

Namibia: Country paper on HIV/AIDS and Education
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The Impact of HIV/ AIDS on the Education System in Namibia

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1. Introduction

JUST TEN YEARS AGO Namibia achieved its independence, bringing to an end the illegal South African occupation that had resulted in twenty-four years of armed struggle. (Between 1885 and 1915 the country was a German colony, after which the administration passed to South Africa under a League of Nations mandate.) The Commonwealth, the United Nations, and countless international organisations and solidarity movements had played their part in bringing Namibia to independence and preparing young exiles for the many responsibilities of statehood.

In 1990 the new SWAPO government was faced with an education system fragmented by separate ethnic and racial administrative structures. There was unequal access to education along ethnic and regional lines. There was low progression between levels, low achievement, and high wastage. The curricula were irrelevant and inappropriate. And there were low levels of public participation in the governance of education. All this in an arid country of enormous surface area 825 000 square kilometres - and a small population, then about 1.5 million, currently about 1.8 million.

During the past decade government has, with small fluctuations, invested 25 per cent of the budget and ten per cent of GDP in education. There has been extensive restructuring. All curricula have been replaced. The major goals have been: access, equity, quality, democracy, and lifelong learning.

Education and related services are currently provided by two government Ministries: the Ministry of Basic Education, Sport and Culture (MBES) and the Ministry of Higher Education, Training and Employment Creation (MHETEC). Private providers are also growing in number although the Churches remain predominant in this category.

In terms of the Constitution, primary education is compulsory and free. An Education Bill, about to be tabled in Parliament at the time of writing, will give effect to this. The intention, however, is that all Namibians should complete ten years of Basic Education. About fifty per cent of those completing Basic Education are able to go on to Senior Secondary education, which is a two year course ending in either the International General Certificate of Secondary Education or the Higher International General Certificate of Secondary Education. Namibia is in the process of localising these examinations provided by the University of Cambridge.

Namibian languages are usually used as medium of instruction in the first three years of primary education, although English, the official language, may also be used in multi-cultural urban settings.

The University of Namibia, the Polytechnic of Namibia, and five Colleges of Education provide tertiary education, although there are still thousands of Namibians studying in South Africa or elsewhere abroad, and making use of open and distance learning institutions.

For adult learners there is the National Literacy Programme, which goes to a level equivalent to primary education, and the Namibian College of Open Learning, that mostly caters for secondary level learners. Vocational training, for which a Basic Education/Junior Secondary Certificate is normally required, is provided at five Centres. Seven Community Skills Development Centers (COSDECS) have also been established recently. A National Qualifications Framework is administered by the Namibia Qualifications Authority (NQA).

Learning opportunities are also provided through extension services of the government and NGOs, for instance concerning agriculture, water, health and small business development, and by the Namibian Broadcasting Corporation, which is able to reach about ninety per cent of the population by radio. A newly promulgated Affirmative Action Act requires employers to provide training for staff members disadvantaged in terms of previous racial discrimination, gender or disability.

However, pre-school education is provided by communities and private bodies, with limited support from central government.

The diagram on the facing page seeks to summarise the structure of the education system in Namibia.

Despite government efforts to redress the inherited imbalances, progress has been slow and Namibian society continues to be characterised by high ratios of inequality, in fact amongst the highest in the world. The rate of economic growth has just kept pace with the rate of population growth, at about 3 per cent per annum. A small proportion of Namibians enjoys all the benefits of modern society and technology. But about half the population lives in poverty, while three or perhaps four out of every ten adults are unemployed. Continuing civil war in Angola now affects Namibia's north-eastern border where some schools have recently been disrupted. As described elsewhere, the potentially massive impact of HIV/AIDS is now beginning to be felt. Although boys and

girls generally benefit equally from the education system, women do not generally enjoy equal social status, and recent years have also seen the emergence of national campaigns against the domestic violence suffered by women and children, often associated with excessive levels of alcohol consumption.

2. Current Status and Recent Trends in the education sector

The intention in this section is to recap on the indicators that were used by UNESCO in the Year 2000 Assessment of Education for All. The full report is available on request.

Early Childhood Development, including preprimary grades

The gross enrolment ratio for 0 , 5 year-olds was 8 % in 1998 (7% for males and 9% for females.) This was only a slight improvement on the GER of 6% in 1992.

Primary Education

The Apparent Intake Rate for Grade 1 learners in 1999 was 100.6% (99.8% male and 101.3% female.) There were very few underage entrants (0.6%). 13.8% of entrants were aged over 7.

The Net Intake Rate for Grade 1 learners in 1999 was 57.2%(55.8% for males and 58.6% for females.)

The Gross Enrolment Rate for primary education was 126% in 1998 (126.3% for males and 125.7% for females.)

The Net Enrolment rate for 6 -12 year olds in 1998 was 86.0% (83.7% for males and 88.3% for females.) A better indicator for primary school attendance in Namibia is the NER for 7 - 13 year olds, which was 93% in 1998.

Public Current Expenditure on primary education was 5.1% of GNP in 1998/99 and 23.1 % of GNP per capita.

Public current expenditure on primary education made up 56,8% of the total public expenditure on education in 1998/1999.

