



United Nations
Educational, Scientific and
Cultural Organization



International Institute
for Educational Planning

Teacher management in a context of HIV and AIDS

Malawi report

Elizabeth Selemani Meke,
Joseph Chimombo and
Demis Kunje

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

The ideas and opinions expressed in this report are those of the authors and do not necessarily represent the views of the United Nations Educational, Scientific and Cultural Organization (UNESCO).

The designations employed and the presentation of material throughout the report do not imply the expression of any opinion whatsoever on the part of UNESCO concerning the legal status of any country, city or area or of its authorities, or concerning its frontiers or boundaries.

The report is available online at:

<http://www.iiep.unesco.org/research/highlights/hivaids/research.html>

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

Suggested citation:

Meke, E.S., Chimombo, J. and Kunje, D. (2009). *Teacher management in a context of HIV and AIDS: Malawi report*. Unpublished manuscript. Paris, UNESCO-IIEP.

© UNESCO 2010

This document may be freely reviewed, abstracted, or reproduced, in part or in whole, but is not for sale or for use in conjunction with commercial purposes.

Composed in the workshops of IIEP-UNESCO.

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 Malawi, 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, 2005a). 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

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.

et al., 2008). The effects on teacher morale also have an impact on job commitment and performance.

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 Swaziland 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?

Table of contents

- Background to the research..... 3**
 - Introduction.....3
 - Overview.....3
 - Scope and key research questions.....4
- Table of contents..... 5**
- List of tables, figures and boxes 8**
 - Tables.....8
 - Figures.....8
 - Boxes.....8
- List of acronyms 9**
- Executive summary 11**
 - Introduction..... 11
 - Study design and data collection..... 11
 - Key findings..... 11
 - Major challenges..... 14
 - Policy and programmatic recommendations 14
- Background..... 16**
 - The HIV and AIDS epidemic, its evolution and impact 16
 - Government response 16
 - Teacher supply and demand..... 16
 - Teacher management 17
 - Policy framework on HIV and AIDS 17
- 1. Study design and data collection 18**
 - Research personnel and programme..... 18
 - Data collection techniques..... 18
 - Semi-structured interviews 18
 - Focus group discussions (FGDs)..... 18
 - Data analysis..... 18
 - Selection of study districts and samples..... 19
 - Limitations..... 20
- 2. Demographic and economic context 21**
 - Geography 21
 - Population 22
 - Health and nutrition..... 22
 - Culture 22
- 3. The HIV and AIDS epidemic, its evolution and impact..... 23**
 - Epidemiology 23
 - Distribution of HIV..... 24
 - AIDS and women’s vulnerability..... 24
 - Government response to HIV and AIDS..... 25
 - Establishment of the National AIDS Control Programme (NACP) 25
 - National policies and strategies 25
 - The Ministry of Education response to the crisis..... 26

4. Overview of the education system	28
Structure of the education system	28
Administration and management of education	28
Trends in education sector development.....	28
Financing education	28
Access.....	30
Primary education.....	30
Secondary education.....	31
Tertiary education	32
Efficiency	32
Quality.....	32
Pupil to class and pupil to teacher ratios.....	32
5. Overview of teacher management	34
Teacher qualifications	34
Appointment of teachers.....	34
Salary scales and income supplements.....	34
Teacher benefits	35
Teacher attrition.....	35
6. Problems facing the management of teachers in an HIV context.....	37
Teacher supply and demand.....	37
HIV& AIDS-related attrition.....	37
Teacher deaths	37
Estimating supply and demand	38
Teacher absenteeism	39
Policy and management responses	39
Leave	39
Benefits for teachers who are infected or affected by HIV	39
Death benefits	40
Teacher replacement.....	40
Covering teacher absenteeism	40
Transfers	41
Teacher management tools	41
7. The policy framework on HIV	42
National policy on HIV and AIDS for the education sector	42
Workplace policy.....	43
Teachers' code of conduct.....	43
8. Teacher support and referral structures.....	44
Associations of HIV-positive teachers.....	44
Ministerial budget.....	46
Collaboration between MOE, agencies and associations	47
Access to Voluntary Counselling and Testing (VCT)	48
Access to treatment.....	48
Discussion and recommendations	50
The HIV and AIDS epidemic: its evolution and impact	50
Teacher absenteeism and replacement	50
Teacher attrition.....	50
Attractiveness of the teaching profession.....	51
Supply and demand.....	51
Arrangements for HIV and AIDS teachers	51
Teacher deployment and transfers.....	51
Teacher management	51
Categories of teachers	51
Teacher salaries.....	52

Teacher management tools	52
Policy framework on HIV and AIDS	52
Conclusion.....	52
References.....	54
Websites visited.....	55
Annex: Teacher categorization	56

List of tables, figures and boxes

Tables

Table 1.1: Respondents by type	19
Table 4.1: Overview of education budget estimates for the 2008/2009 financial year	30
Table 4.2: Evolution of GER and NER (%) at primary level, 2004–2008	30
Table 4.3: Primary and secondary pupil teacher ratios, 2008	33
Table 5.1: Teacher attrition in primary and secondary schools in 2007 (%)	36
Table 6.1: Behavioural Surveillance Survey (BSS) findings on teachers	37
Table 6.2: Teacher attrition due to death and long illnesses from 2004 to 2008	38
Table A.1: Number and proportion of teachers with different qualifications	56
Table A.2: Number and proportion of primary teachers in different grades	56
Table A.3: Proportion of secondary school teachers in different grades	57
Table A.4: Number of teachers by training programme	57

Figures

Figure 1.1: Administrative map of Malawi	20
Figure 2.1: Map of Malawi	21
Figure 3.1: Estimated adult HIV prevalence among 15 to 49-year-olds (%), 1990–2007	24
Figure 4.1: Education sector budget allocation by education level (%), 2008	29
Figure 4.2: Composition of primary schools by type, 2006	31
Figure 4.3: Composition of secondary schools by type, 2006	32

Boxes

Box 7.1: Activities implemented by T'LIPO	45
---	----

List of acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral treatment
ARV	Antiretroviral drugs
B.ED	Bachelor of Education
BSS	Behavioural Surveillance Survey
CBO	Community based organization
CDSS	Community Day Secondary School
CERT	Centre for Educational Research and Training
COWLHA	Coalition of Women living with HIV/AIDS
CSCQBE	Civil Society Coalition for Quality Basic Education
DAC	District AIDS Committee
DEM	District Education Manager
DEMIS	District Educational Management and Information Systems
DHS	Demographic Health Survey
DTED	Department of Teacher Education and Development
EFA	Education for All
EFAIDS	Education for All and HIV/AIDS
EMIS	Educational Management and Information Systems
FGD	Focus group discussion
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GNI	Gross National Income
HIV	Human Immunodeficiency Virus
HRMD	Human Resource Management and Development
HTC	Health testing and counselling
IIEP	International Institute for Educational Planning
ILO	International Labour Organization
JCE	Junior Certificate of Education
MACRO	Malawi AIDS Counselling and Resource Organization
MANEB	Malawi National Examinations Board
MANET+	Malawi Network of People Living with HIV/AIDS
MIITEP	Malawi Integrated In-service Teacher Education Programme
MDG	Millennium Development Goal
MK	Malawi Kwacha
MOE	Ministry of Education
MOEST	Ministry of Education, Science and Technology
MSCE	Malawi School Certificate of Education
MTSC	Malawi Teaching Service Commission
NAC	National AIDS Commission
NACP	National AIDS Control Programme
NAF	National HIV/AIDS Strategic Action Framework
NAPHAM	National Association of People Living with HIV and AIDS in Malawi
NER	National Enrolment Rate
NGO	Non-governmental organization
NSO	National Statistical Office

NSTED	National Strategy for Teacher Education and Development
OPC	Office of the President and Cabinet
ORT	Other recurrent transactions
PEA	Primary Education Advisor
PEPFAR	US President's Emergency Plan for AIDS Relief
PMTCT	Prevention of mother-to-child transmission
PSI	Population Services International
PSLCE	Primary School Leaving Certificate Examination
PSSP	Primary School Support Project
PT	Primary teacher
PTA	Parent-Teacher Association
PTR	Parent-teacher ratio
PVO	Private organizations
PWAD	Positive Women in Action and Development
SACCO	Savings and Credit Cooperatives
SHN	School Health and Nutrition
SRH	Sexual and reproductive health
STD	Sexually transmitted disease
SMC	School Management Committee
TB	Tuberculosis
TEVET	Technical Education Vocational & Entrepreneurship Training
T'LIPO	Teachers Living Positively
TOR	Terms of reference
TTC	Teacher Training Colleges
TUM	Teachers' Union of Malawi
UCE	University Certificate in Education
UIS	UNESCO Institute for Statistics
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
VSO	Voluntary Service Overseas

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 Malawi, 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.

HIV and AIDS is by far the greatest development threat facing Malawi today. Malawi has one of the highest national HIV prevalence rates in the world, at 11.9 per cent.

Study design and data collection

This study was conducted by three research fellows from the Centre for Educational Research and Training (CERT) based in Zomba, namely Dr Joseph Chimombo, Mr Demis Kunje and Mrs Elizabeth Meke, in collaboration with the Ministry of Education.

Initially, all three research fellows worked in Lilongwe. During the first five days of the study, they carried out document reviews and conducted in-depth interviews with representatives of key stakeholders in teacher management. These included officials from the Ministry of Education (MOE), the Department of Teacher Education and Development, the Teachers' Union of Malawi, the Civil Society Coalition for Quality Basic Education and the National AIDS Commission (NAC).

Thereafter, the research fellows travelled to Blantyre District (urban) and Thyolo District (rural). They spent a day in each district conducting focus group discussions with the Primary Education Advisers, teachers and groups of HIV-positive teachers from the organization T'LIPO (Teachers Living Positively), as well as holding interviews with the District Education Managers, HIV and AIDS desk officers and the head teachers of four selected primary schools and two secondary schools.

Document reviews complemented the qualitative data collected through interviews and discussions with 43 separate stakeholders.

Key findings

1. Attrition

The latest Behavioural Surveillance Survey (BSS) in 2006 found that the HIV prevalence rate for teachers in Malawi was much higher than the national prevalence rate of 11.9 per cent. For example, 23.7 per cent of male primary teachers were HIV positive (compared to 22 per cent of their female colleagues); 17.4 per cent of male secondary teachers were HIV positive (compared to 16.1 per cent of their female colleagues). The high prevalence rate among teachers has been attributed to the relatively young average age of teachers (placing them in the highest risk group), the fact that they are often posted in positions of relative power and wealth in remote areas and, for men, that a large proportion engage in sexual relationships with their pupils and local women.

In spite of the high HIV prevalence rates, attrition of teachers in schools in Malawi is perceived to be low. However, at a national level, attrition does translate into substantial figures. In 2007, the overall attrition rate for primary teachers was 13.2 per cent, while that of secondary teachers was 13.8 per cent. The proportion of teachers being moved from one school to another was the highest contributing factor for teachers leaving schools, followed by resignation in the case of secondary schools and by deaths in the case of primary schools.

Attrition due to death is estimated at around 1.3 per cent in both primary and secondary schools, but the perception is that the death rate has decreased over the past year. In previous years, the Ministry of Education, Science and Technology (MOEST) was losing 700 to 800 primary school teachers a year, while at district level eight teachers were dying on average per month, which was not the case in 2008 and 2009.

2. Absenteeism and leave

Absenteeism is not monitored very diligently at the central level, as demonstrated by its absence in the Educational Management and Information Systems (EMIS) database. School reports indicate that sickness and attending funerals are the main causes of teacher absenteeism. The higher percentage of sick teachers in urban areas may contribute to higher absenteeism in these areas.

Arrangements are usually made to keep children engaged when a teacher is absent, but never to the extent of replacing the teacher in question. Management of the whole school is affected by long teacher absences, and schools are adversely affected when teacher to pupil ratios go up in schools that are already understaffed. Some schools engage community volunteers, usually school leavers, to take charge of unstaffed classes, but this is not done with the approval of the MOEST.

Teachers are entitled to take compassionate leave and are also entitled to 30 days of sick leave on full pay, followed by 30 days on half pay. After 60 days, sick leave is unpaid.

3. Deployment and transfer

The human resource management section in the MOEST deploys teachers to districts and divisions only after they have been recruited by the Malawi Teaching Service Commission (MTSC). The districts and divisions are responsible for deploying teachers to individual schools. Teachers, including those who are ill, may request to be transferred to schools or districts where they believe they will receive better attention. Even when the stipulated teacher to pupil ratios are known, there is still an unequal distribution of teachers among districts and among schools. This has proved very difficult to resolve, because there is no clear binding policy to guide and enforce rational and equitable distribution of teachers.

4. Teacher management tools

The EMIS database remains the main reference point for teacher management but other professional and personal data can be accessed in schools and the MTSC. This means that EMIS needs to be strengthened to include inspection reports for individual teachers and schools. Since data emanates from schools, it seems reasonable to strengthen data management at the school level. Most information is in the form of loose papers and notebooks, which are likely to be lost in the long term.

District Education Management Information Systems (DEMIS) were piloted in various districts, but this project appears to be at an early stage and is not being used extensively.

5. Policies

The Ministry of Education developed a Strategic Plan for the period 2005–2008 on tackling HIV and AIDS in the education sector in Malawi. It is the only document specifically addressing teachers and HIV and AIDS, and focuses on the following priorities (which form the basis of the national response to the epidemic): HIV prevention and behaviour change; treatment, care and support; impact mitigation: economic and psychosocial; mainstreaming, partnerships and capacity building; monitoring and evaluation; research; resource mobilization, tracking and utilization; and national policy coordination and programme planning. The Plan sets out strategies for HIV and AIDS mitigation and prevention in the education sector, as well as operational programmes, projects and activities. It recognizes the school age population as key in the fight against HIV and AIDS, as young people, especially primary school pupils, are largely uninfected and have not yet established risky patterns of behaviour. HIV and AIDS education has been included in the primary and secondary school curriculum. The MOE is currently reviewing the strategy to develop a new strategic plan for 2009–2012.

Two per cent of each government ministry's budget has been allocated for HIV and AIDS, including within the MOEST. However, a proper implementation plan for the HIV and AIDS workplace policy of MOEST has not so far been shared

In June 2007, a national association of predominantly primary school teachers living openly with HIV and AIDS was formed as part of the MOEST workplace programme and was named T'LIPO (Teachers Living Positively). The main object of this programme was to carry out activities to address the problem of teacher attrition that was seriously affecting teacher supply.

6. Structures

A number of interventions in prevention, care and support and mitigation underline government's efforts in the fight against HIV and AIDS. By providing an enabling environment, resources and capacity building interventions by government, development partners and civil society, various associations have been established to support those infected and affected by HIV and AIDS.

In terms of direct assistance for HIV-positive teachers, T'LIPO is currently deeply integrated within the MOEST structure, with the Deputy Director for HIV, AIDS and Nutrition being the most senior anchor within the Ministry. The governance structure is also currently organized along education districts and education zones. It is expected that T'LIPO district chapters will report to MOEST headquarters through their District Education Manager's office. Other institutions, such as the Teachers' Union of Malawi (TUM), have also supported T'LIPO in different ways.

In addition, the MOE has put in place HIV Focal Point people in all the 34 education districts and six divisions, complete with Terms of Reference (TOR). The MOE is also managing a contact directory for all Focal Points, and has trained them in the following skills: proposal and report writing; resource mobilization; programme implementation; and partnerships. The MOE has also established a database of teachers living positively in order to offer more efficient support and accountability to T'LIPO chapters with food and farm inputs for their gardens. However, this was still incomplete at the time of the study.

Two per cent of each government ministry's budget has been allocated for HIV and AIDS workplace programmes, including within the MOEST. The MOE has also provided three-month nutritional support for 1,000 teachers living with HIV, through a one-off donation.

There was also a policy for the national government to provide monetary supplements or 'top ups' to all HIV-positive civil servants, including teachers, who have registered as being HIV-positive. However, the scheme was stopped because it was misused, according to high-ranking officials (see Major challenges for more details).

