

**Responding to the Systemic  
Impact of HIV/AIDS:**  
THE MTT and EXAMPLES  
FROM THE  
EDUCATION SECTOR

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# Response to Impacts of HIV/AIDS in Education in Africa

- ❖ **Zambia MOE's HIV implementation plan incorporated into SIP in 2001\***
- ❖ **Malawi's HIV plan adopted in SIP 2001\***
- ❖ **Namibia's HIV plan launched in SIP 2001\***
- ❖ **Ghana's HIV plan adopted in SIP 2001**
- ❖ **RSA DOE impact conference in April 2002**

**\* Plans resulted in new funding for HIV activities in education from MOE budget, USAID or other donors**



# The Education Sector Support Approach

**ESS approach to basic education reform is:**

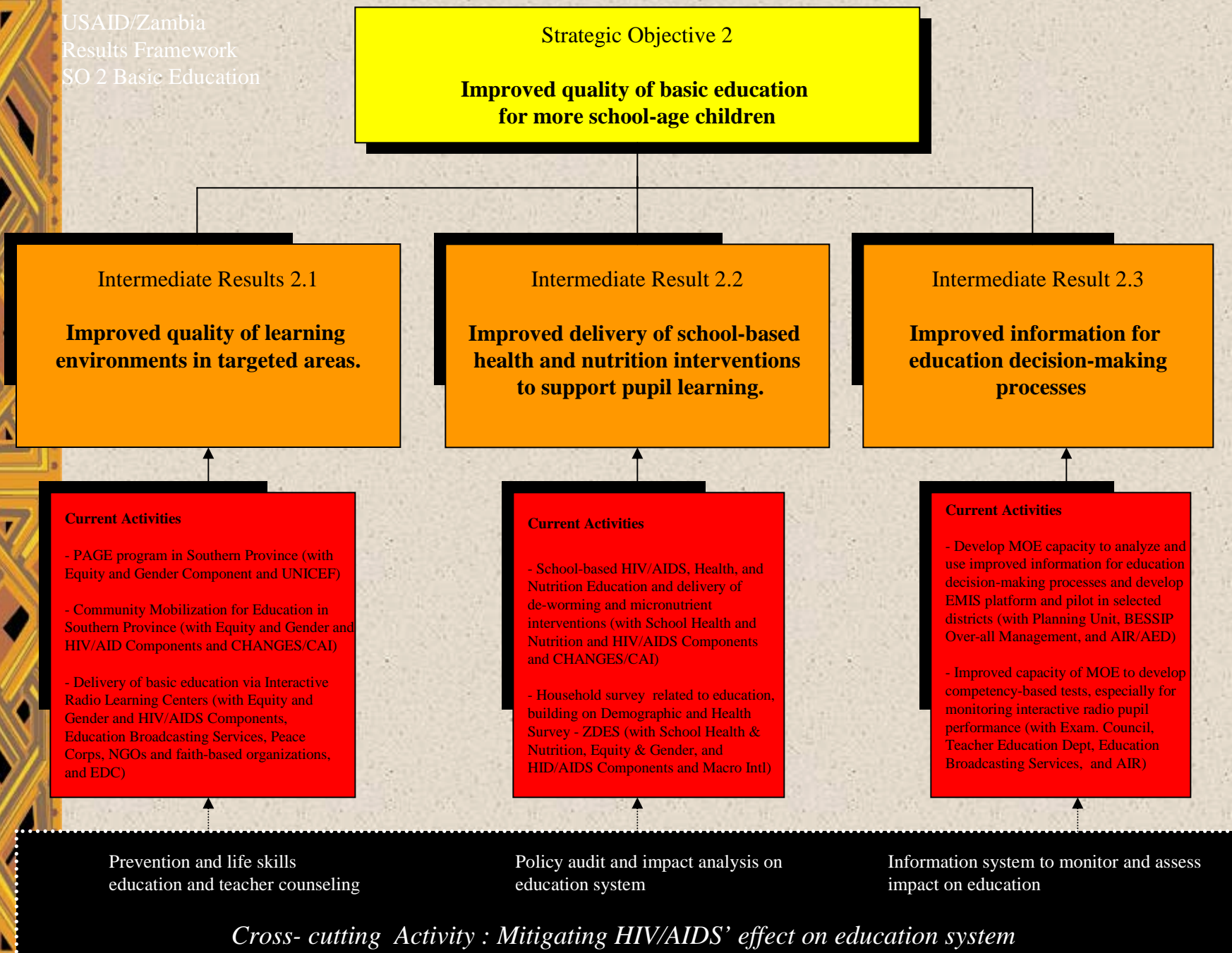
- ❖ **Systemic**
- ❖ **Sustainable**
- ❖ **Classroom/pupil-level**



# Activities under ESS Approach

## **Examples of Activities Missions support:**


- ❖ **Support for Sector Investment Plans**
- ❖ **Improving supply and quality of teachers**
- ❖ **Improved curriculum and teaching materials**
- ❖ **Improved EMIS for policy and planning**
- ❖ **Community role in school management**
- ❖ **Access for all children, especially girls**





# Africa Bureau HIV/AIDS and Education Strategy

- ❖ **Build the capacity of ministries for strategic planning and management of HIV impacts**
- ❖ **Strengthen delivery of “life skills” education for HIV prevention**
- ❖ **Support innovations to deliver formal and non-formal basic education to orphans and other affected children**



**While Africa Bureau education works with Missions to consider activities that mitigate HIV impacts in education...  
...they also support the UND HEARD Mobile Task Team for HIV/AIDS and Education, helping MOEs build their capacity to manage HIV/AIDS systemic impacts.**



# The Mobile Task Team on HIV/AIDS and Education

- ❖ **Co-designed and developed by the Health Economics & HIV/AIDS research Division (HEARD), University of Natal and USAID AFR/SD;**
- ❖ **Managed and administered by HEARD and funded by USAID;**
- ❖ **Comprises a highly mobile group of southern African professionals in the fields of HIV/AIDS, education, health, management, economics, data, MIS/EMIS and modelling.**



# MTT Objectives

- ❖ **Assess the impact of HIV/AIDS and MOE response to date; develop a shared vision for the future, establish prioritised goals and objectives to achieve this vision, and a detailed, achievable action plan with target dates and allocation of responsibility Train MOEs and country partners;**
- ❖ **Transfer the skills and tools to internalise and sustain the capacity to strategize, plan and implement systemic countermeasures to mitigate the impact of HIV/AIDS on education;**
- ❖ **Reduce dependence on the importation of technical assistance and develop a network of indigenous skills in Africa.**



# MTT Approach


- ❖ **To achieve this the MTT have developed:**
  - **Sector appraisal frameworks**
  - **Vision, goal and objective setting techniques**
  - **Prioritisation and implementation planning**
  - **Teacher demand and supply modelling**
  - **District level data collection and monitoring systems and analysis**
  - **Partnership database development**
  - **Analysis of TA requirements**
  - **District managers resource kits**

