aims to discover whether teacher management policies, tools and practices have evolved in high prevalence settings as a response to the HIV epidemic.

The current report is part of a series of monographs commissioned in 2008–2009 by the International Institute for Educational Planning (IIEP) at the United Nations Educational, Scientific and Cultural Organization (UNESCO) and will contribute to a multi-country synthesis of similar studies. The eight countries included in the study have some of the highest HIV prevalence rates in southern Africa: Botswana, Kenya, Lesotho, Malawi, Swaziland, Tanzania, Zambia and Zimbabwe. It is expected that analysing the situation in countries most affected by HIV and AIDS will shed light on innovative approaches undertaken in terms of teacher management.

Overview

The push for Education for All (EFA) has greatly increased primary school completion rates and demand for secondary education. In order to sustain the rapid expansion of education in developing countries, a large number of teachers will have to be recruited over the next decade. The UNESCO Institute for Statistics (UIS) estimates that 18 million primary school teachers will be needed over the same period to achieve Universal Primary Education (UPE) (UIS/UNESCO, 2006). However, while teacher demand is increasing, the epidemic is having a negative impact on teacher supply. Many countries are already facing teacher shortages, and the AIDS epidemic has created additional obstacles in responding to demand and in meeting the objectives of quality education.

In sub-Saharan Africa alone, the region most affected by the epidemic, 1.6 million additional primary teachers will be required by 2015 (UIS/UNESCO, 2006). In the hardest hit countries, where overall mortality rates have increased as a result of the epidemic, teachers have been dying in greater numbers than in the past. However, it is impossible to say with any precision what proportion of these deaths is related to AIDS. In Malawi, nearly 40 per cent of all teacher losses are due to terminal illnesses, most of which are presumed to be AIDS-related illnesses (World Bank, 2007).

Attrition remains high among teachers, estimated between 6.5 per cent and 10 per cent in southern African countries (UIS/UNESCO, 2006). How much of this loss is due to AIDS-related stress and illnesses is not known. The number of teachers who die every year is fortunately lower than predicted in earlier studies using AIDS-adjusted demographic projections (Bennell, 2005). Precise rates of HIV infection among teachers remain unknown in most countries, but recent research shows that HIV prevalence rates among teachers tend to be similar to those found in the general population. A comprehensive study of South African public schools, for example, found that 12.7 per cent of teachers were HIV-positive – a very high figure, but not significantly different from the rate among the general population (Shisana et al., 2004).

Absenteeism is problematic in many countries,¹ regardless of HIV and AIDS. However, the epidemic has transformed absenteeism into a very serious issue in highly impacted settings. In Zambia it is estimated that 60 per cent of teacher absences are due to illness or having to care for family members or attend funerals (UNAIDS/WHO, 2006). In Namibia, sick leave and attendance at funerals are the largest causes of absences in the northern provinces (Castro et al., 2007). Absenteeism has major implications for the quality of education; classes are often not taught and it creates heavier workloads for the remaining teachers and increases reliance on less qualified teachers (see Caillods et al., 2008). The effects on teacher morale also have an impact on job commitment and performance.

¹ It is very difficult to obtain reliable data on the extent of teacher absenteeism, but it is generally understood to be quite high for a number of reasons such as illness, low salaries, collecting payments, etc.

This has major implications in terms of costs. The financial impact of teacher absenteeism due to AIDS-related illness for Mozambique and Zambia in 2005 was estimated at US\$3.3 million and US\$1.7 million respectively (plus an additional US\$0.3 million and US\$0.7 million respectively in increased teacher training costs). According to projection data, it appears that absenteeism generates significantly higher costs (24 per cent to 89 per cent of overall HIV and AIDS costs) than the cost of hiring and training new employees to replace those lost to AIDS (17 per cent to 24 per cent). This differential may be slightly lower for teachers, given the length of their training (see Desai and Jukes, cited in UNESCO, 2005, p. 89).

Little information is available on how teacher policies and management practices have been affected by and adapted in response to the HIV epidemic. In a context where HIV is prevalent, teacher management issues such as workplace policies, access to treatment, retention, early retirement, redeployment of teachers needing care, training and replacement of missing or absent teachers are all issues that need to be addressed.

While the role of education in HIV prevention efforts has been recognized as a key factor in tackling the HIV epidemic, less attention has been paid to mitigating the impact on the education sector itself. Implications for the management of teachers, who in most developing countries represent the largest segment of the public workforce, need to be explored. The present research intends to fill this gap and will seek to review current teacher management practices in some of the most highly affected countries.

Scope and key research questions

This study, and all eight country studies, are concerned with describing and reviewing current teacher policies and management practices in primary and secondary formal education. Issues relating to teacher management and support in tertiary institutions are not addressed, as well as issues of pre-service training, curriculum, practices at school level or the distinction between different types of schools. The visits to schools provide insights into the awareness of policies by the head teacher and teachers themselves, as well as possible difficulties in the implementation of these policies.

The main objectives of the research for this study, and for all eight country studies, are as follows:

- to enhance knowledge on the extent of the impact of HIV on teachers
- to highlight teacher management strategies that can be replicated and/or adapted by policymakers
- to provide practical suggestions and policy directions for improving teacher management in a context of HIV and AIDS.

The current study specifically addresses the following questions:

- What is the degree and monitoring of teacher absenteeism and attrition in Tanzania and what are the measures adopted to address those problems, including replacing teachers?
- To what extent have HIV and AIDS affected teacher management practices, and to what extent are the effects of HIV taken into account to plan teacher supply and demand?
- Has the role of stakeholders in teacher management evolved as a result of HIV or indirectly through new legal and social measures affecting the teacher policy framework?
- What measures, if any, have been adopted to protect the rights of HIV-positive teachers?

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List of acronyms

| | |
|--------|--|
| ACHAP | African Comprehensive HIV/AIDS Partnerships |
| AIDS | Acquired Immune Deficiency Syndrome |
| ARV | Antiretroviral |
| CBO | Community based organization |
| CSO | Central Statistical Office |
| CSO | Civil society organization |
| CHBC | Community home-based care |
| DAAC | District AIDS Action Committees |
| DEO | District Education Office |
| DFID | Department for International Development |
| ECEC | Early Childhood Education and Care |
| EFA | Education for All |
| EMIS | Education Management Information System |
| ESAP | Economic structural adjustment policies |
| FBO | Faith-based organization |
| FGD | Focus Group Discussion |
| GDP | Gross Domestic Product |
| GER | Gross Enrolment Ratio |
| GPI | Gender Parity Index |
| HDI | Human Development Index |
| HDR | Human Development Report |
| HEAT | HIV/AIDS in Education Assessment Team |
| HIV | Human Immunodeficiency Virus |
| HOD | Head of Department/Division |
| IDS | Institute of Development Studies |
| IEC | Information, Education and Communication |
| IIEP | International Institute for Educational Planning |
| ILO | International Labour Organization |
| MOESAC | Ministry of Education, Sport, Arts and Culture |
| MHTE | Ministry of Higher and Tertiary Education |
| NAC | National AIDS council |
| NACP | National AIDS Control Programme |
| NER | Net Enrolment Ratio |
| NGO | Non-governmental organization |
| PD | Principal Director |
| PLHIV | People living with HIV |
| PMTCT | Prevention of Mother-to-Child Transmission |
| PRF | Poverty Reduction Forum |
| PSC | Public Service Commission |
| PTA | Parent-Teacher Association |
| PTR | Pupil to Teacher Ratio |
| PTUZ | Progressive Teachers' Union of Zimbabwe |
| RA | Responsible Authority |
| SDA | School Development Association |
| SDC | School Development Committee |
| SI | Statutory Instrument |
| SME | Small and medium enterprise |
| STI | Sexually transmitted infection |
| TIC | Teacher in charge |
| TR | Transition rate |
| TSM | Teaching Service Management |
| TT&D | Teacher Training & Development |
| TUZ | Teachers' Union of Zimbabwe |
| UIS | UNESCO Institute for Statistics |

| | |
|--------|--|
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNGASS | United Nations General Assembly Special Session |
| UNICEF | United Nations Children's Fund |
| UPE | Universal Primary Education |
| VCT | Voluntary counselling and testing |
| WHO | World Health Organization |
| Zimta | Zimbabwe Teachers' Association |
| ZNASP | Zimbabwe National HIV and AIDS Strategic Plan |
| ZNPP+ | Zimbabwe National Network of People Living with HIV and AIDS |

Executive summary

Introduction

This study aims to describe and analyse the results of a qualitative research study on teacher management policies, tools and practices in Zimbabwe, a country where HIV and AIDS is highly prevalent. It looks at whether these policies, tools and practices have evolved in response to the HIV epidemic.

Study design and data collection

The research was conducted by Saul Murimba with the assistance of Tonderai Masenda. The review of documents and collection of data from the field was carried out during April 2009. The analysis of the data and writing of the research report was done over the period May to July 2009.

Data collection involved two main activities. The first was the collection and analysis of documents from a variety of sources, and these included legal, policy and statistical documents in the Ministry of Education, Sport, Arts and Culture (MOESAC) as well as research studies and reports available elsewhere.

The second main activity involved conducting interviews and focus group discussions (FGDs). The information obtained from interviews and discussions was cross-checked against the documents collected and analysed in order to establish the degree of match between reality and the ideal reflected in documents.

The interviews at central level were complemented by visits to two education districts and to six schools in the urban Harare Province and the rural Mashonaland West Province, as well as interviews with civil society organizations.

HIV prevalence rates in Zimbabwe are reported to be declining. In 2005, the latest confirmed figures, the prevalence stood at 20.1 per cent (NAC, 2006, p. 1).

Key findings

1. Attrition

There was anecdotal evidence that teacher attrition had increased substantially, particularly over the last three years, and had reached a peak in the second half of 2008 when about two-fifths of the schools remained closed because of teacher non-attendance. The major reason is the flight of teachers from Zimbabwe's worsening economic situation to neighbouring countries and overseas. Because of the weakening Education Management Information System (EMIS), there were no statistics to provide an accurate picture of the magnitude of teacher loss. Reports indicated that most of the teachers had resumed duties by the second term of 2009, but in the absence of accurate statistics, this could not be confirmed.

The problem of teacher turnover was masked by that of teachers leaving the service altogether. In the wholly urban province of Harare, the problem was not as serious as it was in Mashonaland West, which is predominantly rural. The reasons for this difference were not immediately clear, but teachers interviewed indicated that, because of its stronger and broader economic base, the urban environment offered teachers more opportunities for raising additional income, e.g. buying and selling goods and offering extra tuition for a fee.

2. Absenteeism and leave

The work environment of teachers in Zimbabwe presented serious challenges precipitated by the unfavourable socio-political developments and the consequent economic meltdown experienced over the last ten years. Over the years, teachers' real incomes were gradually being eroded. By 2008, many of them were economically incapacitated to a point where they could not even meet the basic requirement of reporting to school for work. The monthly salary dropped to US\$3 per month, according

to one teacher. While there were many causes of teacher absenteeism, among them HIV-related illness, these causes were clearly overshadowed by economic incapacitation. Absence from duty appeared to be a problem that had increased dramatically over the last three years. The real causes have largely been attributed to economic hardships rather than to HIV and AIDS.

Teachers interviewed for the study revealed that teaching staff took it in turns to take indefinite sick leave for protracted periods in order to supplement their salaries with income-generating activities. Since a teacher could officially be on sick leave on full pay for 90 days in a year, it meant that one group of teachers could be away on indefinite sick leave for one whole school term, and when they came back, another group took their turn to go on indefinite sick leave.

This troubling practice could not quite be confirmed by supervisors or staff at provincial or head office, but a closer examination of this was made at one provincial office, and it was followed up with one district office and two schools. At the provincial office, statistics revealed that, in the last quarter of 2008, 253 teachers were on indefinite sick leave. The provincial director noted that this figure was too high for a province with a teaching force of 10,500. This figure had jumped to just over 1,000 at the beginning of 2009, representing close to 10 per cent of the province's teaching force.

Asked how they dealt with the problem of absenteeism, school heads and teachers were unanimous that, for absences of one to 14 days, the solution lay first and foremost with the schools themselves, which were expected to make internal arrangements to share the work load.

If sick leave on half pay extended beyond the 90 days provided for, the teacher has to appear before a medical board that is convened to make a determination. If, in the opinion of the medical board, the prospects are that the sick teacher will not recover, then the teacher will be retired on grounds of ill health. If the board determines that there are prospects of recovery from illness, sick leave on half pay may be extended.

For as long as Zimbabwe's health system was functioning, this system worked well. When the economic situation started to bite, however, the system started to malfunction. There were reports of an upsurge in the number of teachers who, having gone on indefinite sick leave, failed to appear before a medical board because they were required to pay US\$25.00 towards this medical board, an amount many felt was unaffordable. Technically, they therefore were regarded as having absconded following the termination of indefinite sick leave. In this respect, they lost all terminal benefits. However, because the terminal benefits were rendered insignificant by inflation anyway, a dignified exit from the service was not an incentive anymore.

3. Deployment and transfer

All newly qualified teachers are deployed by head office, which allocates teachers to the different provinces based on considerations of equity. Schools in rural areas (especially remote rural areas) are unable to attract and retain appropriately trained and experienced teachers compared to schools in urban areas. As a result, the situation that has evolved over the years is that a higher proportion of teachers in rural schools generally tend to be staffed by larger numbers of teachers whose academic and professional qualifications are lower, and whose teaching experience is shorter. In order to address this, current policy is that all newly trained teachers are deployed to schools in rural areas. Only after two years are they allowed to seek transfers to schools in urban centres.

In deciding on the location for a teacher's deployment or transfer, the MOESAC considers three other factors. The first is marital status, because the MOESAC recognizes that one of the key factors that fuels the spread of HIV and increases vulnerability to infection is the physical separation of spouses. It therefore specifically tries to reduce teachers' vulnerability to HIV and AIDS by ensuring that, as far as possible, couples are deployed to schools where they can live together. The second factor is the health status of the teacher. Teachers who are chronically ill, and constantly need medical attention, are deployed to schools that are close to medical services. Thirdly, teachers are deployed to schools that are close to the places where they normally reside. This is designed to cut down on costs of transportation and accommodation.

The policy outlined above has largely been implemented. The limiting factor is simply the non-availability of vacant posts in schools preferred by applicants. From the interviews conducted, it was apparent that not all HIV-positive teachers took advantage of this policy. At a school in Mashonaland West, for example, HIV-positive teachers preferred to remain in their rural locations, where medical services were poor. According to the teacher in charge, there were four reasons for this choice. Firstly,

the rural location enabled them to make substantial savings on transport and accommodation because free housing was provided at the school. Secondly, the need to secure medical attention elsewhere provided them with a good reason to take more days off work to go to the major urban centres for treatment. The additional time could be used to engage in activities that generated supplementary income. No additional costs were involved since they combined this with the trip to the bank in the urban centres where they drew their salary. Thirdly, they could bring back from the urban areas some goods for resale, which augmented their income. Lastly, the fact that they received treatment far away from the place they lived helped them to maintain confidentiality about their HIV status.

4. Teacher management tools

Visits to the MOESAC head office revealed that the human resource management information system in place was not versatile enough to generate a variety of information when required. In fact, what was available were staffing tables, which were essentially part of a simplified education management information system. Records on individual teachers were available, but these records do not appear to have been transformed into a database for use as a tool in managing human resources. MOESAC was therefore unable to provide information on numbers of teachers, by province, district, age, gender and other variables, who had retired, were on indefinite sick leave, or had died. It is very difficult to assess and monitor the impacts of HIV and AIDS on the system if such information is not readily available.

At provincial and district levels, accurate and comprehensive teacher records were kept, and from time to time these records were compiled and, in some cases analysed, to yield information for monitoring purposes. Officers were therefore able to provide some statistical information on teachers (e.g. on teacher absenteeism and attrition). Clearly, provinces and districts were aware of trends, even though they did not have a sophisticated database on teachers. However, there was very limited capacity at all levels for the development and maintenance of a human resource management information system. The capacity gap seemed to have been most acute at head office level, and this presented an intractable challenge to the division responsible for human resources.