7. Treatment

Malawi provides free HIV testing and free antiretroviral treatment (ART) through public hospitals, although access varies across the country. National roll-out of free ART started in June 2004. There are currently 27 hospitals offering this treatment. In some areas teachers are experiencing considerable time delays when accessing treatment, forcing them to be absent from school for up to a full day at a time. These services are heavily used, but people going to replenish their ART supply often have to wait a long time, sometimes even two days. For teachers who live some distance from the hospital, this can mean a four-day absence from school.

8. Training

It has been recognized that current training of 2,500 teachers per year is too low to achieve the target teacher pupil to teacher ratio by 2015. Plans are underway to increase the number of teachers who are trained each year in order to address the shortfall of teaching staff.

In terms of HIV training for teachers who are already working in the sector, a major project has been carried out under the auspices of the MOE by ActionAid Malawi. Called TIWOLOKE (Stepping Stones), the programme focused on training primary school teachers and their spouses in behaviour change. This resulted in a large number of teachers and their spouses going for VCT and declaring their HIV status. Those who declared their status formed a network of teachers living positively with HIV (T'LIPO).

Other institutions like the Teachers' Union of Malawi (TUM) have also supported T'LIPO in different ways. It was reported that TUM organized trainings for T'LIPO on care, support and treatment and included issues such as stigma and discrimination.

There have also been a number of programmes that have attempted to address the problem of gender-based violence in schools, which is rampant. A series of training programmes are already underway supporting the enforcement of the code of conduct for teachers. Partners including the Ministry of Youth and UNICEF are currently working with the Ministry of Education inspectorate to bring back guidance and counselling.

Major challenges

The Malawian Government has mounted an impressive, comprehensive response to the AIDS epidemic in recent years. The Government and international donors have both made commendable efforts to increase access to treatment and to improve prevention initiatives. However, factors such as the scale of the epidemic and the shortage of human and financial resources available have hindered progress; access to treatment remains severely limited and, although there have been improvements, prevention campaigns have largely failed to change sexual behaviour. The loss of large numbers of trained staff, including teachers, to AIDS is a major problem for Malawi's economy. In particular, shortages of health workers dramatically affect the scale-up of treatment.

From the study, it emerged that much of the rhetoric on HIV and AIDS has not benefitted teachers in Malawi directly. Recent efforts have stalled due to financial challenges and also due to lack of team work. It was felt that rural areas were particularly disadvantaged in terms of coverage. A glimmer of hope lies in the HIV-positive teachers' network, T'LIPO, if only the teachers are not frustrated by lack of tangible support.

One major problem noted during the study was the lack of accurate and precise information around the epidemic. The MOE currently does not have clear figures detailing the total number of teachers living with HIV in Malawi. There is need for a proper consolidation of information around the problem. Lack of accurate and timely data is one of the biggest obstacles to policy implementation in Malawi and, indeed, is one of the biggest missing links for the achievement of EFA.

There was also lack of transparency around the budget allocated for HIV and AIDS within the MOEST. One of the recurring issues encountered during the study was bitterness about the promised monthly allowance for civil servants, including teachers, living with HIV and AIDS that was announced by the Government. The promised MK5,000 (\$35) per month for any civil servant who declared his or her HIV-positive status raised high expectations and many civil servants came forth. According to high ranking officials in the MOE, the scheme was stopped because it was misused. It was reported that some teachers were faking their HIV-positive status. This resulted in an overly high level of demand for the facility and consequently it became too expensive to sustain. However, the evidence indicated that the suspension of the scheme before it was fully implemented was a sore point for most T'LIPO members who were still waiting for the Government to fulfill this promise.

Policy and programmatic recommendations

- The Ministry of Education needs to be vigilant in its response to the AIDS epidemic. Findings from this research have revealed that not enough is being done for the teachers on the ground as far as HIV and AIDS issues are concerned.
- Data management systems need to be strengthened at the school level. Managing the impact of HIV and AIDS on education requires regular monitoring.
- There needs to be a clear binding policy to guide and enforce rational and equitable distribution of teachers.
- The secondary sector needs to map out clearly how it is going to meet the demand for teachers. More cooperation between the universities, MOEST and OPC could make university plans to increase intake more concrete. Non-residential courses, expansion of facilities and engaging newly accredited private universities in the process would give hope that the qualified teacher to pupil ratio of 1:20 would be reached by 2015. Appropriate options also need to be taken into account in order to provide an adequate number of teachers with appropriate subject combinations needed to handle the curriculum effectively and to replace teachers who die or suffer long illnesses due to HIV and AIDS.
- Arranging to provide easy access to medical attention for teachers has been suggested as one definite way of reducing teacher absenteeism due to sickness notably through mobile units.
- Support for T'LIPO members should be stepped up and include nutritional, psychosocial and monetary assistance.

- If nutritional support for HIV-positive teachers is to be continued, new avenues of funding need to be explored for the programme to be sustainable. The failure by the Government to implement the US\$35.50 (KW5,000) schemes should be some source of concern.
- T'LIPO should be considered as a general workplace programme for MOEST under the revised strategy to make it inclusive of all teachers, both primary and secondary.
- ActionAid's Stepping Stones programme appears to have been very successful at raising the awareness of HIV risk among teachers and their spouses. The programme has also encouraged participants to access VCT services and provided support to those testing HIV positive. Support for Stepping Stones should be continued and scaled up.
- The confusion surrounding the allocation of 'top ups' to HIV-positive teachers should be clarified so that eligible teachers can access these much-needed funds.
- There needs to be a proper implementation plan for the HIV and AIDS workplace policy of MOEST that is widely shared. This plan would show how the 2 per cent of the annual budget for MOEST will be utilized for HIV and AIDS workplace activities. Such a transparent document will then enable members of T'LIPO to learn ahead of time the amount of resources that are due to them as an association, and also have an appreciation of how the rest of the funds will be utilized.

Background

The HIV and AIDS epidemic, its evolution and impact

Malawi has one of the highest national HIV prevalence rates in the world. On average, the adult prevalence rate is estimated at over 11 per cent. Since the first case of AIDS was diagnosed in Malawi, in 1985, more than half a million Malawians have died of AIDS. The epidemic has resulted in substantial loss of national productivity and a steep rise in the burden on individuals, households and communities. Many people are either providing care in the home for someone with HIV or they are themselves ill and so are unable to work. This has particularly affected farming communities, which are based in rural areas where access to HIV treatment and care is likely to be limited. In the education sector, trained teachers are dying from AIDS or face discrimination in the local community if they are HIV-positive. HIV and AIDS has resulted in increasing costs for the education system due to death, absenteeism due to illnesses, medical bills, funeral bills and worsening morale as the epidemic takes its toll.

Government response

Malawi has actively responded to HIV since 1985 when it implemented a short-term strategy after the first AIDS case was reported. In 1988, the Government of Malawi created the National AIDS Control Programme (NACP) to coordinate the country's AIDS education and HIV prevention efforts. In 1992, the Malawi AIDS Counselling and Resource Organization (MACRO) introduced Voluntary Counselling and Testing (VCT). In 2000, a five-year national strategic framework to tackle AIDS was implemented, and in 2001, the National AIDS Commission (NAC) was set up. In 2003 a national strategy was launched to prevent mother-to-child transmission of HIV (PMTCT). Various non-governmental organizations (NGOs) have promoted the use of condoms in Malawi, including Population Services International (PSI) and Banja La Mtsogolo, which have both carried out social marketing programmes to make condoms more accessible.

In 2004 President Bingu Wa Mutharika, launched Malawi's first National AIDS Policy and a Principal Secretary for HIV and AIDS was appointed within the Government. At the same time, treatment and prevention programmes were scaled up. In 2006 the President began a national campaign to promote testing, particularly in hard-to-reach rural areas. Antiretroviral drugs (ARVs), which effectively delay the onset of AIDS in people living with HIV, were first made available in Malawi in the public sector in 2003. In 2004 the government announced a five-year plan to make ARVs widely available in the public sector and began to distribute them to hospitals and clinics around the country. In April 2008 a 'National Plan of Action for Young People' was launched by the Malawian Government aimed at improving young people's knowledge of HIV and sexual health, as the majority of new HIV infections in Malawi were occurring amongst this group.

The Ministry of Education developed a Strategic Plan for the period 2005–2008 on tackling HIV and AIDS in the education sector in Malawi. HIV and AIDS education has also been included in the primary and secondary school curriculum. Clubs such as AIDS TOTO, Youth Alert!, Why Wait? Scripture Unions Bible clubs and others have also been established in schools. Guest speakers from the Ministry of Health and NGOs are invited to the schools to provide additional support.

Teacher supply and demand

The system has far fewer teachers than it needs. Teacher projections reveal that teacher colleges need radical changes in both the expansion and the quality of the curriculum in order to meet demand. The primary system has embarked on an extensive expansion programme through increased bed space, more teacher training colleges (TTCs), offering non-residential places, and using open and distance learning. Whether these initial efforts will be sustained depends on the availability of reliable funding regimes.

Teacher management

The MTSC is the overall recruiting and teacher management body. It works in consultation with the Office of the President and Cabinet (OPC) and the Ministry of Education and Department of Teacher Education and Development (DTED) to manage teachers from pre-service training and recruitment to retirement. Teachers are categorized by qualification and by grade and, in the case of primary schools, also by type of training. The majority of primary school teachers are trained, while the majority of secondary school teachers are under-qualified, largely due to primary school teachers being posted to secondary schools. While the salaries are five or more times higher than the per capita Gross Domestic Product (GDP), earnings still do not match the cost of living and this forces teachers into bad debt.

Promotions are rare in the teaching profession and there are no incentives for working in rural areas where the majority of the teachers are employed. There is little opportunity for getting extra pay and it is not easy to get loans from government and from commercial banks. Currently there are initiatives to construct teachers' houses in rural areas and there are also plans to provide some kind of hardship allowance for those teaching in these areas. There are also some openings for teachers to upgrade their position, but these opportunities may not be available to all.

Policy framework on HIV and AIDS

There is a national policy on HIV and AIDS. As mentioned above, the Ministry of Education developed its own Strategic Plan for the period 2005–2008 on tackling HIV and AIDS in the education sector in Malawi. The rationale behind the document was to respond to the need for deliberate and defined HIV and AIDS intervention in and for the education sector in Malawi. As such, it sets out strategies for HIV and AIDS mitigation and prevention in the education sector, as well as operational programmes, projects and activities. One major project that the plan has operationalized during its life span is an ActionAid project called TIWOLOKE (Stepping Stones), which focused on training teachers and their spouses in behaviour change. This resulted in a large number of teachers and their spouses going for VCT and declaring their HIV status. Those who declared their status formed a network of teachers living positively with HIV (T'LIPO). The network received recognition from the Ministry of Education, and it was officially launched in 2007. T'LIPO members have contributed significantly towards raising awareness about HIV and AIDS among teachers. While the initial reason for joining T'LIPO may have been materially motivated, the support that teachers have found within T'LIPO has led to psychological and spiritual peace, overcoming self stigma and ultimately accepting being able to live positively with their status. In addition, living positively has resulted in better health for teachers and the entire school system.

1. Study design and data collection

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.

Research personnel and programme

This study was conducted by three research fellows from the Centre for Educational Research and Training (CERT) based in Zomba, namely Dr Joseph Chimombo, Mr Demis Kunje and Mrs Elizabeth Meke, in collaboration with the Ministry of Education. Initially, all three research fellows worked in Lilongwe. During the first five days of the study, they carried out document reviews and conducted in-depth interviews with representatives of key stakeholders in teacher management. These included officials from the Ministry of Education (MOE), the Department of Teacher Education and Development (DTED), the Teachers' Union of Malawi (TUM), the Civil Society Coalition for Quality Basic Education (CSCQBE) and the National AIDS Commission (NAC). Thereafter, the research fellows travelled to Blantyre and Thyolo districts. They spent a day in each district conducting focus group discussions with the Primary Education Advisers (PEAs), teachers and groups of HIV-positive teachers from the organization T'LIPO, as well as holding interviews with the District Education Managers (DEMs), HIV and AIDS desk officers and the head teachers of selected primary and secondary schools.

Data collection techniques

Semi-structured interviews

The research was qualitative in nature. It was based on in-depth interviews at the central level (Ministry of Education head quarters) with a limited number of senior- and middle-level officers, and on visits to two districts (Blantyre and Thyolo districts).

Focus group discussions (FGDs)

Apart from the in-depth interviews, focus group discussions were also held with the PEAs, teachers and the T'LIPO groups. Document reviews complemented the data collected through the interviews and the focus group discussions.

The instruments sought to highlight teacher management practices in the context of HIV and AIDS. They focused on some of the challenges being faced in managing teachers such as: absenteeism; attrition; teacher supply and demand; implementation and dissemination of policies; and evolution of roles due to HIV and AIDS. The instruments were adapted from those provided by UNESCO's International Institute for Educational Planning (IIEP).

Data analysis

Since the data collected were mostly qualitative in nature, the emerging data were also analysed qualitatively. The analysis involved building a logical chain of evidence. The data were reduced by clustering common themes, as well as writing stories and tallying and ranking FGD responses to uncover main issues. The issues arising from the interviews, focus groups and the document reviews were put together as findings for the study.

Table 1.1 Respondents by type

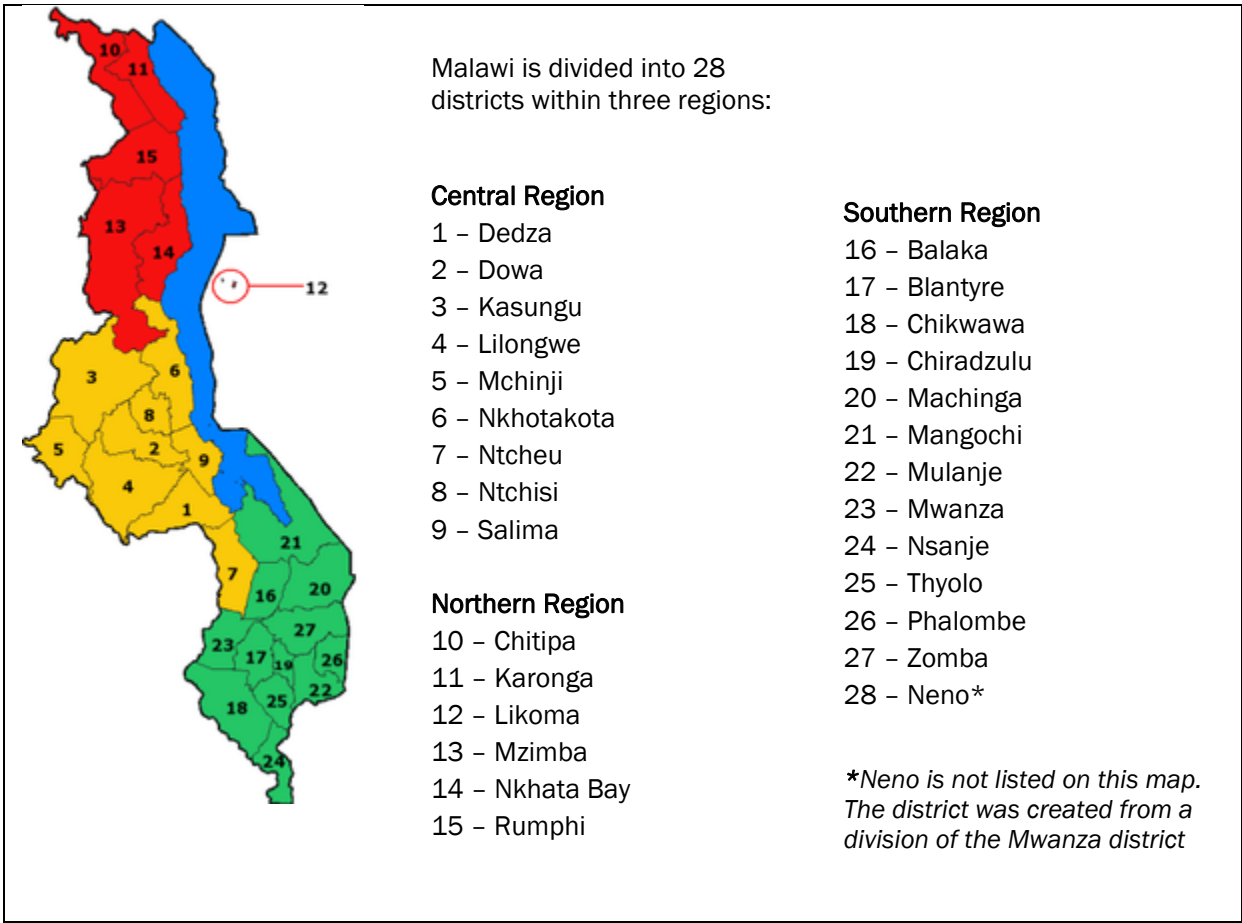
Institution	Designation	Number	Type of instrument
Ministry of Education head quarters	Director of Planning	1	Key informant interviews
	Director of Basic Education	1	Key informant interviews
	Deputy Director of Secondary Education	1	Key informant interviews
	Recruitment Officer for Secondary Education	1	Key informant interviews
	HIV and AIDS Coordinator	1	Key informant interviews
	EMIS Officer	1	Key informant interviews
DTED	Director	1	Key informant interviews
TUM	Director	1	Key informant interviews
CSCQBE	Coordinator	1	Key informant interviews
NAC	Executive Director	1	Key informant interviews
District Education Offices	DEMs	1	Key informant interviews
	PEAs	4	Focus group discussions
	HIV and AIDS Desk Officer	1	Key informant interviews
Primary and secondary schools	Head teachers	6	Key informant interviews
	Teachers	17	Focus group discussions
	T'LIPO	4	Focus group discussions Key informant interviews

Selection of study districts and samples

Two districts close to Zomba, where CERT is based, were selected for the research. Blantyre is an urban district whereas Thyolo is a rural district. Researchers visited two primary schools in Blantyre urban (Manja and Limbe primary schools) and two primary schools in Thyolo District (Mpinji and Mbandanga primary schools) to collect first-hand information from the teachers and head teachers on teacher management in the context of HIV and AIDS. In addition, Nanjiriri Community Day Secondary School (CDSS) and Thyolo Secondary School were also visited.