# MTT Activities to Date

- ❖ **Currently working, or planning to work, in 9 education systems in sub-Saharan Africa;**
- ❖ **Has worked in Zambia, Malawi and Namibia; also currently working in South Africa and four of its provinces, in Ethiopia and preparing to go to Guinea;**
- ❖ **Committed to the replication of the MTT concept in the West African ECOWAS region;**
- ❖ **Held an international training workshop in August 2001 to transfer advanced planning and management skills to eight SADC-region countries and four South African provinces;**
- ❖ **Planning a pan-African support network.**



# Examples from the Education Sector



**Question:** *HIV/AIDS: Health Issue or Education Management Challenge?*

**Observation:** *The overwhelming majority of education managers at all levels still think HIV/AIDS is a passing, if awe-inspiring, health issue.*

**Reasons:**

- \* Few managers have access to data confirming how widespread the problem really is;*
- \* Scale is outside their professional experience;*
- \* Associated stigma/embarrassment limits discussion;*
- \* Assume it is a health issue outside their terms of reference or competence;*
- \* Lack of understanding and shared vision makes them uncertain and insecure;*
- \* They would prefer it to be someone else's problem – particularly older managers approaching retirement .*



## MTT/MOE Response:

- \* Help managers to move beyond fear and uncertainty and understand that this is a management issue requiring direct response to observed impact on the day-to-day running of the system;*
- \* Train them to provide systemic responses to practical problems of demand and supply, in terms they are familiar with, and recognise that the main impact of HIV/AIDS is to make existing systemic and management problems worse;*
- \* Provide the tools and training to do this effectively.*



**Question:** *Are Dysfunctional Systems Masking Impact?*

**Observation:** *Many education managers in Africa seem insulated from an appreciation of the systemic impact of HIV/AIDS and are surprised by projections of their data and comparative country studies.*

**Reasons:**

- \* All education systems experience some dysfunctionality;*
- \* This may include poor administration, lack of skills and training, patchy data capture, limited payroll management and communication, for example;*
- \* These problems may contribute to the inability of the system to monitor its own activity and efficiency;*
- \* This is a long-standing problem, making it impossible to adequately detect the real impact of HIV/AIDS and may consequently mask its implications.*



## MTT/MOE Response:

- \* Provide workshop exposure to the issues for management at all levels and prioritise the establishment and collection of some key indicators to baseline and systemically monitor impact;*
- \* Involve financial decision makers and use well-grounded projection models to confirm impact on sectoral and national budgets, and on economic growth prospects;*
- \* Place the focus on good management, administration, record keeping and analysis, rather than on HIV/AIDS – resolution is a win/win proposition for both.*



**Question:** *Is Part-Time Management Adequate for a Full-Time Crisis?*

**Observation:** *Most MOEs have handed responsibility and limited resources for response to committees of officials who already have full-time jobs.*

**Reasons:**

- \* The need to be seen to be taking action and uncertainty about what action to take;*
- \* Lack of understanding that this is a full-time, long-term systemic crisis requiring dedicated management, information and resource allocation;* \*
- \* Misperception that appropriate response only involves awareness, life skills, and curriculum change;*
- \* Assumption that this is a short-term, health problem, often influenced by the MOH's lead agency role in country.*



## MTT/MOE Response:

- \* Prioritise the design and establishment of a multi-functional, permanent and fully resourced HIV/AIDS Management Unit;*
- \* Identify/recruit/second appropriately skilled senior personnel – from whatever source;*
- \* Focus squarely on systemic management issues, data analysis and communications, and have direct access to HODs and Ministers;*
- \* Develop non-duplicatory network relationships with EMIS, Planning and Finance, and have unit autonomy to report and make statements as necessary.*



**Question:** *Does Response Require a Percentage of Budget or Complete Budget Redesign?*

**Observation:** *Most MOEs appear to assume that a budget allocation, committed to life skills, teacher training, curriculum change etc, will deal with their commitment and response.*

**Reasons:**

- \* Familiar assumption that this is a health issue requiring a finite response in the form of training programs, materials and changes to curricula;*
- \* Lack of appreciation that HIV/AIDS will impact every budget item, directly or indirectly, sooner or later;*
- \* Finance managers and even planners are still distant from the issues and have little appreciation of the scale of the problem;*
- \* Misunderstanding that shrinking enrolments do not equate to reduced system cost in this case.*



## MTT/MOE Response:

- \* Engage finance managers, within education and at the national level, and help make them champions for better data, more sensitive analysis and improved planning;*
- \* Assist finance managers to recognize that reduced demand does not mean lower system cost in this instance, and that the impact of reduced quantitative and qualitative education output will reduce economic growth prospects – and therefore their own budgets;*
- \* Develop a comprehensive new approach to education budgeting and provide training for key finance personnel at all levels.*



**Question:** *Is this a Short-Term Crisis or a Long-Term Management Problem?*

**Observation:** *Most education managers are clearly startled to hear that the HIV/AIDS crisis could continue to directly and indirectly impact their systems for a long time to come.*

**Reasons:**

- \* Assuming this to be a health crisis, managers have expected this it to pass with time, allowing them to get on with business as usual;*
- \* Combination of limited data, secrecy, stigma and lack of understanding of the facts of the pandemic have shrouded the issue in mystery for many;*
- \* Widespread assumption that a vaccine is around the corner and that that will fix things;*
- \* Training in long-term planning and projection is lacking in many systems, and consequently no real sense of what the future might hold.*



## MTT/MOE Response:

- \* Demonstrate that this is a multi-dimensional management issue with medium and long-term implications;*
- \* Target core groups of appropriately placed, influential officials for training and support, and mobilize the collection of requisite data and indicators;*
- \* Train and equip them with the skills and adaptive management tools to make projections and develop policy option scenarios;*
- \* Support this key group as champions of rational long-term planning and advocates for systemic response.*



**Question:** *Should Certain Issues and Responses be Prioritised?*

**Observation:** *There is an inclination to overwhelm response capacity with unrealistic expectations of addressing everything at once, and consequently achieving comparatively little of strategic value.*

**Reasons:**

- \* The proliferation of committees (of already busy people) required to frame MOE responses;*
- \* The instinctive conviction that a comprehensive awareness program of life skills and curriculum development, coupled to teacher training, is the answer;*
- \* 'Need' to list every idea/suggestion and give it equal weight to avoid giving offence in an uncertain field;*
- \* 'Wheel-spinning' in an effort to make haste and mistaking non-systemic interventions for a strategic response.*



## MTT/MOE Response:

- \* Ensure/support the creation of a dedicated management unit within the MOE, or failing that, identify a group of key decision-makers and train them to think and act strategically;*
- \* Provide basic prioritisation skills and apply these to a revised list of strategic and systemic interventions, with the aim of producing a prioritised implementation plan;*
- \* List 'zero budget' interventions to create momentum and generate a positive sense of achievement. These are actions that can be literally taken now and produce an outcome at no cost.*



**Question:** *Will HIV/AIDS Affect Some Areas More than Others?*

**Observation:** *Managers and officials (in common with most people) do not seem to realize that there are very variable rates of HIV/AIDS impact over any geographic area.*