5. Policies

From the early 1990s, the MOESAC made efforts to develop a sector-specific response to HIV and AIDS. Its efforts were buoyed by the presence of a national HIV and AIDS policy and a strategic plan, both of which provided a sufficient, broader framework. However, MOESAC lost the momentum in the early 2000s and to date there is neither a policy nor a strategic plan adopted specifically for the education sector, even though a draft is in place. Likewise, a workplace policy on HIV and AIDS for the MOESAC was not available for this sub-sector, although teacher organizations had made a bold attempt to prepare their own. However, there was no evidence that the workplace policies by teacher organizations had reached any of the schools visited.

Anecdotal evidence suggests that HIV and AIDS have exacerbated the challenges of teacher management. Overall, affected teachers expected higher levels of financial, material and emotional support from their employer (i.e. government), but government was itself reeling from a financial crisis that prevented it from rendering such support. The absence of a clear policy framework exacerbated the problem. This had nonetheless caused a sense of disempowerment, a loss of professional esteem, and feelings of deep resentment among teachers.

6. Structures

Support for teachers infected and affected by HIV and AIDS is still very weak. The support provided by national level structures is limited to information giving and awareness creation. Structures at the district level are relatively stronger, but the effectiveness of the support provided to teachers depends on the strength of representation in the decision-making bodies. It is at the local school level that effective teacher support structures exist. Although these structures are less formal, they are more flexible and therefore effectively address teacher needs on an on-going basis. The major challenge facing teacher support systems was the shortage of resources to meet the demands of an ever-increasing number of teachers in need. The economic problems have made it difficult for any of the structures established to implement large-scale programmes to meet the needs of teachers. Teachers have therefore largely depended on their own resources to access treatment.

The Zimbabwe Teachers' Association (Zimta) has developed its own HIV and AIDS policy to cater for its members, but at the time of the research the two-page policy document resembled a draft. However, it covered the different levels of the education system, and addressed issues of gender, universal primary education (UPE), life skills, quality in education and adult literacy.

The Progressive Teachers' Union of Zimbabwe (PTUZ) also had its own national policy on HIV and AIDS, which promoted awareness, sexual behaviour change, provision of counselling services, voluntary testing and disclosure, positive living and provision of care and support for those infected and affected by HIV.

PTUZ's HIV and AIDS programme provided antiretrovirals (ARVs) to a limited number of its members (to date numbering 27) who had disclosed their status. To ensure an assured supply of ARVs, the programme included a three-month lead time for the purchase of drugs, and so far there were no fatalities. However, the programme was discontinued in 2008 due to lack of funds. PTUZ had formally approached NAC for support, but the request was turned down.

7. Treatment

Teachers often have to travel long distances to access treatment, particularly if they are based in rural areas, which means they are frequently absent from school. Due to the lack of adequate health services, teachers have largely depended on their own resources to access treatment.

8. Training

The MOESAC held training for teachers regarding HIV and AIDS issues, but such training tended to focus on how teachers handled pupils who were affected or infected by HIV and AIDS. In almost all cases, teachers indicated that such workshops did not recognize the fact that teachers were themselves affected or infected, and needed support. This was hardly surprising because, in the absence of a sector-specific policy on HIV and AIDS and of a workplace policy to provide a comprehensive framework, it was difficult to imagine that such training would meet all the needs of teachers.

One of the frequent complaints by teachers was that the MOESAC as a whole did not show commitment to the implementation of agreed interventions. For example, they acknowledged that some of them had attended training workshops on HIV and AIDS, and at the workshops important recommendations were made regarding what should be done at school level. However, they lacked the resources to implement these measures.

The Zimbabwe Teachers' Association (Zimta) worked collaboratively with other partners to strengthen the national response to HIV and AIDS in the education sector. This included a training component comprising 12 modules that address issues of awareness about the epidemic, positive living, code of conduct for teachers, HIV and culture, HIV, gender and power, and stigmatization. However, visits to schools revealed that teachers were largely unaware of the programme.

Major challenges

The economic hardships Zimbabwe has gone through in recent years have made it difficult for the MOESAC to adequately focus attention on and address teachers' welfare issues. In fact, lack of human capacity has stalled MOESAC's efforts to finalize an HIV and AIDS policy.

Teachers' unmet basic needs have become the prime motivator of behaviour, diminishing the role of policy in regulating their behaviour. The real impacts of HIV and AIDS in teacher management are therefore masked by the bigger challenges of survival. The reality is that HIV and AIDS exacerbates the challenges faced by the system with regard to teacher management, but there has been a preoccupation with immediate or short-term concerns, and this has further reduced the system's capacity to respond to the long-term needs of the system.

Policy and programmatic recommendations

- **Prioritize HIV and AIDS issues:** The loss of investment in education that can be attributed to HIV and AIDS is staggering in the long term, and investing in interventions that target teachers as the key and most expensive input to the education sector can realize savings in the long term. In order to ensure this, MOESAC must prioritize HIV and AIDS issues.

Such prioritization should be translated into actions that demonstrate a shift in the leadership's perceptions regarding the seriousness of HIV and AIDS.

- **Create a policy framework:** One of the most urgent priorities is for MOESAC to develop and disseminate a comprehensive policy on HIV and AIDS that addresses the diverse needs of teachers and students, and a strategic framework that facilitates the implementation of this policy.
- **Address teachers' basic needs:** Meeting the basic needs of teachers will require actions that may fall outside the scope of MOESAC, but MOESAC can mobilize other stakeholders to play a role here. It can, for example, encourage communities, NGOs, CSOs and local authorities to provide additional resources to cushion teachers against the harsh economic situation. Some of these can take the form of incentives that are non-monetary or whose costs are hidden, such as exemption of teachers' children from paying school fees or hospital fees, provision of transport to and from work, and others. By addressing these needs, HIV and AIDS issues can come back into greater focus.
- **Develop a management information system for teachers:** Effective responses to HIV and AIDS must be based on sufficient information about the impact that the epidemic has on the education system at all levels. This system must be part of the broader EMIS so that the impact of teacher issues on other components of the education system can be monitored.
- **Create sustainable structures for the implementation of HIV and AIDS interventions:** It is acknowledged that MOESAC is severely understaffed, and it might take time to ensure adequate staffing levels. As part of longer term planning, MOESAC must consider the establishment of appropriate structures and the provision of staff dedicated to HIV and AIDS issues. Such staff, provided on an incremental basis starting with head office and provincial levels only, will take responsibility for the implementation of HIV and AIDS interventions.
- **Decentralize:** While the MOESAC head office should take responsibility for the provision of policy and an overarching strategic framework that guides stakeholders and adequately coordinates their efforts, it should ultimately decentralize responsibilities for the implementation of HIV and AIDS interventions to local levels. It might want to consider reviewing policies to facilitate the provision of support to locally generated initiatives as these are more likely to be sustainable than those introduced from outside. The process of decentralization can be particularly effective if it is accompanied by efforts to ensure inter-sectoral partnerships at the local level, thus ensuring the creation of stronger local support networks for teachers. Initiatives that focus on decentralized or local level structures (e.g. the establishment of District Management Information Systems) should be strengthened.
- **Build on work already undertaken:** MOESAC and its partners have already done a lot of work in the area of HIV and AIDS. A number of research studies, assessments and reviews have been conducted. Priority actions to be undertaken can benefit from the information that has already been generated. What MOESAC might need to do is to synthesize all the information accumulated so far in order to facilitate the process.

1. Study design and data collection

Introduction

This chapter will outline the research methodology adopted for the study. It includes an overview of the study research design and approach, selection of the study areas and samples and techniques for data collection and data analysis.

The research was conducted by Saul Murimba with the assistance of Tonderai Masenda. The review of documents and collection of data from the field was carried out during April 2009. The analysis of the data and writing of the research report was done over the period May to July 2009.

Data collection techniques

Data collection involved two main activities. The first was the collection and analysis of documents from a variety of sources, and these included legal, policy and statistical documents in the Ministry of Education, Sport, Arts and Culture (MOESAC) as well as research studies and reports available elsewhere.

The second main activity involved conducting interviews and focus group discussions (See Table 1.1 below). The information obtained from interviews and discussions was cross-checked against the documents collected and analysed in order to establish the degree of match between reality and the ideal reflected in documents.

The interviews at central level were complemented by visits to two education districts and to six schools, as well as interviews with civil society organizations.

Interviews were carried out using interview schedules and focus group discussion guides that were developed by UNESCO's International Institute for Educational Planning (IIEP) and adapted to the local realities of Zimbabwe. The interview guides covered the following:

- Senior staff at the Ministry of Education, Sport, Arts and Culture (MOESAC) head office, namely: the Director responsible for Human Resources; the Director for Policy, Research and Development; the Education Officer responsible for Research, Evaluation as well as the coordination of HIV and AIDS programmes; and the Officer responsible for Education Management Information Systems (EMIS).
- The District Education Officer (DEO) who is in charge of the district education office.
- District education staff (supervisors and staffing officers).
- School heads and teachers; and
- Representatives of two of the three teacher organizations in Zimbabwe.

Observation measures were also employed to verify information, including inspection of local documents available at the district offices. Statistical data collected from different sources were largely descriptive, and were presented in their raw form. Since there was a dearth of current statistical data, there was heavy reliance on anecdotal evidence collected from the schools visited.

Table 1.1 Breakdown of respondents

| Institution | Respondent | Number |
|--|--|--------|
| Ministry of Education, Sport, Arts and Culture head office | Director, Human Resources Division | 1 |
| | Director, Policy, Research and Development | 1 |
| | Education Officer, Research and Evaluation; also Coordination of HIV and AIDS programmes | 1 |
| | Officer responsible for Education Management Information | 1 |

| | | |
|------------------------------------|---|---|
| | Systems (EMIS) | |
| Harare Regional Office | Deputy Provincial Director | 1 |
| Mashonaland West | Provincial Director | 1 |
| | Deputy Provincial Director | 1 |
| Glen View-Mufakose District Office | District Education Officer | 1 |
| | Education Officer | 1 |
| Chegutu District Education Office | Acting District Education Officer | 1 |
| School heads and teachers | Glen View 2 High School | - |
| | Glen View 1 Primary School | - |
| | Kambuzuma 1 High School | - |
| | Rusununguko Primary School | - |
| | St Marks Chirundazi Primary School | - |
| | Ameva Primary School | - |
| Teachers' organizations | Zimbabwe Teachers' Association | 2 |
| | Progressive Teachers' Union of Zimbabwe | 1 |

Selection of study districts and samples

The first stage of the selection process involved discussions with the Education Officer responsible for Research and Evaluation, who also coordinated the MOESAC's HIV and AIDS programmes at head office level. It was agreed that one urban and one rural district would be covered by the study. After agreeing on an initial shortlist of provinces, the researcher settled for Harare Province and Mashonaland West Province. The two Provincial Education Offices were subsequently visited to decide on the districts to be covered.

Schools in Harare Province are densely clustered within a small geographical area, therefore the Deputy Provincial Director easily identified six schools in the Glen View-Mufakose District that the researcher could visit. The researcher selected four out of the list of six. The District Education Office was then visited for data collection, and subsequently the four schools were also visited over a period of two days.

Mashonaland West Provincial Education Office is located in Chinhoyi, the provincial capital that lies 110 kilometres to the west of Harare. Here, the Provincial Director described the characteristics of the each of the six districts, and it was agreed that Chegutu District (94 kilometres south of Chinhoyi) was the most typical. This district was least affected by the prolonged teacher strike that had paralyzed schools for the greater part of 2008, and had schools that were easily accessible by road. Chegutu District also had schools that typified rural and commercial farm locations. Once at Chegutu District Education Office, the choice of the two schools was discussed with the District Education Officer. One of the two schools selected was a rural school in Mhondoro Communal Land, 45 kilometres from the District Office. The other school was located in a large-scale commercial farming area only 10 kilometres from the town of Chegutu.

Limitations

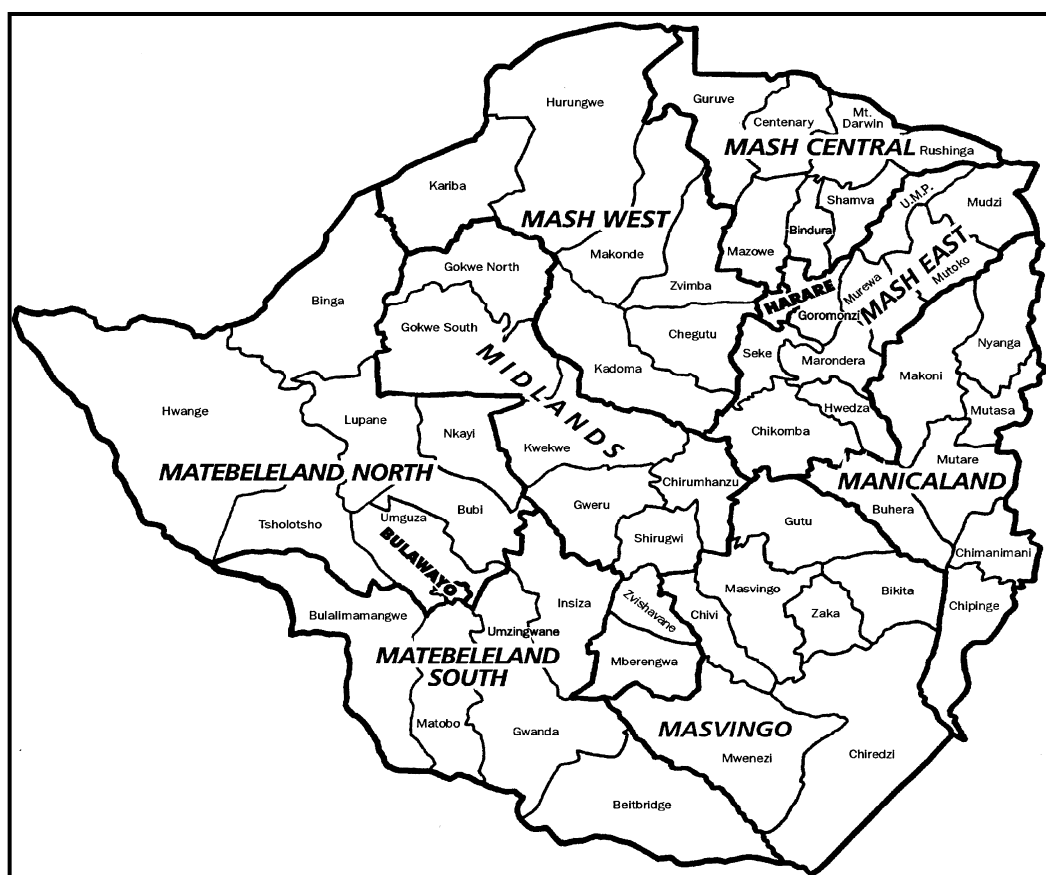
The final versions of data collection instruments were only received from IIEP on Saturday, 6 April 2009. Schools in Zimbabwe closed for the first term holidays on Tuesday, 9 April. This meant that only the four schools in Harare could be surveyed before the official end of the first term. The schools in Mashonaland West were only visited on 29 April 2009, long after the schools were closed. Therefore it was not possible to interview many teachers as most of them had left their schools for the holidays.

2. Demographic and economic context

Geography

Zimbabwe is a country located in the Southern Africa region, and covers a total area of 390,757 square kilometres. Landlocked, it shares a border with Mozambique, South Africa, Botswana and Zambia. The map below shows the ten provinces and 74 districts of Zimbabwe that form the main administrative units of the country.

Figure 2.1 Provinces and districts of Zimbabwe



Economy

Zimbabwe has an agro-based economy, with the nature of agricultural activities largely determined by relief-related climatic conditions (temperature and rainfall) and soil type in each of the five agro-economic regions.² The main crops include maize, tobacco, sunflowers, groundnuts, sorghum, wheat and soya beans. Animals kept are cattle, goats, pigs and sheep. There is also an abundance of wildlife in the game reserves.

Mining is the second pillar of the economy. The most important minerals are gold, platinum, diamonds and other precious stones (mainly emeralds), iron ore, chrome, asbestos, coal, copper and lithium.