The sample framework for the study was pre-determined by UNESCO/IIEP. The respondents were sampled from departments and institutions that are directly involved in teacher management at various levels of teacher recruitment, teacher development and teacher practice. However, the Malawi team liaised with District Education Managers for Blantyre and Thyolo districts on the choice of the schools to be used in the study. Thus two primary schools and one secondary school in each of the two districts of Blantyre and Thyolo were selected.

Figure 1.1 Administrative map of Malawi



Source: http://en.wikipedia.org/wiki/Districts_of_Malawi retrieved on 13 September 2009

Limitations

The major limitation of this study was the use of only two districts from one region (the Southern Region of Malawi) and only six schools (four primary and two secondary schools) as our sample. To some extent, this affected the generalization of the results, as one could argue that the sample was not representative. Nevertheless, extensive document reviews and interviews with senior level officials in the management of teachers countrywide at zonal, district and national level, as well as with other stakeholders in education, allowed much triangulation for the generalization of the results. Lack of adequate data on areas such as workplace policies, Gross Enrolment Rate (GER) and National Enrolment Rate (NER) for secondary schools was another limiting factor for the study, as it was indeed difficult to talk conclusively about what the actual situation is on the ground.

2. Demographic and economic context

Geography

Malawi is a small landlocked country in the southern sub-Saharan region of Africa. It covers approximately 119,140 square kilometres, of which 20 per cent is covered by water. It is sandwiched between Tanzania to the north, Zambia to the west and Mozambique to the south, south east and north east. Its access to the sea is through ports in Mozambique, Tanzania and South Africa. Malawi is divided into three regions; 45 per cent of the country's population lives in the Southern Region, 42 per cent in the Central Region and 13 per cent in the Northern Region.² For the past three decades, there has been an increase in population density, from 85 people per square kilometre in 1978 to 139 people per square kilometre in 2008.

Figure 2.1 Map of Malawi



Source: <http://www.lib.utexas.edu/maps/malawi.html>

² From the 2008 Population and Housing Census preliminary results.

Population

Malawi has a total population of more than 13 million, of which 49 per cent are males and 51 per cent are females.³ The population has increased from 9.9 million in 1998, giving an overall population increase of 32 per cent.

The population structure of Malawi is characterised by a high proportion of people below 18 years of age (approximately 52.4 per cent are below 18 years of age, of whom 3.2 million are females and 3 million are males).⁴ This results in a high dependency ratio, perpetuating Malawi's high and persistent poverty.

Malawi is principally an agricultural country. About 85 per cent of its population lives in the countryside and is dependent on subsistence agriculture. With a Gross National Income per capita of \$560, Malawi remains one of the poorest countries in the world (UNESCO, 2005). The UN 2007/2008 Human Development Report ranks Malawi as the thirteenth poorest country in the world, with over 65 per cent of its population living below the poverty line.

The Poverty Vulnerability Assessment for 2006 suggests that the major factors affecting the level of household poverty are: household size, education, access to non-farm employment, access to irrigation, proximity to markets and trading centres and access to paved roads. Access to larger landholdings and engagement in cash crop production also play an important role.

The adult literacy rate was estimated at 66 per cent in 2004. This low level is combined with gender disparity, with the female literacy rate estimated at 52 per cent, compared to 79 per cent for males.

Health and nutrition

Poor health and social indicators such as malnutrition, high morbidity and mortality rates, and food insecurity characterise poverty in Malawi. This is reflected in a life expectancy at birth of just 37.5 years; and a high under-five mortality rate of 133 deaths per 1,000 live births (National Statistical Office, 2005).

Culture

Malawi's population is predominantly Christian. According to the 1997/1998 population census, approximately 80 per cent of the population is Christian, while nearly 13 per cent are Muslim. The majority of the Muslim population is found in districts in the south of the country and along the lakeshore. The south and central areas of Malawi are predominantly populated by matrilineal ethnic groups (the Chewa, Mang'anja, Yao and Lomwe), while tribes in the north (mainly Tumbuka, Tonga and Nkhonde) are patrilineal. There are two major languages spoken in Malawi: Chichewa – which is the vernacular and national language, while English is the official language.

³ From the 2008 Population and Housing Census preliminary results.

⁴ From the 2008 Population and Housing Census preliminary results.

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

HIV and AIDS is by far the greatest development threat facing Malawi today. More than half a million Malawians have died of AIDS since the first case was diagnosed in 1985, and more people are becoming infected every day. The epidemic has affected all sectors of society, resulting in substantial loss of national productivity and a steep rise in the burden on individuals, households and communities. The increased impact of the epidemic continues to reduce the economic gains of the past, and to spread suffering and grief among people living with HIV and AIDS and affected households.

AIDS impacts all sectors of Malawi's workforce. Many people are either providing care in the home for someone living with HIV or they are ill themselves, leaving them unable to work. This has particularly affected farming communities, which are based in rural areas where access to HIV treatment and care is likely to be limited. Drought, compounded by farmers and their families dying from AIDS, causes national food shortages.

The education sector has not been spared from the devastating effects of HIV and AIDS. As a sector, it is heavily affected as trained teachers are dying from AIDS or face discrimination in the local community if their HIV-positive status is revealed. The Ministry of Education's Strategic Plan on HIV and AIDS mentions that the epidemic has resulted in increasing costs due to death, absenteeism due to illnesses, medical bills, funeral bills and worsening morale as it takes its toll. Education initiatives in the community and schools are badly needed to tackle the widespread problem of HIV-related stigma and discrimination in Malawi. As the findings of this research indicate, not much is being done to mitigate the impacts of HIV and AIDS in the education sector, in spite of the sector's crucial role in the lives of young people. The Ministry of Education's Strategic Plan on HIV and AIDS recognizes the school age population as key in the fight against HIV and AIDS, as young people, especially primary school pupils, are largely uninfected and have not yet established risky patterns of behaviour.

Epidemiology

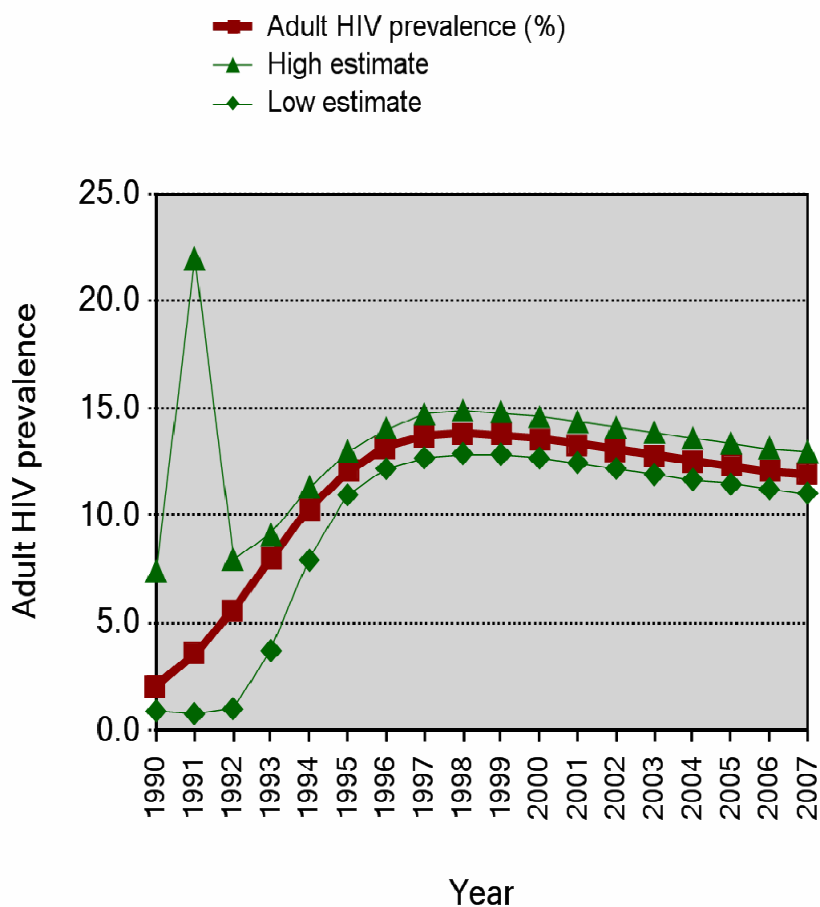
Malawi has one of the highest national HIV prevalence rates in the world. By the end of 2007, about 840,000 people were living with HIV and AIDS in Malawi; 11.9 per cent of adults (ages 15–49) were living with HIV and AIDS; 58 per cent of HIV cases occurred among women (ages 15–49); 91,000 children (ages 0–15) were living with HIV and AIDS; and about 68,000 deaths occurred due to AIDS.⁵ The 2004 Demographic and Health Survey (DHS) demonstrated that women have higher HIV prevalence rates than men, at 13 per cent and 10 per cent respectively.

Geographically, the United States Agency for International Development (USAID) global health/AIDS report alludes to the fact that Malawi exhibits significant geographic differences in HIV prevalence. Although prevalence is significantly higher in urban areas, 80 per cent of the population lives in rural areas, and the epidemic in these areas remains a concern. In the south, where roughly half of the population resides, HIV rates in both urban and rural areas are much higher than in other regions.⁶ There is also evidence that, while infection rates are slowing in urban areas, HIV prevalence continues to increase in rural areas.

⁵ UNAIDS 2008 Report on the Global AIDS Epidemic.

⁶ http://www.usaid.gov/our_work/global_health/aids/Countries/africa/malawi_profile.pdf

Figure 3.1 Estimated adult HIV prevalence among 15 to 49-year-olds (%), 1990–2007



Source: UNAIDS/WHO (2008)

Distribution of HIV

The primary mode of HIV transmission in Malawi is unprotected heterosexual sex, followed by mother-to-child HIV transmission, which accounted for approximately 83,000 pediatric HIV infections in 2005. High levels of movement between urban, rural and mining areas also facilitate HIV transmission. Mobile groups in Malawi, including truck drivers, female sex workers, fishermen and fish traders, migrant and seasonal workers, military personnel, prisoners and refugees are also vulnerable to the epidemic. These populations tend to have a higher prevalence of HIV infection than the general population because they engage in behaviours that put them at higher risk of becoming infected. The national HIV and AIDS policy mentions the following as some of the customary practices that increase the risk of HIV infection in Malawi: polygamy, extramarital sexual relations, marital rape, ear piercing and tattooing (*mphini*), and traditional practices such as widow- and widower- inheritance (*chokolo*), death cleansing (*kupita kufa*), forced sex for young girls coming of age (*fisi*), newborn cleansing (*kutenga mwana*), circumcision (*jando* or *mdulidwe*), ablution of dead bodies, consensual adultery for childless couples (*fisi*), wife and husband exchange (*chimwanamaye*) and temporary husband replacement (*mbulo*). Needless to say such rituals have been condemned by the Government of Malawi and AIDS organizations working in the country. However changing traditions that have persisted for generations is a slow process.

AIDS and women’s vulnerability

As is the case in many nations, women in Malawi are socially and economically subordinate to men. This inequality fuels HIV infection, as traditional gender roles allow men to sleep with a number of

sexual partners and even have polygamous families. Such traditions put women in a position where they are powerless to encourage condom use. Many women are brought up never to refuse sex with their husbands. Sexual abuse and coerced sex are common.

Government response to HIV and AIDS

Establishment of the National AIDS Control Programme (NACP)

Malawi has actively responded to HIV since 1985, when it implemented a short-term strategy after the first AIDS case was reported. In 1988, the Government of Malawi created the National AIDS Control Programme (NACP) to coordinate the country's AIDS education and HIV prevention efforts. The policy was slow to take effect due to financial and organizational difficulties within the NACP. In addition, the puritanical beliefs and autocratic regime of Dr Hastings Kamuzu Banda made it very difficult for AIDS education and prevention schemes to be carried out, as public discussion of sexual matters was generally banned or censored, and HIV and AIDS were considered taboo subjects. When Malawi became a democratic country in 1994, freedom of speech was re-established. This created a more liberal climate in which AIDS education could be carried out without fear of persecution. However, by this point AIDS had already damaged Malawi's social and economic infrastructure. For instance between 1985 and 1993, HIV prevalence amongst women tested at urban antenatal clinics increased from 2 per cent to 30 per cent.⁷

National policies and strategies

Malawi continues to suffer from the interconnected problems of poverty, famine and AIDS. However, intensive efforts have been made in recent years to increase awareness about HIV and to prevent its spread, and these efforts appear to have had a positive effect.

Voluntary counselling and testing (VCT), which combines HIV testing with counselling, information and support, was introduced to Malawi at two sites in 1992, and became more widespread in 1995 when the Malawi AIDS Counselling Resource Organization (MACRO) – an NGO with the aim of strengthening and developing VCT initiatives – was founded. Rapid blood testing for HIV, which allows people to find out their HIV status the same day they are tested, was introduced in Malawi in 2000 and significantly increased the accessibility of VCT.

In 2000, a five-year national strategic framework to combat AIDS was implemented and in 2001, the National AIDS Commission (NAC) was set up. It has since overseen a number of AIDS prevention and care initiatives, including programmes to provide treatment, increase testing and prevent mother-to-child transmission of HIV (PMTCT).

A national PMTCT strategy was launched in 2003. Under this strategy and the government's five-year AIDS treatment plan, access to the drug Nevirapine, which significantly reduces the chances of a pregnant woman passing HIV on to her child, has been scaled up in Malawi.

Various NGOs have promoted the use of condoms in Malawi, including Population Services International (PSI) and Banja La Mtsogolo, which have both carried out social marketing programmes to make condoms more accessible. Banja La Mtsogolo has distributed millions of condoms, and has also promoted the use of the female condom. These campaigns have achieved successful results. Between 1992 and 2004, the contraception prevalence rate⁸ in Malawi increased from around 7 per cent to 28 per cent.