Concerning teacher qualifications in primary schools, 25.1% (22.1 % for males and 26.7 for females) had the required academic qualification. This is a doubling of the 12.0% in

1992. This requirement is quite high at three years of tertiary education. In 1998, 63.2% of teachers had a grade 12 or higher qualification, compared to 39.9% in 1992. There is a sharp difference between the regions. At one extreme the Windhoek Education Region had 50.8% qualified teachers while at the other extreme the Rundu Education Region had 6.3% in 1998.

The national learner-teacher ratio in 1998 was 32.2 in 1998, virtually the same as in 1992. Regional learner-teacher rates still differ widely between regions, although there has been some closing of the gap. In 1998 the Katima Mulilo Education Region had the lowest ratio at 23.7, compared to the highest ratio of 40.9 in the Ondangwa East Education Region.

Various measures have been taken to reduce repetition rates, which were at the following levels in 1997:

Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7
13.7%	11.4%	11.6%	16.1 %	12.2%	8.6%	10.2%

In total 13.1% of learners were repeating grades in 1997 (14.8% male and 11.2% female) compared to 25.9% in 1992.

The survival rate to grade 5 was 84.3% by 1997 (81.6% for males and 87.0% for females) compared to 63.3% in 1992.

The drop-out rate for grades 1- 5 was 4.2% in 1997 (4.8% for males and 3.5% for females) compared to 8.3% in 1992.

The coefficient of efficiency showed a significant increase to 65.5% in 1997 (62.5% for males and 68.5% for females) compared to 48.1% in 1992.

In 1995 Namibia carried out testing of grade 6 English reading mastery as part of the SACMEQ survey. This indicated that only 25.9% of learners had reached a minimum level of mastery. There were wide differences between regions, the Keetmanshoop Education Region achieving 53.7%. while the Katima Mulilo Education Region achieved only 3.8%. Further testing of grade 6 learners in English and Mathematics is to be carried out under SACMEQ in 2000. In 2000 Namibia will also carry out the first standardised national testing of grade 7 learners in four subjects.

Adult Literacy in terms of a rough estimate, adult literacy rates have improved from 65% in 1991 to about 80% in 2000. This will be further investigated through the census of 2001.

3. Future Directions and Requirements

During 1999 a Presidential Commission reviewed the whole sector of Education Culture and Training, In its Interim Report¹, the Commission found that the goal of access had largely been achieved in the first decade of Independence and recommended that in the next decade there should be a shift of emphasis to equity. In view of the slow progress in achieving equity between the regions, the Commission recommended the phased introduction of a per capita funding system. Quality should also be improved through the establishment of a National Inspectorate.

Recognising that, because of globalisation, Namibia must compete in the knowledge based production of goods and services, or face Increasing marginalisation, the Commission recommended that Namibia take up the challenge of becoming “a learning nation”. This would mean developing a culture of learning, co-ordinating learning activities, changing institutions to support lifelong learning, giving credit for learning, and developing a monitoring and information system about learning programmes.

Concerned at the growing number of unemployed school leavers, the Commission recommended a brace of measures, including

- ▶ Increasing the number of vocational training centres and especially Community Skills Training Centres (COSDECS)
- ▶ Upgrading the Polytechnic of Namibia
- ▶ A one per cent levy on employers to fund vocational training
- ▶ Expansion of the National Youth Service scheme
- ▶ Introduction of the compulsory subject Enterprise and Principles of Production in schools.

Some of the other recommendations of the Commission were:

- ▶ A closer working relationship with the Ministry of Finance
- ▶ A national subject advisory service led by the National Institute for Educational Development (NIED)

¹ Final Report of the Commission has not yet been published. The Interim Report is available at <http://www.cdcom.org.na>

- ▶ Standardised tests at grade 7 and grade 5
- ▶ A ten-year plan for in-service teacher education, and teachers to be at school from 07:00 to 16:00 daily.
- ▶ Comprehensive Schools of Excellence in all regions
- ▶ Gradual full cost recovery or privatisation of school hostels
- ▶ A task Force on HIV/AIDS
- ▶ A system of Community Colleges
- ▶ A Council on Higher Education, allocating funds on the basis of a formula
- ▶ Co-ordinated expansion of Open Learning, and work-related adult learning
- ▶ Development of Arts and Culture, bearing in mind the cultural diversity of Namibia and opportunities for employment creation
- ▶ Integration of learners with special needs.

Publication of the Commission's Report is likely to be followed by a new white paper on education. In the meantime, however, the two education Ministries have begun to move in the direction indicated. An Education Bill will be tabled in the current session of Parliament.