² The five agro-economic regions are the following: 1 = Specialized and diversified farming; 2 = Intensive crop cultivation; 3 = Semi-intensive farming; 4 = Semi-extensive farming; 5 = Extensive farming and (ranching) and game parks.

Farming and mining constitute the basis for the manufacturing industry, which, until recently, was one of the most vibrant and sophisticated in Southern Africa.

During the 1990s, tourism was the fastest-growing sector of the economy, contributing more and more significantly to the nation's wealth.

Zimbabwe's economy has gone through dramatic changes over the last 30 years. At the time of Independence in 1980, Zimbabwe inherited a small but vibrant economy that was largely in the hands of a small white population. The transformation of the economy that started taking place saw the larger section of the African (black) population participating in the economy.

Between 1980 and 1990, Zimbabwe invested heavily in the basic services sector and achieved unparalleled successes in the provision of health, education, water and sanitation. In the education sector, for example, primary school enrolment doubled between 1980 and 1990, and by 1990 near-universal primary education had been achieved. At the post-primary level, achievements were even more spectacular, with secondary education expanding nearly ten-fold between 1980 and 1990. Similar progress was made in higher and tertiary education. By the 1990s, Zimbabwe's adult literacy rate (97 per cent in 2002) ranked second in the whole of Africa.

Gross Domestic Product (GDP) per capita for Zimbabwe peaked at US\$2,280 in 1991 but thereafter it remained unstable, reflecting an erratic economic performance. The year 1997 marked a turning point that saw the beginning of a steady economic decline. The decline picked up momentum at the beginning of the twenty-first century, coinciding with the government's land reform programme. In 2000, GDP per capita stood at US\$1,697 (Central Statistical Office, 2003). The decline became precipitous after 2003, with four-digit inflation and shortages of basic commodities, including cash, plaguing the nation. By 2006, GDP per capita had plummeted to US\$383 (World Bank, 2008, p. 68). The inflation figure in mid-2008 reached 231 million per cent, with fears that it could have risen much higher towards the end of the year. By then, the Central Statistical Office (CSO) was no longer providing data on inflation. In subsequent chapters, constant reference will be made to the economic situation because it has had far-reaching impacts on the delivery of education in general, and on teachers in particular.

Population

According to the 2002 census (Central Statistical Office, 2004), Zimbabwe's population stood at 11,631,657. The growth rate declined from 3.14 per cent per annum in 1992 to 1.30 per cent per annum in 2002. Fifty-two per cent of the population is female, and 40.6 per cent is under 15 years old. In Zimbabwe, life expectancy rose steadily from 54 years in 1965 to 61 years in 1990, but it started to decline rapidly thereafter. By 2005, life expectancy at birth stood at 37 years (World Bank, 2008, p. 69). The steep decline in life expectancy has generally been attributed to HIV and AIDS. However, the decline in the coverage and quality of health services, especially in the post 2000 era, has also contributed to this decline.

There are four major ethnic groups in Zimbabwe. Africans constitute the major ethnic group (99.28 per cent of the population), with the second largest group being Europeans (0.40 per cent) followed by those of mixed origin (0.19 per cent), Asians (0.10 per cent) and 'Others' or unstated (0.02 per cent). The majority of the population is Christian. A smaller percentage belongs to traditional religions. An even smaller percentage of the population is Muslim.

3. The HIV and AIDS epidemic, its evolution and impact

Epidemiology

The first case of HIV in Zimbabwe was reported in 1985. Coincidentally, this is the year when the country's Human Development Index (HDI) reached its peak of 0.621 since 1980. In 2000 it stood at 0.551 (Human Development Report, 2002). Thereafter, HIV spread very rapidly because it found 'fertile socio-economic ground' that was created by conditions of socio-economic vulnerability in the population (Poverty Reduction Forum, 2004, p. 1).

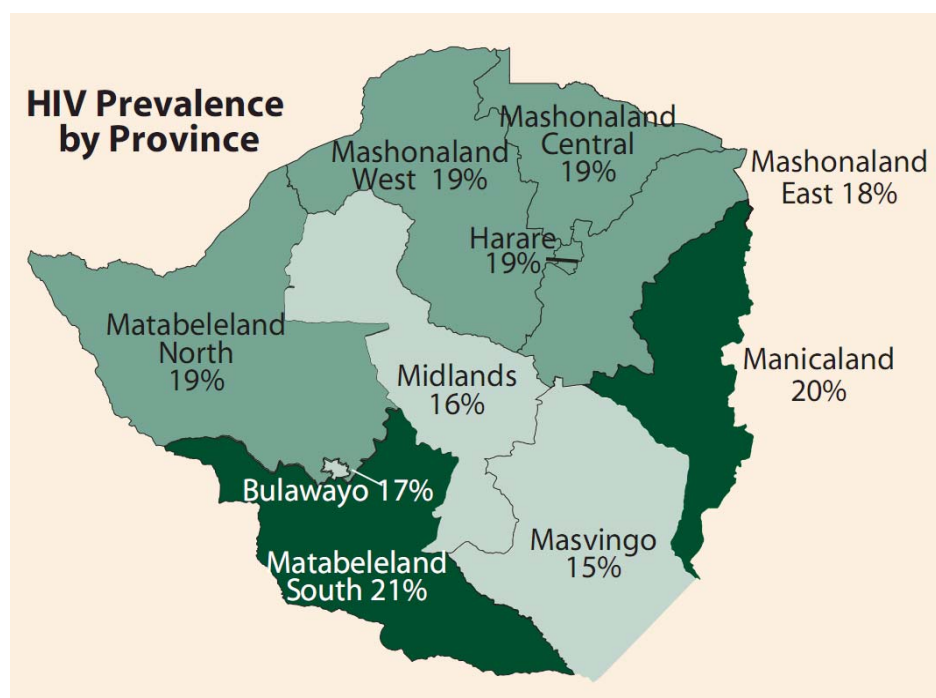
The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated the prevalence at 33.7 per cent in 2001, but the Ministry of Health and Child Welfare put the 2003 figure at 24.6 per cent. The difference could be attributed to differences in projection methodologies employed. Even so, this latter figure ranks Zimbabwe's prevalence rate as the fourth highest in the world, surpassed only by Botswana, Lesotho and Swaziland (National AIDS Council (NAC), 2006, p. 1; World Bank, 2006, pp. 67–68).

HIV prevalence rates declined to 20.1 per cent in 2005, and this was attributed to the success of a variety of interventions (NAC, 2006, p. 1). There have been indications from the Ministry of Health and Child Welfare, based on Sentinel Site Surveys, that the rate declined further in 2008 to an estimated 16 per cent. However, this is yet to be confirmed.

Although HIV is now a generalized epidemic in Zimbabwe, from the geographical perspective, prevalence rates vary considerably. Prevalence patterns are a reflection of the vulnerability patterns across the population, and are explained by three key factors, namely, geographical location, gender, and age.

The highest prevalence rates have been recorded in commercial farming and mining areas (50.5 per cent); border posts (45.7 per cent); growth points (38.7 per cent); urban areas (27 per cent) and rural areas (26.1 per cent) (Ministry of Health and Child Welfare, 2000). These patterns reflect different levels of vulnerability associated with socio-economic dynamics, such as the intensity of population movements (e.g. border posts) and economic activities that predispose men and women to casual or transactional sex (e.g. areas where gold panning is rife). Figure 3.1 show the prevalence of HIV by province.

Figure 3.1 HIV prevalence rates by province, 2005/2006



Source: MEASURE DHS (2007)

Because of the early feminization of the HIV epidemic, between 55 and 60 per cent of the HIV-infected population in Zimbabwe is female (UNAIDS, 2002). Women aged between 15 and 29 were about twice as likely to be infected as their male counterparts (United Nations Children's Fund (UNICEF), 2003; Gregson, 2002). Furthermore, divorced and widowed women were more likely to be infected than married and single (unmarried) women.

Over and above the fact that young people tend to be more vulnerable to infection than those who are much older, it is also important to note that all paediatric HIV infections are a result of mother-to-child transmission. Incidences of sexual abuse of children are poorly recorded and frequently go unreported. This is one way in which older children become HIV-positive.

Vulnerability patterns described above help to explain the impact HIV has had on the different sectors of society in Zimbabwe. Although no sector has been spared, the most severely affected sectors are the following: agricultural, education, health, public service, military, prison, small and medium enterprises (SMEs) and transport sectors.

Government response to HIV and AIDS

Following the recording of the first case of HIV, the government put in place the National AIDS Control Programme (NACP). Its responsibility was to spearhead a national response to HIV and AIDS. NACP developed and implemented the Short-Term Plan (1987–1998), the first Medium-Term Plan (1988–1993) and the second Medium-Term Plan (1994–1998), all of which became the foundation of current efforts to tackle the HIV epidemic. In 1989, the NACP developed a sentinel surveillance system to monitor trends in the epidemic by monitoring pregnant women who attended antenatal clinics. Data from these sites were collected from 1990 onwards (Ministry of Health and Child Welfare, 2000).

In the early years, the HIV epidemic was viewed primarily as a health problem. It was not until the mid-1990s, when its impacts were felt more widely across different sectors, that there was a combined multisectoral response to the epidemic. This was subsequently coordinated by the National AIDS Council (NAC), a national body with multisectoral representation at national, provincial and district levels. NAC now leads Zimbabwe's national HIV/AIDS response to HIV and AIDS.

NAC developed the first National HIV/AIDS Policy in 1999 and during the same year it also developed the National HIV/AIDS Strategic Framework: 2000–2004. During the development of both the policy

and strategic framework, there were wide-ranging consultations to ensure the participation of various stakeholders in different sectors.

The key focus of the policy is the clarification of the rights of people living with HIV (PLHIV), with attention paid to issues of prevention, treatment, care and support. On the other hand, the strategic framework focuses on the blueprint for action on matters of prevention and mitigation through care and support. Furthermore, it also addresses economic impacts at all levels of society and sets the stage for strengthening the implementation of various HIV and AIDS-related interventions.

The policy and strategy sought to promote a multisectoral approach to HIV and AIDS, stressing the need for involvement and collaboration across the different sectors. Central to the national response was the emphasis on mainstreaming HIV and AIDS within the mandate of each sector, and NAC expected to see this reflected in sector plans and programmes. The education sector was seen as playing a key role in multisectoral interventions because of the nature of its operations (promotion of learning and change in behaviour), as well as the social group it caters for (children and youth).

NAC also stressed the need to build capacity for a national response, with clear authority structures and programme structures that were adequately resourced. In this regard, it was also necessary to ensure that these structures were decentralized so that plans, programmes and response activities were responsive to local needs and contexts. Noteworthy was the establishment of District AIDS Action Committees (DAACs) that subsequently became the key coordination mechanism in the broader strategy. Such structures enabled the establishment of linkages between national- and district-level players, and promoted partnerships with local government authorities and civil society.

Decentralization was part of NAC's strategy for the strengthening of local communities' participation, with the creation of grassroots support systems for interventions. These communities would therefore work closely with local government, civil society organizations (CSOs) and non-governmental organizations (NGOs) to ensure responses to HIV and AIDS that were flexible enough to take into account factors within the local context.

Each sector was expected to develop a sector-specific HIV and AIDS policy, strategic plan and an effective workplace policy for all employers in the sector. In addition, it acknowledged that HIV and AIDS thrived in a context of poverty, and so the Poverty Reduction Forum (PRF) – an institution established and operating within the Institute of Development Studies at the University of Zimbabwe to deal with issues of poverty – was involved in subsequent efforts to address vulnerabilities caused by poverty in all its components.

NAC's efforts to highlight the importance of HIV and AIDS bore fruit when the Zimbabwe Human Development Report for 2003 that was spearheaded by PRF focussed on HIV and AIDS. In this report, there was an attempt to focus on eight specific sectors, namely: agriculture, education, health, public service, the military, prisons, micro, small and medium enterprises (SMEs) and transport. The report also synthesized research that had been conducted so far in the different sectors and across sectors, bringing in new insights into what was already known regarding the dynamics of the epidemic in Zimbabwe. For example, the concept of 'sex networks' was for the first time used to analyse vulnerability patterns and the complex dynamics that explained the spread of infections (PRF/Institute of Development Studies (IDS), 2004).

One key concern raised was the tendency by sectors to depend on donor support for HIV and AIDS programmes, as this posed a threat to sustainability. However, a major breakthrough was made by NAC when, after the launch of the 1999 policy, it started collecting an AIDS levy on all taxpayers, and the proceeds were put into an AIDS Trust Fund. At that point in time, these funds were expected to surpass contributions by donors, and could therefore potentially fund HIV and AIDS interventions on a much larger scale.

Constraints

The NACP was frequently accused of failing to coordinate an adequate national response that was multisectoral, and this concern became the priority issue addressed by NAC. As has already been pointed out, early responses were largely funded by donors, and it is for this reason that the introduction of the AIDS levy was applauded by many. Despite the fact that these two major concerns were addressed, the implementation of the national response was generally slow due to perceived lack of adequate coordination of the different responses, accusations of leadership's lack of

commitment, and the allegations that resources were not trickling down to lower levels where response activities were taking place.

NAC sought to address all of these constraints as part of the Zimbabwe National HIV and AIDS Strategic Plan (ZNASP) of 2006–2010 (NAC, 2006). Indeed, political leadership was targeted, and their support was more forthcoming. Efforts were also made to ensure more efficient use of the AIDS levy. Even though the year 2001 coincided with the beginning of political instability and a decline in the economy, resulting in a slight shift in the priorities of political leadership, commendable progress was registered in reducing the impact of the epidemic.

Similarly, the AIDS levy, once a robust fund, accomplished less and less over the years, and there has been greater reliance on the Global Fund to Fight AIDS, Tuberculosis and Malaria. The success of interventions, however, is reflected in the decline of HIV infection rates from around 24.6 per cent in 2003 to around 18 per cent in 2006, and to 15.6 per cent in 2007. The latest reports (September 2009) indicate that the 2009 figure dropped further to just above 13 per cent (*The Herald*, 26 September 2009).

Future trends and prospects

The picture that is unfolding regarding infection rates point to a situation where interventions put in place are bearing fruit. NAC has been strengthened and, with the partial resolution of the political problems Zimbabwe faced and the consequent improvements in the economy, the national response to HIV and AIDS is set to achieve more positive results. What remains unknown is whether the positive trend can be sustained.

4. Overview of the education system

Zimbabwe's education system follows a structure of seven years of primary education followed by four years of secondary education and two years of senior secondary. Pre-primary level children enrol between the ages of three and six years. The post-secondary school cycle is the responsibility of a sister ministry, the Ministry of Higher and Tertiary Education (MHTE). The structure of Zimbabwe's education system is summarized in Figure 4.1.

Administration and management of education

For administrative purposes, Zimbabwe is divided into ten provinces.³ Each province is further divided into districts, the number of which varies depending on the size of the province. Altogether, there are 74 districts.⁴ Although schools in each district are further divided into what are known as clusters, these are not administratively functional units as such, but are often used to facilitate various forms of interaction among schools (e.g. for sporting activities, staff development initiatives among teachers etc.).