**Reasons:**

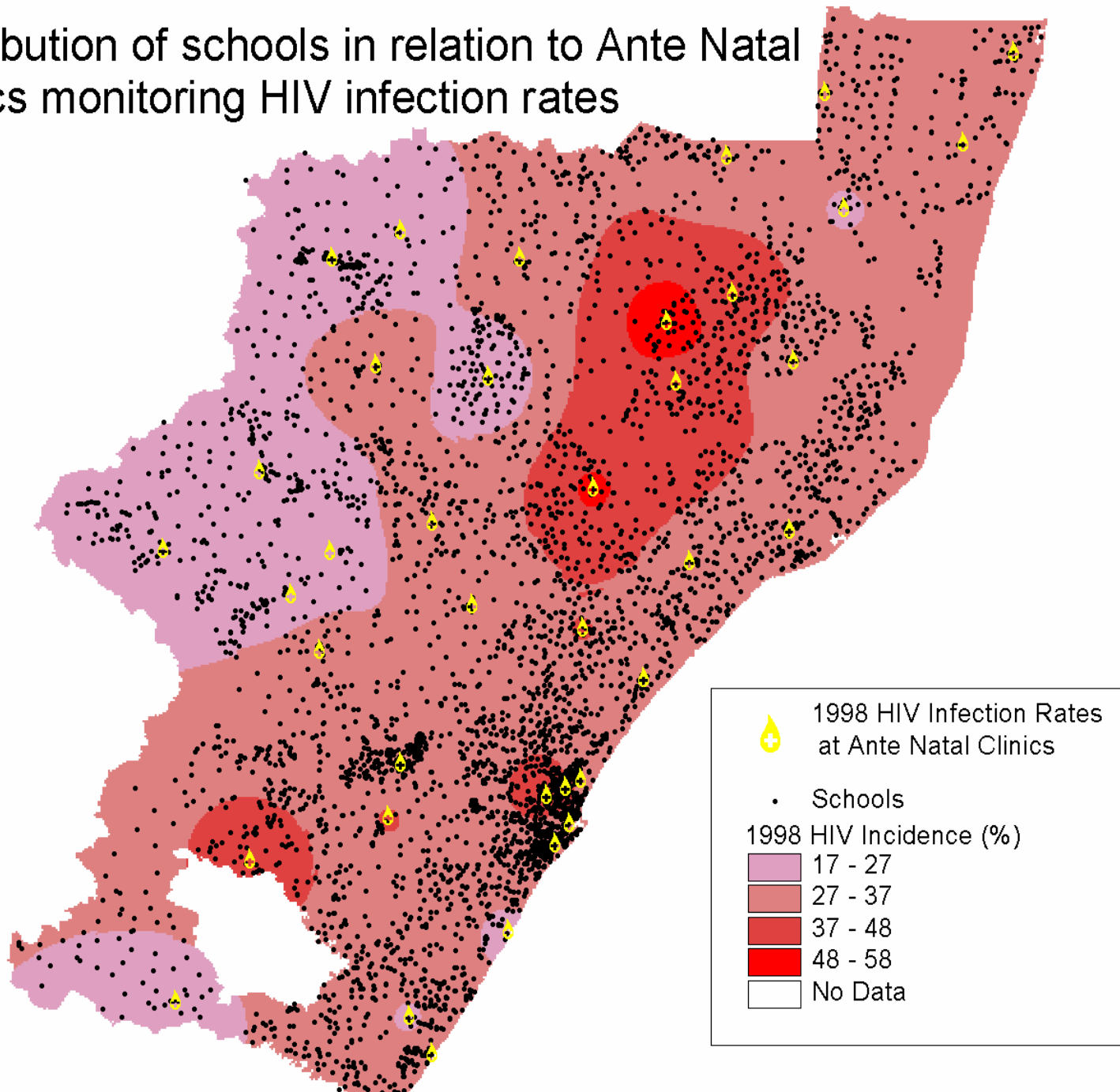
- \* They assume that (available) national and even provincial statistics on impact apply universally in the areas concerned;*
- \* They may not interrogate the reliability of these data too closely, or have the experience to do so;*
- \* They have had no professional reason to consider why variability should occur, and may not have given the subject any thought at all;*
- \* The answer to the question begs complex policy and management response and opens a range of issues beyond day-to-day administration.*



## MTT/MOE Response:

- \* Demonstrate GIS/spatial analysis techniques to show variability in a powerfully visual way and identify levels of impact and 'hot spots';*
- \* In countries where supporting data for such an exercise may be patchy or non-existent, demonstrate comparative examples to show the management value of such tools and advocate for data/project development;*
- \* Use these tools to alert MOEs and development agency partners to the potential they hold and to the need to prioritise the creation of these to support wider social sector development and HIV/AIDS response;*
- \* If necessary develop interim indicators to motivate policy response.*

# Distribution of schools in relation to Ante Natal Clinics monitoring HIV infection rates





**Question:** *Do Current Development Goals and Targets Reflect HIV/AIDS Impact?*

**Observation:** *National government/MOE and international agency goals and targets are increasingly unrelated to the realities of HIV/AIDS impact and may not be achievable.*

**Reasons:**

- \* HIV/AIDS impact has exacerbated existing systemic problems in many countries and dramatically eroded the infrastructural and development gains on which new targets are based;*
- \* Country data are often out of date, patchy or unreliable, and mask the impact of HIV/AIDS, multiplying the potential for error;*
- \* Goals and targets are frequently driven by well-intentioned international, regional and national declarations, and the political need to be seen to meet these.*

## MTT/MOE Response:

- \* Critically review development targets and check baseline and other data for reliability and sensitivity to HIV/AIDS impact;*
- \* Help the MOE collaboratively develop realistic goals for the sector and support these with dependable data and analysis;*
- \* Introduce a sense of realism to planning and show that HIV/AIDS impact must be mitigated if development gains are to be made;*
- \* Introduce new systems for local data collection, monitoring and analysis to establish accuracy and trends;*
- \* Avoid creating a stick to be beaten with when patently unrealistic targets cannot be met!*

# Key Presentation Points

- ❖ **HIV/AIDS is a development issue and the largest single *management* challenge facing education, although most education managers initially believe it is a health issue;**
- ❖ **The primary impact of HIV/AIDS is to explode the scale of *existing* systemic and management problems in education;**
- ❖ **The scale of this impact may be masked by dysfunctional data systems, poor collection, time lags in analysis and ‘annual snapshots’ of the system rather than a dynamic time series;**

# Key Presentation Points

- ❖ **A full-time crisis cannot be managed on a part-time basis: MOEs must prioritize the establishment of properly resourced and permanently-staffed HIV/AIDS management units;**
- ❖ **Education budgeting must be reviewed at every level and new approaches developed to reflect and provide for the extent of direct and indirect impact;**
- ❖ **Even if a vaccine were discovered tomorrow, HIV/AIDS will impact every aspect of management, teaching and learning for *decades* to come;**
- ❖ **Key strategic interventions must be identified and prioritized over medium and long-term activity;**

# Key Presentation Points

- ❖ **Good management and administration, combined with primary health care and nutrition, remains the key to mitigating impact *and* improving education quality;**
- ❖ **Managers must move beyond fear and uncertainty and develop the practical systemic responses *they are trained for*, in terms they are familiar with;**
- ❖ **The impact of HIV/AIDS varies dramatically within regions, countries and districts and decision support systems must be developed to inform policy response;**