The government's response to AIDS was further intensified in 2004 with the election of a new President, Bingu Wa Mutharika, who launched Malawi's first National AIDS Policy. This policy set the goal of improving the provision of prevention, treatment, care and support services, and called for a multi-sectoral response to the epidemic. A Principal Secretary for HIV and AIDS was appointed within the Government, and treatment and prevention programmes were scaled up.

In 2006 the President began a national campaign to promote testing, particularly in hard-to-reach rural areas. Around 180,000 people were reached in a second National HIV Testing and Counselling

⁷ As reported on the following website: www.avert.org/aids-malawi.htm.

⁸ The percentage of married women using any form of modern contraception.

Week. In this campaign, mobile VCT clinics were instituted in strategic areas in the communities where people could easily access VCT services. Public awareness of the service was intensified before and during the week, to inform people about where to access the VCT service as well as the advantages for knowing one's HIV and AIDS status.

Antiretroviral drugs (ARVs) were first made available for free through the public sector at three sites in Malawi in 2003. In 2004, following a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the government announced a five-year plan to make ARVs widely available in the public sector and began to distribute them to hospitals and clinics around the country. The Government of Malawi has maintained a strong commitment to providing AIDS treatment, and substantial progress has been made in recent years. In 2004 only 13,000 Malawians infected with HIV were receiving antiretroviral therapy (ART). This rose dramatically to 29,000 at the end of 2005 and in 2007 an estimated 101,000 Malawians were receiving ARVs. However there are still approximately 189,000 people living with advanced HIV who are currently not receiving ARV treatment due to access problems and inadequate health personnel, among other reasons.

In April 2008 a 'National Plan of Action for Young People' was launched by the Government aimed at improving young people's knowledge of HIV and sexual health. Currently the majority of HIV infections in Malawi are occurring among this age group. The plan provides a framework and an overarching coordination mechanism for harmonizing, consolidating and aligning the exiting policies, plans and strategies of sectors related to young people and HIV, and sexual and reproductive health (SRH). It facilitates the meaningful participation of young people in the response to the HIV epidemic. It also ensures an accelerated and differentiated multi-sectoral response that meets the diverse needs of young people, both female and male, urban and rural and less advantaged and advantaged, who all require access to and the capacity to utilize SRH and HIV information, skills and services.

The Ministry of Education response to the crisis

In the education sector, the Ministry of Education developed a Strategic Plan for the period 2005–2008 on tackling HIV and AIDS in the education sector in Malawi. The rationale for the document was to respond to the need for deliberate and defined HIV and AIDS intervention in and for the education sector in Malawi. As such, it sets out strategies for HIV and AIDS mitigation and prevention in the education sector, as well as operational programmes, projects and activities. One major project that the plan has operationalized during its life span is an ActionAid project, TIWOLOKE (Stepping Stones), which focused on training teachers and their spouses in behaviour change. This resulted in a large number of teachers and their spouses going for VCT and declaring their HIV status. Those who revealed their HIV-positive status formed a network of Teachers Living Positively with HIV (T'LIPO). The network received recognition from the Ministry of Education, and it was officially launched in June 2007. In addition to these interventions, since the late 1980s, HIV and AIDS education has been included in primary and secondary school curriculums, especially in life skills (although the teaching of life skills is haphazard due to the fact that the subject is currently not examinable). Clubs such as AIDS TOTO, Youth Alert!, Why Wait? Scripture Unions Bible clubs and others have also been established in schools. Guest speakers from the Ministry of Health and NGOs are invited to the schools to provide additional support.

Generally Malawi has been supported by a number of donor governments that provide direct aid to Malawi to assist in HIV prevention and treatment. Notable donors and supporters include:⁹

- The World Bank, which has lent around US\$35 million to Malawi as part of its Multi-Sector AIDS Programme. This project ran from 2004 to 2008, and included schemes to increase support for children affected by AIDS and to improve AIDS education.
- The Global Fund to Fight AIDS, Tuberculosis and Malaria, which has so far approved grants of around US\$228 million to Malawi. Among other things, this funding has allowed the Malawian Government to implement its ARV treatment programme.
- The World Health Organization (WHO) and UNAIDS, which have both supported the scale-up of ARVs in Malawi.

⁹ As summarized on the following website www.avert.org/aids-malawi.htm.

- The US President's Emergency Plan for AIDS Relief (PEPFAR), which provides Malawi with US\$15 million annually. It has funded VCT, condom distribution and mother-to-child prevention programmes, amongst other initiatives.

With help from international donors, the Government and other organizations within Malawi have taken a number of positive steps towards minimizing the spread of HIV. These prevention efforts face many difficulties, and while awareness of HIV has been generally high, change has been slow. Social and practical considerations often stop people from taking measures to prevent infection even when they know the risks involved. This coupled with a lack of human and financial resources means that prevention campaigns have so far failed to curtail the AIDS epidemic in Malawi. However, the epidemic in Malawi appears to have stabilised recently due to some positive changes in behaviour (see UNAIDS, 2008).

4. Overview of the education system

Structure of the education system

The formal education system in Malawi is organized around eight years of primary education, four years of secondary education and another four years of university education.

During the last year of primary education, pupils register for the Primary School Leaving Certificate Examination (PSLCE), which is used for selection for secondary level education. The official age of enrollees is six years – although you might find a 16-year-old pupil in Standard 1. The primary cycle comprises the infant level (the first two years), the junior primary (the next three to five years) and the senior primary (Standards 6 to 8). Pre-school education, for about 135,000 children, is provided by about 3,200 early childhood centres run by communities and private groups. Primary education, pre-school education and non-formal education initiatives are under Basic Education in Malawi.

There are two national selection secondary school examinations: the Junior Certificate Examination (JCE), done after two years of secondary school education, and the Malawi School Certificate Examination (MSCE), which is taken by students who have completed four years of secondary education.

Tertiary education is provided at two levels: teacher training colleges and universities. Primary and secondary teacher training colleges and vocational and technical institutions cater for those who cannot gain admission to university.

Administration and management of education

The Education Act of 1992 guided the development of education programmes and reforms in Malawi. As early as 1961, education management was decentralized with local education authorities managing schools with local governing boards at district level. Later the system stopped and all management decisions on education were made at the central level (at Ministry of Education headquarters).

In line with the decentralization act of the Malawi Government, which states that decisions on the management of education at local level shall be made by the District Assemblies, the government of Malawi decentralized the management of its social services including education in 2005. However, the assemblies lack the capacity to operate efficiently in a decentralized system. As a result the central government has not fully devolved its functions.

Apart from managing education at a central level, the Ministry of Education has structures at division, district, zonal and school levels. The Education Division Manager, District Education Manager (DEM), Primary Education Advisor (PEA) and head teacher help to manage education at division, district, zonal and school levels respectively. School Management Committees (SMCs) and Parent-Teacher Associations (PTAs) work hand in hand with the head teachers and teachers in managing the schools.

Trends in education sector development

Financing education

According to the 2008/2009 budget framework, the total national budget for the Government of Malawi was approximately \$US1.626 billion¹⁰ (MK229.241 billion), of which about US\$0.206 billion (MK29 billion) was allocated for the education sector.¹¹ This meant that 12.65 per cent of the total national budget was allocated to the Ministry of Education, Science and Technology, which is very

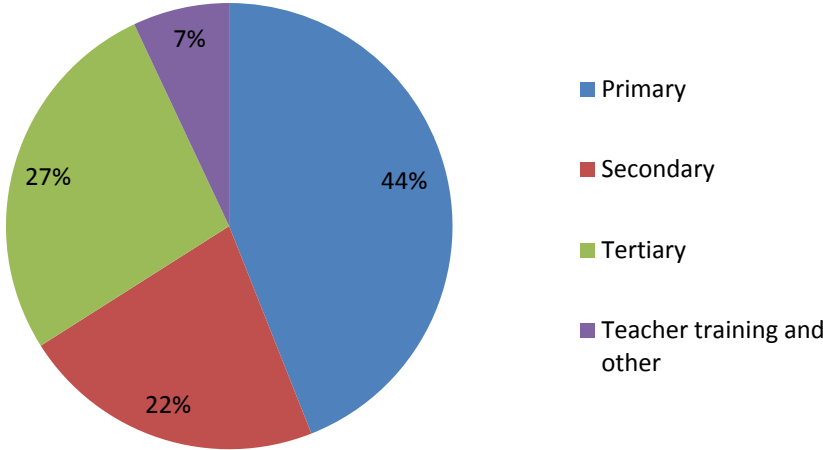
¹⁰ 1 US\$ is equal to 141 Malawi Kwacha.

¹¹ The Nation Newspaper, 1 October 2008.

much lower than the recommended minimum of 20 per cent under the Education for All (EFA) goals. The allocation has significantly decreased as compared to that of the 2007/2008 financial year, which was 14.1 per cent. With such severe underfunding of the education sector, it is very difficult for the sector to address the critical issues that need to be addressed by the ministry. Therefore, achievement of international commitments and national goals on education by 2015 remains blurred.

The practice over the years has been that the primary education sub-sector gets the largest share of the education budget. For instance, according to the 2008/2009 Country Status Report (CSR), the primary education sub-sector got 44 per cent of the total recurrent education expenditures in the 2007/2008 financial year. The share for higher education was 27 per cent, while the share for secondary education was 22 per cent. The share allocated to pre-school, literacy, Technical Education Vocational & Entrepreneurship Training (TEVET) and teacher training does not exceed 7 per cent in total (see Figure 4.1).

Figure 4.1 Education sector budget allocation by education level (%), 2008



Source: 2008/2009 Country Status Report (CSR)

Figure 4.1 displays an overview of the education budget estimates for the 2008/2009 financial year, adapted from the *The Nation* Newspaper of 1 October 2008.

Table 4.1 Overview of education budget estimates for the 2008/2009 financial year

Item	Allocation in US\$	Allocation in Malawi Kwacha (millions)
Personal emoluments and teachers' arrears	\$83,544,447	11,8
Other Recurrent Transactions (ORT) and development	\$28,095,745	3,9
Special needs education	\$301,036	42,4
Teaching and Learning materials	\$10,638,298	1500
Construction and rehabilitation of schools	\$14,184,397	2000 (approximate)
Girls' hostels	\$2,836,879	400
Teacher training	\$4,863,830	685.8
HIV and AIDS		None (of course gets 2% of the departmental budgets)
Bursaries	\$2,038,348	287,4
Examination administration	\$6,382,979	900
Early childhood development	\$222,695	31,4
Adult literacy	\$114,894	16,2
Out of school youth education	\$2,777,305	391,6
School inspection	\$105,596	14,9

Source: *The Nation Newspaper*, 1 October 2008

Access

Primary education

There are currently 5,461 primary schools in Malawi. Of these, 1,962 are government schools, 3,156 are religious and 343 are private schools. These schools together enrol about 3.6 million pupils, according to EMIS 2008. This enrolment represents 119 per cent Gross Enrolment Rate (GER) and a 103 per cent Net Enrolment Rate (NER). (See Table 4.2 on GER and NER for primary schools since 2004.)

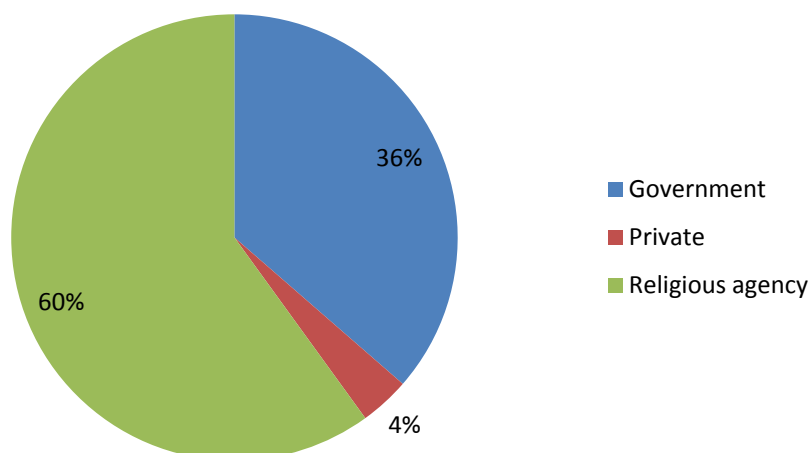
Table 4.2 Evolution of GER and NER (%) at primary level, 2004–2008

Year	GER	NER
2004	132	122
2005	126	110
2006	122	101
2007	116	100
2008	119	103

Source: *EMIS 2006; EMIS 2008*

NER should not, in normal circumstances, exceed 100 per cent. However, in Malawi this is the case due to lack of accuracy in the enrolment data from the schools, as they cannot establish the correct age of the pupils due to lack of birth certificates for most of the enrollees.

Figure 4.2 Composition of primary schools by type, 2006



Source: EMIS 2006, found in World Bank, *Teacher issues in Malawi (2007)*

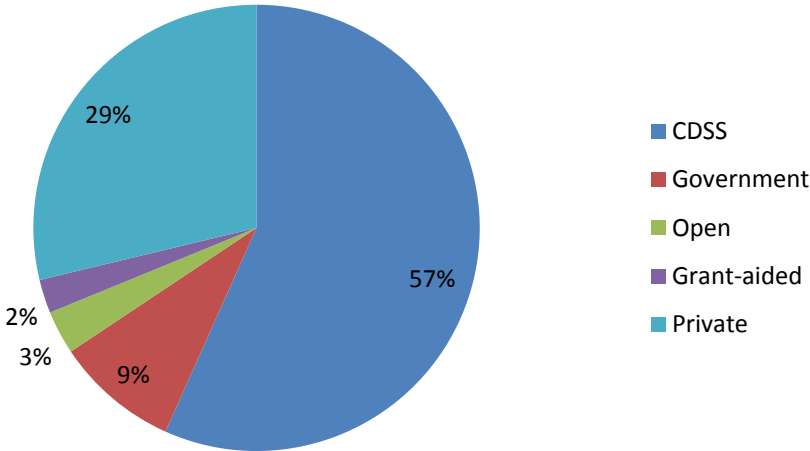
Secondary education

2008 EMIS has revealed that there are 1,160 secondary schools in Malawi, out of which 769 are government schools, 19 are grant aided and 372 are private secondary schools. Out of the 769 government secondary schools, 620 schools are Community Day Secondary Schools (CDSS), 41 are boarding secondary schools, 56 are day secondary schools and 52 are open secondary schools.¹² The student population in Malawian secondary schools is around 233,573.

¹² Notes

1. CDSS are community day secondary schools, including both approved and unapproved schools.
2. Government schools include both day and boarding schools.
3. Open schools are 'second chance' education for older students.
4. Grant aided schools are partially funded by the state, and receive some funding from other sources.

Figure 4.3 Composition of secondary schools by type, 2006



Source: EMIS 2006, found in World Bank, *Teacher issues in Malawi (2007)*

Tertiary education

There are approximately 3,794 students enrolled in six national primary teacher training colleges. An additional 1,300 are enrolled at Domasi College of Education, which trains secondary school teachers. The country’s technical and vocational education institutions enrol a further 1,388 students, according to 2008 EMIS. At the university level, the University of Malawi and Mzuzu University provide university education to over 6,000 students.

Efficiency

While enrolment has increased since 1994, from 1.9 million to 3.6 million, 2008 EMIS estimates that 72.9 per cent and 69.6 per cent of the children completed Standard 5 and Standard 8 respectively in 2007; and 40 per cent of the children in 2008 transitioned to secondary schools. Drop out rates are estimated at 8.4 per cent for the year 2008 with 6.7 per cent for boys and 10.4 per cent for girls. The majority of pupils dropping out of school are female, for reasons that include: violence against girls in schools, sexual abuse by male teachers as well as male pupils, domestic abuse at home, child labour, early marriage and pregnancy, cost of education, negative cultural practices, impact of HIV and AIDS in increasing orphanhood and burden of care falling on girls. 2008 EMIS estimates the average repetition rate to be at 19.4 per cent; with 19.8 per cent for boys and 19.0 per cent for girls while the average promotion rate for primary education stood at 76.4 per cent in 2008. According to the UNESCO Institute for Statistics, the completion rate for primary education has gone up from 48% to 56% between 1995 and 2005.

