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Policy and Planning for Basic Education in the Context of HIV/AIDS in Malawi

Lindiwe Christina Chide
University of Massachusetts Amherst

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**POLICY AND PLANNING FOR BASIC EDUCATION
IN THE CONTEXT OF HIV/AIDS IN MALAWI**

**BY
Lindiwe Christina Chide**

A project submitted in partial fulfillment of the requirement for the degree of

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IN
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Dedication

To my Dad, Mum, Thembi, Sibule, Dumi, and James. Thank you all for your encouragement and prayers. God is really faithful, thank you. I love you all.

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ABBREVIATIONS

ACEM	Association of Christian Educators in Malawi
ARV	Anti Retroviral Drugs
BLM	Banja la Mtsogolo
CIDA	Canadian International Development Agency
CBO	Community Based Organization
DFID	Department for International Development
DHRMD	Department of Human Resource Management and Development
DTED	Department of Teacher Education
EMAS	Education Methods Advisory Services
GTZ	Germany Technical Cooperation
HIV/AIDS	Human immunodeficiency virus/ Acquired Immune Deficiency Syndrome
MOEST	Ministry of Education Science and Technology
MGSF	Malawi Government Scholarship Fund
MPSR	Malawi Public Service Regulations
NAC	National AIDS Commission
NGO	Non –Governmental Organization
OPC	Office of the President and Cabinet
PEA	Primary Education Advisor
PIF	Policy Investment Framework
PSI	Population Service International
PRSP	Poverty Reduction Strategy Paper
SADC	Southern Africa Development Cooperation
TUM	Teachers Union of Malawi
UNAIDS	United Nations
UNESCO	United Nations Education Scientific and Culture Organization
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing

Abstract

The Education sector in Malawi has experienced a negative impact of the HIV/AIDS pandemic. Since the 1990's the education sector has registered an increased number of problems due to the pandemic. This study examines how current human resource policies in the Education ministry address the impact of HIV/AIDS, explores the impact of HIV/AIDS on planning for basic education and the interventions that have been put in place to address the impact. Data was collected from key policy makers and implementers in the Education Ministry using in-depth interviews and document reviews. The study found that existing human resource policies do not address the impact of HIV/AIDS. There is no specific HIV/AIDS policy in the ministry apart from the HIV/AIDS strategic plan. The study further found lack of appropriate data on HIV/AIDS, capacity, and financial resources as key constraints to effective planning. Finally, the study found no interventions to mitigate the impact of HIV/AIDS on the human resource.

CHAPTER 1

1.0 Problem statement

Malawi is one of the countries in Sub-Saharan Africa, which has been worst hit by the HIV/AIDS epidemic in the world. With a population of about 11.2 million, Malawi's estimated HIV prevalence among adults (15-49 years) in 2003 was 14.4%. According to the Nation AIDS Commission (2003), this represents 0.6 percentage points lower than the 2001 rate of 15%. Statistically this does not represent a decrease in prevalence; rather it indicates that the epidemic has stabilized over the years. In absolute numbers, 14.4% means that about 760,000 adult Malawian are infected with HIV, 58% of them are women. Children have not been spared from this epidemic. The total number of children between the ages of 0-14 infected with HIV is currently at 70,000. These figures show that many Malawians will be dying due to the epidemic and many children will be orphaned because of the deaths of their parents.

The HIV/AIDS pandemic has affected the Malawian society in all sectors. It has had a devastating impact at various levels, from the individual and household level to communities and society as a whole. This is particularly the case because the epidemic is affecting young adults who are central to the economy and fulfill important functions as workers, breadwinners, parents, educators, health care providers and so on.

Education is an important building block in a country's development. In areas with high HIV prevalence rates, HIV/AIDS related illness and death are taking a toll on education in various ways. Firstly, the supply of teachers is eroded as an increasing number of teachers become infected with HIV and some die. The result is increasing class sizes, which is likely to have an effect on the quality of education. Secondly, inspectors of

schools and other administrators will become fewer leading to less and less school supervision. This can negatively affect the quality of teaching and of the education system in general. Furthermore, families who cannot afford to pay school fees or need additional income are likely to take their children out of school to marry, look after siblings or enter the workforce. Children orphaned by HIV/AIDS are most likely to drop out of school (UNPD, 2001b). The dual pressure on supply and demand in the education sector will lead to the dysfunction of educational systems, which ultimately undermines the prospects of national development.

The Ministry of Education, Science and Technology in Malawi (MoEST) is being threatened by the pandemic in almost all the ways mentioned above. According an assessment on the impact of the epidemic on human resources in the Malawi Public Sector, the MoEST is having many challenges (Malawi government and UNDP (2002). These include loss of productive and qualified personnel, reduced productivity from increased absenteeism and low morale, and increased medical and funeral costs. The findings from the assessment have shown that high incidences of absenteeism and high workloads are undermining the capacity of the Ministry to perform effectively. The large amounts of financial resources that are eroded as a result of increased morbidity and mortality levels means that resources are diverted from more productive uses. As a consequence, the overall productivity of the MoEST and its capacity to provide quality education services are further undermined. The epidemic has also affected student enrolments and school attendance. Overall, improvements and gains in the education sector made over the last two to three decades are likely to be eroded by the devastating progression of the epidemic (Malawi Government and UNDP 2002).

It is for the above reasons that the education sector in Malawi needs to respond to the pandemic.

1.1 Purpose of study

The purpose of this study was to examine the impact of HIV/AIDS on Educational Policy and Planning of basic Education in Malawi. The specific objectives include:

- a. To find out to what extent policies in the Ministry have changed in response to the epidemic;
- b. To find out how the Ministry of Education Science and Technology is planning for basic education in the context of HIV/AIDS; and
- c. To find out what aspects of organizational climate and practices are favoring or hindering the implementation of HIV/AIDS policy at different levels in the ministry.

1.2 Significance of the study

In the face of HIV/AIDS, it will be important to plan for unexpected problems and to have a clear policy and set of procedures for dealing with the problem. Failure to adopt this approach could force the Ministry to deal with each problem caused by the pandemic as a crisis and adopt a fire fighting approach to management where time, energy, resources, and opportunities are wasted because of the lack of planning. The function of planning is to prepare an organization to cope with the uncertainties of the future. But plans need to have a built-in flexibility to allow for the possibility of change (Curtis, B. and Curtis, S. 1997). Therefore this study will be helpful to the Ministry

because it will help the Ministry assess its response to the HIV/AIDS pandemic and also help in the formulation and designing of programs to help mitigate the impact of HIV/AIDS on its operations. There is also need to mobilize resources required for the effective implementation of these strategies.

Chapter 2

Literature review

2.0 Impact of HIV/AIDS in SADC Region

It has been almost 20 years now that the HIV/AIDS epidemic has been present among us, and it has caused a lot of pain and suffering and loss in a number of ways. One can conclude that life now is revolving around the HIV/AIDS epidemic in many parts of the world because it is a determining factor in what countries are trying to do. It is acting as a hindrance to development in a number of ways.

The Southern Africa Development Cooperation (SADC) region faces a very severe HIV/AIDS epidemic. The current extent of the pandemic has affected virtually every aspect of the lives of people in the SADC region and has now reached crisis proportions. Since the mid-80's when HIV/AIDS was identified in most countries of the region, there has been a rapid increase in the numbers of adults and children infected with and dying from the HIV and AIDS, with a corresponding adverse impact on the socio-economic development of the region. From the epidemiological surveillance of HIV/AIDS in the region, it is not uncommon to find HIV infection rates in excess of 20% or more in the adult population in most urban areas of the SADC region. This in essence means that a large number of productive and skilled men and women will lose their lives prematurely to HIV/AIDS, with dire consequences for the socio-economic development of the region (SADC 2000). According to UNAIDS (2004) sub-Saharan Africa has more than 10% of the worlds population but it is home to 70% of all people living with AIDS (25 million in 2001). In 2003 alone, an estimated 3 million people died of AIDS- 75% of

deaths globally.

The AIDS epidemic is not only hampering development, it is also reversing it by destroying productive capacity and widening the gap between the rich and the poor. The epidemic has an exceptional impact on the economy in two ways. Firstly, there is the loss of productivity from loss of the most productive people. Secondly, there are the burdens of caring for the sick and tending for orphans. The disease is undermining all aspects of sustainable development, reducing poverty, advancing equity, accessing technology, improving health, guaranteeing human rights, and securing education for all. It is affecting hundreds of million more than those infected, their lives and their future (UNESCO 2001). This is showing us that HIV/AIDS is not just a health problem because every aspect of life has been affected in one way or another. AIDS is taking a devastating toll in human suffering and death. Social systems are being disrupted, poverty is worsening, productivity is being reduced, hard won human capacity is being wiped out, and development gains are being reversed. In addition to the catastrophic effects that are already being experienced, the full consequences of the epidemic are still to be felt (Kelly, 2000)

2.1 Impact of HIV/AIDS in the Education Sector

The education sector has been worst hit by the HIV/AIDS epidemic. HIV/AIDS is conceptualized as having the potential to affect education in some of these different mechanisms: reduction in demand, reduction in supply, availability of resources, planning and management of the sector, curriculum modification, organization of education, and funding for education. (Kelly 2000).

2.1.1 Demand

The demand for education has been affected by the HIV/AIDS pandemic in that there are fewer children to educate. Birth rates have been lowered due to the presence of HIV/AIDS; as such fewer children are being born. This has lowered the enrollments in schools. In addition, fewer children can afford the cost of education and for socio-economic reasons more children are dropping out of school without completing the normal primary school cycle. These children do not have parents or guardians to provide them with their day-to-day needs. HIV/AIDS has also affected the potential clientele for education because of the rapid growth in the number of orphans; there is also an increase in the numbers of street children who are not attending school. All these are not attending school because they have to engage in income generating activities for their survival. For example it is estimated that in Zambia, one-third of the Zambian children below the age of 15 have lost a mother or a father or both. In addition more than 130,000 households (out of the total of 1,905, 000) are headed by a child, that is, a girl or boy aged 14 or less (Kelly, 2000).

2.1.2 Supply

HIV/AIDS has affected the supply of education in the sense that there has been a tremendous loss through mortality of trained teachers, reduced productivity of sick teachers, the system's ability to match supply with demand because of loss, through mortality or sickness of education officers, inspectors, finance officers, building officers, planning officers, and management personnel. In some cases schools and classes have had to be closed because of population decline in catchments areas and the consequent decline in enrolment (Hills, Kataboro & Katahoire, 2000). According to UNICEF, there

is a disproportionately high increase of HIV/AIDS among teachers in sub-Saharan Africa. Research shows that this is generally so because in some areas teachers have a higher income than other people and therefore greater mobility, which is a known HIV risk factor (Hills et al., 2000, p.18). In Kenya nearly 1,500 teachers died in 1999, up from 10 in 1993 and the number is rising steadily. The causes of death are not compiled officially but experts say huge changes in the death rate among adult population can only be attributed to AIDS (Crawley, 2000).

In South Africa the education sector is the largest occupational group with 375,000 teachers, 5,000 inspectors and advisers and 68,000 managers and support personnel (Coombes, 2000). At least 12% of all educators are reported to be HIV positive. It is believed that by 2010, 53,000 or more educators will die if prevalence reaches 20-30 %. Many others will be ill/ absent due to illness or taking care of sick relations. As a result school effectiveness is bound to decline. Compounding this, a lot of teachers will be leaving the teaching profession for a better job elsewhere (Coombes, 2000, p.3). This will be the case because HIV/AIDS is creating vacuums in other sectors also and more teachers are filling up the vacuums leaving less people to teach.