# Key Presentation Points

- ❖ **Most current education development goals and global declarations are redundant in the HIV/AIDS era, and should be completely reconsidered;**
- ❖ **This failure to recognize HIV/AIDS impact places enormous pressure on international program and expenditure targets and could lead to misplaced budget cuts;**
- ❖ **The HIV/AIDS crisis has ironically created an opportunity to reform the system *through* the design of policy and counter-measures to mitigate the impact of HIV/AIDS;**
- ❖ **The MTT provides a replicable approach to supporting MOE response and building sustainable capacity in operational conditions.**



HIV/AIDS Impact  
on  
The Education Sector  
Meeting The Management Challenge



# Key Management Issues



# Management Issue 1: Impact on Labor

- ❖ **Temporary Educator Loss**
- ❖ **Educator Attrition**
- ❖ **Educator Training**
- ❖ **Specialist Educator Losses**
- ❖ **Rationalization Planning**
- ❖ **Management Attrition**



# Management Issue 2: Enrolment and Gender

- ❖ **Enrolment Decline**
- ❖ **Increasing Attrition**
- ❖ **Learner/Educator Ratios**
- ❖ **Female Vulnerability**
- ❖ **Gender Equity**



# Management Issue 3: Increase in Orphans

- ❖ **Incidence**
- ❖ **Defining orphaning**
- ❖ **Impact on Education**
- ❖ **Declining Enrolment, Drop-Out and Fees**
- ❖ **Social Instability**



# Management Issue 4: Decline in School Fees

- ❖ **Payment of School Fees**
- ❖ **Incidence**
- ❖ **Local Impact**
- ❖ **Extended Family Support**
- ❖ **Policy Response**



# Management Issue 5: Transition Rates & Output

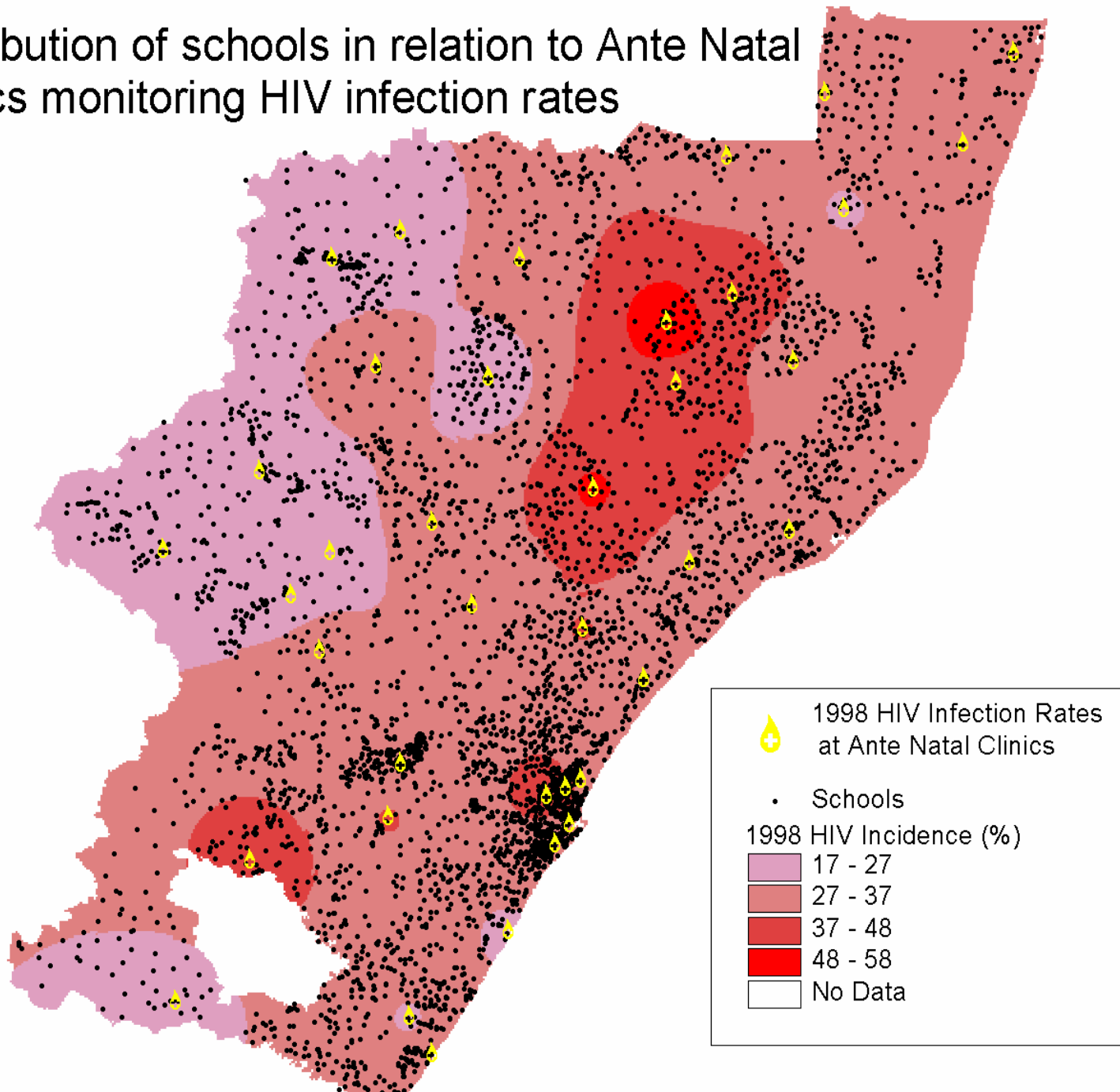
- ❖ **Primary/Secondary Transition Rates**
- ❖ **Graduation Rates**
- ❖ **Gender Bias**
- ❖ **Specialist/Rare Subject Pass**



# Management Issue 6: Geographic Variation

- ❖ **Aggregated national and provincial data**
- ❖ **Prevalence 'hot spots'**
- ❖ **Policy issues**
- ❖ **Information use**

# Distribution of schools in relation to Ante Natal Clinics monitoring HIV infection rates





*“Where Have All the  
Flowers Gone?”*

A Study of Declining Grade 1  
Enrolment in KwaZulu Natal



# KwaZulu Natal: A Case Study

- ❖ **KZN is South Africa's largest provincial system with almost 3 million pupils and about 75 000 teachers**
- ❖ **Grade One enrolment in KZN grew as expected between 3% and 5% over the 15 years to 1998**
- ❖ **Growth slowed to 3% in 1998 and was expected to plateau in the new millennium due to reduced general fertility rates**
- ❖ **Linked demand for teachers was projected to drop and contributed to a decision to close Colleges of Education, transferring responsibility to universities.**