Quality

Pupil to class and pupil to teacher ratios

Infrastructure in Malawian schools is poor, as evidenced by a pupil to classroom ratio of 112:1 in primary schools and 45:1 in secondary schools. Over 25 per cent of pupils learn in unsuitable conditions, such as in temporary shelters made of poles and grass not to mention those learning in open air. The poor quality of education is exacerbated by the inadequacy of teachers and the urban-rural disparities in teacher distribution. 2008 EMIS shows that the average pupil to qualified teacher ratio is 90:1 (51:1 in urban schools and 97:1 in rural schools). The pupil to teacher ratio, according to

2008 EMIS, stands at 78:1 (with 49:1 in urban schools and 83:1 in rural schools). The total number of primary school teachers, according to 2008 EMIS, is 45,925 (of which 28,307 are males and 17,618 are females). Out of this number, 40,034 are trained teachers.

In secondary schools, the pupil to qualified teacher ratio in the 2008 EMIS stands at 55:1 (with 34:1 in urban schools and 64:1 in rural schools). The pupil to teacher ratio in secondary schools is at 20:1 (with 19:1 in urban schools and 21:1 in rural schools). Children with disabilities are particularly disadvantaged by inappropriate infrastructure and inadequate special needs teachers to support them.

Table 4.3 Primary and secondary pupil teacher ratios, 2008

Primary						Secondary			
Total number of school teachers		Average pupil to qualified teacher ratio		Average pupil to teacher ratio		Average pupil to qualified teacher ratio		Average pupil to teacher ratio	
45925		90:1		78:1		55:1		20:	
Male	Female	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
2830	17618	97:1	51:1	49:1	83:1	64:1	34:1	21:1	19:1
7									

Source: EMIS 2008

5. Overview of teacher management

Teacher management cuts across the whole career path of teachers. This includes recruitment, training, deployment, transfers, promotions or demotions, continuing professional development and retirement. In Malawi there are several institutions that are mandated to carry out specific roles in teacher management, but the Malawi Teaching Service Commission (MTSC) is the main body established in 1966 by Act of Parliament. This chapter discusses the perceptions of stakeholders in education, both at central and local levels, about teacher management related problems and the extent to which HIV and AIDS has aggravated the problems. It focuses on, among other things, the attractiveness of the teaching profession, teacher deployment, teacher attrition, teacher projections, and teacher absenteeism and teacher management information systems.

Teacher qualifications

There are two categories of teachers, primary school teachers and secondary school teachers. These are further grouped into grades according to qualification, experience and promotion. Primary school teachers are those who are trained in Primary School Teacher Training Colleges and graduate with a Primary School Teaching Certificate. There have been a number of teacher education training courses over the years but basically a two-year programme has been the norm. The minimum requirement for a primary teacher training course has been a Junior Certificate of Education (JCE), which is obtained after two years of secondary school education or a Malawi School Certificate of Education (MSCE), which is obtained after four years of secondary education. Over the years it has been shown that those who enter teacher training with only JCE have experienced many problems academically and professionally. A more recent requirement is for aspiring trainee teachers to possess a good MSCE certificate with above average passes in mathematics and science subjects.

In contrast, secondary school teachers are those who have completed university diplomas or degrees and are proven to have the capability to teach one or two subjects in the secondary school curriculum. Those possessing non-professional diplomas and degrees are also given consideration with a view to letting them undergo some professional university in-service training soon after recruitment.

Appointment of teachers

The recruitment of civil servants in government, including teachers in the Ministry of Education (MOE), is dependent upon the number of established posts and this is controlled by Department of Human Resource Management and Development (HRMD) in the Office of the President and Cabinet (OPC). The Department of HRMD declares vacancies and also processes and creates new posts. Then it seeks authority from OPC to fill those vacancies. When this is granted, it recruits teachers through the MTSC, which in turn conducts interviews with prospective teachers and appoints the successful ones for a probationary period. After this it is the responsibility of the HRMD to deploy teachers to divisions and districts, according to need.

Salary scales and income supplements

Teachers are employed as permanent civil servants and therefore their salaries are based on incremental scales with basic salaries for different categories of employees. An employee reaches the highest point in a given grade through annual increments. They can also move up to a higher scale through promotion, but as shown above this is not very common. In 2007, for example, the starting salary of a primary teacher at grade PT4 was US\$557 (MK78,548) per annum and the last salary in the scale was US\$611 (MK86,124). After promotion into the next grade the starting salary was US\$876 (MK123,528). The highest salary for a primary teacher was US\$2752 (MK387,960) per annum. For a diploma teacher, the starting salary was three times the starting salary of a primary teacher while the starting salary of a degree teacher was 463 per cent that of the primary teacher. Chances of upgrading to higher salary segments are limited. Teachers tend to stay in one salary segment for long periods of time in their careers.

In general, unlike salaries in other government sectors, teachers' salaries are described as low because there are virtually no alternative ways of getting extra money to supplement salaries. In principle the government gives loans to civil servants, but in the case of teachers the process is long and complicated, making it difficult for the teachers to access these loans. Furthermore, it is not easy for teachers to get loans from commercial banks because their application must first be approved by the Ministry of Education, which is also a time-consuming process and the application is not always accepted. Even personnel at the district level find it almost impossible to access government loans. Teachers see this as one of the obstacles they face in the teaching profession in comparison to other government sectors. The only consolation is the creation of Savings and Credit Cooperatives (SACCO) where teachers are allowed to contribute a certain amount of money before they can access loans from the clubs. Even then the amounts that can be obtained are small and cannot be used for tangible personal projects like building houses. To supplement their meagre salaries, teachers resort to getting loans from loan sharks and dubious banks that charge a lot of interest, leaving them with almost nothing to take home. Teachers end up getting permanently into debt. As a result teachers cannot manage their finances and this leads to disenchantment and low morale in general.

Teacher benefits

The Malawi Government has no medical schemes except access to public medical healthcare. With their meagre pay, teachers are not able to access private healthcare when medication is not available in public hospitals. This is also the case when the public hospitals prescribe medication to be bought from commercial pharmacies. Teachers who are ill, especially when they are affected by AIDS, need to eat a highly nutritional diet, which is costly for teachers with their low pay packages.

According to EMIS 2007 only about a third of teachers have decent housing close to their school. The rest of the teachers must find accommodation elsewhere, meaning that they often have to travel long distances to get to work in good time. For teachers in urban areas this entails spending the little money they earn on public transport. In rural areas teachers are forced to rent accommodation in surrounding villages where houses are of low quality. These are usually sub-standard by government ratings with no amenities such as electricity and running water. This is one of the major reasons why teachers do not want to teach in rural areas.

School facilities, especially in primary schools and CDSSs, are inadequate. This makes the teaching and learning process very difficult. Such schools have no staff rooms where teachers can work comfortably. Classrooms have no desks, teachers' tables or chairs, making classroom teaching unattractive. Coupled with inadequate teaching and learning materials, teachers in Malawi are working in difficult circumstances that are not conducive to productive work. This renders the teaching profession unattractive.

In addition, many teachers have not been oriented to the new curriculum and this poses great problems in the teaching itself.

Teacher attrition

Authorities in the MOE perceive the rate of attrition both in teacher training colleges and in schools as serious. In 2006 the Department of Teacher Education (DTED) recruited 3,900 trainees in teacher training colleges (TTCs) and within three months many withdrew to join the police force, the army and Natural Resource College. After one year there were 3,500 students left. Female trainees are more likely to leave than males, mostly due to pregnancies and nursing babies. In 2008, for example, 285 students withdrew from teacher training and only 40 of these were men. In another year 2,800 students had passed their final examinations but 200 certificates were issued posthumously. This indicates how serious the attrition rate is in teacher training colleges, which are the major source and supply of primary school teachers. However, current examination results from Malawi National Examinations Board (MANEB) indicated that five to eight teachers out of 2,500 died, signalling a decline in attrition due to death and by extension a decline in attrition due to HIV and AIDS.

Teacher attrition in schools in Malawi is attributed to death, prolonged illness, dismissals, resignation, retirement, leaving without giving any reasons, transfers to other teaching posts and transfers to non-teaching posts. The EMIS captures this data by district and by division, disaggregated by gender. Table 5.1 below shows the attrition of primary and secondary teachers by reason in 2007.

Table 5.1 Teacher attrition in primary and secondary schools in 2007 (%)

Reason	Death	Dis-missal	Resigned	Pro-longed illness	Reason not known	Retired	Transfer to non teaching posts	Transfer to teaching post ^a	Total %
Primary (42,330)	1.2	0.6	0.41	0.27	0.7	0.5	0.36	8.7	13.2
Secondary (10,258)	122 (1.2)	128 (1.2)	270 (2.5)	28 (0.27)	140 (1.4)	36 (0.35)	114 (1.1)	582 (5.7)	13.8

Source: EMIS, 2007

As Table 5.1 shows, overall attrition for primary teachers in 2007 was 13.2 per cent while that of secondary teachers was 13.8 per cent. The proportion of teachers being moved from one school to another was the highest contributing factor for teachers leaving schools, followed by resignation in the case of secondary schools but followed by deaths in the case of primary schools. In both cases attrition through death stood at about 1.2–1.3 per cent. The perception at national level, district level and school level is that the death rate has been greatly reduced in the past year. In the previous years, the MOE was losing 700 to 800 primary school teachers a year, while at district level eight teachers were dying on average per month, which is not the case in 2008 and 2009.

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

Teacher supply and demand

HIV& AIDS-related attrition

Specifically, within the Malawian workforce, teachers and members of the uniformed services are some of the professions with higher HIV prevalence or more risky behaviours that predispose people to HIV infections. For example, in the Behavioural Surveillance Survey (BSS) of 2004, 48 per cent of all teachers interviewed could not name at least three prevention methods for HIV. Furthermore, a staggering 66 per cent knew of someone close who had died of AIDS-related complications. The 2006 BSS reported the following findings for teachers among others:

Table 6.1 Behavioural Surveillance Survey (BSS) findings on teachers

Level	Sex of teacher	% tested positive for syphilis	% tested HIV-positive
Primary	Male	3.7	23.7
	Female	2.7	22
Secondary	Male	0.5	17.4
	Female	0.3	16.1

Source: Behavioural Surveillance Survey (BSS) 2006

The most important message from this table is that the prevalence rates of the teachers (in this latest BSS), whether at the primary or secondary school levels, are much higher than the national prevalence rate. In the period 1999 to 2005, it is estimated that 6,217 teachers died of AIDS-related illnesses, of a total population of 38,500, or 16% of the workforce. The high prevalence rates among this vocational group have been attributed to the relatively young average age of teachers (placing them in the highest risk group), the fact that they are often posted in positions of relative power and wealth in remote areas and, for men, that a large number engage in sexual relationships with their pupils and local women. Awareness of the epidemic and its modes of transmission have increased dramatically over the previous decade, but significant behavioural change has not followed.

Teacher deaths

According to available figures, EMIS has not presented particular districts or particular rural or urban locations that have significant rates of attrition due to death, but it is possible to infer rates of attrition due to deaths and long illnesses from this data. Given the nature of data collected, it is only possible to use figures on deaths and long illnesses as proxy data to attribute the contribution of HIV to the attrition. It is also noteworthy that in 2008 EMIS only presented figures of teachers who had left the system due to long illness but not due to death. As Table 6.2 shows, the number of teachers who have died or who have suffered long illness has been steadily decreasing since 2004. This is likely to be due to the increasing availability of ARVs. This is the case in both the primary and the secondary school sectors.

Table 6.2 Teacher attrition due to death and long illnesses from 2004 to 2008

Primary				Secondary		
Year	Total number of teachers	No. died (%)	Long illness (%)	Total no. of teachers	No. died (%)	No. on long illness (%)
2004	43,952	787 (1.8%)	181 (0.01%)	9,044	165 (1.8%)	30 (0.003%)
2005	45,075	717 (1.6%)	155 (0.003%)	8,975	166 (1.8%)	28 (0.003%)
2006	43,195	618 (1.4%)	149 (0.003%)	10,368	157 (1.5%)	35 (0.003%)
2007	42,330	500 (1.2%)	100 (0.002%)	10,258	122 (1.2%)	28 (0.003%)
2008	45,925	Not done	91 (0.002%)	11,397	Not done	27 (0.002%)

Source: EMIS 2004–2008

Estimating supply and demand

The National Strategy for Teacher Education and Development (NSTED) has projected the teacher demand and teacher supply in both primary and secondary schools until 2015. Two scenarios have been portrayed based on the following:

- Projections of school age populations from the National Statistical Office (NSO) and the World Bank.
- Current teacher supply and projected output from colleges.
- An attrition rate of 4.79 per cent for primary teachers and 7.9 per cent for secondary teachers, where teacher deaths and long illnesses are taken into account.¹³

Overall the projections indicate a primary teacher shortfall ranging from 2,000 in 2006, peaking at 10,447 in 2012 and levelling at 8,000 in 2015 in scenario A, while teacher shortfall peaks at 15,373 in 2015 in scenario B. In the case of secondary school teachers, scenario A shows a shortfall of 1,046 in 2006 to 9,177 in 2015 and peaking at 10,000 teachers for scenario B.

Current training of 2,500 teachers per year is too low to achieve the target teacher to pupil ratio by 2015. To address this problem, TTCs have been expanded and now can take 3,800 students. It is also envisaged that 500 more students will be allowed to study on a non-residential basis, giving a total of 4,300. Towards the end of 2009 a new course will be offered using the open and distance learning. There are plans to construct more new TTCs and the private sector is also being encouraged to embark on teacher training. With these initiatives, it is projected that by 2015 the 1:60 teacher to pupil ratio will be achieved and is likely to reach 1:40 by 2017. Plans are also underway to increase secondary teacher intake through distance education programmes in all secondary school teacher institutions and to upgrade all unqualified teachers in the system.

¹³ For scenario A, the progression of teacher to pupil ratio remains constant at 1:76 in 2006 to 2015. For scenario B, there is a progression of from 1:76 teachers to pupils in 2006 to 1:60 in 2015. For secondary schools, scenario A uses a constant teacher to pupil ratio of 1:21 throughout the period, while scenario B uses a progression of 1:21 to 1:30 during the period. For scenario A, the Gross Enrolment Rate (GER) remains at 122 per cent throughout the period and for scenario B, GER progresses from 122 per cent in 2006 to 107 per cent in 2014. For secondary schools, GER remains at 20 per cent throughout the period in scenario A and gradually increases to 30 per cent by 2015. In scenario B, GER progresses from 20 per cent to 30 per cent during the same period.

Teacher absenteeism

Teacher absenteeism is only recorded at school level, meaning that such information is not available at national level nor at district level. A variety of methods of recording absenteeism exist in the schools. The basic methods found are using time books, log books, attendance books, lesson plan check list and excuse bar graphs. Some schools use two methods and others use even more methods to record teacher attendance or absenteeism. In secondary schools, the most common method used to record teacher absenteeism is the period register and in some cases time books or log books are also used.

Teachers are absent mostly due to sickness and attending funerals. Those who have genuine reasons are excused to be absent and this is not taken as a cause for concern. During the recent parliamentary and presidential campaigns there were cases where teachers were excused to attend political rallies. However, the higher percentage of sick teachers in urban areas may contribute to higher absenteeism in these areas. Nevertheless, with the use of ARVs, very few teachers would absent themselves due to AIDS-related illnesses these days.