In Namibia, the incidence of HIV infection among teachers is likely to be above that of the population as a whole, which is currently between 20-25%. By 2010 therefore at least 3,500 serving teachers may have died, but the figure could be high as 6,500 (Gachuli, 1999).

In Tanzania by 2020, 27,000 teachers are projected to have died of AIDS (World Bank, 1992). In Malawi, teachers are reported to be dying at a faster rate than they can be replace .the humans resource and management section of the Ministry of Education

reported that in 1998, 2800 primary school teachers were removed from the staff payroll because of death. Although not all these deaths may be HIV/AIDS related because of reliable data, there is evidence that the large numbers of deaths is due to HIV/AIDS related illnesses (Kadzamira, Maluwa Banda, Kamlongera, Swainson, 2001 and Ministry of Education 2004c).

In Zambia the estimated number of primary teachers in active service who died from AIDS in 1999 was 826, corresponding to 45% of all teachers trained that year. If the relative risk of teachers becoming infected with HIV is half or double that of the average for adults, then the estimated number of HIV positive teachers in 1999 varies between 5,809 and 10, 830 and the number of deaths in 1999 between 588 and 1,158 (Glassly, 2001).

The epidemic is not affecting teachers in terms of deaths only but also their work. HIV/AIDS has affected the productivity of teachers in the sense that, once they get sick, they cannot attend to classes properly and they cannot be as effective and productive as they used to be. Bennell (2000) says sickness lowers teaching quality and results in higher rates of absenteeism. When teachers get sicker, they eventually stop coming to school. Sometimes other teachers will be absent, not necessarily because they are sick but they have to take care of sick relatives or attend funerals of friends and relatives who have probably died of AIDS also. Teachers will also have huge workloads when colleagues get sick and teaching cannot be very effective. Teachers are simply not at their best (Hills et.al, 2000).

2.1.3 Resources

HIV/AIDS has also affected the availability of resources for education because of

the reduced availability of private resources, owing to AIDS related reduction in family income and/or the diversion of family resources to medical care. Public funds to education have also been reduced due to the AIDS related decline in national income and pre-emptive allocations to health and AIDS related interventions. Salaries of sick and inactive teachers have tied down some education funds because these teachers continue to be paid even when they are not functioning. There is also reduced community ability to contribute labor for school development because of AIDS- related debilitation and/or increasing claim on time and work capacity because of loss of active community members (Kelly, 2000).

2.1.4 Planning and Management

HIV/AIDS has affected the planning and management of the education system because of the importance of managing the system for the prevention of HIV transmission. There has been great loss through mortality and sickness of various education officials charged with responsibility for planning, implementing, and managing policies, programs and projects. There is also the need for capacity-building and human resources planning to provide for potential personnel losses. The loss in capacity is destroying new approaches, knowledge, skills, and attitudes that will enable the system to cope with the epidemic's impact and will monitor how it is doing so and establishing the intra-sectoral epidemic related information system. More accountable and cost effective financial management systems need to be established at all levels in response to reduced national, community, and private resources for education. There is also need for sensitive care in dealing with personnel and the human rights issues of AIDS affected employees and their dependants. In Zambia the capacity of the education ministry's professional and

administrative units, at national and sub-national levels, has been severely eroded in the recent years (Kelly, 2000).

2.1.5 Curriculum

The role and contents of education have also been affected because HIV/AIDS education has to be incorporated into the curriculum, with a view of imparting knowledge, attitudes, and skills that may help to promote safer sexual behavior and skills which can equip pupils for positive social behavior and for coping with negative social pressures. The school is now seen as a center for the dissemination of messages about HIV/AIDS to its own pupils and staff, to the entire education community, and to the community it serves.

2.1.6 Organization

The organization of school has been affected to the extent that schools have to adopt a flexible timetable or calendar that will be more responsive to the income-generating burdens that many pupils must shoulder. Governments must provide for orphans and children from infected families, for whom normal attendance is impossible, by bringing the school out to them instead of requiring them to come in to some central location.

2.1.7 Funding for education

The funding of education has been affected by HIV/AIDS. Funding for education has decrease because of the reductions in family incomes, reduced community ability to participate in school development, decline in national and private income, reduced tax base, and reduced capacity to manage resources (Kelly, 2000). As such funds meant for education are being diverted to other priorities especially health. Families have to divert

their money to health issues at the expense of education. Community ability to contribute to school developments is reduced because of the loss of active members to AIDS. Salaries of inactive teachers and other educational personnel are tying down funds because they continue to be paid even when they are not working. These funds could have been used for other activities in the sector.

2.2 Implications of HIV/AIDS on the Education Sector

Looking at how HIV/AIDS has affected the education system, there is need for the education sector to come up with plans and policies to help in the fight against HIV/AIDS. “Business cannot continue as usual” because there will be these effects slowing the whole production down, for example, children out of school, no teachers in classrooms, no money for operations. If these things are not checked or properly planned for, the education sector will face major problems because resources are being eroded away slowly. Therefore policy makers and planners need to look out with open eyes for new programs that can help improve the education system even with HIV/AIDS around. “HIV/AIDS is forcing a critical re-examination of what education is all about and how it can be best delivered, (Kelly, 2000 p.102)”.

Much as the education has been thus affected by the epidemic, there is still something that education can do to help deal with the pandemic. Education has the potential to work at three levels where AIDS related interventions are needed. First while there is as yet no infection: by providing knowledge that will inform self-protection; fostering the development of a personally held, constructive value system; inculcating skills that will facilitate self protection; promoting behavior that will lower infection risks and enhancing capacity to help others to protect themselves against risk.

Second, when infection has occurred: by strengthening the ability to cope with personal and/or family infection; promoting care for those who are infected; helping young people stand up for the human rights that are threaten by their personal or family HIV/AIDS condition; and reducing stigma, silence, shame and discrimination and third, when AIDS has brought death: by help in coping with grief and loss, in the reorganization of life after the death of family members and in the assertion of personal rights (Kelly, 2000).

2.3 Intervention Strategies for dealing with HIV/AIDS in the Education Sector

Looking at what the impact has been like for most education systems in sub-Saharan Africa, a lot of countries have now come up with intervention strategies to help mitigate this impact. Most of the programs have targeted students only. But the indirect benefit of such programs is that teachers too, lacking educator-focused prevention programs of their own, learn about HIV (Coombes, 2002). For example seven countries namely Zimbabwe, Namibia, Uganda, Lesotho, Malawi, Botswana and Swaziland, have introduced Life Skills program in their curricula. The program aims at fostering positive behavior among students across a range of psycho-social skills, and change unacceptable behaviors learned early, which may translate into inappropriate and risky behaviors at a later stage of life (Gachuli, 1999, p.11). Bennell et.al. (2002) comment that there has been little targeted HIV/AIDS education for teaching staff in the survey they carried out. AIDS in the work place (AIW) issues are rarely discussed in the staff meeting, and there is no peer education. School management in the three countries that were studied (namely Botswana, Malawi and Uganda), rarely supports teachers who became HIV positive.

Some countries like Namibia, South Africa, Botswana, and Zambia have gone to

the extent of coming up with school policies on HIV/AIDS. These policies are acting as guideline for educators and students alike on what they can do in their capacity to help curb the disease. These policies have been designed in line with national HIV/AIDS policies in these countries. A number of issues have been raised in these policies in the hope of providing effective prevention and care within the education system. The key areas touched on in the policies include:

- Integrating HIV/AIDS education into the curriculum and making it compulsory at all levels of education.
- Non-discrimination on students, trainees and staff who are infected
- Making school safe environments by preventing infections during play and sport
- Voluntary counseling and testing; and
- Disclosure of HIV/AIDS related information and confidentiality.

2.4 Challenges in the fight against AIDS

The education sector is facing many challenges in its efforts to mitigate the HIV/AIDS pandemic. Firstly, adult conservatism, cultural taboos and sensitivity of the subject create tension around implementing effective Life Skills programs. People are still not free to talk about the HIV/AIDS because it is touching a very sensitive part of peoples' lives, which is their sexuality. Many Africans are not at ease discussing sexuality issues in public. There are also a good number of people who are still ignorant on how the disease is spread, and they keep on promoting some cultural beliefs, which are contributing much to the spread of the disease. Prevention programs are often underfunded, with inadequate attention to teachers and training, sensitizing managers, providing supportive health services and linking programs with other community

services. Education ministries and their non-governmental partners are struggling to deliver. The reason for this failure to deliver is that HIV/AIDS is only one of many problems faced by education services. Failure to deliver prevention messages effectively is compounded by dire physical environment of many schools (lack of water, latrines, adequate classrooms and teachers' housing, decent hostels, furniture and books), by the teacher and child unfriendly ambiance in many learning institutions (where physical and sexual abuse are present along with corporal punishment and poverty or HIV/AIDS related trauma), and by inadequate management support for teachers (overcrowded classes, low and irregular salaries, an inappropriate policy framework which may discriminate against HIV/AIDS affected learners and educators, and comprehensive failure to make provision for educators affected by HIV/AIDS) (Coombes, 2002).

Secondly, with concentration focused on prevention programs, there has been no clear definition of the education sector's role in social support or school's role in local strategic planning. Teachers clearly feel daunted by the challenge of responding to increasing numbers of orphan. Although many teachers, especially women, are responding generously as individuals, education service generally does not promote social support. And guidance and counseling programs are not a suitable alternative. There is potential for forming a circle of care network involving education, social and health systems but for the most part there is poor coordination among social sector staff at all levels and between them and local volunteers.

Thirdly, evidence from both SADC and Economic Community of West African States (Coombes 2002) region shows that current HIV and education strategies plans are characterized by concentration on curriculum interventions aimed at behavior change.

They focus principally on primary and secondary schools to the exclusion of early childhood development, post-secondary training, university and college sector, and out of school children. They generally fail to address issues related to the management of the teaching service affected by HIV/AIDS and needs of learners affected by HIV/AIDS. There is no evidence in the region of workplace policies in schools and offices, guidance on the rights and responsibilities of teachers, or management guidelines for senior managers. Current teaching services regulations need major review, as well as human resource management policies.

Finally and fatally, there is no observable attention being given to the managerial capacity, funding, human resources and infrastructural requirements that need to be in place to support practical strategic action in the sector (Association for the Development of Education in Africa, 2001). African ministries are failing consistently, in their planning and in their practice, to seek to sustain education quality and levels of provision, or to create in their practice new learning opportunities for the disadvantaged. Neither are they attempting to ensure that the demand and supply are in qualitative and quantitative balance so that the level and quality of education provision is sustained through the future period of extreme dislocation. There is little research or expert analysis of complex cost factors, and no evidence of teacher training colleges or universities adjusting pre-service and in-service models and curricula appropriately (Coombes, 2002).

There is need for the education sector to address all these challenges so that it can respond better to this pandemic.

2.5 Conclusion

It is clear that the pandemic has really touched on all parts of the education sector,

and there is need for the education sector to respond to the pandemic. This is not going to be an easy task for the sector because of the complexity of the issue. HIV/AIDS is touching on different aspects and an intervention for one part should be in relation to the others parts.