In view of some of the questions raised by the Commonwealth Secretariat, the following comments may be of interest

Financing. Namibia continues to spend 10 per cent of GDP and 25% of the national budget on the education sector. It is not expected that this proportion can be increased. Although Namibia is not a severely indebted country, economists are concerned that public borrowing should be brought down, and that social spending is too high. The public demand for education, at ever higher levels, however, continues to increase- The population continues to grow at about the same rate as economic growth, in the range of 2 – 3 per cent per annum. (The effect of HIV/AIDS may, however, over the next decade, slow down to zero the rate of population growth. Unfortunately, economic growth is likely to be similarly restricted by the loss of skilled young people.) It is for this reason that the Commission recommended the redistribution of resources between regions to deal with regional inequity, and that there should be cost-recovery for boarding facilities. Namibian students now mostly receive loans rather than study grants, unless they are studying in high-priority areas of the sciences and mathematics. An interesting example of what can be achieved through partnerships is School net Namibia, an association between Government, Parastatals (especially utilities) and the private sector, that aims to get all schools in Namibia connected to the Internet.

Diversity of provision. Because of the combined pressures of demand and policy, Namibia is diversifying in its provision of education. In 1998 it was estimated that of the 16 000 Namibians studying at a tertiary level, about half were making use of open and distance learning institutions. The Namibian College of Open Learning has continued to grow strongly, and in 2000 enrolled some 21000 secondary level learners. The cost to the state for a NAMCOL learner, per subject studied, is 60 per cent of the cost of fulltime secondary education. (Assuming that there are 800 000 Namibians of 16 years or older, 2.6 per cent of the adult population is studying with NAMCOL, which has become the largest educational institution in the country.) The National Literacy Programme has attracted about 46 000 learners, who can now study up to an equivalent of the end of primary education. In its endeavour to reach marginalised groups Namibia is already making use of mobile schools for semi-nomadic groups, and in its strategic planning is considering comprehensive programmes for disadvantaged groups that will include integrated adult and child learning, as in family literacy. New legislation on Affirmative Action makes it possible to enforce learning programmes for those in work. For those out of work, competency-based forms of training, such as that promoted by the COSMIC Foundation and the COSDEC Centres, holds out some hope for the future. Private education is growing in Namibia, but apparently not at a dramatic rate, perhaps because of the costs involved and the small size of the population, which makes it difficult to achieve economies of scale.

Challenges. Namibia, of course, faces numerous challenges in trying to achieve its educational goals. Some of these can be listed:

- ◆ Effective, efficient management at every level of the system. This will be made more complex by the government's intention – as yet not fully elaborated – to decentralise government to 13 regional authorities and a larger number of local authorities, and to establish a school board for every school
- ◆ Mobilising new financial resources for education, mainly from parents and learners themselves, but also from the private sector. Although this is much discussed, what we actually see is a belief among most of the population that government must provide everything, while many in the Private sector actually only spend on education from their marketing budget. Associated with this is the need for a culture of maintenance, so that resources are “owned” and looked after at the local level.
- ◆ Closing the backlog in school buildings and facilities, not least for electronic communication and the Internet.
- ◆ Preventing the further spread of HIV/AIDS and coping with its devastating and

already present effects.

- ◆ Creating enough learning opportunities for the large number of out-of-school youths.
Investment and growth in the economy to create work and entrepreneurial opportunities is essential to support this.
Rediscovery of Namibian and African culture, in all its diversity, and its role in creating one nation, while also contributing to economic development (for instance in tourism).

The Impact of HIV/AIDS on Education and Human Development

Namibia now finds itself among those countries with the highest prevalence of HIV infection in the world. About seventeen years ago HIV was virtually unknown. Only one death was recorded in 1986. Fourteen years later the spread of HIV infection in Namibia is accelerating dramatically, as one report put it, like “a spreading flame”. The number of reported AIDS deaths in 1999 was 2 823 bringing the total to 8, 679. The number of new HIV infections in 1999 were 14 886 compared to 12 701 the previous year.

The graph below clearly illustrates that among the reported deaths in hospitals AIDS is the main cause of death followed by tuberculoses, diarrhea and pneumonia (all these three are closely associated with AIDS). The actual figure is much higher as Namibia has adopted the policy of Home-based care and thus many deaths are taking place at home. The data also indicates that those between the ages of 15 to 45 years of age are mostly affected. The situation is therefore of concern for the education sector as most of our customers are among these age groups both as learners at schools and as students at tertiary institutions or new graduates in our services. These are people in whom the country has invested and from whom the fruits of long service are supposed to be harvested.

[Chart Temporary unavailable]

In 1999 the number of hospitalised HIV/AIDS cases was 6,878 as compared to 5,155 cases in 1998. In 1999, 14,866 positive HIV tests were recorded by the National AIDS Co-ordination Programme (NACOP), which brought the cumulatively reported HIV infections to 68,196. Currently, NACOP estimates that between 150,000 to 180,000 people are living with HIV/AIDS in Namibia. At the moment the IRV status of Namibians cannot be revealed and most people are not taking voluntary tests. The magnitude of the problem could therefore be bigger than it is thought to be. It is therefore very important to note that all information in this paper is based on projections or results from the testing of samples of the population.

Reported number of HIV infections, Hospitalisations and Deaths from HIV/AIDS, Namibia, 1990-1999

[Chart temporarily unavailable]

Namibia is facing an HIV crisis as the national prevalence rate suggests that one in five adults may already be infected with HIV. With an overall prevalence among adults 15 to 49 years of age at 20%, UNAIDS has ranked Namibia as one of the three most HIV infected countries in the world and has predicted that one in five Namibians will die within the next seven years. (UNDP Country Report, 1998).