Policy and management responses

Leave

Like other civil servants, teachers are allowed seven types of leave days:

- The first is annual leave, which is 24 days for most teachers. However, teachers have 'natural' leave days when schools go on holiday and are usually not encouraged to take leave when schools are in session. A leave grant is disbursed to all teachers when funds are available. This leave grant has been increased from a minimum of US\$12 (MK1,700) and a maximum of US\$14 (MK2,000) to a minimum of US\$60 (MK8,5000) and a maximum of US\$99 (MK14,000).
- The second type of leave is compassionate leave, whereby a teacher is allowed to attend to pressing family matters such as sickness and unforeseen personal problems. In this case a teacher has to request the leave in writing to the District Education Manager (DEM), who usually approves it.
- The third type of leave is maternity leave. Female teachers are allowed 90 consecutive days including public holidays and weekends to deliver a baby and nurse it. They are paid full salary during maternity leave. However, if the teacher falls pregnant again before three years, she is allowed to take 90 days leave without pay.
- Sick leave is the fourth type of leave. Teachers are allowed 30 days sick leave with pay and are allowed another 30 days on half pay. If a teacher continues to be sick after 60 days then he/she is allowed to continue to be on leave but this time without pay. When a teacher has been posted to another school he/she is allowed to go on leave for three days so that he/she can settle down in the new school before going to teach.
- Another leave is granted when a teacher is pending retirement. This is meant to allow the teachers to process their final benefits.
- Lastly teachers are also allowed paid study leave only when the courses they are pursuing are relevant to their teaching job.

Benefits for teachers who are infected or affected by HIV

Until 2007 the benefits for HIV-positive teachers were the same as national initiatives for all HIV-positive people in the country. If there have been any specific programmes tailor-made for teachers then they were at a miniscule and insignificant scale. Teachers who were exposed to the life skills education aimed at students will have gained some extra knowledge on the management of the disease. Intuitively head teachers would advise sick teachers to seek medical attention in public hospitals and school welfare committees would visit and comfort sick teachers, whether HIV-positive

or not. At the school level, head teachers give less work to sick teachers, but there is a perception that at times HIV-positive teachers demand to be given less work, even when they are not too sick to work.

More visible efforts to focus on HIV-positive teachers appeared in 2006 in the form of a policy requiring all cost centres to set aside 2 per cent of their other recurrent transactions (ORT) allocations to issues of HIV and AIDS. This ranged from sensitization meetings to topping up salaries of HIV-positive teachers so that they can manage the disease through good nutrition. There were suggestions that the top-up salary should be around US\$35 (MK5,000). A nutrition support package was also introduced, where HIV-positive teachers were to receive various food items to supplement their diets. District offices were seen distributing soy flour and cooking oil to those teachers who had declared their HIV-positive status.

However these initiatives have died down. In 2009, they are no longer being implemented. Three major explanations or excuses have been offered. Firstly, although 2 per cent of ORT may seem very little, budgets at cost centres are already overstretched to the point that no funds are left for HIV initiatives. In addition, using national figures, it was estimated that there were over 6,000 teachers who were HIV-positive and this amounted to a significant and unmanageable expenditure in the budget. Secondly, it is claimed that teachers were conspiring with medical personnel to issue them with certificates declaring they were HIV-positive so that they could receive an additional MK5,000 and this was going to push the expenses too high. The nutrition support package encountered administrative problems between the Ministry of Education and OPC and NAC and the Ministry of Health. Coordination of the programme is reported to be poor because there is no teamwork and therefore the implementation has stalled.

On a positive note, the Ministry of Education launched a network of teachers living positively with HIV and AIDS (T'LIPO) in 2007 in partnership with ActionAid. The objective was to give opportunities to teachers to demand services on prevention, treatment and care from service providers. The network is gaining popularity and has nationwide membership. Some of the benefits members get include home-based care, protection of rights, and sharing of information and experiences on the management of the disease.

Death benefits

When a teacher or a teacher's spouse or a teacher's child dies, the DEM is responsible for providing a coffin up to the value of US\$99.30 (MK14,000). The DEM is also responsible for arranging to transport the remains to his or her home to be buried. During the period when many teachers were dying, this responsibility created a big dent in the DEM's coffers, often at the expense of other important functions such as supervision. The school welfare committee also assists in the funeral arrangements, but this is limited to buying food for people attending the funeral, offering moral support and condolence money to the bereaved family.

Teacher replacement

Covering teacher absenteeism

When teachers are absent, head teachers arrange that another teacher at the school takes charge of the class without the teacher. In many cases head teachers themselves take charge of the classes until the teacher reports back. There are also instances where a teacher combines two classes to accommodate the absent teacher's class. In some schools, it was also reported that it had been arranged that teachers on ARVs should first teach in the morning and go to collect their medication in the afternoon so that their classes did not go without teachers.

However, cases of long sicknesses, when they arise, are a cause for concern. It is not easy to manage classes when teachers are away for long periods, and such teachers are not replaced in any way. Management of the whole school is affected by long absences. Teacher to pupil ratios go up in already understaffed schools.

Transfers

Deployment of teachers to districts is the responsibility of Human Resource Management and Development (HRMD) in MOE headquarters. This is determined by the needs of districts based on the 1:60 teacher to pupil ratio requirements. For example, in 2008 there were 2,460 newly recruited teachers and Mangochi District received over 300 while other districts received only ten teachers. Many schools are oversupplied with teachers while others are undersupplied. District offices do not usually comply with the 1:60 requirements because of problems faced by individual schools and individual teachers and it becomes difficult to equitably distribute the teachers.

Transferring teachers from one school to another within a district is the responsibility of the DEM. The DEM will move a teacher to another school in order to achieve equality between schools. Teachers may request to be moved to another school for various reasons including ill health. It can also be the recommendation of PEAs or School Committees to move a teacher. However, teacher transfers from one district to another are becoming rare as each district has its own quota. Instead teachers are encouraged to seek a willing teacher in another district to swap places without disturbing the quotas for the two districts. This happens when teachers want to be close to their homes or close to relatives who can give them good care when they fall very ill. This arrangement provides teachers living with HIV an opportunity to transfer to a district of their choice. Teachers living with HIV are frequently transferred to urban schools to be nearer to medical facilities. As a result, the percentage of sick teachers in urban areas is higher, contributing to higher absenteeism in these areas.

One major setback is that secondary schools, especially CDSSs, are grossly understaffed and the MOE has resorted to using primary school teachers to alleviate the teacher shortage. This situation is a result of secondary school teachers refusing to teach in rural areas where the conditions of living and working are not attractive to newly graduated student teachers. This has resulted in secondary schools being flooded with underqualified teachers. At the same time this movement of teachers is creating another shortage of teachers in primary schools. The only way out of this dilemma is to increase the supply of teachers, as envisaged in the National Strategy for Teacher Education and Development (NSTED) and rationalize the deployment to districts and schools.

Teacher management tools

The EMIS is the major tool that captures teachers' records. It uses a standard school census questionnaire, which, according to the EMIS department, can always be modified to capture specific data. The data available can be used to calculate various indicators such as teacher to pupil ratios, rates of attrition, levels of resourcing available to teachers and others. The EMIS provides basic data for further analysis and is collected mostly from schools. The MOE is now in the process of compiling a register of members of teachers living positively with HIV for all districts, but this depends on whether the teachers go for testing or become ill. Other teacher records ensuing from inspection and advisory reports, such as competence of teachers, absenteeism and illness, are kept at the district level for primary schools and at the division level for secondary schools. Copies of such information can also be found at the schools.

Currently EMIS does not capture specific HIV-related issues. Nevertheless it has figures on transferred teachers due to prolonged illnesses. Any data required by interested stakeholders can be requested from schools. It is also possible to capture specific information through the EMIS census on request. District offices do not have databases but there are plans to devolve the central level database to district level. A recent pilot effort to establish District Education Management Information Systems has yet to be put into practice.

According to the EMIS department, it is possible to include any teacher data in the census when asked by any organization. For example, USAID asked for data on orphans in schools and this was included in the school census. EMIS intends to disaggregate teacher death and long illnesses by type of disease, ranging from malaria to AIDS-related diseases such as tuberculosis. However, they are likely to encounter problems capturing deaths exclusively due to AIDS due to confidentiality issues and the stigma that surrounds the epidemic.

7. The policy framework on HIV

Malawi's attempts to deal with the country's AIDS epidemic began in 1986, focusing largely on preventing the further spread of HIV infection, but later including elements of care and support. A review of the HIV and AIDS control programme and extensive stakeholder consultations led to the formulation of the National HIV and AIDS Strategic Framework for the period 2000 to 2004. This framework emphasized the need for an expanded, multi-sectoral response to HIV and AIDS and sexually transmitted diseases (STDs), including the provision of voluntary counselling and testing services, prevention of mother-to-child transmission, treatment of opportunistic infections and the use of antiretroviral therapy. Implementation of HIV and AIDS programme activities has been guided by several documents developed by the programme secretariat. One such important policy document is the National Strategic Framework for HIV and AIDS (NAF). There had been need for a single document addressing the various policy issues necessary for an effective response to the HIV and AIDS epidemic in Malawi. This national policy document attempts to fulfill this need. The NAF defines eight priority areas: HIV prevention and behaviour change; treatment, care and support; impact mitigation: economic and psychosocial; mainstreaming, partnerships and capacity building; monitoring and evaluation; research; resource mobilization, tracking and utilization; and national policy coordination and programme planning.

National policy on HIV and AIDS for the education sector

The first education sector HIV strategic plan for 2005–2008 (which is the only document specifically addressing teachers) also identified these activities, which continue to be the basis of the national response to the epidemic. The MOE is currently reviewing the strategy to develop a new strategic plan for 2009–2012. However, despite the consultations that were made, this new policy will still have to face a number of challenges including inadequate funding, lack of coordination and mismanagement of funds.

The MOE encountered several challenges in the implementation of the first education sector HIV strategic plan. The major problem was that issues of school health and nutrition (SHN) were not covered in the strategy. However, there were plans, according to the MOE, to mainstream SHN issues in the review. The second major problem was that the strategy had not adequately addressed specific issues relating to HIV-positive children in the school system. As will be pointed out later, these children are by and large not appropriately catered for.

The agency for HIV and AIDS in Malawi is the Malawi Ministry of Health and Population, which has overall responsibility for implementing the national strategic framework and national policies including: National Health Plan and Policy, which incorporates HIV prevention and mitigation; Strategy for Comprehensive Management of HIV and AIDS and National Policy on HIV and AIDS. Then there is the National AIDS Commission of Malawi (NAC), whose major tasks are those of prevention work; strengthening the capacity of institutions, communities and individuals to stop the spread of the epidemic and mitigate its impact. NAC is assisted in the implementation by many organizations such as non-governmental organizations (NGOs) and community based organizations (CBOs).

In addition, the MOE has put in place HIV Focal Point people in all the 34 education districts and six divisions, complete with Terms of Reference (TOR). The MOE is also managing a contact directory for all Focal Points, and has trained them in the following skills: proposal and report writing; resource mobilization; programme implementation; and partnerships. In addition, the MOE has established a database of teachers living positively in order to offer more efficient support and accountability to T'LIPO chapters with food and farm inputs for their gardens. However, this was still incomplete at the time of the study.

The MOE has made life skills education a mandatory and compulsory subject at all levels. The MOE has also developed a monitoring tool for HIV and AIDS to track the impact of HIV and AIDS on the education sector alongside the interventions and resources. This will help in assessing the impact of the project while at the same time assisting in establishing the veracity of the programme.

Workplace policy

There is no explicit workplace policy on HIV and AIDS in Malawi, although the country has a high HIV prevalence. There is global evidence to indicate that there is higher prevalence among the workforce than among those who are not gainfully employed. For example, International Labour Organization (ILO) global estimates for 2004 indicated that over two-thirds of those living with HIV were employed. The National HIV and AIDS Action Framework (NAF) for 2005–2009 reported disparities in HIV prevalence due to educational levels.

Teachers' code of conduct

There is a code of conduct for teachers in Malawi. Perhaps the question remains whether it is widely circulated for public awareness. Teachers are oriented to the code of conduct during their pre-service training. Untrained teachers are supposed to be oriented to it by their immediate bosses in the schools (i.e. the head teachers).

The code of conduct acts as a guide for teachers to help them maintain high standards in their profession. It clearly stipulates the duties of teachers as they relate to the education authorities, learners, fellow teachers and the community. It instills in teachers a sense of discipline as they discharge their duties. Breaching of the code of conduct calls for punitive measures against the offender.

Some teachers interviewed went so far as to suggest that the MOE should move towards supporting school-based and out-of-school activities to mitigate gender-based violence. There have been a number of programmes that have attempted to address the problem of gender-based violence in schools, which is rampant. Indeed it ought to be mentioned that a series of training programmes are already underway supporting the enforcement of the code of conduct for teachers. Partners including the Ministry of Youth and UNICEF are currently working with the Ministry of Education inspectorate to bring back guidance and counselling.

8. Teacher support and referral structures

A number of interventions in prevention, care and support and mitigation underline government's efforts in the fight against HIV and AIDS. By providing an enabling environment, resources and capacity building interventions by government, development partners and civil society, various associations have been established to support those infected and affected by HIV and AIDS. Among the key constituents that are targetted within the existing HIV Strategic Plan are school teachers.

Associations of HIV-positive teachers

In June 2007, a national association of predominantly primary school teachers living openly with HIV and AIDS was formed as part of the Ministry of Education, Science and Technology (MOEST) workplace programme and was named T'LIPO (Teachers Living Positively). The main object of this programme was to address the problem of teacher attrition that was seriously affecting teacher supply.

The formation of T'LIPO was a result of TIWOLOKE (Stepping Stones) project through the use of stepping stones methodology – an innovative and empowering tool. This is an HIV and AIDS behaviour change project in which ActionAid Malawi, in collaboration with the MOE, is working to prevent new HIV and AIDS infections among primary school teachers in Malawi and to provide care and support to those already infected and affected. The initial two-week programme targetted primary school teachers and their spouses and emphasized the importance of knowing one's status, going for HIV testing and counselling and then living positively in the face of both a positive and a negative HIV result. Document analysis indicated that so far the project has made the following progress against its objectives and key activities: 914 trainer of trainers and 7,053 teachers and their partners were trained; about 1,000 teachers and spouses have gone for VCT and this number is steadily increasing. Teachers living positively with HIV have formed networks both at district and national level. In fact, the 2006 BSS report showed that there were significant increases in the number of people in general going for testing between 2004 and 2006. The evidence showed that the new organization, T'LIPO, is very well regarded. Among those members interviewed for this study. One T'LIPO member said:

“T'LIPO is very good. My life has really changed. Before, my life was not happy, but I was helped with nutrition and positive attitudes, so T'LIPO is very helpful. Before T'LIPO, I used to be shy when teaching life skills subjects, but after the training provided by T'LIPO, I now have the courage to teach the subject freely and there is no stigma.”

It became apparent during the interviews that T'LIPO was impacting on the lives of teachers. An interviewee in one of the districts, one of the key informants, had this to say:

“Honestly T'LIPO has assisted greatly in reducing deaths of teachers related to HIV and AIDS .Two years ago, we used to have four funerals of teachers per month in one zone. But ever since these teachers came in the open and started encouraging others to live positively, deaths have dramatically reduced. Besides other work place interventions T'LIPO has transformed teachers' behaviour in terms of opening up and living positively.”

Teachers said that they were ambassadors for the MOE and were helping the government in the fight against HIV and AIDS. Thus, T'LIPO has drastically transformed the lives of teachers in Malawi. Interviews and analysis of documents revealed that T'LIPO was implementing a number of activities that were financed by ActionAid Malawi with assistance from the National Aids Commission. These are shown in Box 7.1.

HIV and AIDS awareness: The Malawi association of teachers living positively with HIV and AIDS – T'LIPO – is taking a lead in sensitizing other personnel in the education sector on the importance of VCT and positive living and behaviour change. All T'LIPO chapters¹⁴ interviewed indicated that raising awareness about HIV and AIDS, including Health Testing and Counselling (HTC) was their main activity. Several methods are used for this awareness, including one-on-one talks with fellow teachers and with parents and families that have children who are constantly ill. Teachers also raise awareness through fundraising walks, community mobilization activities where music, drama and poetry take place, as well as capitalizing on national events such as World AIDS Day.¹⁵

Planning, reporting, experience sharing meetings: The interviews also indicated that members were regularly scheduling meetings outside working hours and at weekends where they meet to report on activities done, plan for future activities and share experiences related to their activities. The evidence suggests that nutrition is the priority for T'LIPO members and that the biggest unmet need was the expectation of a monthly allowance from MOEST.