This chapter looked at how the pandemic has affected the sector in the Sub-Saharan African region; how the sector is responding to the pandemic and the challenges the sector is facing in the fight against the pandemic. The next chapter will look at the methodology that was used to conduct this study.

CHAPTER 3

3.0 Methodology

3.0.1 Research Design

This study was qualitative. The approach was chosen because it was a bit difficult to get comprehensive data on the subject due to its nature. The study was looking at the policy and planning process from the point of view of the key policy makers and implementers in the education ministry. By using this approach the researcher hoped to gather a well-grounded and rich description and explanations of the policy and planning process in the context of HIV/AIDS.

3.0.2 Data collection

Data was collected using in depth interviews and document review. The interviews were unstructured interviews and open-ended questions. They were recorded and most of them ran for about 30-50 minutes per participant. A number of documents from the ministry of education on HIV/AIDS were also reviewed to help inform the findings of this study. Studies done by other researchers and organizations were also reviewed during data collection.

3.0.3 Research participants and sampling procedures

Sampling for the study was purposive. Heads of departments in the ministry of education at three levels, the ministry headquarters, central west division office and district education offices were purposively sampled. The total sample was of 10 people. These people were chosen due to the positions they hold in the ministry. They were the key personnel and hence they were involved in the formulation and implementation of the ministry's policies. The people interviewed from the ministry headquarters were: the

HIV/AIDS advisor, head of planning, head of human resource department, head of basic education and head of Education Methods Advisory Section (EMAS). These interviews focused on the MoEST response to HIV/AIDS at policy, planning and implementation levels.

The next phase were interviews with Central West Division manager and the head of the planning section of the division, and the last interviews were with District Education Managers of Lilongwe rural west, Lilongwe rural east and Lilongwe urban. Interviews at division and district level were on the implementation of the policies from the headquarters and on factors that were hindering and favoring the implementation of these policies.

The secondary data was from the National Aids Commission and Ministry of Education headquarters.

3.0.4 Data analysis

The interview data was firstly transcribed. After the transcription, data was analyzed using categories and code. It was classified into broad categories. From these broad categories, the researcher came up with subcategories by coding statements or pieces of information, which showed the different viewpoints and concepts. Narrative analysis was used to present the interviewees views of some of the policies and practices. A number of documents were reviewed during the analysis. These were the Policy Investment Framework (PIF), Malawi Poverty Reduction Strategy Paper (MPRSP) the HIV/AIDS intervention in the Malawi education sector- a strategic plan 2004-2007; Human Resource Management in the education sector; Management Information System in the education sector; and the impact of HIV/AIDS on human resource in the Malawi

civil service (this was a study). The analysis of the documents was basically historical in that I was trying to verify the accuracy of statements about the past, establish relationships and determine the direction of cause and effect relationships. It was more helpful to set the context of the study, as Marshall and Rossman, (1997) say that, “systematic historical analysis enhances the trustworthiness and credibility of a study”.

The first two papers, PIF and PRSP are policy documents guiding the day to day activities of the Ministry. From these documents, I was trying to see how the framework addresses the issue of HIV/AIDS issue is addressed on policy level in the ministry, what policies and strategies were put across for the education sector. The Human resource management document and the management information system documents were working papers which were presented at the 2003 joint sector review for the ministry. The human resource management paper talked about how human resource is being managed in the Ministry of Education and the challenges currently being faced. The Management Information System paper talked about the how data is being collected and managed in the system and the challenged being faced. The HIV/AIDS intervention in the Malawi education sector is a fairly new document which has been produced to deal with the pandemic in the education ministry. The last document the impact of HIV/AIDS on the human resource in the Malawi civil service was a study which was conducted to assess the impact on the civil service. This study was reviewed to get background information on the impact of the pandemic and also to see how human resource management polices have been affected. This was helpful because it supplemented the findings from the interview.

3.1 Limitations to the study

3.1.1 Time constraints

The first limitation to the study was time. The HIV/AIDS issue is a complicated one in the sense that it touches on a number of areas. It was difficult in the period of this study to take a look at all the aspects and focus on the most relevant ones so that the findings are rich. It was also difficult to have thorough interviews with some section heads because they were very busy at the times scheduled with their duties, so we had to rush through.

3.1.2 Record management

The second limitation was record management. The MoEST does not have a much updated record management system. As such it was difficult to find some of the information, which would have been vital to the findings of the study.

3.1.3 Sensitivity of topic

The HIV/AIDS issue is still a very sensitive one among Malawian. Some people were not very comfortable answering some of the issues asked about in the study. Many respondents did not want to take responsibility of statements made because they thought they were not the right people to make such statements. This may have an effect on the findings of the study.

3.1.4 Limited knowledge in the areas of policy and planning

By the time this study was being started, I was not very comfortable with the concepts I was dealing with: policy and planning issues in education generally and also for Malawi in particular. It was learning by doing. As such I feel that I may have missed important issues that could have been of use to the study.

The fourth chapter will present the research findings of the study.

Chapter 4 –Finding

This section has been divided into 3 parts each corresponding to a research question. Part A will discuss policy findings, part B will discuss planning issues and part C will discuss the factors favoring or hindering the implementation of the interventions so far in place for HIV/AIDS.

Part A

The first objective of the study was to find out if there has been any policy change to help the ministry in its day-to-day activities in the context of HIV/AIDS or if there is the need to change some policies. The most affected policies are the ones that deal with human resource management and development. Before looking at the changes in the policies, the study sought to understand how policymaking and implementation in the civil service and particularly in the ministry is done.

Human resource policy development in the public service is the responsibility of the department of Human Resource and Development (DHRMD) in the Office of the President and Cabinet (OPC). Ministries and line departments are responsible for the implementation and management of such policies. Ministries can however make their own operational human resources policies based on the core policies that are universally applicable to the entire service. This system ensures standardization of practices in the entire service (Malawi Government and UNDP, 2002).

4.0 Human Resources Policies and Their Implementation in the Education Ministry

4.0.1 Recruitment

The DHRMD is responsible for creating and controlling staff establishments for

all ministries and departments. Proposals for creating new posts must be approved by cabinet committee on the economy. The Ministry of Finance (Treasury) is responsible for issuing an establishment warrant, which is the authority for funding the posts.

Recruitment, appointments, promotions and discipline for senior and mid level managers between the grades Executive officer (EO)/ Technical officer (TO) to Professional officers (P5/S5) is done by civil service commission. The appointments and disciplinary committee in each ministry/department has delegated powers from the civil service commission to recruit for grades STA (senior technical assistance)/ SCO (senior clerical officer) and below. In practice the centralized recruitment system results in long delays in filling vacancies, sometimes taking up to 12 months (Malawi Government and UNDP 2002). As a consequence, public sector organizations are particularly vulnerable to the effects of HIV/AIDS related attrition.

In line with the recruitment policy of the public service, the Ministry of Education Science and Technology follows the same procedures to recruit staff in the Ministry. These people either come from outside the Ministry (entry positions), from within the Ministry (through promotions), and by appointing someone on acting capacity. But the Ministry is facing some problems by using this kind of recruitment process because it is too lengthy and there are too many players involved in the process. The system has also seen some delays in conclusion of interview/selection process at the Teaching Service Commission and the Civil Service Commission. There is also a shortage of qualified personnel in the Ministry to fill some posts which leads to delay in recruitment (Ministry of Education 2004a). HIV/AIDS is making this problem worse because many people are dying in the Ministry and it takes long before they are replaced because of the

recruitment process is long. Also the labor market does not have adequate qualified staff because significant proportions of the pool are either infected with HIV/AIDS or dead.

4.0.2 Training

All external training in the entire civil service is coordinated by the DHRMD. Before 1992 the department received extensive donor support in the form of scholarships to train civil servants in various disciplines outside the country. After 1992, donor support for training dwindled and was only provided in the context of donor-funded projects. As a result, there are fewer opportunities for civil servants to receive training abroad in specialized areas. In addition, the government of Malawi set up the Malawi Government scholarship Fund (MGSF) to support training in areas that did not attract donor support. However, budgetary constraints facing the government have led to a situation where the MGSF has insufficient resources to support all training needs in the civil service. The lack of training support makes civil service organizations vulnerable to HIV/AIDS in the sense that it will not be easy to replace the lost capacity.

In the Education ministry, the training function is meant to identify and assess special and strategic training needs in the ministry. During the past few years, the Human Resource Department has faced problems to have suitably qualified human resources development officers to man the training section. Unfortunately HRD cadres are not easy to find these days but the Ministry has, however, assigned one officer who is undertaking the training function in the ministry.

The latest effort to re-organize the function has been seen the birth of a new arrangement in which the Department of Teacher Education And Development (DTED) has been empowered to manage and mainstream of teacher training and development,

while the HRMD training section is dealing with the training of managers and other operatives in the Ministry. The allocation of the teacher education and development functions to the DTED is to ensure that all matters regarding teaching skills and professional development are handled by a team of professional teacher trainers who must manage pre-service training, in-service training and all classroom related professional development together. But the department is facing a number of challenges in trying to put these ideas into operation. The training budget for the Ministry is inadequate for a sound training program. Secondly the Ministry does not have a training policy of its own therefore it has no guidelines as to how to carry out these training activities. There is also an outcry that some officers in the Ministry seek training irrelevant to their professions and lastly there are uncoordinated training resources (Ministry of Education 2004a). HIV/AIDS is eroding human capacity in the Ministry of Education and there is need to replace these people. Training will be an important aspect in replacing these people because whoever takes up these positions that are being left vacant by the pandemic will need to have the necessary skills and knowledge to be effective.

4.0.3 Retirement

According to the Malawi Public Service Regulations (MPRS), a civil servant qualifies for retirement under the following conditions: ten years pensionable service and 55 years of age; ten years pensionable services and 45 years of age with minister's consent; pensionable officer and 20 years service; medical grounds and public interest; redundancy; or abolition of post or office.

The condition that is relevant to HIV/AIDS is retirement on medical grounds. In

practice, this provision is rarely implemented because there is no mechanism for monitoring illness in the public service and indeed in the Education Ministry. This state of affairs renders the ministry vulnerable, especially where there are various cases of prolonged illnesses in critical positions. The current retirement provision does not take into account of HIV/AIDS realities. There is no motivation for early retirement for HIV/AIDS infected staff (Ministry of Education, 2004b).

4.0.4 Absenteeism

According to the Malawi Public Service Regulations MPSR, a civil servant is guilty of misconduct when s/he absents herself/himself from work during normal working hours without permission from a responsible officer or controlling officer, or without a valid excuse. If the period exceeds five consecutive days, it amounts to abscondment and results in dismissal. However, this regulation is defeated in practice, as some officers do not have line supervisors. Also, there is currently no system in place for monitoring and recording absenteeism (Malawi Government and UNDP 2002). The Education Ministry has tried to come up with a mechanism in the schools to check absenteeism. Head teachers have been encouraged to have time charts in the schools where teachers sign the time they reported for duty and the time they knock off. This helps the heads to know which teachers are in school and which ones are absent. Those who absent themselves from work for numbers of reasons are required to notify the head on why they are absent. If a teacher continues being absent for too long, the head has to take some disciplinary action on the teacher whether at school level or reposting to the district office which later reports to the division and the division to the headquarters. There have been few cases of absenteeism being brought this far because maybe the

reasons for absenteeism are genuine even though some people still take advantage of this and absent themselves for no reason at all. However, the districts, division offices and headquarters do not have such kind of mechanism to check their own absenteeism. Absenteeism is a very big problem in this HIV/AIDS era because many people are absenting themselves from work because they are sick or attending to sick relatives (I could not get figures on this because there is no system to record absenteeism). This has an effect on the productivity of the staff. The Ministry does not have a provision to regulate HIV/AIDS and other sicknesses related to absenteeism.