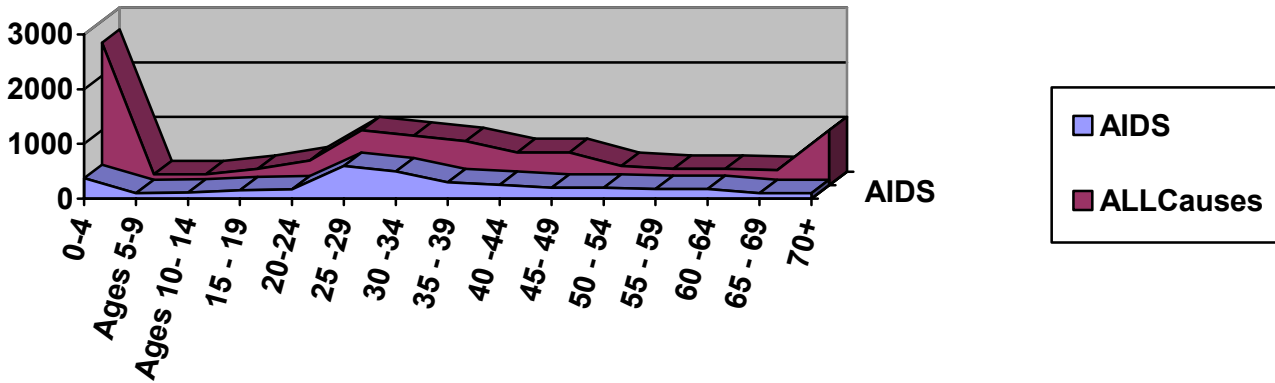
Information on hospitalisation and deaths due to HIV disease are inadequate to monitor the status of the HIV epidemic as it takes 5-10 years after the infection to develop symptoms that will lead to hospitalisation or death. As a result only anonymous and unlinked testing of blood samples collected for other purposes is used to predict the HIV situation in the country. The methods used are tests of pregnant women and STD patients from specific sites over a three-month period every second year.

The national increase in the infection rate, as indicated by the graph below has doubled among pregnant women between 1992 (4.2%) and 1994 (8.4) and between 1994 and 1998 (15.4%). Between 1998 and 1999 (17.4%) the increase was 296, indicating that the increase in the infection rate has gone down slightly in 1999. This epidemiological situation varies across the regions.

[Chart temporarily unavailable]

The latest UN reports are quite alarming and illustrate the extent of the Namibian Problem. Internationally, Namibia has been ranked fifth in terms of HIV infection, with 20 % of females between the ages of 15 and 24 already infected. This being the age group that constitutes a large proportion of the ministries of education's clientele, we have a daunting task ahead that must impact on our strategies and performance for the next ten years.

Age distribution of reported deaths in Hospitals, AIDS and all causes, Namibia -1999



Namibia has not carried out any studies to look at the impact of HIV/AIDS on the education system. We are still to incorporate information on the effect of HIV/AIDS in our education statistics after the envisaged research that will be carried out in early 2001.

The numbers of learners, teachers and administrators affected might have been insignificant for the past ten years, but the actual impact will be felt in the next five years. For the last two years some unsubstantiated reports have started conning in from the regions of an increase in deaths as well as an increase in absenteeism of teacher's due to ill-health. At a recent discussion of the educational directors the problem of absenteeism of teachers was raised. One region, taken as a case study, reported that 20 teachers have been absent for an average of 38.2 days in the first trimester of this year due to all-health. The figures from last year for the same teachers show an average of 49.7 days absent for the whole year. A figure of 38.2 days is equal to five and a half weeks of teaching time lost. Namibia is thus starting to feel the scale of the potential impact of HIV/AIDS in education at a national level. About 80% of the education budget is spent on salaries and there is no provision made for relief teachers as the system cannot afford to pay for more than one person in a post. In cases of death a replacement is found but the length of time

needed to recruit a suitable candidate will vary between two weeks to two months and during this time the teachers at school have to shoulder this responsibility in the same way as in the case of absenteeism.

Orphans

In 1998 UNICEF carried out a baseline exploratory study on orphans in Namibia. It was a small-scale study involving 133 orphan households across the country. A total of 358 orphans lived in these households, with an average of 2.69 orphans per household. Of these households, 86% contained at least one child who had been orphaned by AIDS, usually in the last two years. In addition 44% of the heads of the households interviewed were already ill, with half of those ill already suffering from AIDS. About 64% of these households indicated that they were not able to pay school fees and that most of the time they have to go without food. It is fortunate that the Namibian social structure is still characterised by a strong extended family commitment. But nobody can say with certainty how long it will remain so, as the strain on households is increasing. Despite this safety net of the extended family, orphans still have to go through stigmatisation and an adjustment in the new household. WHO/UNAIDS estimate that Namibia had 67 000 orphans in 1999. (UNAIDS Report 2000)

The possibility exists that a big number of learners are affected and not yet orphaned. They could be affected in many ways such as looking after and caring for sick parents and relatives. This will be researched in 2001.