Counselling, guidance and home-based care: Other activities included a) counselling and guidance for teachers, students and parents regarding positive living, b) home-based care for sick teachers, pupils and their guardians, including consolation for the bereaved, as well as help with household chores and prayers.

Group therapy and providing testimonies: Others were participating in group therapy activities and providing testimonies during meetings.

Advocacy: With regards to advocacy, there were anecdotal examples of instances where T'LIPO members have fought for their rights when those rights have been abused. This has primarily been related to ill treatment of fellow HIV-positive teachers or pupils by school authorities.

T'LIPO is a critical vehicle for HIV and AIDS management within the MOEST. It should be pointed out that T'LIPO membership has grown significantly between the time of formation in June 2007 and the time of this assessment in May 2009. Results show an overall growth in total membership from 212 to 1,025 – an amazing three-fold increase (383 per cent) within two years. Several factors were mentioned as having facilitated this quick rise in membership, including the following:

- Increased sensitization efforts by T'LIPO members among fellow teachers.
- Food rations that were provided to T'LIPO members at onset by Gift of the Givers, a charitable organization based in Blantyre, over a three-month period.
- Promises of extra cash every month for all teachers living with the virus to be provided under the government's 2 per cent Other Recurring Costs (ORT) budget line. This amount was initially pegged at US\$35.50 (KW5,000) a month and then reduced before the entire scheme was suspended.

Another issue mentioned during the study was that secondary school teachers felt that they could not adequately benefit from T'LIPO, based on how the network was initiated. One CDSS teacher observed: *"T'LIPO initially started as a programme targeting primary school teachers hence secondary school teachers feel out of place within the T'LIPO structures"*. In some cases, secondary school teachers acknowledged that there appeared to be some benefit to enrolling in T'LIPO, but that they preferred something that specifically targeted secondary school teachers and was parallel to those programmes earmarked for primary school teachers. As one secondary school teacher summarized below:

¹⁴ A chapter refers to a group of members in a district, for example.

¹⁵ We visited one of the CDSSs a day before they had organised an open day for HIV and AIDS.

“Secondary school teachers also need the kind of awareness provided to the primary school teachers but well, I don’t know what kind of awareness organizations can assist secondary school teachers to open up. We do not want to disclose our status and yet from what I hear T’LIPO is doing, we can benefit something. Maybe the organizations should target secondary schools alongside the interventions they are already doing for primary school. You see information is not rightly passed to some in secondary schools. Attempts should be made to assist those at secondary level alongside those at primary school. After all, this problem affects all of us.”

The evidence showed that T’LIPO chapters were dominated by teachers from primary schools. And yet, secondary school teachers also acknowledged that there appeared to be benefits of belonging to T’LIPO. Since this is an association of teachers living with HIV, some attempts should be made to integrate teachers from secondary schools and teacher training colleges as well.

In terms of governance structure, it ought to be mentioned that T’LIPO is currently deeply integrated within the MOEST structure, with the Deputy Director for HIV, AIDS, and Nutrition being the most senior anchor within the Ministry. The governance structure is also currently organized along education districts and education zones. It is expected that T’LIPO district chapters will report to MOEST headquarters through their District Education Manager (DEM)’s office.

It should also be pointed out that T’LIPO is operating in a national environment that already has various associations of people living with HIV and AIDS. These include the Malawi Network of People Living with HIV/AIDS (MANET+), National Association of People Living with HIV and AIDS in Malawi (NAPHAM), Coalition of Women living with HIV/AIDS (COWLHA) and Positive Women in Action and Development (PWAD). Interested teachers also join these associations.

Ministerial budget

Since HIV and AIDS is a cross-cutting issue, governmental policy, funding and support comes from a number of governmental agencies including the National AIDS Commission (NAC), Ministry of Education (MOE), the Ministry of Youth and Sports, and the Ministry of Women and Child Development. Many of these agencies have instituted programmes in support of HIV and AIDS prevention and care. The Malawi Government has acknowledged the devastating effects of HIV and AIDS and has since prioritized HIV and AIDS in the Malawi Growth Development Strategy. Furthermore, 2 per cent of each government ministry’s budget has been allocated for HIV and AIDS, including within the MOEST. The evidence shows that the implementation of this 2 per cent policy is ad hoc with no proper guidelines. The T’LIPO chapter in Thyolo District alluded to the fact that they had support from the District Education Manager (DEM), who gave them US\$135 (KW19,000) monthly. This money was used to buy food items like sibusiso, cooking oil, margarine, sugar for porridge and salt. Thus, T’LIPO undertakes resource mobilization, capacity building, care and support for its members and is also involved in the delivery of nutrition activities. T’LIPO provides home-based care for sick teachers through NAC support.

The MOE has provided three-month nutritional support for 1,000 teachers living with HIV, through a one-off donation. One of the recurring issues encountered during the study was bitterness about the promised monthly allowance for civil servants living with HIV and AIDS that was announced by the Government. Everybody seemed to be aware that there was a policy for the national government to provide monetary supplements or ‘top ups’ to all HIV-positive civil servants, including teachers who have registered as being HIV-positive. The monthly top ups, which were supposed to amount to about US\$35 (MK5,000), was to help recipients pay for food, nutritional supplements and costs related to ART and treatment of opportunistic infections. Obviously, the promised MK5,000 per month for any civil servant who declared his or her HIV-positive status raised high expectations and many civil servants came forth. According to high ranking officials in the MOE, the scheme was stopped because it was misused. It was reported that some teachers were faking their HIV-positive status. This resulted in an overly high level of demand for the facility and consequently it became too expensive to sustain. However, the evidence indicated that the suspension of the scheme before it was fully implemented was a sore point for most T’LIPO members who were still waiting for the Government to fulfill this promise. Most of the teachers felt that they were cheated by the system and the majority had a feeling that the Government merely wanted to use them to obtain accurate information about HIV-positive teachers.

In general, there was some consensus about the unmet needs for affected teachers. Many of those interviewed pointed out that there were too many shortfalls in meeting the needs of T'LIPO, for example. This is consistent with other studies that have highlighted lack of mechanisms for helping groups like T'LIPO and observed similar problems in meeting the needs of affected and infected teachers. Williams et al. (2008) reported that T'LIPO groups in other districts expressed frustration in their attempts to obtain small grants from District AIDS Committees (DACs) and District Education Managers (DEMs).

A major problem relates to confusion about how the grant monies are to be awarded and which groups are eligible to apply. One T'LIPO group was bounced back and forth between the DAC and DEM. When members approached the DAC, they were told they should apply for money through the DEM since they were an education group. Yet when they appealed to the DEM, they were told to apply for money through the DAC because they were an AIDS group. At least one DEM (in Dowa) had withheld grant money because they were waiting for instructions from the national headquarters on how to allocate the funds (Williams et al., 2008, p. 29).

While this was not adequately explored by the study, there is some evidence that lack of proper mode of operation is frustrating some of the efforts on the ground.

Collaboration between MOE, agencies and associations

Assistance for HIV-positive teachers has come primarily from three sources: the Malawi Government, partner-funded projects, and private organizations or NGOs such as Save the Children and ActionAid, as well as T'LIPO. In addition, district and local level organizations that assist HIV-positive teachers are eligible for small grants from the National AIDS Commission (NAC) and MOEST. They have pledged certain percentages of their budgets (15 per cent and 2 per cent respectively) to fund district and local level HIV and AIDS activities, including some programmes (small grants and trainings) for HIV-positive teachers. NGO groups, such as ActionAid, and projects, such as the USAID Primary School Support Project (PSSP), are also providing small grants for such activities as communal gardens and chicken cooperatives to help HIV-positive members improve their diets. They also are supporting advocacy, self-help and organizational training.

Other institutions like the Teachers' Union of Malawi (TUM) have also supported T'LIPO in different ways. It was reported that TUM organized trainings for T'LIPO on care, support and treatment (EFAIDS – Education for All and HIV and AIDS) and included issues such as stigma and discrimination. The training goes much deeper into the treatment. The project is funded by Education International and has been very effective in that head teachers are no longer stigmatizing HIV-positive teachers. The interviews revealed that, before the project, some head teachers were making openly discriminatory remarks about infected teachers. The evidence showed that, by coming out in the open about their positive status in schools, *“T'LIPO members have gone a long way in putting a human face to the disease among their fellow teachers and students”*, according to one head teacher. Furthermore, this has allowed T'LIPO members to fight for the rights of infected teachers, if these rights are violated within the school environment. Such actions have assisted in promoting acceptance in schools. However, it was reported that some HIV-positive teachers mark themselves out by demanding a reduced workload, excusing themselves on the basis of HIV and AIDS. Indeed some interviewees recommended that infected teachers should be given a lighter load. But TUM recommended that more advocacy is needed to get more teachers to be open about their HIV and AIDS status and join T'LIPO, observing that this is the only way their voices can be heard. One of the interviewees observed that:

“Some teachers are joining T'LIPO to benefit themselves financially e.g. allowances during workshops (some walked out of a workshop organized by TUM simply because the allowance was little compared to what they get from other workshops organized by other organizations). This needs a change in attitude.”

However, the evidence showed that there were some groups of teachers that were not opening up. One of the T'LIPO members observed that:

“I think there are still more teachers out there who have HIV but are not coming in the open. This may be due to fear of stigma or they are shy. At our school, three of us are members but we know of at least two who are also getting drugs and they sneak to go out and get drugs. Every time people stigmatize us they too feel uncomfortable. ...”

In fact there were reports from head teachers that some teachers did not want to declare their status, but that they just observed that they were absent for some period when they had to go to the hospital. HIV-positive teachers who register with the district education office are encouraged to link up with T'LIPO for support and group therapy.

Access to Voluntary Counselling and Testing (VCT)

Other service support to teachers has included the provision of VCT. Managed by the health sector, the advocacy that has been disseminated about the importance of VCT has made it clear where teachers and the general public can access services. HIV training for teachers and their spouses recommends VCT. In remote areas this has not always been practical due to long distances between VCT centres. It was reported that, as the programme is developed, it is to be accompanied by mobile VCT for teachers. The ministries could explore ways to increase access to VCT for educators and learners. This could include linking mobile VCT centres with education sector HIV sensitization activities (for both pupils and teachers). In some countries, the government, teacher unions and HIV-positive teacher networks have worked effectively together in their support of educators living with HIV. In Zambia, for example, a successful partnership between the government and the teachers' unions has resulted in the comprehensive delivery of VCT for teachers. In Malawi, HIV-positive educators could benefit from closer collaboration between the government, T'LIPO and the teachers' unions.

The teachers also observed that nutrition should be compulsory and should extend to pupils. Teachers recounted cases where they sympathized with some of their HIV-positive pupils. They noted that they meet some of the pupils at the hospitals when receiving the ARVs but that they cannot do anything about it. One of them noted:

"When we meet these pupils at the hospital, we are filled with [a] guilt[y] conscious in that we know that we as teachers are organized against the pandemic while for the pupils, it all depends on who will lead them into some kind of assistance. This is a bit unfair."

Access to treatment

Malawi provides free HIV testing and free antiretroviral treatment (ART) through public hospitals, although access varies across the country. National roll-out of free ART started in June 2004. There are currently 27 hospitals offering this treatment.¹⁶ In some areas teachers are experiencing considerable time delays when accessing treatment, forcing them to be absent from school for up to a full day at a time. These services are heavily used, but people going to replenish their ART supply often have to wait a long time, sometimes even two days. For teachers some distance from the hospital, this can mean a four-day absence from school.

One other problem noted during the study was the lack of accurate and precise information around the epidemic. The MOE currently does not have clear figures detailing the total number of teachers living with HIV in Malawi. Sources from MOEST indicate that there are about 3,500 teachers registered with T'LIPO while figures from the Ministry of Health indicate that approximately 6,800 teachers in Malawi are accessing ART. There is need for a proper consolidation of information around the problem.

It became obvious during the study that inadequate data meant that the position was not clear in terms of the exact number of teachers infected. Commenting on this issue, one of the directors interviewed agreed with the fact that information about teachers on the HIV problem is not readily available. The problem according to him was that: *"...the Ministry is not good at tracking therefore [it's] difficult to plan. We still base on estimates. We don't fully understand the situation of HIV and AIDS in Malawi"*. Indeed evidence elsewhere has indicated that lack of accurate and timely data is one of the biggest obstacles to policy implementation in Malawi and indeed is one of the biggest missing links for the achievement of EFA. The expectation is that there are many people accessing ARVs but that there is not any systematic way of accurately documenting what is happening. One of the senior government

¹⁶ Teacher Survey Report, 2007.

officers interviewed also raised a number of concerns. He questioned the extent to which the Malawi AIDS Counselling and Resource Organization (MACRO) has penetrated and or effectively tried to tackle issues of teacher management. He further questioned the extent to which the Office of the President and Cabinet (OPC) has registered teachers in terms of ARV uptake in relation to other professions. It was argued that this will help to delineate more clearly exactly who is at risk. In particular, the need to penetrate the rural areas was highlighted. It is generally felt that, while much more effort is being made, the rural areas are particularly disadvantaged in terms of coverage. Other interviewees also called for more school-level initiatives.

Discussion and recommendations

The HIV and AIDS epidemic: its evolution and impact

The AIDS epidemic is one of a multitude of problems currently faced by Malawi, alongside poverty and other diseases such as malaria. These problems are interlinked in various ways, and the Government has acknowledged that a multifaceted approach is needed to tackle these problems. For instance, programmes to increase access to HIV treatment must run parallel with campaigns that address malnutrition, as ARVs should be accompanied by a good diet. Equally, efforts to strengthen the country's economy need to be coordinated with the response to HIV and AIDS, as one of the most significant economic problems facing Malawi is the lack of human resources caused by AIDS deaths.

The Malawian Government has mounted an impressive, comprehensive response to the AIDS epidemic in recent years. The Government and international donors have both made commendable efforts to increase access to treatment and to improve prevention initiatives. However, factors such as the scale of the epidemic and the shortage of human and financial resources available have hindered progress; access to treatment remains severely limited and, although there have been improvements, prevention campaigns have largely failed to change sexual behaviour. The loss of large numbers of trained staff, including teachers, to AIDS is a major problem for Malawi's economy. In particular, shortages of health workers dramatically affect the scale-up of treatment.

There is hope that the Government's plans as it responds to the HIV epidemic will have a positive impact on the situation, and that the declining HIV prevalence in areas such as Lilongwe will also be seen in other parts of the country. Although the prevalence of HIV in Malawi is relatively stable, the number of deaths from AIDS has increased slightly from 60,000 in 2001 to 68,000 in 2007 (UNAIDS/WHO/UNICEF, 2008) indicating that much needed-improvements to nutrition, access to ARVs and PMTCT have not yet taken effect on a national scale.

Several reports have suggested that efforts to prevent the spread of HIV in Malawi need to be more flexible to cultural situations of different regions. There are six main languages spoken in Malawi, and within each language (ethnic) group there are different, culturally appropriate ways of conveying prevention messages.

The Ministry of Education needs to be vigilant in its response to the HIV epidemic as findings from this survey have revealed that not much is being done for teachers on the ground as far as HIV and AIDS issues are concerned.

Teacher absenteeism and replacement

Teacher absenteeism is perceived to be mild and not serious in Malawi. The central level does not monitor this very diligently, but school reports indicate sickness and attending funerals are the main causes of teacher absenteeism. Arrangements are usually made to keep children engaged when a teacher is absent but never to the extent of replacing them. Some school committees engage community volunteers, usually school leavers, to take charge of such classes, but this is not done with the approval of MOEST. Arrangements to provide easy access to medical attention for teachers has been suggested elsewhere as one definite way of reducing teacher absenteeism due to sickness.

Teacher attrition

Attrition of teachers in schools is perceived to be low, but at national level, attrition translates into substantial figures. Movement of teachers from primary to secondary schools is the main cause of attrition in primary schools. Attrition due to death is estimated at around 1.3 per cent in both primary and secondary schools, but the trend is that the figures are dropping. A better method of capturing attrition needs to be designed, as there is considerable proportion of teachers whose fate was not known.