4.0.5 Sick leave

According to MPRS, an employee is entitled to three months sick leave with full pay, after which s/he is entitled to another three months sick leave with half pay. After six months the individual is entitled to another six months sick leave without pay. A medical report has to be issued for someone to be granted sick leave. Yet, implementation of the sick leave policy has been problematic. On humanitarian ground, officers often continue to be paid for as long as they are in post. Non-implementation of the sick leave policy has significant financial implications, which enhances institutional vulnerability to HIV/AIDS, especially when these costs have not been taken into account in the planning process. In the Education Ministry like in all other ministries, the implementation of this policy has not been all that serious. People have been sick for such long period and still get their pay up to when they die. According to one officer in the Ministry, this is the case because the sick people need money most when they are sick and it would be inhuman to cut out their salary, that is why they continue to get paid.

4.0.6 Retention and remuneration

Currently, the Malawi public service does not have a deliberate policy to retain qualified staff, especially those with rare skills and valuable experience. Currently, the service is operating two parallel remuneration systems that are bound to encourage high attrition rates among highly qualified and skilled staff. The performance –based remuneration system for senior officers offers highly competitive salaries, whereas the salaries of most civil servants are based on the normal government salary structure. This has been a problem area in the Education Ministry especially where teachers are concerned. There is an outcry to increase teachers' salaries or at least to give those with huge work loads some allowances so that they can be motivated to teach, especially now that many leaders are sick/dying due to HIV/AIDS. Many teachers are leaving for greener pastures in other organizations because they feel that the work they are doing as teachers is not worth what they get at the end of the month. There is no policy for rewarding staff who have increased workloads because of gaps created by HIV/AIDS effects (Ministry of Education, 2004b).

4.0.7 Discipline

Discipline of staff in the MOEST predominately concerns teachers. The number of cases it receives and the cases that have remained unresolved over the years overwhelms the MOEST headquarters. Most cases involve immoral behavior of male teachers with girl pupils, fraud and theft. Most relevant to this study are the cases of immoral behavior of male teachers with students as this is one way of spreading the virus. There has been an outcry of weak policy implementation on teachers who are abusing students especially girls. Other cases include unauthorized absence from work place,

moonlighting, tardiness and occasional drunkenness. Judging by the frequency of these events (there were no figures given by interviewee), it would appear that there is a serious breakdown in the work ethics and morality in many of our education institutions today. Non-availability of induction courses to line managers has lead to increased incompetence in handling of disciplinary cases. The major challenges the Ministry is facing in the context of discipline include: the failure to resolve disciplinary cases on time due to lack of conclusive information/evidence, mishandling of cases by managers and significant misunderstanding of democracy (Ministry of Education, 2004a).

4.1 Summary and relevance to policymaking process

The policymaking and implementation process in the Ministry leaves a lot to be desired in this HIV/AIDS era. There is need to change the process because it is too long one especially that it is centralized. The centralized system makes the Ministry more vulnerable to HIV/AIDS, as the lack of a mandate to change universal policies hinder the Ministry to respond effectively to the specific impacts of HIV/AIDS related morbidity and mortality (Malawi Government and UNDP 2002). The Ministry cannot deal with some of the issues coming up that require immediate attention. For example, recruitment of staff should be stepped up and renewed taking into account of HIV/AIDS, vacancies created by HIV/AIDS need to be filled fast to increase productivity of the Ministry. There is also need to develop HIV/AIDS programs in the workplace including Anti Retroviral Vaccine (ARV) and Voluntary Counseling and Testing (VCT) services so the system can cope with the pandemic. And staff deployment should take care of staff social interests (i.e posting married people where their spouses are).

4.2 MoEST Policy on HIV/AIDS

The Ministry of Education has no policy on HIV/AIDS to date, despite the fact that it is now very clear that the education sector is one of the sectors that has been badly hit by the pandemic. But from the year 2000, the Ministry embarked on the development of a HIV/AIDS strategic plan for the sector. This plan will guide HIV/AIDS intervention in the Malawian education sector during the period 2004-2007. The plan was approved in July 2004. The goals and objectives of the draft education plan and agenda for action on HIV/AIDS are based on various key policy issues. The process involved both internal and external partners as well as major donors to the sector.

In the absence of this plan two policy documents were being used to guide in the fight against HIV/AIDS in the country and education ministry. These are the Poverty Strategy Reduction Paper which has HIV/AIDS as a crosscutting issue that needs to be addressed in all sectors; and the Policy Investment Framework (PIF) for the ministry of education which stated that it will encourage the promotion of school enrollment where pupils are enlighten on all communicable diseases including HIV/AIDS and the curriculum and syllabuses of all schools will be revised to reinforce the messages related to the special impact and coping strategies of he HIV/AIDS pandemic (MoEST, 2001).

It has taken long to come up with the strategic plan and the policy for a number of reasons. It has been argued that the main reason for the delay is the lack of leadership on the issue. According to Chawani B., and Kadzamira E., (2003), nobody in the MoEST seems to come out and get things done. There is that lack of ownership of HIV/AIDS issues because people think that this is a donor issues and they should not worry about it. It is the donors who should initiate this and they should just follow what they say.

Secondly, MoEST has not been able to identify technical leadership from its personnel although capable men are there. This is due to the low priority HIV/AIDS is accorded by the leadership of MoEST (Chawani et. al, 2003).

Thirdly, it was noted that the understanding of the Ministry with regard to delivery of HIV/AIDS is school and curriculum based. Enormous financial and material resources from donors have been utilized to prepare teaching and learning materials at Malawi Institute of Education. The materials are pupil focused. There is nothing developed to date to address the needs of teachers. The teacher is understood as a means of and not target of interventions.

Some senior officials explained that the process has taken long because of high top-level staff turn over. When principal secretary leaves, the process effectively stops and starts over again when his/her successor arrives. Experience has shown that the interest of senior officials has been a very important driving factor. Secondly the absence of a full time desk officer for HIV/AIDS means that HIV/AIDS work competes with the officer's functions. The former HIV/AIDS focal point person was a substantive holder of the position of deputy director of planning and his official job description did not include HIV/AIDS.

Finally the participatory approach adopted is by nature time consuming and the process is bound to take long time. In short, the slow process of the development of the strategic plan has been due to absence of a full time AIDS desk officer, lack of political will and capacity (Chawani et. al, 2003). A full time focal point officer has been appointed and he took up his position in January 2004. The plan is now out and implementation has started.

4.3 Strategic plan for HIV/AIDS intervention in Malawi Education Sector (2004-2007)

The Ministry of Education came up with a strategic plan for HIV/AIDS interventions to fight the pandemic in the sector. According to the Secretary for Education, this plan identifies relevant HIV/AIDS prevention and care programs, projects and activities pertinent for the education sector and determines the best way forward. Arising from the National HIV/AIDS strategic framework 2000-2004, this document puts HIV/AIDS in the context of education. It adapts, adopts and relates the guiding principles, goals, objectives and intended activities for better planning, implementation, financing, management, monitoring, research and evaluation of interventions addressing HIV/AIDS epidemic (Ministry of Education, 2004b). There are a number of reasons behind the strategic plan. Firstly it was thought that the Policy Investment Framework (PIF) 2000-2012 that guides the development of the education sector in Malawi was not comprehensive and exhaustive on HIV/AIDS intervention. Therefore the plan is a response to the need for a deliberate and defined HIV/AIDS intervention in and for the education sector. The strategic plan sets out strategies for HIV/AIDS mitigation and prevention in the education sector. It articulates a number of potential operational programs, projects and activities in a number of areas. Secondly HIV/AIDS interventions have existing and potential donor support. Hence, there was need for guiding and prioritizing of interventions to ensure a more systematic approach in and for the education sector. Therefore the strategic plan becomes handy in guiding the funding. Thirdly the interventions that have been proposed require appropriate management and monitoring mechanisms. For this to work properly there was need for the plan to guide

the management and monitoring processes.

The strategic plan for HIV/AIDS intervention has been designated to the planning division of the Ministry as the focal point because it has a holistic character and dimension in its operation (Ministry of Education, 2004b).

4.3.1 Issues addressed in the strategic plan

The strategic plan focuses on 5 main areas for HIV/AIDS interventions namely: curriculum development and implementation; teacher education and development; Human resource management; guidance and counseling; and planning and budgeting. All these areas have specific goals and objectives, which are addressing how the ministry will go about the fight against HIV/AIDS.

4.3.1.1 Curriculum development and implementation

The plan states that education is the best defense for HIV/AIDS and the effective development and implementation of skill based HIV/AIDS curriculum in the entire education sector would minimize the impact of the pandemic in the education sector and country as a whole. The plan goes on to say that life skills education on attitudes values and behavior will be core throughout education system. HIV/AIDS messages will be infused in all subjects and in addition work-based HIV/AIDS activities targeting the teachers and non-teaching staff will be implemented.

4.2.1.2 Teacher education and development

The plan has a section on teacher education and development in the context of HIV/AIDS. The government realized the need for pre-service teacher training which not only imparts knowledge and skills but also allows educators to confront their values, beliefs and fears. This training must also enable educators to protect themselves from

HIV/AIDS and deal with the impact the pandemic has upon them. Additionally training strategies must attempt to emphasize the role of educators in attitude and behavior formation and change for learners. There must be comprehensive training for both practicing and trainee educators.

4.3.1.3 Human resource management

It is envisaged that without effective HIV/AIDS prevention interventions, dwindling numbers of education personnel due to death and perpetual absenteeism due to illness or attending sick relatives and funerals will cause the education sector to ground to a halt. Therefore it is important that constructive counter-measures against HIV/AIDS epidemic should be put in place now. In coming up with goals, objectives, and activities in the human resources and management pathway of this strategy, the Ministry recognizes the need for change in the mindset of top management transcending in the school level. This will entail renewing and developing new policies that will impact on the management of HIV/AIDS in the education sector.

4.3.1.4 Guidance and counseling

The Malawi education sector needs to offer HIV/AIDS related guidance and counseling services which are readily accessible at all levels. As an integral part of the education system this will assist in retaining learners and educators, breaking the silence around HIV/AIDS, reaching those who drop out and remain stigmatized, and discrimination among educators and other staff on HIV/AIDS. Overall guidance and counseling on HIV/AIDS should help in protecting and supporting the education system, services and its personnel socially and psychologically

4.3.1.5 Planning and budgeting

The education sector competes with other sector (health, environment, economics e.t.c) for resources required to discharge its duties. The HIV/AIDS pandemic makes the competition for scarce resources even more intense. Thus the education system has to be well armed through proper planning and management of its resources if it is to be cost effective and efficient. There is also need for the education sector to be well informed about how it is being affected by HIV/AIDS, the responses it is making, the adjustments it has put on place, and the possible way forward. Therefore there is need for an effective and well-maintained information system. Such an EMIS has to allow for proper projection of capacity building (human resources development and training), enrolment and patterns of learning and teaching, and budgetary/financial issues.