Teachers

The trend is expected to be same as in other Southern African countries where studies on the impact of HIV/AIDS on the education system have been carried out. Taking into consideration that Namibia has a total of 17 085 teachers (1999) and has an HIV prevalence rate of 20.96 then about 3 000 teachers would be affected and will probably die in the next 7 to 10 years. Currently the country is recruiting expatriate teachers and volunteers for subjects such as mathematics, science and English as the institutions of higher education are not able to produce enough teachers for these areas, It is possible that the limited numbers available might be affected. Similarly, we are having problems recruiting teachers in the rural areas. This situation might become worse as affected teachers will move to urban areas in order to be near medical facilities and cars. These will become clearer with the study that will be carried out.

Programmes on HIV/AIDS

There are many initiatives in the country that are trying to address this epidemic. These have been launched by the government as well as NGOs, Church organisations and student unions. Most programmes are of a preventive nature and aim at raising awareness of the dangers and making the right choices. They do not necessarily address how to cope with the impact. There has, however, been some awareness-raising on living with HIV/AIDS and living with the affected. The Ministry of Health and Social Services has put in place counselling services and training programmes for communities on home based care.

In March 1999, the President launched the new strategic plan of action on HIV/AIDS, which is Namibia's second Medium Term Plan (MTP II). The new MTP II is based on a multi-sectoral approach, where each sector has been allocated specific activities. A National Multi-sectoral AIDS Co-ordination Committee (NAMACOC) has been established to monitor the implementation of the MTP II. It has met four times. A National AIDS Executive Committee (NAEC) provides the secretariat support to the MTP II. The UN Theme Group on HIV/AIDS is a member of this committee.

Each sector has to have an AIDS management unit which is responsible for planning, budgeting, monitoring, evaluating and re-planning for sector-specific HIV/AIDS prevention programmes. The National HIV & AIDS Media Campaign Task Force has been set up. Several ministries have set up these units including the Ministry of Basic Education Sport and Culture. The Regional Co-ordination Committees have been established. However, many sectors are still to establish their units. Many partners identify the delay in the establishment of these units as a weakness in the implementation of the plan. This creates a situation where the activities of the line ministries or sector representatives in the Regional AIDS Committees are not linked to any specific activities or resources being developed or supported by their sectors or ministries at national level.

The established Regional AIDS Committees (RAC), consisting of the senior officers of the various sectors, are responsible for planning, implementation, monitoring and evaluation of their regional AIDS programme. The Governor chairs the RAC and each region has developed a work plan. Planning by the RACs has been based on the MTP II activities and facilitated by support from NACOP under the MOHSS. Many of the RACs complain of weak linkages to other ministries and poor communication from national to regional levels. Currently, the only funding for the RAC has come from WHO through the UN Theme Group for the five most affected regions. The MOHSS

allocated for HIV/AIDS activities in 2000 but most ministries, it seems, did not develop MV plans or budgets in time for inclusion in the 2000 national budget.

The MTP II has the following six broad objectives:

1. to reduce the number of HIV infections in both adults and children in Namibia through the strengthening of support to the prevention efforts;
2. to empower the individual, families and community members with knowledge and skills on prevention, home based care and self protection against HIV infection;
3. to ensure that all Namibians living with HIV and their families are not subject to any form of discrimination;
4. to ensure all Namibians living with HIV and their families have access to services that are affordable, of high quality and responsive to their needs.
5. to establish national and regional programme management structures for the coordination and monitoring of the implementation of the national response to the HIV/AIDS epidemic in Namibia; and,
6. to ensure continuous support by both national and international communities in order to address the socio-economic impact of HIV/AIDS.

These objectives are to be reached using the three priority strategies:

1. the prevention of HIV through the development and production of information, education and communication materials (IEC) materials/messages and the dissemination of information on HIV/AIDS;
2. the prevention of HIV/AIDS infection through the use of condoms, i.e. strengthening the source of condom supply and distribution channels; and,
3. the provision of care and support to people infected and affected by HIV/AIDS, through counselling, home based care, including social, physical, moral and spiritual care.

The plan also identifies strategies, which ensure access to services, including correct case management of HIV/AIDS; and HIV testing and counselling. The plan also requires the

decentralisation of laboratory and blood transfusion services; capacity building in research and the training in home based care for all health and social care providers. The plan still needs to establish mechanisms for programme development, implementation and monitoring; and the formulation of relevant and effective policies, guidelines, protocols and legislation.

National partners supporting the WP II agree that the capacity of the NACOP to Coordinate the implementation of the MTP II needs to be strengthened. As a multi-sectoral plan, it has a major difficulty as all other ministries report to the MOHSS, rather than the President or Prime; Minister. More advocacy work and capacity development is required to ensure that most ministries take up their co-ordinating responsibilities and allocate funds and resources to the MTP II so that the implementation efforts of the RACs at community levels are supported.

Several NGOs such the Catholic Aids Action and The National Council of Churches have put up counseling and support services for communities all over the country. The Red Cross has been actively involved in awareness raising activities. The funds for these activities have been from international funding from many countries.