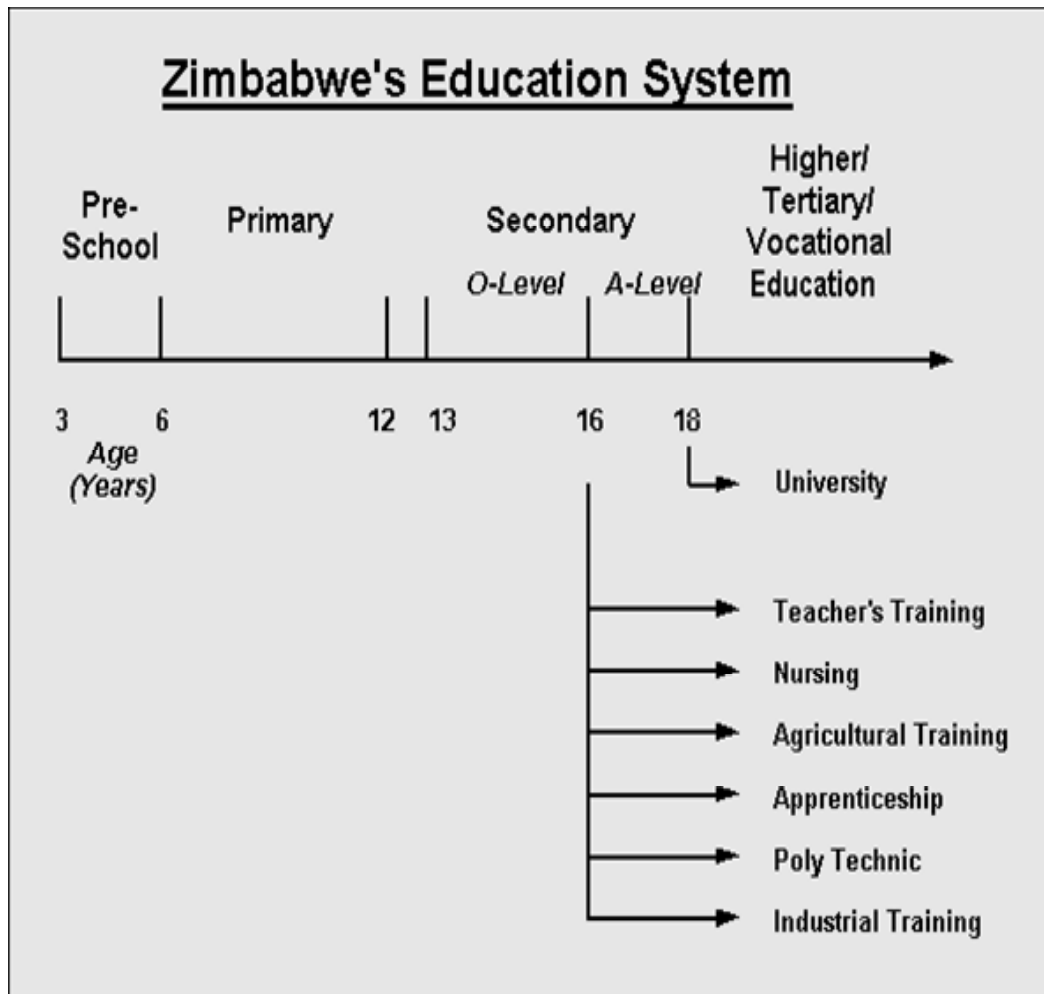
From the managerial point of view, the Permanent Secretary is the chief executive of the Ministry of Education, Sport, Arts and Culture (MOESAC) at the central (or head office) level. Below him are seven directors, each of whom is responsible for a 'division' of the ministry. These divisions are: Policy Planning, Research and Development; Quality Assurance; Schools' Psychological Services and Special Needs Education; Education Services Centre; Human Resources; Legal Services and Discipline; and Finance and Administration. Directors constitute the ministry's policymaking body (known as the Heads of Division or HODs).⁵

³ The ten provinces are: Bulawayo Metropolitan, Harare Metropolitan, Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Masvingo, Matabeleland North, Matabeleland South and Midlands.

⁴ The map of Zimbabwe in Figure 2.1 does not show all the 74 districts because some of them were only created recently.

⁵ At the time of writing, the reorganization of the MOESAC at Head office was underway. This involved the creation of 11 divisions, each headed by a director. The divisions in turn are clustered into five directorates, each headed by a Principal Director (PD). The five directorates are as follows: (i) Primary Education, Early Childhood Development and Schools Psychological Services (PD & two directors); (ii) Secondary Education and Non-formal Education (PD & two Directors); (iii) Policy Planning, Research & Development and, Education Development Services (P D & two Directors); (iv) Legal & Disciplinary Services, Human Resources and Finance (PD & three Directors); and (v) Sport, Arts and Culture (PD & two Directors). At the time of writing this report, some of the PD appointments had already been made.

Figure 4.1 Structure of Zimbabwe's education system



At the provincial level education offices are managed by Provincial Education Directors and two deputies with the support of a team of education officers who are responsible for school supervision, planning, staffing and buildings. Provincial Education Directors are at the same level as directors of divisions at head office.

The district is the last administrative tier before the school. It is managed by the district education officer, who leads a team of education officers (who are school supervisors), the remedial tutor, Better Schools Programme Coordinator, Early Childhood Education and Care (ECEC) Coordinator, and other junior staff. While he/she is based at the District Education Office, each education officer is responsible for a 'circuit' that is made up of about 40 schools (primary and secondary).

Schools are managed by head teachers (in Zimbabwe these are officially referred to as 'school heads') who, with the support of a deputy head and (in the case of primary schools) teacher-in-charge of infants, works with a team of teachers and administrative support and ancillary staff.

School communities (parents and other stakeholders) have always played a big role in the development of education in Zimbabwe, and their contribution in many ways account for the huge strides Zimbabwe has made in the near-achievement of universal primary education (UPE) and in vastly expanded access to post-primary education.

The Education Act of 1996 seeks to ensure the existence of a sufficiently coordinated framework for community contributions by providing for the formation of School Development Associations (SDAs) and School Development Committees (SDCs) whose predecessors are Parent-Teacher Associations (PTAs). Statutory Instrument (SI) 70 of 1993 requires each government school to form an SDA to promote the participation of parents and the community in all facets of school development. For non-government schools, Statutory Instrument 87 of 1992 provided for the formation of SDCs whose functions were broadly similar to those of SDAs.

In Zimbabwe, there are two broad categories of schools, namely (a) government schools and (b) non-government schools. Government schools are owned and run by the state as the responsible authority (RA), while non-government schools are those built and owned by a mosaic of other RAs such as local government authorities (city councils, town boards and rural district councils), churches or missions, farm owners, mines, trusts and foundations, farmers, private companies, and individuals. All teachers on the authorized establishment of all schools, irrespective of RA, are government employees. As such, the state pays the salaries of all teachers. Any school, however, is allowed to hire additional teachers using its own resources, if it so desires, in order to reduce the pupil to teacher ratio. For purposes of quality assurance, all teachers are subject to ministry approval. Individual schools may also elect to pay teachers on the government payroll an additional sum of money or payment in kind, in order to motivate them and ensure the retention of good teachers in schools.

Trends in education sector development

In the section below, the major trends in the primary and secondary education sector are summarized, with a focus on financing of education, staffing, pupil to teacher ratios, distribution of schools by responsible authority, and key indicators on enrolment.

Financing education

Trends in the share of the national budget that went to the education sector over the period 2000 to 2006 are summarized in Table 4.1.

Table 4.1 Budgetary allocation: 2000–2006

| YEAR | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 |
|--------------------------------|------|------|------|------|------|------|------|
| % of budget spent on education | 14.6 | 11.3 | 14.2 | 18.4 | 17.6 | 17.2 | 12.8 |

Source: M. Kierman et al. (2008, p. 35).

Table 4.1 shows that, in percentage terms, education's share of the budget varied enormously from year to year over the period in consideration. The lowest percentage was recorded in 2001, and the highest two years later in 2003. Overall, the average is a little over 15 per cent.

While corresponding figures for the years 2007 and 2008 were not available, the distribution of the budget by level in 2008 shows that MOESAC was allocated 69.5 per cent of the total budgetary allocation to the education sector as a whole, with the remainder (30.5 per cent going to Ministry of Higher and Tertiary Education (MHTE). For MOESAC, this represents a drop from the 1990/1991 figure of 86.7 per cent, reflecting declining investment in basic education in favour of higher and tertiary education. The details are presented in Table 4.2.

Table 4.2 Distribution of the budget by level (2008) and 1990/1991

| | 2008 ⁶ | 1990/1991 |
|----------------------------------|-------------------|-----------|
| Primary education | 41.0 | 52.8 |
| Secondary education | 21.4 | 29.8 |
| Teacher education | 2.5 | 1.6 |
| Technical & vocational education | 2.2 | 2.0 |
| University | 15.8 | 6.0 |
| Other | 17.2 | 8.4 |

Source: Ministry of Finance Estimates of Expenditure, 1990/1991 and 2008.

⁶ In the 1980s and 1990s, the financial year ran from 1 July to 30 June, but after 2000 it changed to 1 January to 31 December.

Overall, there have been substantial changes in the educational investment by level between 1990/1991 and 2008. There has been a decline in budgetary allocations to the primary school level, with more resources devoted to the secondary school level. The biggest change, however, was in the level of support to the university level, where the allocation rose from 6 per cent of the budget in 1990/1991 to 15.8 per cent in 2008.

The proportion of the education budget that was devoted to teacher salaries also declined from 78.49 per cent in 1990/1991 to 61.88 per cent in 2008. However, we need to be careful in our assessment of the real implications of such a decline on the system’s overall performance, given the high inflation rates that prevailed in 2008. A decline in the proportion of the budget devoted to teacher salaries might not have translated into substantially increased resources, in real terms, for other components of the education system.

Quality

Pupil to teacher ratios

From Table 4.3, it can be observed that pupil to teacher ratios for the primary education sub-sector have remained stable at 38 to 39 pupils per teacher. The ratios for the secondary sub-sector have declined over the years from 27 pupils per teacher in 2000 to 24 pupils per teacher in 2006.

An examination of 2006 data reveals a distinct pattern. Generally, schools in the high density urban residential areas tended to have the highest pupil to teacher ratios (39 for primary and 26 for secondary) while those in low density urban residential areas had the lowest ratios (32 for primary and 19 for secondary). The other categories of schools (communal lands, mining settlement and resettlement) had roughly the same pupil to teacher ratio. Variations in pupil to teacher ratios were also observed from province to province. For primary schools, the highest ratios were recorded in Mashonaland Central (42), while for secondary Bulawayo had the highest ratio of 30 pupils per teacher. The lowest ratios in the primary school sector were registered in Bulawayo and Matabeleland North (36).

Table 4.3 Pupil to teacher ratios, 2000–2006

| Year | Pupil to teacher ratio | |
|------|------------------------|-----------|
| | Primary | Secondary |
| 2000 | 38 | 27 |
| 2001 | 39 | 26 |
| 2002 | 39 | 26 |
| 2003 | 38 | 26 |
| 2004 | 38 | 24 |
| 2005 | 38 | 24 |
| 2006 | 38 | 24 |

Source: Ministry of Education, Sport and Culture, 2007.

About three quarters of the schools in Zimbabwe belong to local authorities, namely, district rural councils and urban councils. Government schools constitute the next major category, but representing only 6 per cent of primary and 13 per cent of secondary schools respectively (see Table 4.4).

Table 4.4 The distribution of schools by Responsible Authority

| Responsible Authority | Primary (%) | Secondary (%) |
|-----------------------------|-------------|---------------|
| Government | 5.8 | 12.8 |
| Local authorities | 79.4 | 70.4 |
| Churches | 4.6 | 11.3 |
| Trustees/Board of Governors | 2.3 | 2.0 |
| Other | 7.9 | 3.5 |

Source: Ministry of Education, Sport and Culture, 2000.

Gross and net enrolment rates at primary and secondary levels

In Table 4.5, the key education indicators for Zimbabwe for 2006 have been summarized.

Table 4.5 Key education indicators (2006)

| Indicator | Primary | | | Secondary | | |
|--|---------|--------|--------|-----------|--------|--------|
| | Female | Male | Both | Female | Male | Both |
| Gross enrolment ratio (GER) | 110.1 | 112.7 | 111.4 | 61.4 | 64.6 | 63.0 |
| GER gender parity index (GPI) | | | 0.98 | | | 0.95 |
| Net enrolment ratio (NER) | 96.7 | 96.7 | 96.7 | 47.3 | 45.2 | 46.3 |
| NER GPI | | | 1.00 | | | 1.05 |
| Drop-out rate (Grade 1–6; Form 1–3)* | 8.6 | 9.2 | 8.7 | 10.22 | 6.77 | 8.46 |
| Completion rate (Gr. 1–7; Form 1–4) | 68.7 | 67.7 | 68.2 | 83.3 | 91.7 | 87.6 |
| Completion rate GPI | | | 1.02 | | | 0.91 |
| Transition rate (Gr. 7–Form 1; Form 4–5) | 71.8 | 68.4 | 70.0 | 14.2 | 19.4 | 17.0 |
| Transition rate GPI | | | 1.05 | | | 0.7 |
| Repetition rate (Grade 7) | 1.7 | 2.2 | 2.0 | -- | -- | -- |
| Repetition rate GPI | | | 0.78 | | | -- |
| Teachers | 34,762 | 30,336 | 65,098 | 14,277 | 20,715 | 34,992 |
| Percentage teachers trained | 96.7 | 96.6 | 96.7 | 92.9 | 91.3 | 91.9 |
| Pupil to teacher ratio | | | 38 | | | 24 |

* Statistics for 2006 not available. Those presented in this row are for 2005.

The indicators show that Zimbabwe's education system exhibits high gross enrolment rates (over 110 per cent and over 60 per cent for primary and secondary school sectors respectively) and fairly high net enrolment ratios at primary school. Drop-out rates are still quite high (just over 8.5 per cent per annum), resulting in a comparatively low Net Enrolment Ratio (NER) at secondary school level.

Completion rates are reasonably high (68.2 per cent for primary and 87.6 per cent for secondary). Due to the existence of the policy of automatic promotion across grades, transition rates are also high.

Generally, there is gender parity reflected in all indicators at primary levels, but the gender gap in terms of Gross Enrolment Ratio (GER), NER, drop-out rate, completion rate and transition rate, as well as teachers is clearly visible at the post-primary level.

In summary, the basic indicators show that Zimbabwe's education system has been performing well, particularly in the 1980s and 1990s. Steady progress was registered in most indicators, although the pace seems to have slowed down in the post-2000 period, largely because of the political and economic problems in the broader environment. On the surface, the system retained its previous levels of performance until to 2006, the year when the latest set of comprehensive data was obtainable. Given the magnitude of the challenges experienced in 2007 and 2008, it is remarkable that the system managed to remain functional at all. The near total collapse of the economy experienced in 2008 put the system's resilience to the test, and this is examined in greater detail in the following section.

5. Overview of teacher management

Current teacher management issues in Zimbabwe have largely been shaped by the socio-economic and political context that evolved in the country over the last 30 or so years. In analysing the development of education in Zimbabwe, three distinct periods can be observed, each of which was a response to a unique set of factors.

Developments in the education sector

The 1980–1990 period saw Zimbabwe's education system achieve phenomenal growth and development. In particular, this first period witnessed a two-fold increase in primary school enrolment and a nine-fold increase in secondary school enrolment. Naturally, the number of schools and teachers in the system also increased in tandem with the expanding enrolments. Such a phenomenal growth was a result of policies that democratized access, with the government investing heavily in education. This was sustained by the mobilization of communities that participated in the construction of schools and the provision of learning materials.

During the years 1990 to 2000, many African countries, including Zimbabwe, adopted economic structural adjustment policies (ESAP) that were associated with the introduction of cost recovery measures. Government investment in education stagnated and eventually started to decline. Although in Zimbabwe several economic blueprints were formulated and implemented between 1990 and 2000, the performance of the economy remained erratic throughout the 1990s. The idea of establishing SDCs and SDAs in 2002 was meant to stimulate communities' investment in education through the establishment of a clear regulatory framework for their participation in school development. The success of these initiatives was limited, given that communities themselves were also feeling the pinch of erratic economic performance.

A major turning point in the socio-political and economic landscape of Zimbabwe was the year 2000, which ushered in a new era. This was the year when Zimbabwe implemented a land reform programme that saw the redistribution of formerly white-owned commercial farms to black Zimbabweans. This land redistribution raised a hot political debate, pitting white farmers against the government in legal and political battles that sucked in the former colonial power (the British government) and its Western allies, from whom most of the white farmers originated.

The land redistribution was associated with political developments that also fuelled the polarization of Zimbabwean society. The parliamentary elections held in 2000 had just seen the emergence of strong opposition to the ruling party for the first time in the history of the country. It was not surprising that the presidential elections of 2002 became controversial, with accusations of widespread election-related violence. This fuelled perceptions that Zimbabwe was closing down its democratic space, and this was linked to the land reform programme.