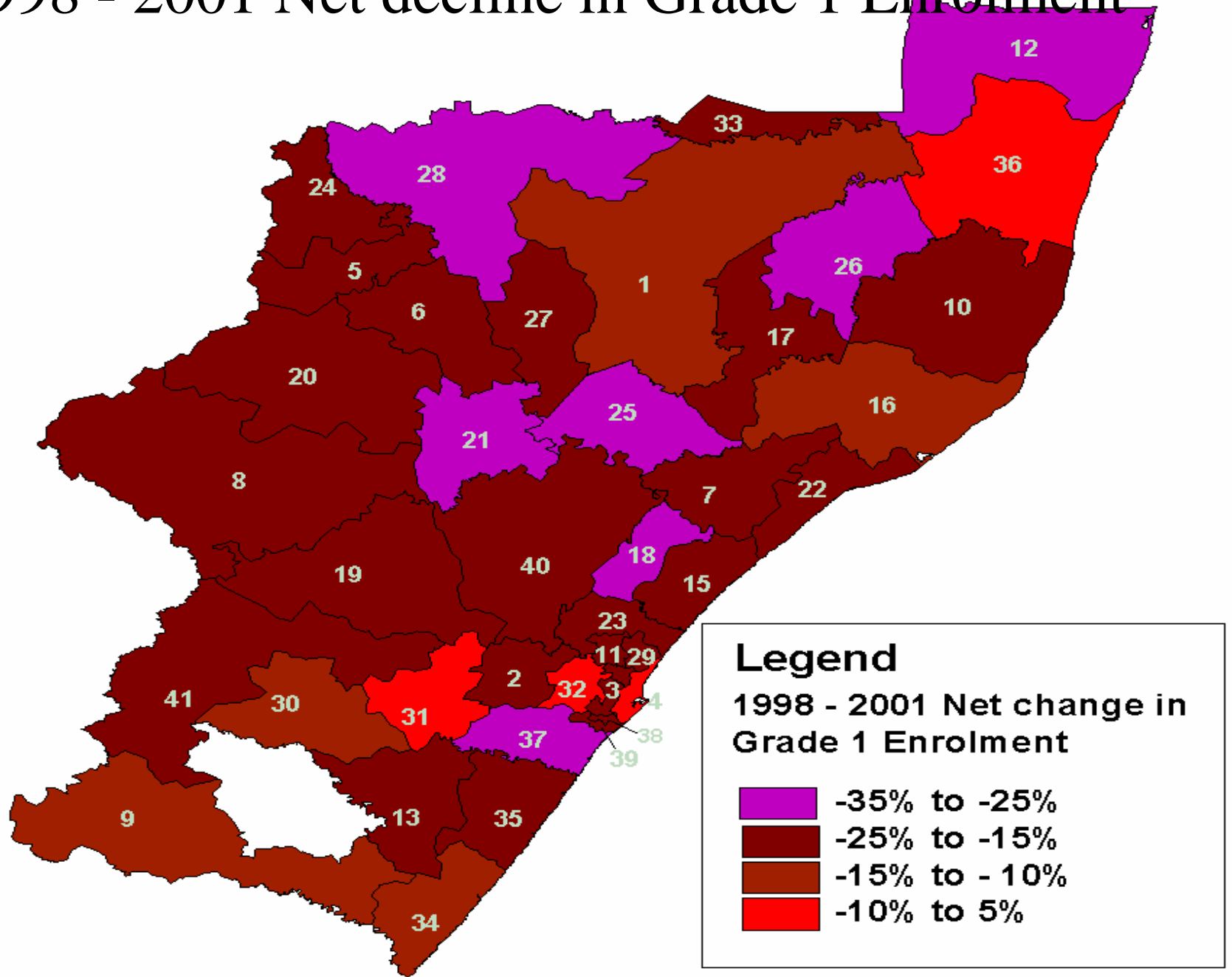
# Enrolment Decline

- ❖ **Grade One enrolment declined sharply, unrelated to policy change, from +3% in 1998 to -12% in 1999, according to 10<sup>th</sup> School Day/Snap Survey data**
- ❖ **Grade One enrolment reduced from 340 379 in 1998 to 299 357 in 1999**
- ❖ **2000 policy change precluded the entry of pupils under 7, coinciding with a further drop of -24% in Grade One enrolment**
- ❖ **Policy change alone does not explain this 24% decline which reduced enrolment from 299 357 in 1999 to 227 728 in 2000.**

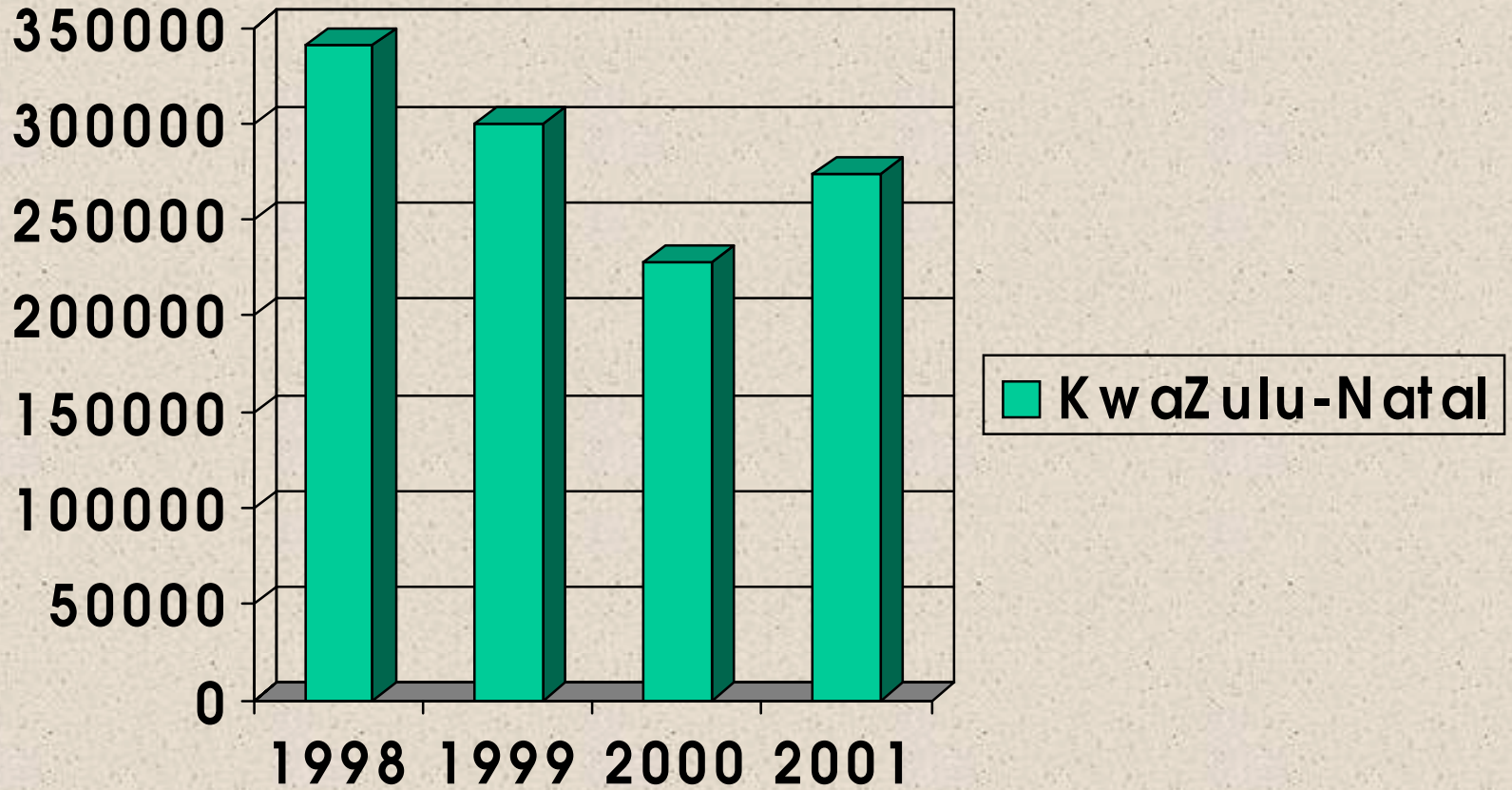
# Gross Increase/ Net Decline

- ❖ **2001 Grade One enrolment would be expected to grow by about 30% to absorb all the 6 year olds (and younger) held back in 2000**
- ❖ **Grade One enrolment in 2001 rose from 227 728 in 2000 to 273 833**
- ❖ **Growth was limited to +20% in fact, suggesting a real decline of a *further 10%***
- ❖ **Rates of decline were similar for girls and boys**
- ❖ **Geographic disparity between districts was very great confirming that provincial data masks regional variance and comparative hot spots**