The education and health sectors together with UNICEF, WHO and UNPFA have been developing programmes to address the HIV/AIDS epidemic and overall health issues pertaining to young people. WHO is supporting the cost of Regional AIDS Coordinators, under the RACs in the five most affected regions. WHO is also supporting the MOHSS and the MBESC to introduce a School Health programme, which includes a programme called "My Future My Choice" as one of the activities which schools should implement.

UNPFA supported the training of young people in peer counselling through the Directorate of Youth Development. They have also been supporting the introduction of population education in schools, and have developed teaching and student materials.

The 1999 draft Presidential Commission on Education report identified that teachers are not teaching the population education materials and the very minimal life science units on HIV as they are uncomfortable in discussing HIV and sexuality. UNESCO has developed a proposal that would support the training of teachers on teaching the existing population and reproductive health curriculum materials.

The European Union is supporting STD management and the epidemiological surveillance of HIV/AIDS. French Co-operation has been supporting research on sexual behaviour and information, education and communication (IEC) material production.

The government of Germany, through GTZ, has been supporting social marketing of condoms and IEC efforts in the Northeast Health Directorate.

KFW, the German Development Bank, is supporting a national social marketing programme, which will launch its youth condom, the "Cool Rider", in May 2000. Training in counselling and peer education has been supported, with different groups and in various areas of the country, by USAID, SIDA, NORAD, VSO, Oxfam and the Spanish Co-operation.

Other initiatives include the training of School board members on HIV/AIDS and the community. HIV information has been included in modules designed for adult and literacy classes,

5. The Role of Education in Addressing Issues of HIV/AIDS

HIV/AIDS education has made inroads into the formal education sector in the last three years. This has been stimulated by the involvement of a number of programmes, particularly the Population Education and Life Science projects. Furthermore, dedication from the MBESC, through its contribution in appointing a Population Education Officer at NIED, and by writing health education as a cross-curricular theme into the Curriculum Guide for Formal Basic Education has greatly aided the process.

Formal education has committed itself to infuse/integrate health issues, including STD's and HIV/AIDS education as a cross-curricular approach. It has specifically allocated health issues, including HIV/AIDS and STD's to carrier subjects. These subjects are:

- Life Science
- Life Skills
- Biology
- Natural Science and Health Education

However, other subjects should be invited include HIV/AIDS wherever appropriate, and to include HIV/AIDS education into the Curriculum Guide for Formal Basic Education. For example, Mathematics should find ways to use mathematics instruction to support other curriculum areas. There are no mathematical activities with a health theme. This may be rectified by the inclusion of specific examples of how HIV/AIDS and the study of HIV/AIDS can link together. The language syllabi do not mention HIV/AIDS

examples in the Syllabus Guide. This could be done in the form of stories and associated activities. The way in which these syllabi can play a major role is by developing awareness, behavioural and attitude change. Skills can also be developed through activities such as reading articles about HIV/AIDS issues in newspapers; writing letters to stakeholders; writing and help emphasise behavioural and attitude change, as well as awareness. These syllabi can also contribute greatly in the form of developing action skills.

Besides the emphasis of behavioural and attitude change, and awareness, subjects should include how the disease is having a negative impact on the Namibian society. Learners should also be given the opportunity to investigate issues and evaluate alternate solutions. Value clarifications with respect to these issues and alternative solutions could also be included.

Analysis of Syllabi one content on HIV/AIDS

Subject and Grade	Content
1. Natural Science & Health Education Grade 5-7	Syllabus Grade 5, page 14 Syllabus Grade 6, page 15 and 16 Syllabus Grade 7, page 12
2. Life Skills	Syllabus Grade 8, pages 9 and 10 Syllabus Grade 11, pages 8 and 9
3. Life Science	Syllabus Grade 10, page 11
4. Biology	Syllabus Grade 12, page 9

HIV /AIDS coverage via Adult Basic Education

With UNFPA assistance, Adult basic Education plays a key role in the institutionalisation and promotion of population education amongst adults and out of school youth. Adult Basic Education has therefore done the following:

- Conducted orientation workshops for head office and regional office staff.
- Produced a radio talk show on HIV/AIDS.
- Wrote a comic booklet on sexually transmitted infections.

- Produced a supplementary reader for new literate adults.
- Wrote a handbook for literacy tutors.
- Issued four posters on health related issues.

The booklets have been translated into 8 local languages. A course known as "Yourself: Mind, Body and Soul" is the most promising course to cover a lot of HIV/AIDS Issues. By means of the Popular Theatre method, HIV/AIDS issues are dealt with to sensitise adults and out of school youth to the dangers posed by this problem.

HIV/AIDS Committee

The Ministry of Basic Education, Sports and Culture has established a committee that serves as the secretariat on all HIV/ AIDS related issues. This committee composed out of professional staff members from various divisions in the Ministry. It is accountable to the Educational Management Team (EMT) and reviews all HIV/ AIDS activities that involve the Ministry in any way.

As this committee is based at the Head Office of the ministry, this committee recently conducted a meeting with the regional representative and similar committees will be established in the regions. These committees should assist in the implementation of relevant activities and makes recommendation to the national committee on "what still needs to be done".