Economic decline

This marked the beginning of a major campaign by the government against the West on the one hand, and against the opposition (whom it accused of sympathizing with and getting support from the West) on the other. The complex political dynamics gradually isolated Zimbabwe from the international community. It ceased to be a member of the Commonwealth and the Bretton Woods institutions suspended balance of payment support and lines of credit. Taking a cue from the Bretton Woods institutions, major international donors, particularly from the West, also withdrew their support to Zimbabwe. From 2000 to 2008, the economy suffered an unprecedented decline, with massive inflation. There was a huge deterioration of infrastructure, and service delivery plummeted.

The impacts of all these developments on the education sector in general, and on the teaching service in particular, were far-reaching. Like other civil servants, teachers' real incomes were severely eroded, and in 2008 the real value of the teacher's salary stood at an equivalent of US\$3.00 per month.⁷ In

⁷ This figure uses the unofficial exchange rate of the USD against the Zimbabwean dollar, which was perceived as reflecting the true value.

fact, the average salary of a teacher was so low that, for a teacher in urban areas, the salary was equivalent to no more than one week's bus fare to and from work. This was exacerbated by the shortage of cash in the banks, which in turn necessitated the imposition of limits on cash withdrawals. The inevitable result was that many teachers left the teaching service altogether. Those who remained displayed erratic attendance, spending most of their time engaged in activities designed to supplement their income, or spending the greater part of the day at the bank, queuing for cash.

These developments are of critical relevance in the discussion of teacher management issues that follow because they spawned a reality that was abnormal. Policies espoused for a system that functions normally could therefore not respond to the uniqueness of the new socio-economic context that emerged in Zimbabwe.

Attractiveness of the teaching profession

Teaching is a profession that has been held in high esteem over the years in Zimbabwe, but it has recently suffered a major knock. Teachers were highly respected by their communities, and were role models. Of late, the situation has changed considerably, with teachers losing the respect of the community for various reasons. The main reason is the erosion of their real earnings, which has had the effect of placing them much lower on the economic ladder vis-à-vis other professionals, particularly those in the private sector. Teachers interviewed, for example, talked in bitter tones about the extent to which they had been 'pauperized', relegating them to a very low socio-economic group that barely managed to meet basic needs of survival.

- Notwithstanding the perceptions of the community, teachers interviewed by the researcher invariably viewed themselves as committed, dedicated and hardworking, and this view of themselves was confirmed by all the school heads interviewed. However, because teachers had been 'pauperized', they could not lead a life that was consistent with the positive image they projected as professionals. This, they said, had diminished their professional standing. One Harare head teacher summarized the problem as follows:
- "We are now the subject of ridicule. Even the children we teach know very well that we are living on the edge, and that we cannot afford the basic necessities of life. Many of us have resorted to selling sweets and biscuits to the very school children we teach in order to raise money for bus fare and for food. Of course, children buy the sweets and biscuits, but it is mainly because they feel pity for us."
- Another reason for the loss of attractiveness of the teaching profession is the general perception that a sizable proportion of teachers do not display the requisite level of commitment. Given the high unemployment rates in Zimbabwe (currently estimated at between 80 and 85 per cent), even those who did not have the qualities of a teacher opted for teaching as the last resort. As pointed out by the Progressive Teachers' Union of Zimbabwe (PTUZ), it is the behaviour of some of these (especially improper associations with pupils) that have discredited the teaching profession in Zimbabwe.
- From the focus group discussions (FGDs) conducted with teachers, it also became apparent that the professional image of Zimbabwean teachers suffered a huge knock because teachers got sucked into the political controversies that engulfed Zimbabwe, particularly after the year 2000. As one teacher put it:
- "The indisputable fact is that we are agents of change, but our role has been misunderstood. As a result, the government has associated us with opposition politics, labelling us 'enemies of the state'. On the other hand, the heavily politicized members of the general population have sometimes branded us 'enemies of the community'. In reality, the majority of us do not like to be associated with partisan politics."
- A combination of these factors has resulted in the teaching profession being shunned. A clear indication of this is that some teacher training colleges, for example, were unable to attract sufficient numbers of teacher trainees in 2009. Although this is a temporary phenomenon, it is a clear indicator of the low importance that the public attaches to the teaching profession.

Teacher training

According to existing policy, every teacher must hold a minimum academic qualification of four years of secondary education, with passes in at least five approved subjects, one of which must be English language.⁸ In addition, the teacher must also have successfully completed professional training as a teacher in an accredited teacher training college or university.

Table 5.1 Enrolment in teacher training colleges and universities, 1990–2006

| Year | Enrolment | |
|------|--------------------|---------------|
| | Teachers' colleges | Universities |
| 1990 | 17,802 | 9,017 |
| 1995 | 17,466 | 12,442 |
| 2000 | 16,392 | 13,696 (1999) |
| 2006 | 18,297 | 53,637 |

Source: Ministry of Higher and Tertiary Education (2006); Education Statistics Report, CSO, Harare, 2001, pp. 45-48.

There are 17 teacher training colleges for primary and secondary school teachers in Zimbabwe, 14 of which are government-owned. Training programmes for primary and secondary teachers lead to a teaching diploma. All teacher training colleges are affiliates of the Department of Teacher Education (University of Zimbabwe), which provides quality assurance and serves as the accrediting authority.

In addition to the training offered through teachers' colleges, each of the country's 13 universities (nine state universities and four private universities) offers a variety of courses that lead to a teaching qualification. Such programmes are either professional programmes in education, such as Bachelor of Education (B.Ed.) and/or Master of Education (M.Ed.) degree programme, and these graduate teachers join the system as fully qualified professionals for the primary or secondary school sector. Other universities offer academic degrees such as Bachelor of Arts (B.A.), Bachelor of Science (B.Sc.), Master of Arts (M.A.) and Master of Science (M.Sc.) and graduates have the opportunity to teach if they have approved teaching subjects. However, they are considered to be fully qualified only when they have completed a post-graduate diploma in teaching either on a full-time basis in the university, or on a part-time basis while they serve as teachers.

Teachers may also undertake specialized training programmes offered in specific teacher training colleges. For example, some training colleges and universities offer training for teachers who wish to teach technical and vocational subjects, sport or special education (for children with special learning needs).

Teachers trained by institutions outside Zimbabwe have to undergo a vetting process to determine their equivalence to local qualifications and to ensure that their training meets the standards acceptable to MOESAC.

The rationalization of teacher qualifications has done away with a situation where training colleges provided a plethora of programmes that lead to a mosaic of qualifications whose quality are difficult to ascertain. For example, there were different training programmes for teachers who had a primary school certificate only (T4), two years of academic education or vocational secondary education (T2A and T2B respectively), four years of secondary education (T3 for primary school and T3 for secondary school teachers).

Untrained teachers hired to teach in any school in Zimbabwe also have to meet the minimum academic qualifications of four years of secondary education, with passes in at least five approved subjects.

As of 2006, the year when the latest official statistics were available, the majority of teachers in Zimbabwe's education system (96.6 per cent of primary and 92.9 per cent of all secondary teachers) were formally trained (see Table 5.2).

⁸ This requirement ensures that every teacher has sufficient mastery of English (which is the medium of instruction in Zimbabwe, and is therefore a prerequisite for effective teaching).

Table 5.2 Teachers by training and gender, 1990–2006

| rYea | Primary education | | | Secondary education | | |
|------|-------------------|-----------|----------|---------------------|-----------|----------|
| | Total | % Trained | % Female | Total | % Trained | % Female |
| 1990 | 60,886 | 51.5 | 39.3 | 27,332 | 48.1 | 29.0 |
| 1991 | 58,436 | 64.1 | 40.4 | 25,204 | 63.7 | 31.7 |
| 1992 | 60,834 | 67.1 | 40.9 | 23,233 | 77.0 | 33.2 |
| 1993 | 61,506 | 67.9 | 41.9 | 24,007 | 79.0 | 33.4 |
| 1994 | 56,305 | 71.1 | 41.9 | 25,977 | 78.7 | 39.7 |
| 1995 | 63,475 | 74.8 | 43.9 | 27,458 | 86.8 | 35.8 |
| 1996 | 63,718 | 76.4 | 44.1 | 28,254 | 88.8 | 36.2 |
| 1997 | 64,521 | 77.2 | 45.3 | 29,438 | 86.8 | 36.6 |
| 1998 | 66,502 | 79.8 | 46.9 | 32,122 | 89.7 | 37.1 |
| 1999 | 59,973 | 92.3 | 47.3 | 30,572 | 94.3 | 37.4 |
| 2000 | 66,440 | 88.4 | 48.3 | 34,163 | 92.6 | 37.4 |
| 2001 | 63,452 | 92.3 | 48.2 | 32,443 | 97.7 | 38.6 |
| 2002 | 64,309 | 92.4 | 49.6 | 32,908 | 96.2 | 38.8 |
| 2003 | 64,801 | 90.9 | 50.2 | 32,994 | 93.4 | 39.2 |
| 2004 | 65,548 | 91.2 | 51.5 | 34,809 | 91.1 | 39.7 |
| 2005 | 65,585 | 92.4 | 51.7 | 35,321 | 91.2 | 36.0 |
| 2006 | 65,098 | 96.6 | 53.4 | 34,992 | 91.9 | 40.8 |

Source: Ministry of Education, Sport and Culture, 2000 and 2007.

Teacher appointment and management

All teachers who graduate from teacher training colleges or universities and who wish to join the teaching service have to register with the MOESAC's head office. It is this central office that deals with the recruitment and deployment of all qualified teachers who join the service for the first time. The centralization of teacher recruitment and deployment meets considerations of equity, given that there are some provinces and locations that tend to attract more teachers than others. In this way, the ministry ensures that every province gets their fair share of the trained teachers, and inequities in the allocation of vital human resources can be addressed.

All newly qualified teachers are deployed by head office, which allocates teachers to the different provinces based on considerations of equity. In Zimbabwe, as in other African countries, schools in rural areas (especially remote rural areas) are unable to attract and retain appropriately trained and experienced teachers compared to schools in urban areas. As a result, the situation that has evolved over the years is that a higher proportion of teachers in rural schools generally tend to be staffed by larger numbers of teachers whose academic and professional qualifications are lower, and whose teaching experience is shorter. In order to address this, current policy is that all newly trained teachers are deployed to schools in rural areas. Only after two years are they allowed to seek transfers to schools in urban centres.

In deciding on the location for a teacher's deployment or transfer, the MOESAC considers three other factors. The first is marital status, because the MOESAC recognizes that one of the key factors that fuels the spread of HIV and increases vulnerability to infection is the physical separation of spouses. It therefore specifically tries to reduce teachers' vulnerability to HIV and AIDS by ensuring that, as far as possible, couples are deployed to schools where they can live together. The second factor is the health status of the teacher. Teachers who are chronically ill, and constantly need medical attention, are deployed to schools that are close to medical services. Thirdly, teachers are deployed to schools that are close to the places where they normally reside. This is designed to cut down on costs of transportation and accommodation.

The policy outlined above has largely been implemented. The limiting factor is simply the non-availability of vacant posts in schools preferred by applicants. From the interviews conducted, it was apparent that not all HIV-positive teachers took advantage of this policy. At a school in Mashonaland West, for example, HIV-positive teachers preferred to remain in their rural locations, where medical

services were poor. According to the teacher in charge, there were four reasons for this choice. Firstly, the rural location enabled them to make substantial savings on transport and accommodation because free housing was provided at the school. Secondly, the need to secure medical attention elsewhere provided them with a good reason to take more days off work to go to the major urban centres for treatment. The additional time could be used to engage in activities that generated supplementary income. No additional costs were involved since they combined this with the trip to the bank in the urban centres where they drew their salary. Thirdly, they could bring back from the urban areas some goods for resale, which augmented their income. Lastly, the fact that they received treatment far away from the place they lived helped them to maintain confidentiality about their HIV status.

The problem teachers often faced was that, when they were deployed to provinces, they tended to generally prefer urban centres or peri-urban areas where the provision of basic services was generally better. This led to a situation where schools in urban and peri-urban areas tended to easily attract qualified and experienced teachers. On the other hand, schools in rural areas, particularly those in remote rural areas that are poorly served by transport and communication services, health centres, water and sanitation facilities, and recreational facilities are shunned by qualified teachers.

Teacher benefits

Teachers are public servants or employees of the Ministry of Public Service (formerly the Ministry of Public Service, Labour and Social Welfare). However, SDCs and SDAs may use their own funds to hire additional teachers in order to reduce the pupil to teacher ratio in their schools.

The three factors that determine the salary grade of a teacher are qualifications, experience and level of responsibility. The highest qualification considered for salary grading purposes is a bachelor's degree. Every teacher gets an annual salary increment within his or her grade for every year of continuous service. A teacher also gets into a higher salary grade when he or she is advanced or promoted.⁹

All teachers employed by the Public Service are on a contributory pension scheme (7.5 per cent of pensionable salary, i.e. excluding allowances). They may also elect to subscribe as members to the Public Service Medical Aid Society (PSMAS), with the employer making a contribution every month. In addition, all teachers receive a housing allowance and a transport allowance to help them meet accommodation and travel expenses respectively. This allowance is the same for all categories of teachers.

The biggest challenge teachers have faced is the erosion of their real incomes. With inflation rising steadily since 2000, any salary increase was blown away by inflation, each time leaving them worse off than they were a few months earlier. By 2008, the average teacher's monthly salary fell below \$10 in real terms. As we have seen above, at one time their salary was equivalent to US\$3.00 at the going exchange rate, according to one teacher. This made it impossible for teachers to travel to work, because their salary covered only one week's return bus fare. Furthermore, teachers protested by embarking on a nationwide job action that caused most schools to shut down for the greater part of 2008. Those schools that remained open only did so because parents were prepared to give teachers incentives in the form of a 'top-up' salary, payment in kind and assistance with transportation and food.

In all the interviews and focus group discussions with district education office staff, school heads, teachers and representatives of teachers' unions, the issue of low salaries was brought up as the number one issue. Further probing revealed that this issue was now at the centre of all teacher management challenges, since it has impacted on teachers' welfare in very many ways. One DEO put it succinctly when he observed that, "*...it actually starts from there, then the problem becomes multifaceted.*"

It is also pertinent to point out that teachers felt that MOESAC had not supported them adequately, particularly in terms of ensuring that they received adequate remuneration as well as incentives. To

⁹ Advancement is movement within a grade or from one grade to another subject to satisfactory performance (e.g. from teacher to senior teacher), while promotion is an appointment, following a competitive selection process, to 'a vacant post to which is attached a greater responsibility and a higher salary or higher salary scale than that attached to the post to which he was last substantively appointed' (e.g. from teacher to teacher in charge of infants, deputy head, or school head. (Public Service Regulations (2000) Part II, Section 10 and 11).

support their view, they cited the example of nurses who, as members of the Health Professions Council, had managed to negotiate for a much better incentive package from a consortium of donors over and above their normal allowance of US\$100. Given such a precedent, the teachers interviewed did not want to accept the fact that their plight was no worse than that of the rest of the civil servants who also received a flat allowance of US\$100 per month.

Teacher attrition

Teacher attrition has become a problem of significant proportions since the year 2000. The major reason is the flight of teachers from Zimbabwe's worsening economic situation to neighbouring countries and overseas where prospects of a better life were, at least, perceived to be higher. Because of the weakening Education Management Information System (EMIS), there were no statistics to provide an accurate picture of the magnitude of teacher loss. Data collected by schools and forwarded to head office through district and provincial offices have not been analysed at this level since 2006, and so the national picture regarding teacher attrition and turnover remains unclear. Data on attrition and turnover for previous years was not readily available either, and so the researcher resorted to the collection of anecdotal evidence.

The main tool used to build teacher records is the annual census form, commonly referred to as the ED 46.¹⁰ This form is filled in by all head teachers on a given date at the beginning of the year, and captures details on each teacher. These details pertain to the teacher's age, sex, academic and professional qualifications, status, teaching experience and subjects taught. The completed ED 46 form is then submitted to the district education office where it is checked through for accuracy. It is then sent on to the provincial office, with a copy sent back to the school for its own reference, and another copy retained by the district office for the same purpose. It is the provincial office's planning section that captures the data onto electronic files. These are subsequently sent to head office for consolidation by the EMIS Unit of the Planning Section. The central database is the one used to generate statistics on various aspects of the system and its performance.