4.3.1.6 Funding for the plan

The plan is being funded from a number of sources. Since April 2000, a number of cooperating partners have made commitments to support the education sector's response towards HIV/AIDS. In addition to donor commitment, the government of Malawi has included the funding of HIV/AIDS interventions in its recurrent budget. However, the funding from both donors and the government is unlikely to fulfill the needs of the sector. There is need to come up with ways to mobilize local resources from the private sector.

4.3.1.7 Implementation of the plan

The implementation of the plan started already in July 2004. One important aspect of this implementation is the prioritization of action. This is important because it ensures that resources are being used effectively and efficiently. A deliberate prioritization of the

different activities will assist the education sector in identifying the funding gaps and the pace at which significant progress is attainable. Curriculum development is the largest and most direct area that has a bearing on HIV/AIDS intervention and change in behavior in the education sector. However the other four areas that the plan is addressing should not suffer. They should get equal attention in order to mitigate the impact on HIV/AIDS on education.

4.3.1.8 Monitoring and evaluation

To check if things are moving according to plan, there is need for a good monitoring and evaluation system. The complexity of the HIV/AIDS interventions requires detailed and refined monitoring and evaluation approaches. The Ministry of Education with assistance from other appropriate government institutions will monitor and regulate policy, legal, gender and ethical issues supportive of planning and implementation of HIV/AIDS prevention and care programs and activities by education stakeholders at all levels. The Ministry and relevant government bodies will also monitor processes of resource mobilization, allocation and utilization in the public sector and application of policy, gender and ethical issues in program implementation. The HIV/AIDS steering committee on HIV/AIDS and the focal point of the Ministry, on behalf of the inter-ministerial committee on HIV/AIDS, central government, and National AIDS Commission (NAC) will monitor the overall effectiveness, integration of the rationales for national program and intervention in all areas and levels of education. All these stakeholders will work together to make sure that that the plan is going on as intended.

4.4 Need for policy change

Looking at how the operation of the Ministry has been affected by the pandemic and how policies are being implemented, the study tried to find out if there is need to change some of the policies which are guiding the running of the Ministry so that the operations are effective in the context of the pandemic. Some of the policies that the study was looking at include the sick leave policy, the recruitment and deployment policy, and training policy. There were mixed reactions from the Ministry officials interviewed.

One of the planners in the Ministry said that in line with the sick leave policy, it was necessary to have the causes of death of people revealed as the Ministry is losing a lot of teachers and officers to HIV/AIDS. With the culture of silence when someone dies of an HIV/AIDS related illness, it is very difficult to forecast the actual impact of the pandemic and how this can be dealt with. This will make it difficult to even notice if the some of the interventions that are being put in place are effective. As this officer noted;

“As a planner, I think it is necessary to have the cause of death of someone so that we can easily record how many people this year among the teaches and offices died of HIV/AIDS related illness so that we can compare to see if we are reducing the impact of HIV/AIDS on our people but in this case we cannot tell the impact. We need that the policy and the doctors should be able to tell us the cause of death so that we can have accurate records on those”. (Planner, Ministry of Education)

This officer concurred with another officer at the division on the sick leave policy. The officer said that the problem with HIV/AIDS is that it is difficult to know how many people exactly are dying of it because people are not very open:

“We know they die of AIDS related diseases and if we say maybe 300 teachers are dying because of AIDS we just give the estimate, we do not know the exact numbers. If you look at the attrition indicators, when they go up we can guess that

maybe many people are dying of HIV/AIDS, but I know time will come when we will be able to know what people are suffering from so that the ministry can come up and assist the people accordingly.

Like I was thinking of these ARV's, if we knew which teachers were suffering from AIDS the ministry could have tried to talk with the Aids Commission and then they give us some money or pay directly and these teachers could benefit from that."

(Officer, Division Office)

Another officer commented that the Ministry is moving in the right direction on the issue of HIV/AIDS, by having a full time officer in the Ministry who is handling the issues of HIV/AIDS. This officer will make sure that HIV/AIDS is mainstreamed in the education sector. He will be in a better position to recommend if there is need for policy change because he is noticing all the developments taking place in the sector.

"So we are moving in the right direction, all that remains is to see that this strategic plan is finalized and activities contained there in are implemented".

Officer, MoEST headquarters

From the Human Resource Department the officer was of the same view that some policies need to change although he did not commit himself as to specify a particular policy.

"What I would say is that there is need to look at the policies governing the ministry and see if changes can be made here and there because after a time it is automatic that some policies be reviewed."

Other officers were of the view that there is no need to change some of the policies guiding the running of the Ministry because things are all right the way they are.

"I do not think it is right and proper that the ministry should change the policies although I hear that the Ministry is revising the sick leave policy to accommodate people who are suffering" (Officer, District Office).

Another officer had this to say;

"The sick leave is okay at the moment, there is no need to change it because there

are stages to it. A person gets full pay for the first 6 months; half pay for the following 6 months and no pay after that if you are still sick. Somebody cannot be sick for 2 years and be absent from work. If there is any amendment maybe they can just add that the pay should stop when the person dies. On the part of training there are problems still. For example there are no refresher courses on practicing teachers due to lack of funding. On absenteeism, there is no need to change because the regulations are already there and teachers are aware of it. The only problem is that the implementation of that policy has been lenient, but if we were serious it was not going to be difficult to eradicate this problem. Teachers take it lightly. But the conditions of service need to be looked at because teachers tend to compare themselves with other people in other departments. People in other departments get allowances than teachers do so they always get de-motivated and tend to absent themselves for no reason at all” (Officer, District Office)..

On having Life Skills as an examinable subject a senior officer in the Education Methods Advisory Services (EMAS) department had this to say;

“The proposal has already been made that we are supposed to sit down and see how we can have all subjects examinable. But we find that looking at other problems that are facing the issue of examination we may have to look at other alternatives so that we could make some of the subjects including HIV/AIDS maybe examinable. Because our structure is well centralized and when you come to examination you find that we are decentralized, one wonders how we could make use of a decentralized structure into a centralized system of examination. I see it having a possibility. And of course while looking at this another big challenge is to look at the delivery of HIV/AIDS materials. At first the approach was wholly content but this time we are saying from the experience from other environments other than the school almost every child or person in Malawi has been exposed to this pandemic and the impact that it has on families and individuals, now from the look of things if you read text and from what is been said or if you visit entertainment places in the evening you would say Malawians we have not changed, we are leaving things too much to chances. So the approach we would like to take is to see how fast we come up with behavioral change, visible behavioral change as a result of having these materials in the schools so that’s our major challenge, whether we have to have the examination in place I still think it is not examinable to have change” (Senior Officer, EMAS).

The HIV/AIDS advisor had this say to say on the policies:

“We have so many guidelines that do not HIV/AIDS realities, for example the sick leave policy, is not realistic, even retirement or deployment of staff has to ensure that if we have to deploy a member of staff we have to take into consideration issues of HIV/AIDS. We cannot continue deploying members of staff single in remote areas where we know they will be exposed to HIV and AIDS. We also need

to understand other policies that can mitigate HIV/AIDS". HIV/AIDS Advisor, MoEST.

4.4 Conclusion

Looking at how policies are being made and implemented, one can see that there has not been any change to accommodate the HIV/AIDS pandemic, except for the curriculum. There are still some mixed feelings among the Ministry staff regarding changes in the policies. While the majority of the people interviewed feel the policy change is important, there are some who still believe the current policies are fine. Therefore, we can conclude that much as there is indeed need for policy change in the Ministry of Education and indeed in the entire civil service, and also need for an HIV/AIDS policy for the sector, to help rectify some problems, which have come about due the HIV/AIDS pandemic. There seems to be no consensus among the respondents though, as to if policies should change.

Part B - Planning

4.5 Planning in the context of HIV/AIDS

The second objective of this study was to find out how planning is being done in the context of HIV/AIDS. Of particular interest to the study were budgeting for HIV/AIDS related expenses, resource mobilization, and teacher management. Planning and managing for a developing education sector are demanding activities which require the Education Ministry to be firmly in charge of policy and strategy development and implementation. At all times this is a challenge, but more so when there is risk that HIV/AIDS may decimate key human resources (Kelly, 2000, p. 98). The HIV/AIDS pandemic makes competition for scarce resources even more intense. Thus, the education system has to be well armed through proper planning and management of its resources if

it is to be cost effective and efficient. There is also need for the education sector to be well informed about how it is being affected by HIV/AIDS, the responses it is making, the adjustments it finds necessary, the initiatives it has put in place and the possible way forward (Ministry of Education, 2004b).

In the Ministry's Strategic plan for HIV/AIDS, there are a number of goals/objectives that the Ministry has put in place to help it plan and budget for HIV/AIDS. Some of the strategies include integrating HIV/AIDS issues in the education sector budget and planning resources, and establishing an HIV/AIDS management information system.

4.6.1 Management information system

Sound information management systems are critical for organizational effectiveness and institutional memory. The current information storage and retrieval system in government is manual, except for information relating to salaries. As a consequence, information is difficult to retrieve and sometimes gets lost. In addition, information exchange is hampered by absence of electronic network and teleconferencing facilities. Instead, current information exchange procedures center on formal management meetings and ad hoc requests for information. There is also lack of incentives for the documentation and dissemination of information. This is exacerbated by the bureaucratic structure in the public service, which also serves to hamper the easy flow of information (Malawi Government and UNDP, 2002).

In the Education Ministry information management is really a problem. Data from the schools is collected on a monthly basis or whenever the central office has asked it for. But this data is not properly managed where it goes and the people who collect it

do not know the importance of the data since it never comes back to them. This is a very bad situation because it is sometime difficult to come up with necessary decisions because the system is lacking data (Ministry of Education, 2004d). The Ministry does not have an HIV/AIDS management information system because of lack of data. This is very crucial if the Ministry is to plan for HIV/AIDS and it needs to speed up the process of coming up with the system.

4.6.2 Financial resources

The multiple impacts of HIV/AIDS related to morbidity and mortality in the public service have significant financial ramifications. Currently, the service is operating on a cash budget system, whereby organizations are provided with resources on a monthly basis to implement the activities for that particular month. In most cases, the financial resources provided are below the requirements. The lack of financial stability increases the vulnerability of government organizations to HIV/AIDS. It is now a government policy that the Ministries should include 2-3% of the budget to HIV/AIDS issues.

The Ministry of Education has this line in its budget. There are a number of programs that are being funded directly by the Ministry but the Ministry still seeks funds from the development partners like NAC, GTZ, DFID, USAID, CIDA, UNICEF. With the support of USAID, the Ministry has now an HIV/AIDS advisor who is responsible for all the HIV/AIDS programs in the Ministry. But the inclusion of HIV/AIDS expenses on the budget seems to be done at the Ministry headquarters and the division but it is not clear in the districts. An official at the division said they include a line on HIV/AIDS on their budget that is meant for intervention and other activities related to HIV/AIDS. But

the division also adds money from its other allocations for coffins and transportation of dead bodies because of the increased number of deaths. The division thus spends more money on coffins and transportation of dead bodies than it has on its budget line on interventions. So the whole budget for the division is affected by these frequent funerals that are being attributed to HIV/AIDS.

“In fact in our budget, we include a budget for HIV/AIDS which is meant for intervention and other activities related to HIV/AIDS. But also we include some money for coffins and transportation of dead bodies but lots of teachers are dying we find that we spend more money on coffins and transporting dead bodies instead of performing our core functions so partially, it has affected our budget because when we get the funding more money goes to fuel and coffins.” (Senior Officer, Division).