# 1998 - 2001 Net decline in Grade 1 Enrolment

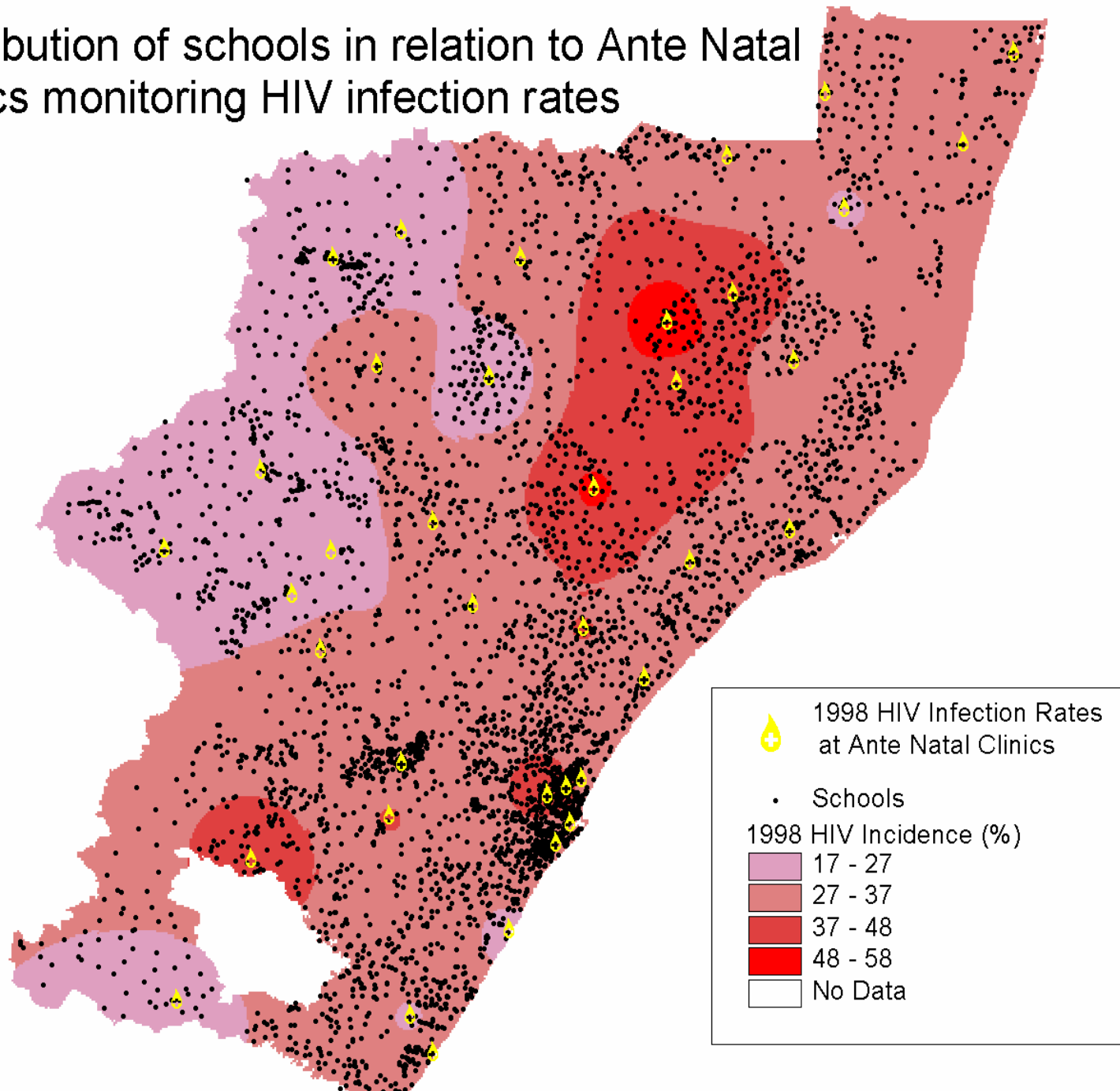


# Total Grade 1 Enrolment for KwaZulu-Natal 1998 - 2001





# Distribution of schools in relation to Ante Natal Clinics monitoring HIV infection rates



# Diagnosing the Decline

- ❖ **At least eleven reasons for the decline present themselves:**
- ❖ **Whatever the reasons, the decline is first and foremost a management problem of major proportion**
  - ***Data Quality/ Improved Data Collection***
  - ***Normalized Enrolment***      - ***Migration Patterns***
  - ***Reduced Female Intake***      - ***Decline in Fertility***
  - ***Infant Mortality***      - ***Economic Impact***
  - ***Orphaning***      - ***Domestic 'service'***  
***Responsibilities***
  - ***Policy Change***



# Educator Demand Model KwaZulu Natal, South Africa

# The Model

Developed by HEARD for the KZNDEC, based on a national model provided by Dr Luis Crouch, for the National Department of Education

- ❖ **A two stage model to estimate the required production of educators**
- ❖ **Stage 1: Estimate the total number of educators needed each year**
- ❖ **Stage 2: Estimate the rate at which educators leave the system**
- ❖ **Result: The number of new educators required per year**

# Stage 1

- ❖ **Total number of educators needed**
  - **number of children in each age group 2000-10**
  - **intake into grade 1**
  - **repetition rate in grade 1**
  - **net flow ratios**
  - **enrolment projections**
  - **class size and learner:educator ratio**
  - **qualification distribution of educators**

# Results of Stage 1

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Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Edicator	7647	7643	7646	7623	76157	7563	74867	7566	7249	71201
demand										
Change	<del>416</del>	196	124	-44	-25	-484	-806	-1302	-1096	-1268

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# Stage 2

- ❖ **The rate at which educators leave the system**
  - **Normal attrition**
    - In 1999 6.79% of educators left the system.
    - Estimated that 0.64% left because of AIDS.
    - Around 6.1% can be considered normal attrition.
  - **HIV/AIDS attrition**
    - Is only at the beginning. AIDS deaths are increasing sharply and will reach close to 5% a year by 2010.