The data collected from the field revealed that the problem of teacher attrition was huge, but the picture remained very unclear. Head teachers reported that many teachers left the system during 2007, largely through absconding, but that the majority of them had returned following the positive signs of political and economic stabilization after the formation of the inclusive government in February 2009. Indeed, MOESAC and teacher organizations were aware that many teachers who had absconded wished to return to their stations, and had reached agreement on the mechanisms for facilitating their resumption of duty. This was followed by a press statement made by the Minister of Education, Sport, Arts and Culture on 23 February 2009.¹¹ This was subsequently followed by the issue of the Secretary's Circular No. 2 of 2009, which provided guidelines for such teachers.¹²

The problem of teacher turnover was masked by that of teachers leaving the service altogether. In the wholly urban province of Harare, the problem was not as serious as it was in Mashonaland West, which is predominantly rural. The reasons for this difference were not immediately clear, but teachers interviewed indicated that, because of its stronger and broader economic base, the urban environment offered teachers more opportunities for raising additional income, e.g. buying and selling goods and offering extra tuition for a fee.

¹⁰ The ED 46 is used to capture a variety of information on the school, and information on teachers is only a part of it. Other aspects covered are, for example, enrolment, infrastructure and equipment.

¹¹ Press statement by the Minister of Education, Sport, Arts and Culture: Harare 23 February 2009.

¹² Secretary's Circular No. 2 of 2009: Guidelines on re-appointment of former members into the service, 12 March 2009.

6. Problems facing the management of teachers in an HIV context

Teacher absenteeism

Teacher absenteeism is recorded at school level, but the information is not consolidated at higher levels, even though it could possibly be extracted from the leave forms that are submitted to the district education offices, provincial education offices, head office and salary service bureau.

From the focus group discussions (FGDs) conducted, teachers frequently reported that they and their colleagues had been forced not to report for duty because they could not afford the bus fare to and from work. *“Going to work is now a luxury that none of us can afford,”* said one teacher.

At one school, the researcher asked the teachers to explain how they coped with the low salaries, and the shocking answer was, *“We take turns to go on indefinite sick leave.”* Asked to explain what the teacher meant, she indicated that most teachers did not survive on the salaries they got, and this was a universally accepted fact. It was therefore logical for any teacher to engage in other fundraising activities. This required them to be ‘officially’ away from duty for protracted periods as they engaged in cross-border trade, took up employment as casual workers in Botswana, South Africa, Mozambique or Zambia, or participated in illegal gold panning. A large number also joined the thousands of Zimbabweans who rushed to Marange Diamond Fields in the illegal panning of diamonds.¹³

Since a teacher could officially be on sick leave on full pay for 90 days in a year, it meant that one group of teachers could be away on indefinite sick leave for one whole school term, and when they came back, another group took their turn to go on indefinite sick leave.

This troubling practice could not quite be confirmed by supervisors or staff at provincial or head office, but a closer examination of this was made at one provincial office, and it was followed up with one district office and two schools. At the provincial office, statistics revealed that, in the last quarter of 2008, 253 teachers were on indefinite sick leave. The provincial director noted that this was way too high for a province with a teaching force of 10,500. This figure had jumped to just over 1,000 at the beginning of 2009, representing close to 10 per cent of the province’s teaching force. *“Clearly, something strange is happening here,”* said the provincial director. *“One must begin to ask whether all these teachers are really sick, whether all the cases are genuine.”*

This issue was followed up with one district education office (DEO) within this province. The DEO was asked to reveal the statistics the office kept on teacher attendance. The statistics had not been compiled because, this being the first term, statistics were still coming in. The returns for one high school were examined. This school had an authorized establishment of 51 teachers, and the returns for the month of April (the last month for the first term of 2009) showed that 14 teachers (or 27.5 per cent), that is nearly one-third, had been on indefinite sick leave since January 2009. Although it does not confirm the cited claims, it does fit with anecdotal evidence about teachers taking indefinite sick leave across the three school terms. This issue was once again followed up at one of the schools visited. The school had an authorized establishment of 21 teachers, and three teachers (14 per cent) had resigned in 2009 while three others (14 per cent) were on indefinite sick leave. Again, the combined figures come close to one-third of the total teaching force.

In contrast, in Harare Province, the district report for Term 1 of 2009 indicated that the number of teachers on indefinite sick leave was about as many as those on maternity leave, constituting 20 per cent of all teachers on leave, and the number representing only 1 per cent of the total teaching force in the district. These differences are huge, and might need to be investigated further.

¹³ The illegal diamond mining in Marange Diamond Fields in the Eastern part of Zimbabwe has raised international concern, firstly because the illegal mining of diamonds allegedly benefitted influential individuals; and secondly because, when the government finally sent the army and police into the diamond fields to stop it, they used tactics that allegedly led to the death of an undisclosed number of illegal miners. While many desperate individual panners got some income from the illegal activities, many citizens were concerned that the government was losing a potential source of substantial revenue at a time when it was almost bankrupt, and could not provide basic services.

- This pattern must not be misinterpreted to imply that this reflects the prevailing rates of absenteeism and the reasons for it in Zimbabwe. Rather, this merely drives home the magnitude of the economic challenges faced by the country, and the coping mechanisms adopted by teachers. Indeed, by resorting to this coping strategy, teachers managed to keep schools operational while meeting their own survival needs. Because data on absenteeism that was available related to the current period when economic problems were still biting, this could not have reflected the typical situation. Data relating to the 'normal' situation could not be obtained. Similarly, it was most likely that a large proportion of teachers who were on definite or indefinite sick leave were not genuine cases, and of the genuine cases, absenteeism attributable to HIV and AIDS was difficult to determine.
- If a teacher was absent for any reason, they took appropriate leave as provided for in the regulations. It was incumbent upon the teacher to notify the school head at the earliest opportunity so that he or she could determine the type of leave applicable and also make alternative arrangements for the pupils ordinarily under the care of that teacher.
- If a teacher was absent but did not contact the school to indicate the reasons for his or her absence, the school head was required to make every effort to establish contact with the teacher. If this failed for three days, the head had to notify the district office. If ten days elapsed before the teacher returned, they would again inform the district office. The school head initiated cessation of the teacher's salary and a request for a replacement teacher after 14 days' absence. On the thirtieth day of absence, the school head was required to recommend discharge of the teacher from the teaching service, as such a teacher was deemed to have absconded. If a teacher on indefinite sick leave failed to appear before a medical board, they would also be deemed to have absconded.
- Asked how they dealt with the problem of absenteeism, school heads and teachers were unanimous that, for absences of one to 14 days, the solution lay first and foremost with the schools themselves, which were expected to make internal arrangements. Such arrangements included: (a) engaging the non-teaching staff (teacher-in-charge (TIC), deputy head, or school head) to take over the absentee teacher's class; (b) requesting another teacher to take a class of the same grade level to combine it with his/her own class, or splitting the absentee teacher's class among several teachers; (c) splitting the teacher's time between two classes, adopting methods that ensured that pupils in both classes were actively and continuously learning; or (d) giving the absentee teacher's class some work to do, and ensuring that another teacher, with the assistance of the class prefects, provided the necessary supervision. In no case was the absentee teacher's class said to be left unattended.
- In secondary schools, the common practice was for the head of department (HOD) to engage the teachers who belonged to that department, and the teachers themselves came up with the solution. The question was how effective the arrangement would be in a situation where such an abnormally large proportion of teachers was repeatedly absent over a long period.

Policy and management responses

Leave

The rules and regulations applied to deal with teachers' leave were promulgated in 2000.¹⁴ In the schedule, there are six types of leave as described below:

Vacation leave: Teachers may accumulate a maximum of 123 days of vacation leave at the rate of one twelfth of qualifying service in each year. Where a teacher has not accrued vacation leave, he or she may be granted leave without pay. If a teacher falls sick during vacation leave, he or she may cancel vacation leave and take sick leave.

Annual leave: Every teacher is entitled to annual leave to allow him or her to attend to personal matters. The maximum number of days is 12 in any calendar year.

¹⁴ Public Service Regulations of 2000 (spelt out in Statutory Instrument 1 of 2000).

Sick leave: Sick leave is granted to a teacher who cannot attend to duties on account of illness or injury, or when he or she needs to undergo medical treatment. During any one year, a teacher may be granted 90 days' sick leave on full pay, and a further 90 days on half pay.¹⁵ A teacher is required to produce a medical certificate from a recognized doctor, unless the period of sick leave is three days or less. Such a period is extended from three to six days in the case of teachers who teach at schools that are 16 kilometres or more away from the nearest health centre.

Maternity leave: Female teachers who have served for one year or more may be granted maternity leave on full pay subject to production of medical proof that she is pregnant. Such leave is for 90 days.

Manpower development leave: Sometimes also referred to as *study leave*, this type of leave is granted to a teacher who engages in an approved programme of study or training, when such training enhances his or her efficiency, effectiveness and motivation. A teacher on such leave receives full pay if the leave period is three months or less, 75 per cent pay if it is between three and 12 months, and 50 per cent pay if it exceeds 12 months. For the two latter cases, the teacher is bonded for a period that is equivalent to the study period, with the minimum bonding period being one year.

Special leave: This type of leave, also called 'urgent private affairs leave', is granted to a teacher for a variety of other reasons, among them: sitting an examination, on a medical practitioner's orders, to attend to a Zimbabwean court as a witness, to attend a conference, on the death of a spouse, parent or child or legal dependant, or on justifiable compassionate grounds.

Early retirement of chronically ill teachers

If sick leave on half pay extends beyond the 90 days provided for, the teacher must appear before a medical board that is convened to make a determination. If, in the opinion of the medical board, the prospects are that the sick teacher will not recover, then the teacher will be retired on grounds of ill health. If the board determines that there are prospects of recovery from illness, sick leave on half pay may be extended.

For as long as Zimbabwe's health system was functioning, this system worked well. When the economic situation started to bite, however, the system started to malfunction. Firstly, more and more teachers were unable to access good healthcare. Discussions with teachers revealed that they attributed frequent bouts of sickness to poor nutrition, mainly explained by their low salaries. They also pointed out that, when a teacher got sick, it took him or her longer to recover because he or she faced a combination of poor nutrition, lack of the financial capacity to access good health services and (where they could pay consultation fees) inability to afford the drugs prescribed.

There were reports of an upsurge in the number of teachers who, having gone on indefinite sick leave, failed to appear before a medical board. This was because, unlike in the past, teachers were now required to pay US\$25.00 towards this medical board, an amount many felt was unaffordable.¹⁶ Technically, they therefore were regarded as having absconded following the termination of indefinite sick leave. In this respect, they lost all terminal benefits (see section on benefits below). However, because the terminal benefits were rendered insignificant by inflation anyway, a dignified exit from the service was not an incentive anymore.

It is also important to note that, because of inflation, medical aid schemes were discontinued in around 2007. The only way to access health care was through payment of cash in advance. As the use of the US dollar became more common, most health providers also demanded such payment in US dollars even though teachers were paid in Zimbabwe dollars. This rendered access to decent medical care out of reach for most teachers.

Teacher replacement

When a teacher fails to turn up for duty for any reason for 14 consecutive days, a replacement in the form of an untrained teacher is sought. This process does not take long because district education offices keep a register of prospective teachers whom they can contact quickly. Head teachers

¹⁵ One of the provincial directors pointed out that the 90 days on 50 per cent salary had been withdrawn following numerous reports of abuse of this facility, and so after the first 90 days, a sick teacher's salary was ceased.

¹⁶ Given that teachers had no access to foreign currency before March 2009, and that from March 2009 onwards, all that teachers received was a monthly allowance of US\$100.00, this was a substantial amount indeed.

confirmed that the recruitment process took three to five days to complete. When a teacher was discharged from the service for any reason, then he or she was replaced by a trained teacher, if such a teacher was available.

Benefits for HIV infected and affected teachers

As of 2009, the MOEASC had no specific arrangements in place for HIV-positive teachers. As such, HIV-positive teachers were covered by the general leave conditions applicable to any other teacher. This also applied to entitlements during illness and upon death.

At the district level, education officers tried as best they could to deal with this situation by exercising their discretion, wherever possible. They saw their role as more than just staffing officers, but as counsellors as well. One education officer highlighted her plight when she told the researcher that, when she requested documentation on an ill teacher, she was met with hostility. Her demands were viewed as reflecting excessive task orientation that was not balanced with sensitivity to the plight of the sick teacher. This was more so because, from time to time, the sick teacher was required to submit documentation to prove that his or her continued absence was indeed due to illness.

If a teacher dies before he or she has left the service, he or she qualifies for funeral assistance. The amount given was expected to cover basic funeral expenses such as the purchase of a coffin and meeting transportation costs. This arrangement worked effectively from the mid-1990s up to the early 2000s, but rampant inflation subsequently rendered the amount payable worthless. Although, from the policy perspective the scheme still applies to teachers who die, the scheme has since been kept in abeyance pending the stabilization of the economy.

At the local level, however, teachers voluntarily contribute to various forms of school-level health and funeral assistance schemes that benefit their membership during times of sickness, or death of a member, or death of his or her loved one (spouse, sibling, parent or child). They also visit sick colleagues, usually in turns, when they are hospitalized. On such visits, they usually take with them flowers, or some money, or other 'goodies' to cheer up the patient. *"We feel for each other because we are members of one team,"* one teacher said in a FGD.

Relationship with the community

The support teachers receive from the community varies from school to school. Urban schools tend to enjoy more support from the parents and community. In one school, teachers regularly worked closely with the SDA, parents and NGOs such as Carpenaum and SOS in supporting children affected by HIV and AIDS. Their only concern was that HIV-affected or infected teachers were part of the implementers of such interventions, but were themselves not a group of specifically targeted direct beneficiaries. Teachers who were HIV-positive only benefitted when they considered themselves as part of the general community, and were therefore beneficiaries of HIV-related interventions introduced by NGOs in the communities where they worked. It is here, in fact, that HIV-positive teachers met and shared personal experiences. In another school, parents had offered to provide part of the teachers' transport needs by picking them up, using the school truck, from the city centre to the school every morning, and ferrying them from the school back into town at the end of the school day. There was a feeling that much was expected of teachers, but very little was done for them by the MOESAC.

Rural communities were generally perceived as being much less supportive of teachers. In one school, the TIC confirmed that 'several' teachers were HIV-positive and had to be regularly absent for a number of days each month in order to get medical treatment. Their absence had incensed the parents who, instead of being supportive of the teachers who faced such a plight, allegedly rebuked the school head. The teacher interviewed reported that member communities had officially complained about this. In their own words:

"Munogotiunzira varwere voga voga pano apa. Chino chikoro, haisi chipatara." (In English, this means: *"You constantly bring chronically ill teachers into this school. This is a school, not a hospital."*)

In this school, the TIC pointed out that the community displayed open hostility to the teachers, and were not cooperative when asked to contribute additional funds to compliment teachers' meagre salaries.

Perhaps because they were more enlightened and cosmopolitan, urban communities were much more supportive of teachers infected with HIV. Teachers who participated in all three FGDs reported that

they knew of colleagues who benefitted from the treatment, care and support schemes (including the offer of free antiretroviral drugs) that were implemented by NGOs within the communities around their schools.

Disclosure

Teachers pointed out that disclosure of their HIV status to the school and MOESAC authorities was counterproductive. The message that was brought out clearly by the teachers interviewed was that, in the absence of incentives, teachers were not willing to disclose their HIV status. To quote one teacher, *“all what you bring upon yourself is shame and stress, because the Ministry will not do anything for you”*.

However, at the local level, teachers indicated that they knew very well that some of their colleagues were HIV-positive. When asked to indicate how they got to know their colleagues' HIV status, they were not prepared to provide an answer or to discuss the issue further. The researcher interpreted this as a reflection of their desire to be open about issues of HIV and AIDS on the one hand, and the sense of obligation to maintain confidentiality on the other.