The HIV/ AIDS committee has drafted a five years plan (April 2001 - March 2006) that has been based on the overall five-year plan of the government. It is in the process to execute the following activities:

- establish similar educational structures in the regions
- conduct research that the effectiveness of the different initiatives! approaches that are implementing HIV/ AIDS related programmes in the educational sector and to establish "what can be done to enhance the most promising me to reach the targets set in the National Strategic Plan. This has also implication on the creation of drafting a HIV/ AIDS policy for the education sector.
- A second research will be conducted early next year to assess the INSET programme for sustainable HIV/AIDS Education in two countries -Namibia and Swaziland. This study will examine the factors that are affecting the success of the in-service training of teachers' programme that

should promote their behavioural change on HIV/AIDS. This programme wants to equip teachers to handle HIV/ AIDS topics with confidence.

- seeking funding for all HIV/ AIDS activities
- setting up a secretariat that has full time employees
- developing relevant materials and providing needed services to the regions.

Programming with Young People to promoting understanding and helping to change behaviour

Young people are made vulnerable to HIV by taboos, ideologies and social norms that deny them knowledge and skills on sexual and reproductive matters, and which make it difficult for them to access reproductive health services including HIV prevention and STD care and counselling. Poverty, unemployment, loneliness and lack of hope in the future can expose young people to increased risk. In every society there exist ingrained attitudes and behaviours - social norms - that make it more difficult for children and young people to protect themselves from HIV infection. These include expectations about what roles men and women should play in terms of relationships, sexual behaviour and daily social activities. These norms shape children's development, the way they understand the world, and their role within it. For young women, social norms dictate that they should be ignorant about sex, inexperienced and pure ' as well as subordinate to men, including young men of their own age. If expected to act passively and submissively, young women are in a very weak position to refuse sex or to insist on faithfulness or condom use by their partner.

Advocacy and Mobilisation of Greater Commitment and Action

National HIV/AIDS Media Task Force has planned and implemented a media campaign with technical assistance and funding from UNICEF. A campaign theme, Take Control, was identified and a phased approach for the dissemination of key messages and the orientation of strategic allies was adopted. The Minister of Information and Broadcasting, together with the Minister of Health and Social Services officially launched the campaign on 21 October. All organisations working in HIV/AIDS awareness have been provided with information on the campaign messages and encouraged to use the theme of Take Control as a way to integrate their activities. Two 15 minute TV documentaries on people living with HIV, 21 TV adverts and 37 radio adverts, 24 billboards, 140,000 posters and 450,000 leaflets and flyers in six national

languages were funded by UNICEF. UNESCO and UNAIDS have also funded some media training and the production of campaign materials. The campaign is viewed as a starting point. Substantial advocacy work and participatory community level approaches are also required. Capacity in social mobilisation is weak and many rural communities are information poor. Efforts are required to strengthen participatory approaches for community based communication processes. The overall objective of the media campaign is to create an enabling environment for open debate on sexual health and responsible sex practices.

Prevention of Mother To Child Transmission (MTCT) of HIV

According to the MOHSS epidemiological report, women account for 53% of all reported new HIV infections with the median age of 30 years as opposed to 34 years for men. The national average prevalence rate is 20% for the general population, with increasing HIV zero-prevalence rate for pregnant woman reaching up to 34% in Oshakati in 1998. This in turn is increasing the risk of mother to child transmission of HIV infection and contributes to higher young child morbidity, hospitalisation and death.

With about 70,000 pregnancies in Namibia every year (calculated from a crude birth rate of about 4011000 and approximate population of 1,700,000), there are an estimated 14,000 pregnant women who are HIV positive. With the risk of 300 of these mothers transmitting the infection, about 4,200 new babies will be HIV positive every year and the trend is likely to increase, if no action is taken to prevent another to child transmission.

Although there is a national recognition of MTCT as one of the two main modes of transmission of HIV, there is yet no national policy and strategy to prevent it. Two working groups have been established by the MOHSS with participation from other sectors and partners including UNICEF and WHO. One of the working groups is looking into nutrition and infant feeding. The second group will study aspects of prevention strategies within the national context. Several MOHSS officials already participated in international consultations on MTCT. The main concern has remained the sustained availability of funds to cover the cost of drugs and for appropriate infant foods for HIV positive mothers who chose not to breast feed their babies.

Care and Support for orphans and other children, in families affected by HIV/AIDS

The 1999 Progress of Nations Report lists Namibia as the country with the highest increase (400% from 1994 to 1999) in the number of children orphaned by AIDS. The number of orphans is expected to continue to increase dramatically over the next ten years.

The Directorate of Developmental Social Welfare of the Ministry of Health and Social Services administers several grant schemes, including foster grants, maintenance grants, disability grants, and pensions, that directly or indirectly benefit children. Because of the increasing number of orphans, the Directorate is presently reviewing the affordability these schemes within the parameters of the existing budgets. Possible revisions may sharpen eligibility criteria, and may include promotion of fostering as a more cost-effective solution. The Directorate is also looking at different approaches of strengthening communities to take care of orphaned children and is in collaboration with UNICEF, conducting an assessment study on orphans. The research will assess, analyse and provide an understanding of the present situation of orphaned children in Namibia. It is expected to identify potential and existing programmes, including social tents, that could be expanded and/or redirected to address the plight of orphans. It will also assess the current intervention strategies and levels of assistance among participating private and public institutions as well as communities and individuals. The information and recommendations of the study would aid the social sector in the review and planning of current and future interventions.