Responses from the district officials indicated that the districts do not budget for HIV/AIDS related expenses but they deal with these expenses as they come.

“Honestly we do not budget for these expenses but sometimes we receive a little more funding regarding this. But as an office we do not budget for these and as an office we have not planned for HIV/AIDS”. (Senior District Officer, Lilongwe rural east)

“We do not budget for HIV/AIDS related expenses. It is a matter of sacrificing when we see that we have such an issue, we just take some of the available funds we have”. (Senior District Officer, Lilongwe rural west).

“The budgets are made once a year, but according to our culture we do not budget for funerals but there is always a provision on coffins on our budget, which we put”. (Senior District Officer, Lilongwe urban).

4.6.3 Inclusion of HIV/AIDS in teacher recruitment, deployment and replacement

According to a senior officer in the Ministry of Education, the government does not have a policy of discriminating against anyone. It has policies that help in filling vacancies when they come. Students are recruited to go into the teacher education in

numbers consistent with the ministries needs. The Ministry is facing a problem because many people do not want to become teachers. In 1994-5 the government recruited some 22,000 untrained teachers due to the introduction of the free primary education. These teachers are being trained and their training finishes next year. But there is still need for some more teachers, not because of HIV/AIDS alone, but because there are teachers who are retiring who need to be replaced, there are teachers who are absconding or leaving for other jobs or teachers who are dying of HIV/AIDS related illnesses or other causes. Each year the ministry is losing 6% of its staff.

The Ministry has more schools now than ever before and there are also more students, therefore it needs more teachers. The Ministry had adopted a new teacher education strategy where it is going to train 6,000 teachers per year through the conventional means and an additional 2,000 teachers through the distant mode to make 8,000 teachers per year. These programs will start in 2005. The traditional teacher educational program for the primary school teachers has been organized in a way that the student teachers will spend a year in the college and the second year will be in the schools for practice. The Ministry has devised this means to recruit more teachers to ensure that the system is responding to the loss of teachers we are experiencing. The Ministry has also increased the in-service programs by establishing Teacher Development Centers (TDC's). These institutions have been established in all zones; there are currently about 300. At each one of them the ministry has established means of retraining teachers or orienting teachers, for enriching teachers with new skills and new developments but also it is a place where teachers should meet and share experiences and expertise. This is an idea of trying to increase quality of teachers and quality of the pupils in our schools.

The Malawi Teaching Service Commission is responsible for recruitment and discipline of teachers in this country. The Teaching Service Commission and the Ministry work together to recruit teachers, send them to the teachers training colleges, and when they qualify deploy them into schools and manage them as they teach.

4.6.4 Teacher management strategies

The Department of Teacher Education (DTED) has come of with different strategies on how they are going to manage teachers in the context of HIV/AIDS. In its recommendation DTED, (Ministry of Education 2003e) says that, MOEST and its partners must devise new ways of providing quality teacher education and support to more teachers. Teacher education and development cannot proceed with “business as usual” in the midst of the pandemic. In order to avoid collapse of the education sector, there is need for a radical response rather than a series of ad hoc adjustments to the way teachers are educated and managed. The MoEST should look at innovative programs (such as use of radio for upgrading teaching skills) as in other African countries and elsewhere. The use of teacher development centers as a means of reaching out to teachers without them having to travel far away from home needs to be intensified.

Other recommendations in the report include the need for MoEST to look at creative ways of maintaining continuity of learning in the classroom while teachers are absent due to illness, caring for relatives, and attending funerals. This may involve having teachers work closely together in pairs, training classroom assistants or utilizing other forms of community involvement so that if a teacher needs to be away from the classroom, there is someone who can stand in for the absent teachers.

Another recommendation is that education must be provided to all serving and in-

coming teachers in Life skills for HIV/AIDS education. Research has shown that for this to succeed, it must go beyond imparting factual knowledge about the virus. To bring about positive behavior change, teachers must confront their own fears and values regarding sexuality and gender. In addition teachers must use interactive teaching methodologies so they practice using prevention skills such as decision-making.

The department also recognizes the need for a workplace program for prevention and mitigation of HIV/AIDS for teachers and other education staff. This should include district based voluntary counseling and testing (VCT), anti-retroviral therapy, care of sick teachers, and support to teachers who are caring for sick colleagues and sick dependants. This will require that MoEST establish linkages with National AIDS Commission (NAC) and the Ministry of Health and population and other relevant partners. The department also says that these efforts should be made at national, district and community level.

The department is encouraging MoEST to ensure adequate supply of teachers through expanded teacher education programs and encouraging schools to use teacher assistants. As far as possible schools should use part time teachers or teacher assistants to cover for absent teachers and complement teachers with large classes. On teacher deployment the teacher strategy is silent on how HIV/AIDS infected and affected teachers should be deployed.

4.6.5 Major challenges for the planning section in dealing with HIV/AIDS

4.6.5.1 Capacity

There is a daunting task of keeping the few planners that are there in the ministry. The Ministry does not have adequate planners who are adequately and appropriately trained to handle planning issues, policy analysis, planning and monitoring, evaluation,

and data management.

4.6.5.2 Financing

The Ministry does not have enough money to be able to monitor all the programs it is running. It has no money to evaluate those programs that were finished, and it has no money to buy vehicles to enable the officers run around and do their jobs properly. As a result the data is always out of date or not accurate; reports are usually too out of date because they are not produced on time.

4.6.5.3 Consultations

There is a very difficult situation in government that the Ministry of Education on its own cannot just have things move the way it wants them to move without consultation with the Department of Human Resource at the OPC, without consulting the OPC itself and without consulting treasury. So whatever programs it has to run if there is cost, if it has to acquire new staff, it has to consult these offices. It takes long before things are done. As a result the Ministry has problems of performance.

4.6.5.4 Rapid staffs turnover

There is a rapid staff turnover of the people at the top in the Ministry, especially the Principal Secretaries (PS's). For example, between 1999 and 2004 the Ministry has changed PS's 5 times. This is too rapid a change for program implementation. There is need for stability where the policies and programs can be implemented. There is need for stable staffs that knows the changes and know where they have to go. If there is rapid staffs turn over, a lot of time is spent on briefing these new people and progress is slow.

4.6.5.5 Good information system (culture of silence)

There is a problem of making sure of the numbers of people who are dying are

actually dying of HIV/AIDS related illnesses because the government does not reveal that this person has died of HIV related illness. Even if the Ministry knew, it cannot announce because there is no policy in the government that allows it to do so. The planning section needs to have such statistics and data to know if the programs it is running (especially for HIV/AIDS) are having an impact at all.

“We only record that we have lost 20 people this month or 300 people this year but how they die or the cause of death we cannot tell”. Senior Officer, Planning section)

4.7 Conclusion

A number of strategies have been put in place to help plan for education in the context of the HIV/AIDS pandemic. The strategic plan that has just been released will serve as a guide for the planning section on what it is supposed to be doing. There is need to address the challenges that are currently in the planning section so that the plans that have been developed are properly implemented. All managers at all levels of the Ministry need to be sensitized on the implementation of the plan and they should be taken aboard.

The development of the DTED is a very positive move because it will ease some burden for the planning section on the management of teachers. Therefore these two departments should work hand in hand to improve on teacher management.

For the budgeting part at the division and district level, the Ministry should encourage these levels to come up with other means of financing their HIV/AIDS programs rather waiting on the Ministry to give them all the money. They should be allowed to write proposals to other donor agencies on their own than to wait for government to source these resources for them.

Part C

4.8 Implementation of HIV/AIDS intervention programs

The response to the HIV/AIDS pandemic in the Education Ministry has been slow but comprehensive. The major responses have been through the curriculum and extra curricula activities. The third objective of the study was to find out how the implementation of these programs have so far progressed and establish factors that have contributed to the successful implementation of the programs or if there are some factor hindering the implementation of these programs.

4.8.1 CURRICULUM

Life skills education was introduced in the primary schools in September 1997. The aim of introducing life skills was to empower the youth to enable them say no to sex and also to enable them make informed decisions over and above the increased awareness of HIV/AIDS issues. It was supposed to be the vehicle of teaching HIV/AIDS issues in the schools. This was in line with what other countries in the Sub-Saharan region also did to use education as a preventive tool for HIV/AIDS. Life skills education started being offered in standard 4 only and up to date it is just being offered in STD 4. At secondary school level life skills is being offered from form 3 only. That is the subject is not being offered in forms 1 and 2. Plans are underway to have it offered in all the classes at both levels. The reason for having it in STD 4 is that the majority of children who drop out from school drop after the first 4 years. Looking at the enrollment in the country, 70-75 percent of it is in the first 4 years (personal information). So having Life Skills start in these four years is to make sure that even those children who drop out of school for various reasons have been exposed to HIV/AIDS issues and also have some basic skills of how they can take care of themselves.

There are five key psychosocial aspects that are included in Life Skills programs which aim to influence health and social behavior. These areas include:

- a. Self- awareness
- b. Private communication and interpersonal relationships
- c. Decision making and problem solving
- d. Creative thinking
- e. Coping with emotions and coping with stress

Life Skills programs aim to foster positive behaviors across this range of psychosocial skills, and change unacceptable behavior learned early, which may translate into inappropriate and risky behavior at a later stage in life. Life skills education programs promote positive health choices, taking informed decisions, practicing healthy behaviors and recognizing and avoiding risky situations and behavior (Hill et. al 2000).

In terms of coverage, there are 8 essential skills that children have to acquire. These include issues to do with effective communication, decision-making, problem solving, assertiveness, and conflict resolution among others. The children have to know how to resist peer pressure because there are some of the things related to the HIV/AIDS scourge. They have to think critically about their actions, think about the consequences of their actions, be able to make decisions based on whatever information is available to them and they should be able to empathize with somebody who is suffering and be able to take care of that person.

Unfortunately Life Skills education is facing a number of challenges in the Malawian schools. Teachers have not been adequately prepared to teach Life Skills because it is currently not being offered in the teacher training colleges. As such many

teachers are not very willing to teach the subject. According to Chawani et. al,(2003) teachers attribute the poor teaching to their inadequate knowledge of HIV/AIDS education and life skills education due to lack of training. They resort to chalk and talk approach that is not effective in changing the behavior of students. Effective teaching of HIV/AIDS education requires use of special teaching approaches and methodology (that are interactive and participatory) if students are to acquire knowledge, skills and attitudes necessary for behavioral change for HIV/AIDS prevention.

However, up to now, pre-service teacher training has not adequately addressed HIV/AIDS issues in the curriculum. Most of the training on HIV/AIDS for teachers has been through in-service training organized by some donors to enable them teach the HIV/AIDS materials that have been sent to the schools. According to the Director of Education Methods and Supervision, the ministry has just come up with a strategic plan and a syllabus has been produced to have life skills taught in the teacher training colleges.

“ For teacher education, all what the teachers have managed to do is maybe through the INSET courses that would enable them to teach the HIV/AIDS materials that have been sent out to schools. But I have also noticed the Why Wait and AIDS TOTO clubs that have certainly trained teachers. But the training at institutional level has not been done. For our primary school teachers college, we have just come up with a planning strategy and the life skills syllabus has just been produced. As for the university, they still do not have anything on HIV/AIDS for the teachers trainees”. EMAS Director

A Primary Education Advisor (PEA) in one of the districts had this to say:

“The number of courses, which the district has brought forward to the teachers on HIV/AIDS, are not enough. For example last year we only had one course which was attached to life skills and it was just part of another workshop, we have not had a full course related to the AIDS”.