7. The policy framework on HIV

National policy on HIV and AIDS for the education sector

When the Ministry of Health and Child Welfare established the National AIDS Control Programme in 1987, it identified the education sector as an important player in stemming the spread of HIV and AIDS, by virtue of the fact that it could play a preventive role among children and young people through education. The Ministry of Education's first concrete response to this was the introduction of the HIV/AIDS and Life Skills Programme for schools, which was officially adopted through Policy Circular No. 16 of 1993. This circular required all schools to include HIV and AIDS as a compulsory subject on the school curriculum, and every school was required to teach it from Grade 4 upwards. Pupils' books and teachers' guides to support this curriculum were developed, printed and distributed to every school. There was a massive advocacy and sensitization effort to ensure that schools took this initiative seriously. Given the fact that the teaching of HIV and AIDS and life skills used highly participatory methodologies, the introduction of this subject was also seen as an opportunity to renew pedagogical practice.

In 2000 the Ministry of Education, with the assistance of UNICEF, put in place an HIV/AIDS Secretariat. The secretariat was responsible for spearheading and coordinating all HIV and AIDS initiatives in the education sector, including the development of policies, strategies and plans for the implementation of these initiatives by the sector. The secretariat provided technical and logistical support for the development of HIV and AIDS materials, holding of HIV and AIDS-related meetings, workshops and related activities, and monitoring of progress on HIV and AIDS-related initiatives in the ministry. For undisclosed reasons, however, the secretariat was disbanded in 2007, leaving a void that was not filled.

A year later in 2001, the ministry got financial support from the UK Department for International Development (DFID) to conduct an assessment of the impact of HIV on the education sector. The findings of the 2001 study provided the ministry with an idea of the seriousness of the epidemic, its causal factors, teachers' level of vulnerability, and estimates of the number of teachers infected and affected. The ministry's involvement in this study was very high, and all senior ministry personnel at head office and provincial offices attended feedback meetings as part of a sensitization and awareness process. This study provided a robust base for effective and targeted interventions in the education sector.

Capitalizing on the momentum built by the study, the ministry set in motion the process of developing an HIV and AIDS and Life Skills Strategic Plan for the period 2002–2006. Supported by UNICEF through funds provided by the Dutch government, the process was highly participatory, and placed emphasis on building the capacity of teachers so that they could effectively promote life skills among children and young people.

From 2006, UNICEF provided further support for the development of the HIV and AIDS and Life Skills Strategic Plan for 2006–2010. This process came at a time when the priorities of the ministry were rapidly changing as a result of the deteriorating economic situation. There was dwindling ministry capacity to carry out key activities, as staff left the service, shortages of stationery and equipment were rampant, and a general decline in staff morale became a grave concern. Although the draft was ready by 2007, to this day it has not been adopted as an official document for wider circulation.

Both strategic plans (i.e. the one for 2002–2006 and the one for 2006–2010) had a clear focus on children and young people, but left the teacher marginalized. The needs of the teacher were viewed strictly within the framework of their role as implementers of the curriculum. As such, the focus was on equipping them with knowledge, skills and pedagogical tools that helped them to effect behaviour change among those they taught. The strategic plans glossed over the fact that teachers were themselves a specific group with varying degrees of vulnerability to HIV and AIDS, and who therefore needed to be targeted with interventions in their own right.

The reasons for the delay in its adoption remain unclear. Apart from the momentum that had been built for the development of the policy, supported further by the establishment of the HIV/AIDS Secretariat, the broader policy environment seemed to be supportive. A national HIV/AIDS policy and

strategic plan were firmly in place, supportive policies such as the Statutory Instrument (SI) 202 of 1998 (Labour Relations (HIV and AIDS) Regulations, 1998), Labour Relations (Amendment) Act of 2002, Zimbabwe Public Service Commission HIV and AIDS Strategic Framework for 2006–2010, and the International Labour Organization (ILO) Code of Ethics on HIV and AIDS and the world of work as well as the UNESCO/ILO HIV and AIDS workplace policy for the Education Sector in Southern Africa that was developed in 2006 were also all in place.

In contrast, Ministry of Higher and Tertiary Education (MHTe) picked up momentum for a coordinated response to HIV and AIDS much later. With UNESCO support, it had developed its HIV and AIDS Policy, as well as a comprehensive HIV and AIDS workplace policy for all its institutions in 2007. With further support from DFID, it developed a document on ‘Response to HIV and AIDS in Zimbabwe’ to buttress the framework provided by the two documents referred to above.

Workplace policy

Public Service’s Statutory Instrument (SI) 202 of 1998 (Labour Relations (HIV and AIDS) Regulations, 1998) creates a legal obligation on all employers to provide HIV and AIDS education to staff. Furthermore, it clarifies employees’ rights on issues such as testing, confidentiality, promotion and training, employee benefits, as well as sick and compassionate leave. The SI requires that no employee should be discriminated against according to their HIV status. This notwithstanding, there is no official workplace policy on HIV and AIDS that has been developed for the MOESAC to date. However, one exists for the MHTe. This is a glaring gap that the Strategic Plan for 2006–2010 bemoaned, but that has not been addressed to this day.

Schools do have locally-generated initiatives designed to respond to the challenges they face. All schools surveyed by the study, for example, had developed initiatives to provide support to teachers who were HIV positive, who were sick, who died, or who had lost close relatives. In three of the schools, teachers also pointed out that they had developed ‘departmental policies’ to deal systematically with cases of absenteeism.

Teachers’ code of regulations

To ensure high standards of professional behaviour among teachers, the Ministry of Education, through the Public Service Regulations (First Schedule [Section 2] in SI 1 of 2000, pp. 61–63), has clearly stated its expectations regarding the conduct of teachers. In this schedule, the 24 classes of behaviours or actions that constitute ‘acts of misconduct’ are presented. A few of those that are relevant are briefly highlighted below.

The fact that “*absence from duty without good cause, including abuse of sick leave*”, is the first act of misconduct to be mentioned in the schedule might suggest the importance attached to attendance. For this reason, head teachers promptly follow up any cases of absenteeism.

“*Improper, threatening, insubordinate or discourteous behaviour, including sexual harassment, during the course of duty towards any member of the Public Service or any member of the public*” comes fourth. This provision provides for the protection of members of the public service as well as those they interface with in the public arena, thus creating an environment that promotes respectful behaviour or conduct.

“*Unbecoming or indecorous behaviour, including ... improper association with minors, at any time and in any manner or circumstances likely to bring the Public Service or any part thereof into disrespect or disrepute*” is the seventh. The emphasis on improper associations with minors is designed to protect pupils, and committing such an offence can lead to dismissal once it is been proved to have occurred.

As full-time employees of the government, teachers are required to devote all their time to teaching. Therefore, “*undertaking or engaging in any other employment or service for remuneration without the written consent of the Commission*” is an offence that can lead to dismissal. Similarly, proceeding on any period of leave without having obtained the prior approval of the commission, head of ministry or head of department, as the case may be is a dismissible offence.

Problem of sexual abuse of pupils by teachers

Sexual abuse of pupils by teachers is recognized as a problem that has affected the education system. Statistics on the prevalence of this problem were not available, but there were several indicators of its

existence. First, sexual abuse of pupils by teachers (termed 'improper association...') is specifically provided for in the schedule of offences outlined in the SI 1 of 2000. Secondly, the MOESAC has made sexual abuse one of the key messages in all the workshops conducted on HIV and AIDS. Thirdly, the assessment made in 2001 noted that schools had become 'sites of sexual harassment of pupils' by teachers.

Obviously, since this is a matter that touches on teachers' professional image, teacher organizations have expressed concern over this as well. In an interview with the PTUZ, for example, the existence of the problem was recognized by the secretary-general. However, he was quick to point out that, in most cases, the offending teachers were the untrained teachers engaged by the MOESAC. He claimed that the ministry did not subject untrained teachers to thorough vetting, and therefore brought individuals into the system who did not have the qualities of a teacher. The secretary-general also pointed out that, since such teachers were not their members, teachers' organizations had little control or influence over their actions. These teachers were not subject to the code of conduct set by their respective organizations, and so teacher organizations could not be held accountable for their actions.

In its 2001 assessment, the HIV/AIDS in Education Assessment Team (HEAT) observed that sexual harassment of pupils by teachers was rampant, and declared that "*there [were] strong indications that many schools are sites of harassment and abuse by teachers and peers, and that teachers [were] often poor role models with reference to safe sex. Hostels, community boarding and school events [exposed] many learners to HIV risk*" (HEAT, 2002, p. vi).

8. Teacher support and referral structures

In order to ensure an effective response to HIV and AIDS, there is need not only for a clear policy framework and strategic plan, but also for structures staffed with competent and committed officers, to support those teachers who are infected and affected. Moreover, these structures must not only be accessible to teachers, but must inspire confidence in teachers so that they actively seek out help from them, when they require it. This chapter is devoted to an examination of the support and referral structures that exist to support teachers affected by HIV and AIDS in Zimbabwe.

Structures

As we have already seen, an HIV/AIDS Secretariat had been created at head office MOESAC level in 2000. Its role was to spearhead the implementation of HIV and AIDS interventions. However, the secretariat was not sufficiently integrated into the structures of the ministry, and its operations depended on donor funding. With the withdrawal of some partners who funded HIV and AIDS programmes in the ministry, the secretariat was disbanded in around 2004. More recently, an HIV and AIDS desk was re-introduced within the planning section of the ministry, with one officer responsible for the national coordination of HIV and AIDS activities, among several other responsibilities. Although her workload was enormous, she had managed to coordinate and organize national training workshops on HIV and AIDS for teachers. Working through officers at provincial level, she had reached almost all provinces, and the provinces were expected to cascade the training to district levels. Very few of the teachers who participated in the study indicated that they had actually participated in the training, or knew a colleague who had done so. It was clear that the training had reached a very limited number of teachers.

The most visible structure is at the district level. Named District AIDS Action Committees (DAACs), this structure is intersectoral, bringing together offices from different sectors. DAACs meet regularly to plan joint activities, to implement activities agreed upon, and to share information regarding sector-specific activities. In most cases, these activities are related to awareness raising, advocacy, information sharing, and the provision of care and support to vulnerable groups. One of the most common activities was the dissemination of HIV and AIDS materials and the provision of food stuff, clothes and other basic necessities to families and individuals who are unable to fend for themselves. In one of the districts visited, the DEO interviewed was an active member of DAAC, and he had mobilized food for teachers who needed it.

At the local school level, the structures become more flexible and less formal. The most common structures that readily provided immediate support to teachers in times of need within the school context were peer support structures. Outside the framework of the school, teachers also turned to local NGOs and CSOs for support, and this gave them the opportunity to interact with members of their school community.

Teachers also had certain expectations regarding the support they should get from their employer, the Public Service Commission (PSC) and MOESAC. Such expectations included financial support, provision of antiretrovirals (ARVs) and other essential drugs, and a range of concessions upon hospitalization (e.g. exemptions on payment of hospitalization fees and school fees for their children). In almost all FGDs, teachers expressed disappointment with the level of support, and resented the fact that, although they had contributed to the AIDS levy since its introduction, none of them seems to have directly benefitted from it. They further alleged that the only thing MOESAC had done by way of supporting them was to provide a small number of teachers with training on HIV and AIDS.

From the FGDs, it was clearly apparent that teachers were largely unaware of MOESAC-specific structures put in place to support them when they needed support.

HIV and AIDS training

As seen above, the MOESAC did hold training for teachers regarding HIV and AIDS issues, but such training tended to focus on how teachers handled pupils who were affected or infected by HIV and AIDS. In almost all cases, teachers indicated that such workshops did not recognize the fact that

teachers were themselves affected or infected, and needed support. This was hardly surprising because, in the absence of a sector-specific policy on HIV and AIDS and of a workplace policy to provide a comprehensive framework, it was difficult to imagine that such training would meet all the needs of teachers.

One of the frequent complaints by teachers was that the MOESAC as a whole did not show commitment to the implementation of agreed interventions. For example, they acknowledged that some of them had attended training workshops on HIV and AIDS, and at the workshops important recommendations were made regarding what should be done at school level. Without necessarily distancing themselves from the problem, they said, “*We come up with good policies but we do not implement them.*” But more pointedly, they also added:

“After the workshop, we are often asked to go and implement HIV and AIDS activities in schools, but the Ministry does not provide us with any resources to support these activities. When we ask for resources, we are told to be ‘resourceful and creative’. We are therefore expected to use our personal resources, but we do not have any. Parents cannot raise the funds because they are struggling just like us, so in the end we cannot carry out any of the planned activities.”

Teachers’ unions

There are three teachers’ organizations in Zimbabwe, namely the Zimbabwe Teachers’ Association (Zimta), the Progressive Teachers’ Union of Zimbabwe (PTUZ) and the Teachers’ Union of Zimbabwe (TUZ). Only the first two were interviewed.

Zimbabwe Teachers’ Association (Zimta)

Zimta is the biggest teacher organization in Zimbabwe. It boasts 44,000 members nationwide, representing approximately 40 per cent of the total teaching force. At the core of Zimta’s mission is the promotion of ‘the social, economic, and professional needs of teachers’ (EFAIDS Policy, p.1¹⁷). In Zimta’s view, ‘conducive working conditions, supportive communities, and enabling policies’ are the three things that contribute to teacher motivation, facilitating the delivery of quality education. While Zimta acknowledged that HIV and AIDS was a big concern to teachers, it was convinced that, at this point in time, the issue that was most pressing for teachers were inadequate salaries.

Zimta had developed its own HIV and AIDS policy (called the ‘ZIMTA EFAIDS Policy’) to cater for its members, but at the time of the research the two-page policy document looked pretty much like a draft. However, it covered the different levels of the education system, and addressed issues of gender, universal primary education (UPE), life skills, quality in education and adult literacy.

Zimta also created structures for the implementation of the HIV and AIDS programme (the National and Provincial EFAIDS Committees). It also had in place a full-time EFAIDS Coordinator to manage the programme. At the school level, Zimta-trained study circle conveners were said to be managing the programme at the local level. Visits to schools revealed that teachers were largely unaware of both the policy and the programme.

So far, Zimta has worked collaboratively with other partners to strengthen the national response to HIV and AIDS. Some of these partners include Education International, American Federation of Teachers, UNICEF, the World Health Organization (WHO), SafAIDS, Zimbabwe National Network of People Living with HIV and AIDS (ZNPP+) and PTUZ. Collaboration focussed on the development and exchange of materials on HIV and AIDS, technical information and sharing of experiences. Although Zimta provided training on HIV and AIDS, so far it has not implemented a scheme for the provision of ARVs to teachers.

¹⁷ Launched in January 2006, the EFAIDS Programme is an initiative of Education International and its partners the World Health Organization and Education Development Center. It combines the efforts of teachers’ unions in advocating for Education for All (EFA) at national level with their commitment to HIV and AIDS prevention in schools locally.

Zimta's HIV and AIDS training pack comprises 12 modules that address issues of awareness about the epidemic, positive living, code of conduct for teachers, HIV and culture, HIV, gender and power, and stigmatization.

Progressive Teachers' Union of Zimbabwe (PTUZ)

The Progressive Teachers' Union of Zimbabwe (PTUZ) is the second largest teacher organization in Zimbabwe. Founded in 1997, it has a membership of 12,000. It claims that, despite the comparatively smaller membership, it is the most visible teacher organization in Zimbabwe because it is able to articulate effectively the issues that affect teachers. It believes that, in order to champion the cause of teachers, a militant approach is necessary. For this reason, teachers turned to PTUZ for support.

Issues that PTUZ felt were most important included: the erosion of teachers' self-esteem; low salaries; and teachers' access to health services when they fall ill. The Secretary-General of PTUZ pointed out that, while policies to support teachers were in place, such policies did not take into consideration the reality on the ground, and so the policies were constantly failing to address issues of primary concern to teachers.