The Early Childhood Development programme has developed a model, whereby ECD facilities that offer free day-care to orphans become eligible for material incentives (such as a pit latrine, crayons and paper, tarpaulins for shade, etc). There are an estimated 1400 registered ECD centres in the country that could participate. The material incentives provided through UNICEF or the Government will benefit AU participating children, thereby turning orphans into an asset to the centre. Potential foster parents are more likely to 'adopt' orphans if they know that free day care is available. A module on AIDS and Orphans has been added to the childcare worker training manual.

Prevention Among Young People

Before 1999, the Youth Health and Development Programme had just over 21,000 young people between the ages of 15 to 18 years complete 22 hours of life skills training on sexual health and HIV/AIDS. In 1999 the training manual was revised, with active participation of young people, to make it more participatory. The sessions were reduced from 11 to 10. Under the tenth session, each young person is to develop a peer education action plan to ensure a multiplier effect for the dissemination of key information and skills imparted by the programme. A participant's workbook was developed which gives each young person the key information from the life skills training as well as additional information on how to do participatory research in their communities on knowledge, attitudes and practices around HIV/AIDS and STDs. Information on how to establish youth clubs and do HIV prevention activities in the community was also included in the manual.

The training for the young peer educators has been revised from five to ten days. Each youth 'facilitator' now conducts an assessment of the local health unit to determine their accessibility to young people and their supply and distribution of condoms. Baseline sexual health attitude information on young people in the school or community where the life skills training will be conducted is also undertaken *by the* facilitator, with the same survey to be repeated at the end of the year to determine if the life skills training has had a multiplier effect on attitudes and practices. There are 641 youth facilitators working with the programme.

The management of the programme has been decentralised to 13 multi-sectoral committees, who have developed work plans for the training and supervision of the facilitators and the implementation and monitoring of the "My Future is My Choice" life skills training. Between June 1999 to May 2000, an additional 32,500 young people went through the life skills training, making a total of 61,000 since 1997.

Strengthening the YHDP committee monitoring and evaluation capacity remains a challenge for the programme. The YRDP is also working with the MOHSS and young people to increase their access to and involvement in adolescent friendly reproductive health services (AIDS). There are plans to develop a training programme for peer counselling and to establish voluntary confidential counselling and testing (VCCT) services for young people.

6. Training needs

As the Ministry of Basic Education, Sports and Culture has not been structured in such a way that it can effectively address the HIV/ AIDS needs of its employees and clients, adjustments should be made where possible. One of such change could include the creation of a sub division that serve the needs of the ministry,

The table below only identify some of the immediate training needs of the ministry at the different levels:

Target group	Kind of training needed
National Committee	<ul style="list-style-type: none"> a) how to manage (operate) IEC programmes b) monitoring and evaluating of new and existing programmes and activities c) creating a statistical data on the impact of HIV/ AIDS on the Ministry d) developing materials on HIV/ AIDS for the different target groups policy analysis and formulation
Directors, Deputy Directors, Regional Directors, Regional Co-ordinators, Regional Literacy Officers and Regional committee, Senior Education Officers and Education Officers	<ul style="list-style-type: none"> b) how to manage (operate) IEC programmes c) monitoring and evaluating of new and existing programmes and activities d) policy analysis and formulation e) training teachers, hear masters and school boards how to facilitate and advocate HIV/AIDS related issues
Head masters, District literacy Organisers, School boards, Librarians	<ul style="list-style-type: none"> a) how to manage (operate) IEC programmes b) monitor, supervise and evaluate of new and existing programmes and activities
Teachers and adult literacy tutors	<ul style="list-style-type: none"> a) how to operate IEC programmes b) how to facilitate ITV/ AIDS rotated issues c) how to monitor en evaluate the clients performance on the information
Students and adult learners	<ul style="list-style-type: none"> • How to increase their knowledge, change attitude and those who are sexually active to practice save Sex • Peer counselling and training

Conclusion

The Ministry of Basic Education, Sport and Culture in Namibia has a major task to utilise its limited resources to provide education and to facilitate behavioural change toward MW AIDS at the same time. This process has not "magic formula" and the said ministry has "just" join forces with the other agencies in Namibia. It has done so with the understanding that it will receive assistance and "coaching" from other bodies that has specialised expertise in this field. With the assistance of international agencies, other government ministries and non-governmental organisations, we hope to make a contribution towards the reduction of the current rate of HIV/AIDS that stands at 3.7%.

In conclusion, I hope that this workshop will not "come and go" and produce a report. It should come up with "working documents" and put up committes/ tasks force groups that will co-ordinate various discussion points such as: the dissemination of information; on HIV/ AIDS, progress reports on efforts by the different governments, studies conducted to address specific issues, training conducted, materials developed and services provided. The hope is also that this workshop will produce working plans that should address the knowledge "gaps" of the various educational sectors represented at this workshop.