# Results of Stage 2

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Year	2000	2001	2002	2003	2004	2005	2006	2007	2008
Educators leaving	5352	5587	5853	6136	6419	6685	6907	7052	7178

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# Results

- ❖ **The rate at which educators leave the system will more than offset the reduction in total demand**
- ❖ **HIV/AIDS will have an increasingly serious impact on educator attrition rates**

# Demand for replacement educators


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Year	2000	2001	2002	2003	2004	2005	2006	2007	2008
Required	548	571	580	587	594	589	566	556	590

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# Conclusions

- ❖ The total number of educators needed will decrease
- ❖ The training requirement will, however, increase as educators leave the system faster than the decline in the need.
- ❖ Total decline by 2008 in demand                      4 946
- ❖ Total educators leaving by 2008                      64 418
- ❖ Training requirement 2000-2008                      59 472



# Implications for an average primary school

- ❖ **2001**
  - 1310 students, requiring 38 teachers
- ❖ **2005**
  - 1109 students, requiring 33 teachers
- ❖ **2009**
  - 1075 students
  - 31 teachers required
  - 27 teachers left 2001-end 2009
  - 4 teachers remaining from 2001 staff



# “9000 teachers hired”

*Daily News, Durban March 5 2002*

“The KwaZulu Natal Department of Education has hired more than 9000 new teachers.....many of whom had served the Department in a temporary capacity for years”

“Department spokesperson Mr Mandla Msibi said that while there was a genuine shortage of classrooms, the Province was also **‘running short’** of teachers”.



# Educator and Learner Mortality, Eastern Cape

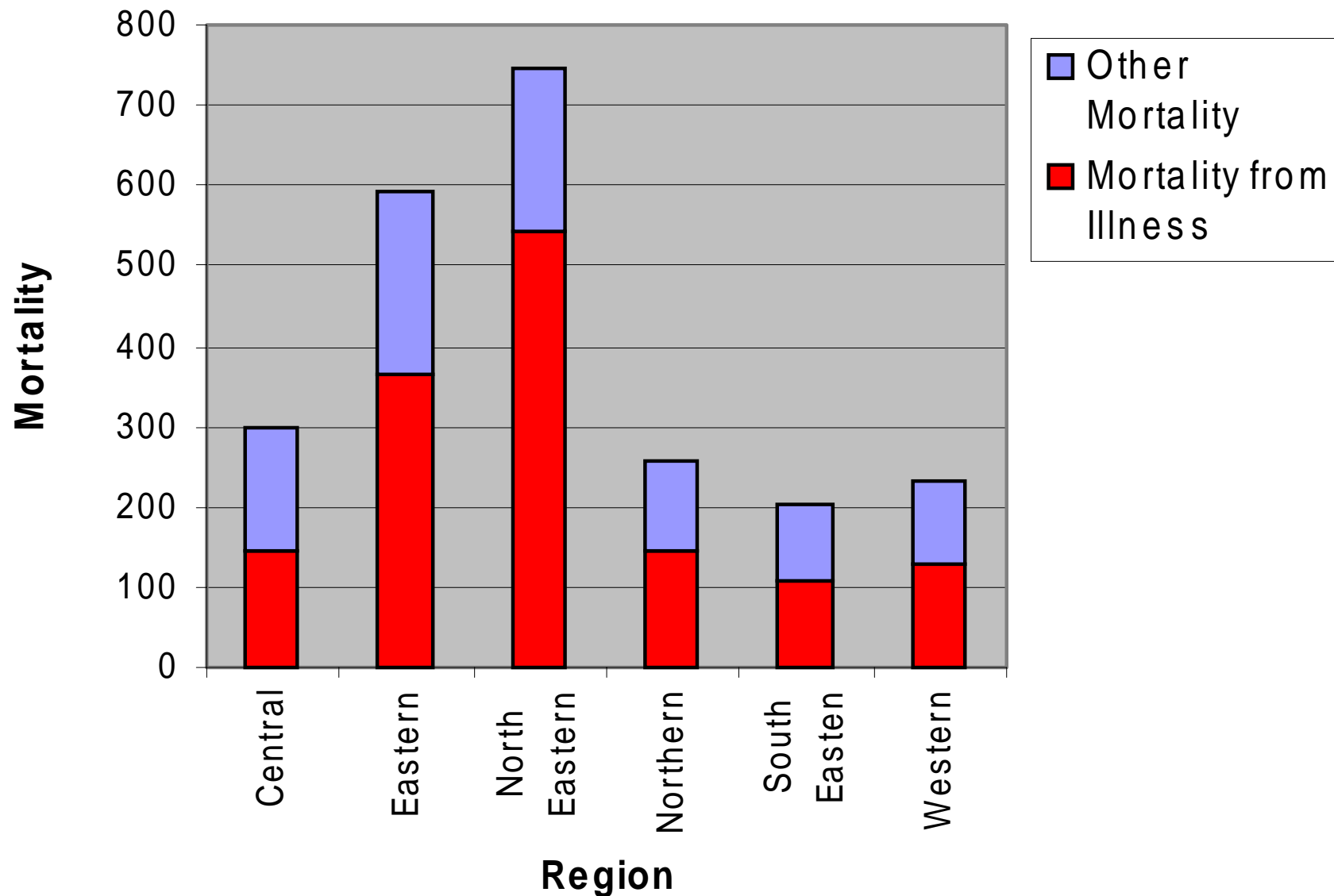
# Mortality Data

- ❖ Mortality data was collected for the first time in South African schools in 2000;
- ❖ Not all schools have responded to this new question for undetermined reasons: Of 6 275 schools in the Eastern Cape, 333 responded on educators and 1 465 on learners;
- ❖ Data was captured on only 711 619 learners, or 33% of the total enrolment of 2 142 811 in 2000, and *only* 5 142 educators, or 8% of the total of 63371 employed in that year;
- ❖ Further research is therefore required to establish whether the schools surveyed are a representative sample or only those experiencing mortality.

# Learner Mortality

- ❖ In the sample of 711 619 (or 33% of the Provincial total) there were 2 328 reported deaths in 2000;
- ❖ Of these deaths, 62% (1 436) were due to illness, 28% (658) were 'accidental', 4% (98) were suicides and 6% (136) were due to violence or homicide;
- ❖ 51% of learners dying from illness were female in contrast to 30% female deaths from all other causes;
- ❖ 25% of learners dying of illness were between 6 and 9, 28% between 10 and 14, 35% between 15 and 19 and 9% between 20 and 24.