Attractiveness of the teaching profession

The attractiveness of the teaching profession suffers on a number of counts. Promotions are rare and there are no incentives for working in rural areas where the majority of teachers are employed. There is little opportunity for getting extra pay and it is not easy to get loans from government and from commercial banks. Apart from working in rural areas where life is difficult, teachers have to grapple with tough working environments. They have large classes in classrooms with no facilities such as teaching and learning materials and no desks or chairs to facilitate their work. Currently there are initiatives to construct teachers' houses in rural areas and there are also plans to provide a hardship allowance for those teaching in rural areas. There are also some openings for teachers to upgrade their position, but these opportunities may not be available to all.

Supply and demand

The system has far fewer teachers than it needs. Teacher projections reveal that teacher colleges need radical changes in both expansion and quality of curriculum. The primary system has embarked on an extensive expansion programme through increased bed space, more TTCs, offering non-residential places, and using open and distance learning. Whether these initial efforts will be sustained depends on reliable funding regimes. The secondary sector also needs to map out clearly how it is going to meet the demand of teachers. More cooperation between the universities, MOEST and OPC could make university plans to increase intake more concrete. Non-residential courses, expansion of facilities and engaging newly accredited private universities in the process would give hope that the qualified teacher to pupil ratio of 1:20 would be reached by 2015. Appropriate options also need to be taken into account in order to provide an adequate number of teachers with appropriate subject combinations to handle the curriculum effectively.

Arrangements for HIV and AIDS teachers

Much of the rhetoric on HIV and AIDS has not benefitted teachers in Malawi directly. Recent efforts have stalled due to financial implications and also due to lack of team work. A glimmer of hope lies in the HIV-positive teachers' network, T'LIPO, if only the teachers are not frustrated by lack of tangible support.

Teacher deployment and transfers

The human resources department of the MOEST deploys teachers to districts and divisions only after they have been recruited by the MTSC. The districts and the divisions are responsible for deploying teachers to individual schools. Even when the stipulated teacher to pupil ratios are known, there is still an unequal distribution of teachers among districts and among schools. This has proved very difficult to resolve because there is no clear binding policy to guide and enforce rational and equitable distribution of teachers. In the face of HIV and AIDS, it is imperative that such binding deployment policies should be put in place.

Teacher management

The MTSC is the overall recruiting and teacher managing body. It works in consultation with OPC, the MOE and DTED to manage teachers from pre-service training and recruitment to retirement. While this arrangement allows for checks and balances in the management of teachers, there are times when it brings confusion because of overlapping roles. Control from OPC stalls supply initiatives and stifles innovations such as incentives to teachers. The proportion of teachers who have been promoted is very small indeed and this represents one of the stumbling blocks in achieving an efficient system.

Categories of teachers

According to EMIS, teachers have been categorized by qualification and by grade and, in the case of primary school, also by type of training. The majority of primary school teachers are trained, while the

majority of secondary school teachers are under-qualified, largely due to primary school teachers being posted to secondary schools in order to fill places. This has created a shortage of teachers in primary school and a proliferation of under-qualified teachers in secondary schools, resulting in poor performance of pupils. Primary teachers in secondary schools are doing work they were not prepared to handle. It was expected that they would be recognized for this, but this is not the case. They still receive their primary teacher pay and this causes bitterness towards the system.

Teacher salaries

Salary progression for teachers may be similar to other sectors but they have virtually no other means of earning funds to supplement their meagre salary. While the salaries are five or more times higher than the GNI, earnings still do not match the cost of living and this forces teachers into bad debt. One consolation is that the annual leave grant has been increased by more than 700 per cent. This will at least top up the meagre salaries if implemented. However, it remains to be seen whether teachers will be granted this benefit in time considering past experience, which shows that teachers have to battle the government to release their grants.

Teacher management tools

The EMIS remains the main reference point for teacher management but other professional and personal data can be accessed in schools and the MTSC. This means that EMIS needs to be strengthened to include inspection reports for individual teachers and schools. Since data emanates from schools it seems reasonable to strengthen data management at the school level. Most information is in the form of loose papers and notebooks, which are likely to be lost in the long term.

Policy framework on HIV and AIDS

It is noted that the main success that was mentioned by members and stakeholders alike is the fact that T'LIPO members have contributed significantly towards raising awareness about HIV and AIDS among teachers. This has resulted in teachers going for HIV testing and if tested positive, finding support and encouragement among their fellow HIV-positive teachers. And while the initial reason for joining T'LIPO may have been materially motivated, the support that teachers have found within T'LIPO has led to psychological and spiritual peace, overcoming self stigma and ultimately the acceptance of living positively with their status. And living positively has resulted in better health for teachers and the entire school system.

Conclusion

In conclusion, the following major issues came to the forefront in the course of this study and therefore need appropriate attention by the policymakers and implementers, as well as the institutions that manage teachers:

- The Ministry of Education needs to be vigilant in its response to the AIDS epidemic. Findings from this research have revealed that not much is being done for the teachers on the ground as far as HIV and AIDS issues are concerned.
- Arrangements to provide easy access to medical attention for teachers has been suggested elsewhere as one definite way of reducing teacher absenteeism due to sickness.
- Even when the stipulated teacher to pupil ratios are known, there is still inequality in the distribution of teachers among districts and among schools. This has been made more difficult as infected teachers move to urban areas for treatment, resulting in teacher shortages in rural areas. This has proved very difficult to resolve because there is no clear binding policy to guide and enforce rational and equitable distribution of teachers.
- Since data emanates from schools it seems reasonable to strengthen data management systems at schools since most information is in loose papers and notebooks, which are

likely to be lost in the long term. Managing the impact of HIV and AIDS on education requires regular monitoring.

- The secondary sector needs to map out clearly how it is going to meet the demand for teachers, a demand that is in part fuelled by attrition due to death and long illness. More cooperation between the universities, MOEST and OPC could make university plans to increase intake more concrete. Non-residential courses, expansion of facilities and engaging newly accredited private universities in the process would give hope that the qualified teacher to pupil ratio of 1:20 would be reached by 2015. Appropriate options also need to be taken into account in order to provide an adequate number of teachers with appropriate subject combinations needed to handle the curriculum effectively and to replace teachers who die or suffer long illnesses due to HIV and AIDS.
- Support for T'LIPO members should be stepped up and include nutritional, psychosocial and monetary assistance. There are already a variety of opportunities for this (e.g. Gift of the Givers, Primary School Support Project (PSSP), ActionAid etc.).
- T'LIPO appears to be anchored in primary education. T'LIPO should be considered as a general workplace programme for MOEST under the revised strategy to make it inclusive of all teachers.
- ActionAid's Stepping Stones programme appears to have been very successful at raising the awareness of HIV risk among teachers and their spouses. The programme has also encouraged participants to access VCT services and provided support to those testing HIV positive. Support for Stepping Stones should be continued and scaled up.
- The confusion surrounding the allocation of 'top ups' to HIV-positive teachers should be clarified so that eligible teachers can access these much-needed funds. There was a general feeling that the allowances for HIV-positive people were given to other civil servants but not to teachers.
- There is also some perception that the entire 2 per cent for ORT within the MOEST is meant for T'LIPO members, of course with varying ways in which the 2 per cent is utilized by DEMs. This issue can be addressed through a proper implementation plan for the HIV and AIDS workplace policy of MOEST that is widely shared. This plan would show how the 2 per cent of the annual budget for MOEST will be utilized for HIV and AIDS workplace activities. Such a transparent document will then enable members of T'LIPO to learn ahead of time the amount of resources that are due to them as an association, and also have an appreciation of how the rest of the funds will be utilized. Such a tool will also go a long way in promoting the accountability of resources utilized under the 2 per cent ORT.
- If nutritional support for HIV-positive teachers is to be continued, new avenues of funding need to be explored for the programme to be sustainable. The failure by the Government to implement the US\$35.50 (KW5,000) schemes should be some source of concern.

References

- Government of Malawi. (2000). *Profile of poverty in Malawi: poverty analysis of the Integrated Household Survey 1998*. Lilongwe: Government of Malawi.
- Government of Malawi (2003). *Malawi national HIV/AIDS policy, final draft*. Government of Malawi: Lilongwe.
- Malawi Government (n.d.). *National HIV and AIDS Action Strategic Framework (NAF) 2005-2009*. Government of Malawi: Lilongwe.
- Malawi Government (2006). *Behavioural Surveillance Survey (BSS) Report*. Malawi Government: Lilongwe, Malawi.
- Malawi Government (2004). *Behavioural Surveillance Survey (BSS) Report*. Malawi Government: Lilongwe, Malawi.
- Malawi Government (2007). *Malawi National Plan of Action for Scaling up SRH and HIV Prevention Interventions for Young People: Foundations for Safe Guarding Malawi's Future 2008-2012*. Malawi Government: Lilongwe, Malawi.
- Ministry of Education (n.d.). *Combating HIV/AIDS in the education sector in Malawi: Strategic Plan 2005–2008*. Ministry of Education, Science and Technology: Lilongwe, Malawi.
- Ministry of Education (2007). *Malawi education statistics*. Ministry of Education: Lilongwe, Malawi.
- Ministry of Education (2008). *Malawi education statistics*. Ministry of Education: Lilongwe, Malawi.
- Ministry of Education (2009). *Education sector HIV and AIDS implementation guidelines*. Ministry of Education: Lilongwe, Malawi.
- Ministry of Education (2009). *Malawi Education Country Status Report (CSR 2008/09)*. Ministry of Education: Lilongwe, Malawi.
- Ministry of Education, Science and Technology (2009). *Registered members of teachers living positively with HIV*. Ministry of Education, Science and Technology: Lilongwe, Malawi.
- Ministry of Education, Science and Technology (2007). *National strategy for teacher education and development*. Ministry of Education, Science and Technology: Lilongwe, Malawi.
- National Statistical Office (1998). *1998 Population and Housing Census*. National Statistical Office: Zomba.
- National Statistical Office and ORC Macro (2003). *Malawi DHS EdData survey 2002: education data for decision making*. Calverton, Maryland, USA: National Statistical Office and ORC Macro.
- National Statistical Office and ORC Macro (2005). *Malawi Demographic Health Survey 2004*. Calverton, Maryland, USA: National Statistical Office and ORC Macro.
- National Statistical Office (2005). *Integrated Household Survey 2004/2005*. National Statistical Office: Zomba.
- National Statistical Office (2008). *2008 Population and Housing Census*. National Statistical Office: Zomba.
- Republic of Malawi, World Bank (2006). *Malawi Poverty and Vulnerability Assessment Investing in Our Future*. Unpublished manuscript.
- UNAIDS (2008). *UNAIDS 2008 Report on the global AIDS epidemic*. UNAIDS: Geneva, Switzerland.
- UNAIDS (2008). *Report on the Global AIDS Epidemic*. Geneva: UNAIDS.
- UNAIDS, WHO, UNICEF (2008). *Epidemiological fact sheet on HIV and AIDS/Malawi*. Geneva: UNAIDS/WHO Working Group on Global HIV/AIDS and STI.
- World Bank (2007). *Teacher issues in Malawi*. World Bank: Washington, USA.

The Nation newspaper (2008). Issue of 1 October 2008 (incomplete reference). The Nation Newspaper: Blantyre.

UNDP (2007). *Fighting climate change: Human solidarity in a divided world*. UNDP: New York, USA.

USAID (2008). *HIV/AIDS Health Profile*. Accessed on http://www.usaid.gov/our_work/global_health/aids/Countries/africa/malawi_profile.pdf on 15 December 2009.

Websites visited

www.avert.org/aids-malawi.htm: HIV and AIDS in Malawi including history, HIV treatment and prevention campaigns, statistics and people affected. Visited on 16 May 2009.

www.usaid.gov/our_work/global_health/aids/Countries/africa/malawi.html: [USAID Health: HIV/AIDS, Countries, Malawi](#). Visited on 16 May 2009.

[Women and aids.unaids.org/documents/factsheetmalawi.pdf](http://WomenandAids.unaids.org/documents/factsheetmalawi.pdf) : [Women, Girls and](#) HIV/AIDS in Malawi. Visited on 16 May 2009.

www.sdn.org.mw/edu/new/challenges/cscqbe-edu-budget-7-6-8-ocr.html: Civil Society Coalition for Quality Basic Education – CSCQBE. Visited on 21 May 2009.

www.2009.mw/~stewart/leg-press-release-2-oct-08-edu-budget.html:

Malawi – inside the 2008/2009 education sector budget. Visited on 21 May 2009.

Annex: Teacher categorization

The EMIS has categorized primary and secondary school teachers by qualification, grade and by type of training for each district and each division disaggregated by gender. It also gives the numbers of teachers and the proportions of teachers in each segment of each classification. Table A.1 gives the elements/segments of primary and secondary school teacher categories by qualification in the EMIS.

Table A.1 Number and proportion of teachers with different qualifications

Qualification	PSLC	JC	MSCE	Dip. Ed.	Dip. General	B. Ed.	General Degree	UCE	Total
Number	311	18,751	23,179	21	37	14	8	9	42,330
%	0.7	44.3	54.8	0	0	0	0	0	100%
Secondary									
Number	54	77	5,674	2,268	474	1,140	463	108	10,258
%	0.53	0.75	55.31	22.11	4.62	11.11	4.51	1.05	100

Source: EMIS 2007

As shown in the table above, the greatest proportion of teachers in primary schools are those who possess Junior Certificate of Education (JCE) and the Malawi School Certificate of Education (MSCE). Very small proportions of teachers had Primary School Leaving Certificates (PSLC), diplomas and degrees and university certificates in education (UCE). In secondary schools the highest proportions of teachers are those who possess MSCE and diplomas. Less than 20 per cent of the teachers possess university degrees.

Table A.2 gives grades of primary teachers recorded in EMIS 2007 and the proportions of teachers in each grade in Malawi. The table indicates that more than three quarters of the teachers are in grade PT3 and below. Less than 10 per cent of the teachers were promoted to PT2 grade and above. Other grades are temporary teachers, month to month teachers, volunteer by community, volunteer by VSO/Peace Corps and missionary volunteers.

Table A.2 Number and proportion of primary teachers in different grades

Grade	PT4 (L)	PT3 (K)	PT2 (J)	PT1(I)	P8	Temp	M to M	Vol	VSO/Peace Corps	Miss-ionary	Total
No.	24,107	8,771	2,673	564	104	2,039	1,388	2,629	23	32	42,330
%	56.95	20.72	6.31	1.33	0.25	4.82	3.28	6.21	0.05	0.08	100

Temp: temporary; M to M: month to month; Vol: Community volunteers

Source: EMIS 2007

Similarly the EMIS has records of secondary school teachers in different grades and Table A.3 shows the proportions of teachers in each of the grades.

Table A.3 Proportion of secondary school teachers in different grades

Grade	Not known	PO (E)	PO (B)	PO (C)	P8	P7	P6	P5	PT4	PT3	PT2	PT1
Number	2,199	1,851	756	364	251	366	68	14	1,823	1,682	656	228
%	21.44	18.04	7.37	3.55	2.45	3.57	0.66	0.14	17.77	16.4	6.4	2.22

Source: EMIS 2007

As shown in Table A.3, the grades of 21.44 per cent of the teachers in secondary schools are not known, while 42.77 per cent are known primary school teachers with PT grades. Less than 35 per cent of the teachers are in grades ranging from PO to P5 indicating that they possess degrees.

The third category of teachers captured by EMIS is the type of teacher training programme attended by each teacher. Over the past two decades four types of teacher training programmes have been offered and Table A.4 shows the proportions of teachers in each type of training.

Table A.4 Number of teachers by training programme

Training Programme	MASTEP	MIITEP	2 YEAR	1 YEAR	Untrained	Total
Number	1,590	17,126	8,440	4,025	4,166	42,330
%	3.78	40.46	19.94	9.51	9.83	100%

Source: EMIS 2007

The table above shows that most of the teachers in primary schools were trained under the Malawi Integrated In-service Teacher Education Programme (MIITEP) after the introduction of free primary education in 1994.