PTUZ had its own national policy on HIV and AIDS, and this policy promoted awareness, sexual behaviour change, provision of counselling services, voluntary testing and disclosure, positive living and provision of care and support for those infected and affected by HIV. The target is teachers, their families and the communities where teachers live. The policy also addresses issues of stigma, confidentiality, non-discrimination, human rights, gender equality and is built on the foundations created by SI 202 of 1998, the SADC Code of conduct on HIV and AIDS and employment, and the ILO code of practice on HIV and AIDS and the world of work.

PTUZ's code of conduct for teachers touches on various issues relating to teacher behaviour. At the centre of such behaviour is the establishment and maintenance of a healthy relationship with the pupil, a relationship that it insists must be based on mutual respect, independence, confidentiality, care, support, fairness and the promotion of the pupils' holistic development. The code of conduct also recognizes the need for teachers to respect school authority, colleagues, and the honour and dignity of the teaching profession.

PTUZ's HIV and AIDS programme provided ARVs to a limited number of its members (to date numbering 27) who had disclosed their status. To ensure an assured supply of ARVs, the programme included a three-month lead time for the purchase of drugs, and so far there were no fatalities. However, the programme was discontinued in 2008 due to lack of funds. PTUZ had formally approached NAC for support, but the request was turned down.

Other agencies

The only other sources of support for teachers were CSOs and NGOs. These did not implement programmes specifically targeted at teachers, but teachers were free to participate in their programmes as members of the communities served by the CSOs and NGOs. Their level of participation, however, depended on the nature of their relationship with the community. In schools that enjoyed healthy relationships with the community, teachers were more ready to participate in such programmes. This was the case with some of the urban schools visited. On the contrary, in one of the rural schools, relationships with the community were so bad that teachers were prepared to travel 50 kilometres to the district capital, and in some cases over 140 kilometres to the capital city, to access treatment.

Discussion and recommendations

HIV and AIDS is an extremely complex phenomenon whose insidious impacts on the education system in general, and on teachers in particular, can be devastating in the long term. Its impacts are multi-dimensional, touching on almost every aspect of every sector. It is also steadily reducing the efficiency and effectiveness of the education system, as well as its capacity to deliver high-quality services. Its impacts are felt by students and teachers alike, and these impacts frequently spill over into the community. Because of the complexity of the HIV and AIDS issues, responses to them are, of necessity, equally complex. Within this complex framework, this section discusses the findings of this study.

The policy gap

MOESAC does not have a sector-specific policy for HIV and AIDS, although it has done most of the groundwork for the development of such a policy. In such a policy's absence, HIV and AIDS interventions are likely to have a limited impact. As it stands, the interventions implemented to address the needs of teachers, pupils and communities remain inadequately coordinated. It has also been difficult to create structures and to provide dedicated personnel for the planning, coordination and implementation of sustainable HIV and AIDS interventions.

The teacher plays a central role in the education of children, and any efforts to stem the spread of HIV infection must necessarily target in-school and out-of-school youth. In recognition of this, an AIDS Action Programme for Schools was developed to guide teachers in the teaching of HIV and AIDS. Through this circular, the teaching of HIV and AIDS became compulsory in all schools. This provided a policy framework for the implementation of HIV and AIDS programmes in schools. HIV and AIDS were effectively included in the school curriculum, and taught in all schools, albeit with varying degrees of success. The policy also provided a framework for the training of teachers for the implementation of the curriculum, and such training has been going on throughout the period 1993–2008. The policy also provided impetus for the development of teaching and learning materials to support teachers and students, with radio programmes aired to provide additional support. This amply illustrates the importance of policy in the implementation of interventions.

While national interventions on HIV and AIDS appear to be bearing fruit, as evidenced by the decline in infection rates in the general population, the question we should ask is whether progress made so far can be sustained, and whether more progress can be achieved in tackling the epidemic without the need to strengthen the education sector's response. The first step to be taken to strengthen this response is to address the policy gaps.

Addressing the needs of teachers

So far, there have been no policy or programme interventions targetting teachers themselves. Teachers interviewed in the FGDs, for example, complained that, while teachers were equipped with knowledge and skills to teach children about HIV and AIDS and to provide psychosocial support to the children they teach, little attention had been given to the fact that teachers also need to be deliberately targetted for the provision of psychosocial support.

Recently, though, there was growing acknowledgement of this need, and the workshops conducted in 2007 and 2008 had the following as one of their objectives: *"To equip teachers with knowledge and skills of support systems they can use to strengthen and give hope to their counterparts and the affected children who need psychosocial support"* (MOESAC Report on HIV and AIDS, Life Skills Programme, 17–31 August 2008, p. 2). The same report also acknowledged that: *"For many participants, it was their first time to attend a workshop on HIV and AIDS that addressed the needs of both teachers and pupils, and to be exposed to participatory methods."* In the absence of a policy that deliberately targets teachers, even this feeble attempt to target teachers must be commended. It is only when teachers' own needs have been addressed that they can effectively meet the needs of their students.

HIV and AIDS interventions through the education programme have the potential to yield immense benefits since they focus on a strategic section of the population, namely, young people. The

weakness is that teachers' needs have largely been ignored, at least so far. There is the real risk that the spread of the epidemic might take advantage of this weak point in the long term. It is important to ensure that HIV and AIDS interventions simultaneously address the needs of both staff and students.

Adopting holistic and flexible approaches at decentralized levels

Some of the interventions that were most effective in addressing teachers' needs were those that were implemented at the local level. Such interventions tended to constitute diversified and flexible forms of response to infected and affected teachers. For example, when teachers set up their own welfare fund at the school level, the fund provides not only financial assistance to sick teachers in times of need, but also the psychosocial support needed during times of stress. Because they 'feel for each other', sick teachers feel most at home when fellow teachers support them.

The education sector cannot tackle all teachers' needs alone, but has to work closely with other sectors in order to ensure a holistic response that takes into account the multi-faceted nature of human needs. In one of the districts where the DEO was also the chairperson of the DAAC, teachers were able to access food aid during food shortages. In addition, the DEO also ensured that HIV-positive teachers accessed ARVs provided by NGOs working in the district. All this was possible because the DEO was part of a multisectoral team that recognized the value other sectors can add to the welfare of teachers.

Addressing teachers' basic needs

Because of the complexity of the HIV epidemic, there is need for a holistic, multisectoral response to tackling the challenges it poses. As long as teachers' basic needs are not adequately met, their focus will remain on meeting the needs to survive, and HIV and AIDS issues will be put on the backburner. The post-2000 period saw Zimbabwe's economy declining steadily and this had a knock-on effect on the performance of virtually all sectors. In the health sector, for example, health delivery deteriorated, and the privatization of health services meant that decent levels of health care were pushed out of reach of a large section of the population. Teachers were among those who were affected, as some of them could not even afford the US\$25 required by the medical board. Needless to say, teachers who qualified after 2000 could not hope to purchase a house or a vehicle. One of the stressful realities that confronted teachers was that the majority of them could not even afford to send their own children to good schools – in some cases even the schools they themselves were teaching in – because they could not afford the fees.

The situation of teachers in Zimbabwe has developed into a humanitarian issue, with teachers' economic status declining to subsistence levels. Addressing these basic needs lies beyond the sector's capacity, however, and a broader national strategy for addressing the needs of teachers, as just one category of civil servants, will be required. In the meantime, MOESAC will need to focus on supporting teachers through cost-free or low-cost interventions, such as the development of policies that are supportive of teachers, the development of a workplace policy, the review of existing policies to meet the emerging needs of teachers, galvanizing the establishment of partnerships for HIV and AIDS interventions among local players (schools, communities, CSOs, NGOs, local government, etc.), provision of a mix of non-monetary incentives for teachers as a demonstration of support to them, and advocating for the flow of funds to support school-level HIV and AIDS interventions. MOESAC will have to examine the possibilities within a fast-changing environment, but maintaining a focus on the longer-term benefits of any of these options for teachers.

Funding HIV and AIDS interventions in the sector

HIV and AIDS interventions targeting teachers face a chronic shortage of funding. When MOESAC invested in national and provincial training of teachers for an effective HIV and AIDS response, the assumption was that they would act as agents of change at lower levels. However, there was no provision of funding for actions at the lower levels, and teachers often felt abandoned by MOESAC. It was noted that MOESAC itself faced severe financial constraints, but strategies could have been devised to help teachers generate resources. One way this could be done was to facilitate their collaboration with CSOs and NGOs working in their school communities. One issue that MOESAC also needs to attend to is the perennial complaints by teachers that they were not benefitting from the AIDS levy. There could well be good reasons why NAC is not setting aside funds directly targeted at teachers, but this has to be communicated clearly in order to correct teachers' perception that they were contributing to a fund that did not benefit them in any way. Furthermore, sustainable means of

supporting interventions at the local level should be explored. However, this would require changes in policies, for example, on the use of locally generated funds such as general purpose, SDC and SDA funds. These actions would communicate to teachers' leaders in a very powerful way the prioritization of HIV and AIDS interventions in general, and the welfare of infected and affected teachers in particular.

One of the schools that displayed an environment that was very supportive of teachers was found in Harare. In this school, teachers had forged strong links with the local community, displayed a very strong professional identity, and worked out effective internal arrangements to deal with situations where teachers were absent on sick leave. Upon closer examination, it dawned on the researcher that the school leadership was largely responsible for the creation of an organizational culture that was supportive of the teacher in all respects. This school had even developed their own HIV and AIDS policy for their workplace, and they interpreted leave provisions with discretion, taking into account the imperatives of their reality. For example, it was noted by teachers that the school head did not adopt a 'punitive stance' when teachers were absent on account of illness or the illness of a spouse or child. On the contrary, he encouraged the teachers to visit sick colleagues at home, offering encouragement and support as well as reassurance that their classes were being attended to.

In many ways, the level of support provided to HIV and AIDS interventions in the education sector reflect the prioritization accorded to them. It has already been observed that the HIV epidemic represents the single greatest inefficiency in the education system as teachers and learners die prematurely, resulting in the loss of at least 30 per cent of all the investment in education. Looking at this from another perspective, developing and implementing HIV and AIDS policies that address teachers' and students' needs, setting aside financial and material resources to support teachers and students, and creating systems and structures for managing the epidemic and its impacts on teachers and students represents an investment in itself.

Building an effective human resource management information system

Effective management of teachers requires an effective human resource management information system. Such a system enables the MOESAC to access data quickly on individual teachers and groups of teachers using selected variables in order to generate information for decision making. Such a system can be used to monitor the impacts of HIV and AIDS on teachers, for example, by generating information on teacher absenteeism, sickness, natural attrition, early retirement, and others.

Visits to the MOESAC head office revealed that the human resource management information system in place was not versatile enough to generate a variety of information when required. In fact, what was available were staffing tables, which were essentially part of a simplified education management information system. Records on individual teachers were, of course, available, but these records do not appear to have been transformed into a database for use as a tool in managing human resources. MOESAC was therefore unable to provide information on numbers of teachers, by province, district, age, gender and other variables, who had retired, were on indefinite sick leave, or had died. It is very difficult to assess and monitor the impacts of HIV and AIDS on the system if such information is not readily available.

At provincial and district levels, accurate and comprehensive teacher records were kept, and from time to time these records were compiled and, in some cases analysed, to yield information for monitoring purposes. Officers were therefore able to provide some statistical information on teachers (e.g. on teacher absenteeism and attrition). Clearly, provinces and districts were aware of trends, even though they did not have a sophisticated database on teachers. However, there was very limited capacity at all levels for the development and maintenance of a human resource management information system. The capacity gap seemed to have been most acute at head office level, and this presented an intractable challenge to the division responsible for human resources.

Recommendations

In order to ensure an improved response to teachers' needs in an HIV and AIDS context, the following recommendations should be considered by MOESAC:

1. **Prioritize HIV and AIDS issues:** The loss of investment in education that can be attributed to HIV and AIDS is staggering in the long term, and investing in interventions that target

teachers as the key and most expensive input to the education sector can realize savings in the long term. In order to ensure this, MOESAC must prioritize HIV and AIDS issues. Such prioritization should be translated into actions that demonstrate a shift in the leadership's perceptions regarding the seriousness of HIV and AIDS.

2. **Create a policy framework:** One of the most urgent priorities is for MOESAC to develop and disseminate a comprehensive policy on HIV and AIDS that addresses the diverse needs of teachers and students, and a strategic framework that facilitates the implementation of this policy.
3. **Address teachers' basic needs:** Meeting the basic needs of teachers will require actions that may fall outside the scope of MOESAC, but MOESAC can mobilize other stakeholders to play a role here. It can, for example, encourage communities, NGOs, CSOs and local authorities to provide additional resources to cushion teachers against the harsh economic situation. Some of these can take the form of incentives that are non-monetary or whose costs are hidden, such as exemption of teachers' children from paying school fees or hospital fees, provision of transport to and from work, and others. By addressing these needs, HIV and AIDS issues can come back into greater focus.
4. **Develop a management information system for teachers:** Effective responses to HIV and AIDS must be based on sufficient information about the impact that the epidemic has on the education system at all levels. This system must be part of the broader EMIS so that the impact of teacher issues on other components of the education system can be monitored.
5. **Create sustainable structures for the implementation of HIV and AIDS interventions:** It is acknowledged that MOESAC is severely understaffed, and it might take time to ensure adequate staffing levels. As part of longer term planning, MOESAC must consider the establishment of appropriate structures and the provision of staff dedicated to HIV and AIDS issues. Such staff, provided on an incremental basis starting with head office and provincial levels only, will take responsibility for the implementation of HIV and AIDS interventions.
6. **Decentralize:** While the MOESAC head office should take responsibility for the provision of policy and an overarching strategic framework that guides stakeholders and adequately coordinates their efforts, it should ultimately decentralize responsibilities for the implementation of HIV and AIDS interventions to local levels. It might want to consider reviewing policies to facilitate the provision of support to locally generated initiatives as these are more likely to be sustainable than those introduced from outside. The process of decentralization can be particularly effective if it is accompanied by efforts to ensure inter-sectoral partnerships at the local level, thus ensuring the creation of stronger local support networks for teachers. Initiatives that focus on decentralized or local level structures (e.g. the establishment of District Management Information Systems) should be strengthened.
7. **Build on work already undertaken:** MOESAC and its partners have already done a lot of work in the area of HIV and AIDS. A number of research studies, assessments and reviews have been conducted. Priority actions to be undertaken can benefit from the information that has already been generated. What MOESAC might need to do is to synthesize all the information accumulated so far in order to facilitate the process.

Conclusion

Policy is the first and main tool for reducing the vulnerability of teachers to the impacts of HIV and AIDS. It creates a framework that supports positive actions. In the case of Zimbabwe, there is a gap in this regard. The MOESAC has done a lot to prepare such a policy and already has a semblance of a policy to guide the inclusion of HIV and AIDS in the school curriculum at all levels. A draft policy and strategic framework that was initiated with the support of UNICEF is in place, and can quickly be finalized. The MOESAC can also learn from the experiences of MHTE, which has already developed a subsector policy, a strategic framework, and a workplace policy. After all, the two ministries have been working closely together in the training of teachers on HIV and AIDS, focussing on pre-service and in-service components respectively.

Whereas, the presence of policy is a necessary condition, on its own it is insufficient. In Zimbabwe, the rudiments of policy that are in place do not take into account the full set of factors in the local context, presenting the risk of non-implementation, or even of malicious implementation. The economic

hardships Zimbabwe has gone through in recent years have made it difficult for the MOESAC to adequately focus attention on and address teachers' welfare issues. In fact, lack of human capacity has stalled MOESAC's efforts to finalize an HIV and AIDS policy. On the other hand, teachers have capitalized on loopholes in existing policies, for example, on sick leave, in order to meet their welfare concerns. It is unlikely, therefore, that they will pay adequate attention to HIV and AIDS issues even at the local level.

Teachers' unmet basic needs have become the prime motivator of behaviour, diminishing the role of policy in regulating their behaviour. The real impacts of HIV and AIDS in teacher management are therefore masked by the bigger challenges of survival. The reality is that HIV and AIDS exacerbates the challenges faced by the system with regard to teacher management, but there has been preoccupation with immediate or short-term concerns, and this has further reduced the system's capacity to respond to the long-term needs of the system.

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