A methods advisor at the division also made this observation:

“Like I said, life skills has been introduced in schools, books have been published up to standard four, PEA’s have been trained to train the teachers on how to use the books but then teachers have not been trained as of now, they are still waiting for MIE to release some funds to training teacher. The books have been released but the actual implementation has not been done because teachers are not teaching, they are waiting to be trained. PEA’s were just trained last December but the other parts are still waiting for the funds. The problem is that we were not included at a divisional level and we have actually complained to them that we do not know what they are doing because they just went straight to the PEA’s so I think sooner or later they will let us see the life skills books. But for sure in most districts in the central west division teachers have not been trained but PEA’s have been trained.”

The United States Agency for International Development (USAID) has supported the Teachers Union of Malawi (TUM) with an HIV/AIDS package for the teachers, something that will enable them to have access to more information on HIV/AIDS and also to enable them at the end of the day to handle HIV/AIDS issues at the primary section (I failed to get more information on this package because it was difficult to schedule interview with relevant officials).

Also the United Nations Children’s Fund (UNICEF) is supporting Action Aid to also work with teachers on the same issue at the primary section. It was realized that much as there was a Life Skills package for the children there was a missing link; the teachers also needed their own package. Action Aid has been carrying out training session for teachers that run for a period of 5 weeks. The topics covered during the session include:

Cultural practices

Alcohol abuse

STD’s and HIV/AIDS

Body mapping

Confidentiality

Voluntary counseling and testing

Writing the will

These training sessions are targeting all teachers from all the schools in the Lilongwe Rural East District. The problem being currently faced is that it is taking time to train the teacher because the sessions can only take up a specific number of teachers, so training all the teachers in the district will definitely take a little bit of time. There is an outcry in all the 3 districts to have teachers trained fast so that they can be fully equipped to teach the subject.

The other factor affecting the teaching of life skills/HIV/AIDS education in the schools is the cultural factor. Teachers are not willing to teach HIV/AIDS topics because of cultural norms, which do not allow discussion of sexual issues with young children as this is perceived as a taboo. The other factor also is the inadequate coverage of HIV/AIDS curriculum. Questions on HIV/AIDS rarely come up in both school based and external examination and as a result content is not taught thoroughly by teachers. Where HIV/AIDS is taught as a stand-alone subject, it is not examinable. Thus some teachers and students take the subject as being a waste of time since they will not have an exam. They prefer using time allocated to life skills for some other subjects. In addition MoEST instructed schools to allocate to HIV/AIDS one hour per week for HIV/AIDS lessons that is inadequate. Resources are another problem that is hindering effective implementation of the HIV/AIDS/Life Skills curriculum. There is a general lack of material, human and financial resources in the schools. There is lack of teaching and learning materials for HIV/AIDS and Life Skills education in a majority of primary

schools. The materials that have been developed have either been poorly distributed or have remained unused at school level (Chawani et. al, 2003)

4.8.2 EXTRA-CURRICULA ACTIVITIES

The second response to the HIV/AIDS pandemic has been through extra curricula activities. According to the Director of Basic Education in the Ministry, each and every primary school is encouraged to have an AIDS TOTO club. The AIDS TOTO clubs have been established and supported by UNICEF since the 1980s through the provision of learning materials and guidelines for running clubs and training of teachers as patrons of clubs. Initially the clubs were intended to provide children with an opportunity of discussing dangers of indulging in sex with multiple partners, drugs, and alcohol. The clubs focus on empowering the youth through the provision of information on HIV/AIDS that would enable them to make informed decisions regarding their sexual relationships and behavior. However, membership to the clubs is voluntary and in most cases not many students enroll for these clubs (Chawani et.al, 2003). According to the Director of Basic Education, at the moment of all the 5,000 primary schools, over 3,000 have AIDS TOTO clubs. These clubs are working mostly on increasing the sensitization of the people in the schools and people in the surrounding communities. These clubs get in touch with other out of school youth clubs that are also working in the same area of HIV/AIDS. In most of the districts, there are either youth NGO's or youth clubs working in the area of HIV/AIDS and there is a lot of interaction between them and the schools. There have been a lot of materials produced that have been given to the pupils by organizations such as Banja la Mtsogolo (BLM) and Population Service International (PSI). These organizations have done quite some work to help disseminate information to pupils both

at primary and secondary level. PSI has been very active in its My Life, My Future campaigns in both primary and secondary schools through its Youth Alert program. The program creates awareness among students on the dangers of HIV/AIDS and need to avoid contracting HIV. They are distributing a lot of materials on HIV/AIDS to students and also conducting workshops with the students in their schools. Discussions are underway with the Association of Christian Educators in Malawi – (ACEM) who are developing some interventions so that teachers in the institutions are given skills to counsel people with HIV/AIDS.

Another extra curricula activity that was introduced is the Why Wait club, which was launched with the view of delaying the onset of sexual activity in the youth, since the mode of transmission of HIV/AIDS is through sexual contact. A lot of teachers have been trained on how to handle that program and it is being implemented in a number of schools (I could not get figures on how many teachers have been trained and how many schools have this program).

4.9 Conclusion

Looking at the two programs that were introduced in the schools as HIV/AIDS interventions, one can find a number of elements that are contributing to the successful implementation of the programs. Firstly, there is will on the part of the government to fight the pandemic in the system. By making life skills a curriculum item, it shows that the government is willing to fight against the pandemic in the Ministry right from the grass roots level. Secondly there is a lot of support from other partners who are helping in the funding of the programs both as a subject and as extra-curricula activities. The partners have helped in the production of teaching and learning materials and in the

production of club materials. Some have helped in the training of teachers.

However, much as there are some success stories, there are some factors that are still hindering the implementation process. The major factor is capacity. The Ministry does not have enough trained teachers to teach life skills. This is because the subject is not being offered at teacher training institutions. The material may be there but if teachers are not able to use them, the whole purpose of having Life skills as an intervention tool is being defeated. Secondly there is need for the Ministry to find means of funding these activities internally without relying on other donors. Once these donors pull, out the programs will lack continuity and ownership. There is also need to come up with more programs for the teachers and other staff, because all these make up the Ministry and there are some who have been infected and affected as well. It is not the student body only that needs these interventions.

The other issue is on working towards having life skills examinable because teachers and students are taking the subject for granted because they know that they will be assessed. If this is not possible then both teachers and students need to be sensitized on the importance of the subject.

Chapter 5

5.0 Conclusion and recommendations

The study looked at the how policy and planning is currently being done in the context of HIV/AIDS in Malawi. It was noted that there is need to change some policies and planning issues so that the Ministry can be very productive in the face of the pandemic. The production of the strategic plan is a very positive step since it will guide most of the actions that the Ministry has to take. In this chapter, some recommendations are offered on areas that require more attention as these plans are being implemented.

Firstly, there is need to review major policies affecting human resources because the Ministry cannot do with a weak human resource. The policies for possible review could include the sick leave policy, recruitment and retention policies, and training policy. These policies are important because they touch on an important element of the Ministry function and cannot be ignored since that will affect the productivity of the Ministry. Another area to look at would be the introduction of the work place policy on HIV/AIDS. This will help solve some problems currently being faced in the human resource sector due to HIV/AIDS. We have seen that most of the implemented programs had a student focus, but these are not the only ones affected. Teachers, managers, planners, ground men have all been affected, and they need their own interventions; a work place policy would address that. The other most important area will be to work on the HIV/AIDS policy for the whole education sector. This should be speeded up because it will guide all the HIV/AIDS action in the education sector. A comprehensive education policy on HIV/AIDS will incorporate planning (projecting/enrolment and related human resources development and training) and budgeting (finance); management and welfare

of human resources, guidance and counseling of learners, educators and other staff, teacher education and development (pre and in-service training) in addition to curriculum matters (Ministry of Education, 2004b).

Secondly there is the need to strengthen the planning capacity of the ministry because this is the mother of all the activities and plans to combat HIV/AIDS. If this department is weak, then the whole Ministry will suffer. The formation of the strategic plan for the intervention of HIV/AIDS has been a major stepping-stone for the department. However, the areas of budgeting, information systems and capacity need special attention if the department is to be very effective. An HIV/AIDS Management Information system will be of particular help in the planning of day-to-day activities hence the need to take this serious. Failure to create one could lead to inaccurate projections, which is not a good thing for planning. The Management Information System could include numbers of employees currently HIV infected or ill with AIDS related conditions, the extent and trends of teachers, Ministry officials and students affected; numbers of employees maintained on the payroll but unable to work; extent of HIV/AIDS related absenteeism; sick leave and compassionate leave; numbers of teachers in school (current and projected) and many other things. If all these records are present it will be easier to make projections and plan for education.

Thirdly, funding for HIV/AIDS activities should receive serious consideration. The funding is currently coming for cooperation partners mainly and a part from government. There is need to mobilize local resources for the programs to be effective. Suppose the cooperating partners pull out, government on its own will not manage to fund all the programs on its own. So there is need to instill that sense of ownership for all

the programs so they can be funded locally. If this is not done, then the interventions will not be of any meaning to the locals since they do not take an active role in the whole process. And once donors pull out, there will be no continuity and the programs will die out.

Fourthly, there is need for more research on HIV/AIDS to know how the Ministry is doing and areas where it needs to put in more effort. A lot of research on HIV/AIDS is going on in the country by different organizations and individuals. The Ministry of Education could try to bring together all the researchers on education so they can share their findings. There is need to coordinate these efforts to minimize duplications and also to make sure that what is already on the ground is being used. This can help the Ministry speed up and diversify its plans on education.

Fifthly, there is need to strengthen the relationship between the Ministry and the communities because the communities are doing a lot on HIV/AIDS on their own or with help from some NGO's or CBO's. The Ministry of Education needs to work very closely with the community because it can use the capacity and resources that are already there to implement its programs. Besides whatever intervention the Ministry can come with will not help the Ministry alone but every sector since HIV/AIDS is a cross cutting issue and apparently education has a major part to play on this. Therefore it needs all the other partners.

And lastly, the Ministry of Education should make sure that life skills education is being offered at all levels of the education system and that it should be made examinable. This can help people to see how important the subject is since we are an exam oriented society. Teachers should receive enough training on how to handle the subject.

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Appendice A. Interview guide

Human Resources Officer

1. What has been the impact of HIV/AIDS on the Ministry of Education?
2. How has the Ministry of Education responded to the impact?
3. **Recruitment:** According to the Malawi Public service, recruitment is centralized. DHRM&D is responsible for creating and controlling staff establishments.
 - a. Is the policy having an effect on education sector?
 - b. If affected, has education sector come up with ways of filling up vacancies created by HIV/AIDS
4. **Training:** According to Malawi public service, training is coordinated by DHRM&D.
 - a. Does the Ministry of Education has any power to train staff to replace the capacity lost due to HIV/AIDS.
 - b. Does the system have adequate educators and/or management training facilities to provide replacement stock?
 - c. Does the system have adequate replacement stock to cover absence through illness and attrition through death related to HIV/AIDS?
 - d. What is the training policy now?
5. **Retirement:** The Malawi Public Service allows people to retire on HIV/AIDS on medical ground:
 - a. Has the ministry of education experienced many cases of retirement on medical ground especially those related to HIV/AIDS in the past 5 years.
 - b. If yes, how many people have retired on HIV/AIDS related medical grounds in the past 5 years.
5. **Absenteeism:** According to the MPRS, a civil servant is guilty of misconduct when s/he absents herself or himself from work during normal working hours without permission from a responsible officer or without a valid excuse.
 - a. How is absenteeism dealt with in the ministry?
 - b. Is there a system in place for monitoring and recording absenteeism?
 - c. What are the major reasons why people absent themselves to work?
 - d. Who are likely to be absent from work, males or females?
 - e. What is the acceptable period for one to be absent from work?
 - f. How is HIV/AIDS related absenteeism dealt with?
6. **Sick leave:** According to the MPRS an employee is entitled to 3 months sick leave with full pay, after which s/he is entitled to another 3 months with half pay. After 6 months the individual is entitled to another 6 months without pay.
 - a. Is this policy being adhered to in the education sector?
 - b. What are the implications of adhering to the policy?
 - c. What are the implications of not adhering to the policy?

- d. Have there been any changes in the policy due to the pandemic?

7. **Financial Resources:** The multiple impacts of HIV/AIDS related morbidity and mortality in the public service have significant financial ramifications.

- a. Is the system allowed to budget for HIV/AIDS related expenses?
- b. If yes, how much of the total budget is allocated to HIV/AIDS?
- c. If no, how does the system find money/resources to deal with HIV/AIDS related expenses?
- d. What are the financial implications of HIV/AIDS related morbidity and mortality?

8. **Discipline:** There has been an outcry on the weak policy implementation on the abuse of students by teachers and by other students?

- a. What measures are now been out in place to make sure that students (especially girls) are protected from these abuses?
- b. Are there appropriate codes of conduct for teachers and learners and are they applied rigorously?

9. What policy changes can you suggest to help the ministry carry out its duties in the context of HIV/AIDS?

Head of Planning

1. How has the Ministry of Education especially Basic Education Sub-sector been affected by the HIV/AIDS pandemic?

2. How has the MoEST responded?

3. How are the following issues being planned for in the face of HIV/AIDS?

- a. Teacher recruitment
- b. Teacher replacement
- c. Teacher development
- d. Work allocations and loads.

4. Is the information management system up to date to ensure the recording and monitoring of HIV/AIDS related

- a. Morbidity
- b. Mortality
- c. Absenteeism

5. Does the ministry budget for HIV/AIDS related expenses?

- a. If yes, how much of the total budget is allocated to HIV/AIDS related?
- b. If no, where do the resources used for HIV/AIDS related expenses come from?

6. Have relatively accurate projections been made of likely enrollments and teacher requirement in basic education sector over the next 3-10 years.
6. Do we expect rises and falls in these projections?
7. Is the system trying to provide meaningful relevant education services to learners affected by HIV/AIDS by
 - a. Finding new times and places
 - b. Finding new techniques for learning and teaching e.g. multi grading and Para teachers
8. How much attention has been given to:
 - a. Work place policies in schools and offices
 - b. Codes of conduct
 - c. HIV monitoring protocols for the service
 - d. Guidance on the rights and responsible of teachers or management guidelines for senior managers
 - e. Teaching service regulations
 - f. Human resource management policies
9. What plans (HIV/AIDS plans) /programmes are there for administrators, planners and directors
10. What is being done to mitigate the HIV/AIDS impact on:
 - a. Teachers
 - b. Educational inputs
 - c. Management
11. How are we doing? What performance indicators can we use to know whether we are achieving our goals?
12. Who collects benchmark information?
13. Who sets performance indicators, who apply them?
14. Are education managers being trained to confront and deal with HIV/AIDS issues in their departments?
15. What steps are being taken to replace managers lost from the system due to HIV/AIDS?
16. What are the challenges for the planning section in the fight against HIV/AIDS?
17. What policy changes can you suggest to help the ministry of carry out its duties in the context of HIV/AIDS?

Director of Basic Education

1. Impact on basic education: How has the basic education sector been affected by HIV/AIDS.

2. Responding to the pandemic:

- a. Curriculum: Are learners being guided through the curriculum on safe sex and appropriate behavior and attitudes?
- b. Materials: Have materials been developed and distributed to institutions? Are they up to date?
- c. Serving educators preparation: Are school teachers adequately prepared through pre-service and in-service to teach life skills curricular? Have they accepted this responsibility?
- d. Partnership: Are other partners helping in prevention programmes. Who are they and what their roles?

3. Mitigating the impact:

- a. Has an assessment been done on the likely impacts of HIV/AIDS on the basic education sector for the next 5-10 years?
- b. What factors have been found that make educators and learners vulnerable to infections.
- c. What steps are being taken to sustain the quality of education provision?
- d. What steps are being taken to replace teachers and managers lost from the system?
- e. Have relatively accurate projections been made of likely enrolments and teacher requirement in the basic education sector over the next 3-10 years.

4. Social support.

- a. Can pupils and students who are affected by AIDS find help from their teachers?
- b. Are teachers affected by AIDS, those who are dealing with trauma of children affected by AIDS getting help to cope?
- c. Are children affected and infected by the pandemic receiving counseling and care? Is there a culture of care in schools and institutions?
- d. Is planning underway to understand and respond to the special needs of increasing numbers of orphaned and other vulnerable children?

5. Management: How much attention has been given to:

- a. Work place policies in schools and offices
- b. Codes of conduct
- c. HIV monitoring protocols for the service
- d. Guidance on the rights and responsibilities of teachers or management guidelines for senior managers
- e. Teaching service regulations
- f. Human resource management policies

6. What policy changes can you suggest to help the ministry carry out its duties in the context of HIV/AIDS?

Director of Education Methods Advisory Section

1. What has been the impact of HIV/AIDS on basic education?
2. How has the MoEST responded to the impact?
3. Does MoEST have a policy on HIV/AIDS? What does it say?
4. How effective has the life skills curriculum, which was introduced in the schools, been?
5. Are teachers being trained to confront and deal with HIV/AIDS issues in an enlightened and practical way?
6. For how long have these training sessions been?
7. What are the contents of these training programmes?
8. Have materials HIV/AIDS teaching and learning materials been evaluated in terms of content, implementation and outcomes?
9. Are the teachings and learning materials adequate? (Only standard 4 and senior secondary curriculum were developed, what is happening to the rest of the classes?)
10. Are universities and colleges now offering HIV/AIDS education to student teachers?
11. What is the attitude of teachers towards HIV/AIDS education or life skills education?
12. Some students have been showing reluctance to learn Life Skills because it is not examinable. What is been done to resolve this issue?
13. The PIF document states that basic education curriculum and syllabuses will be amended to reinforce the messages related to the social impact and coping strategies of the HIV/AIDS pandemic.
 - a. Has this policy been realized?
 - b. If no, what problems have the ministry met in trying to implement the policy?
14. What policy changes can you suggest to help the ministry carry out its duties in the context of HIV/AIDS?

HIV/AIDS Advisor

1. How has the education ministry, especially the basic education sector, been affected by HIV/AIDS pandemic and how has it responded?
2. What are the challenges the ministry is facing in the fight against HIV/AIDS at Basic education
3. Does the ministry have a policy on HIV/AIDS?
4. What does the policy say?
5. Is there an education sector HIV/AIDS strategic plan that covers all levels of the whole education sector?
6. Is this strategic plan funded?
7. What intervention strategies are currently in place for
 - a. Teachers
 - b. Students
 - c. Other MoEST employees
8. How far have the MoEST gone in terms of context and needs?
9. What significant issues and potential constraints do we need to focus on?
10. What resources do we need to have and how are they allocated?
11. What action should we take to achieve our goals making use of available resources?
12. Are partners outside government involved in the fight against AIDS?
13. In which areas are each of the partners involved?
14. Is information about HIV/AIDS being collected, analyzed , stored and spread in the sector?
15. Is there an HIV/AIDS and education research agenda for the education sector?
16. What kind of support is being given to students and employees affected and infected with HIV/AIDS?

17. What policy changes can you suggest to help the ministry carry out its duties in the context of HIV/AIDS?

District Education Managers.

1. What has been the impact of HIV/AIDS in your district on :
 - a. Teachers
 - b. Students
 - c. Management
2. How has your district responded to the impact?
3. What challenges have you come across in the fight against the pandemic?
4. Have educators in your district been trained to confront and deal with HIV/AIDS issues in an enlightened and practical way?
5. For how long have these training sessions been?
6. What have been the contents of the training?
7. Are there any awareness programmes in the work place?
8. What are the objectives of these programmes?
9. Who is involved in these programmes?
10. What factors are favouring the implementation of HIV/AIDS programmes in your district?
11. What factors are hindering the implementation of these programmes in your district?
12. Are HIV/AIDS related expenses funded in your district?
13. If yes, how much of the total budget is allocated to the programmes?
14. If not, where do you get the funds to deal with these problems?
15. Absenteeism from work is one of the major problems, which have come about with HIV/AIDS. Is this a big problem in your district?
16. How are you solving this problem?
17. What is your role as a district education Manager in the fight against AIDS?
18. Have you been trained on how to handle HIV/AIDS issues in your district?

19. What problems are you meeting in the planning of education in your district with HIV/AIDS around?
20. What kind of support is being given to pupils and teacher infected and affected with HIV/AIDS?
21. What policy changes can you suggest to help the ministry carry out its duties in the context of HIV/AIDS?

Division Manager

1. What has been the impact of HIV/AIDS on your division especially on basic education?
2. How has your division responded to the impact?
3. What challenges is the division facing in the fight against HIV/AIDS?
4. Does the MoEST have a policy on HIV/AIDS?
5. What does the policy say?
4. What programs are in place in the division to help fight the pandemic?
5. How are these programs funded?
6. How much attention have been given to the following:
 - a. Work place policies in schools and offices
 - b. Codes of conduct
 - c. HIV monitoring protocols for the service
 - d. Guidance on the rights and responsibilities of teachers or management guidelines for senior managers
 - e. Teaching service regulations
 - f. Human resource management policies
7. What policy changes can you suggest in the to help the ministry carry out its duties in the context of HIV/AIDS?

Division planning section

1. What has the impact of HIV/AIDS on basic education in your division?
2. How has the division responded to the impact?

3. What challenges is the division facing in the fight against the pandemic?
4. How are the following issues being planned for in the fight against HIV/AIDS?
 - i. Teacher recruitment
 - ii. Teacher replacement
 - iii. Teacher development
 - iv. Work allocations and loads
5. How updated is the information system to ensure the recording and monitoring of HIV/AIDS related:
 - a. Morbidity
 - b. Mortality
 - c. Absenteeism
6. Does the division budget for HIV/AIDS related expenses?
 - a. If yes, how much of the total budget is allocated to HIV/AIDS related expenses?
 - b. If no, where do the resources used for HIV/AIDS related expenses come from?
7. Have relatively accurate projections been made of likely enrollments and teacher requirement in basic education sector over the next 3-10 years?
8. Do we expect rises and falls in these projections?
9. What challenges is the division facing in the carrying out its duties in the context of HIV/AIDS?
10. What policy changes can you suggest to help the ministry carry out its duties in the fight against HIV/AIDS?