# Proportion of Learner Mortality due to Illness by Education Region\_2000



# Educator Mortality

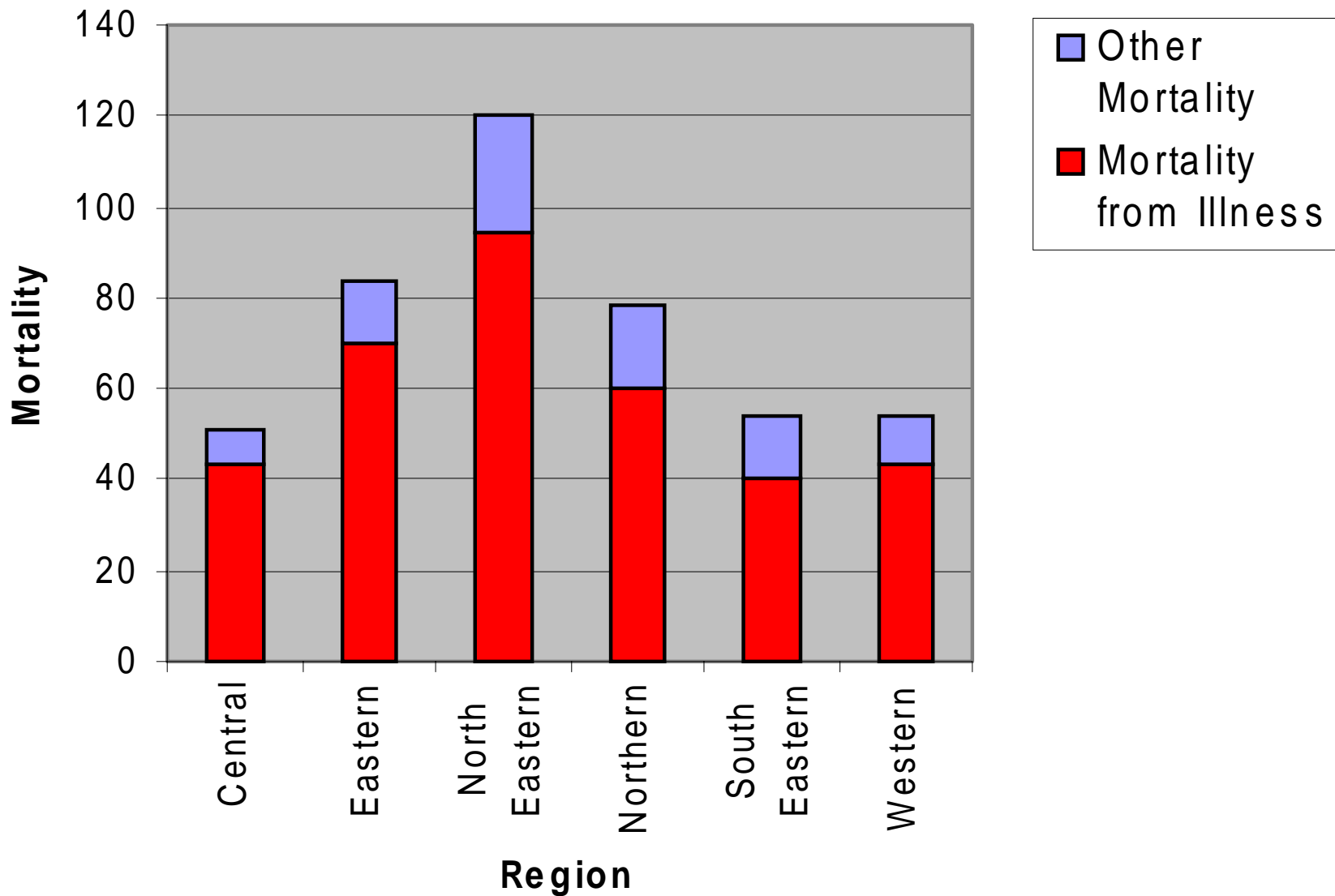
- ❖ In the educator sample of 5 142 (or 8% of the Provincial total of 63 371 in service) there were 350 reported deaths in 2000;
- ❖ This equates to a mortality rate of almost 7% but must be seen in context of no reporting on 92% of the educators in service;
- ❖ 55%, or 193, of these deaths were of female educators;
- ❖ Of the total of 350 reported deaths in the sample, 259 or 74% were due to illness, of which 58% were of female educators;



# Educator Mortality (continued)


- ❖ **Of those who died of illness, 80% or 208 were under the age of 50, and 57% of these educators were female;**
- ❖ **Male deaths due to illness peaked between the ages of 30 and 34, while female deaths peaked between 35 and 39;**
- ❖ **As with learner mortality, mortality for educators is overwhelmingly rural: 81% of all educator deaths were recorded in Rural or Farm schools.**

# Proportion of Educator Mortality due to Illness by Education Region\_2000





# Strategic Responses



# Managing and Mitigating the Impact of HIV/AIDS on Education in sub-Saharan Africa: The Mobile Task Team Approach

- ❖ The MTT comprises a highly mobile group of southern African professionals in the fields of HIV/AIDS, education, health, management, economics, data, MIS/EMIS and modelling;
- ❖ The MTT is directed and administered by HEARD at the University of Natal and is funded by USAID, who have been co-responsible for its concept and development.
- ❖ Its mission is to provide support to MOEs to ensure the development of a sustainable, systemic response to this challenge and to transfer the skills and knowledge required to build independent capacity in these ministries.



# The Mobile Task Team Approach

- ❖ **Access to the MTT is negotiated either through USAID's network of missions in southern Africa, or directly via HEARD or USAID's Africa Bureau;**
- ❖ **This provides a 'credit' in terms of fully funded MTT support, and means that a team of up to four appropriately qualified professionals is available to work with the MOE concerned, for as long as is required, to develop a prioritised implementation plan for sustainable mitigation and management;**
- ❖ **This includes the development of monitoring and measurement systems and the provision of a basket of tools, templates and frameworks created for this purpose.**



# The Mobile Task Team Objectives

- ❖ **Train core groups of country nationals in techniques and skills designed to internalise and sustain the capacity to strategize, plan and implement systemic countermeasures to mitigate the impact of HIV/AIDS on education;**
- ❖ **Reduce dependence on the importation of technical assistance and develop a network of indigenous skills in Africa;**
- ❖ **Assess the current impact of HIV/AIDS and MOE response to date; develop a shared vision for the future, establish prioritised goals and objectives to achieve this vision, and a detailed, achievable action plan with target dates and allocation of responsibility.**

# The Mobile Task Team Method

- ❖ **Support is provided through a collaborative process involving the MOE and the MTT team, in a series of preparatory visits and scheduled workshops commencing at the national level;**
- ❖ **To achieve its objectives, the MTT have developed a basket of tools, techniques, templates and models that support this process;**
- ❖ **These include rapid appraisal frameworks; vision, goal and objective setting techniques; prioritisation, teacher demand and supply modelling; district level data collection systems; partnership database development; analysis of TA requirements; and monitoring and evaluation frameworks.**

# MTT Activities to Date

- ❖ **The MTT is currently working in 9 education systems in sub-Saharan Africa;**
- ❖ **The MTT has worked in Zambia, Malawi and Namibia; it is currently working in South Africa and four of its provinces, in Ethiopia and is preparing to go to Guinea shortly;**
- ❖ **It is committed to the replication of the MTT concept in the West African ECOWAS region and, in association with DFID and the World Bank, is also working in six focus states in Nigeria;**
- ❖ **The MTT held an international training workshop in August 2001 to transfer advanced planning and management skills to eight SADC-region countries and four South African provinces.**



# District Education Monitoring System (DEMOS)

- ❖ **DEMOS is designed to provide a time series of indicators from the school and district level, identifying areas of impact on an ongoing basis;**
- ❖ **Its value lies in the *monthly* collection of data and it is designed to reinforce school management systems and provide a reporting template for monitoring and management;**
- ❖ **DEMOS has been piloted in two districts of the Ladysmith Education region in KwaZulu Natal since February 2001;**
- ❖ **DEMOS is supported by HIV/AIDS Fact Sheets and a Management Response Checklist.**



# District Education Monitoring System (DEMOS)

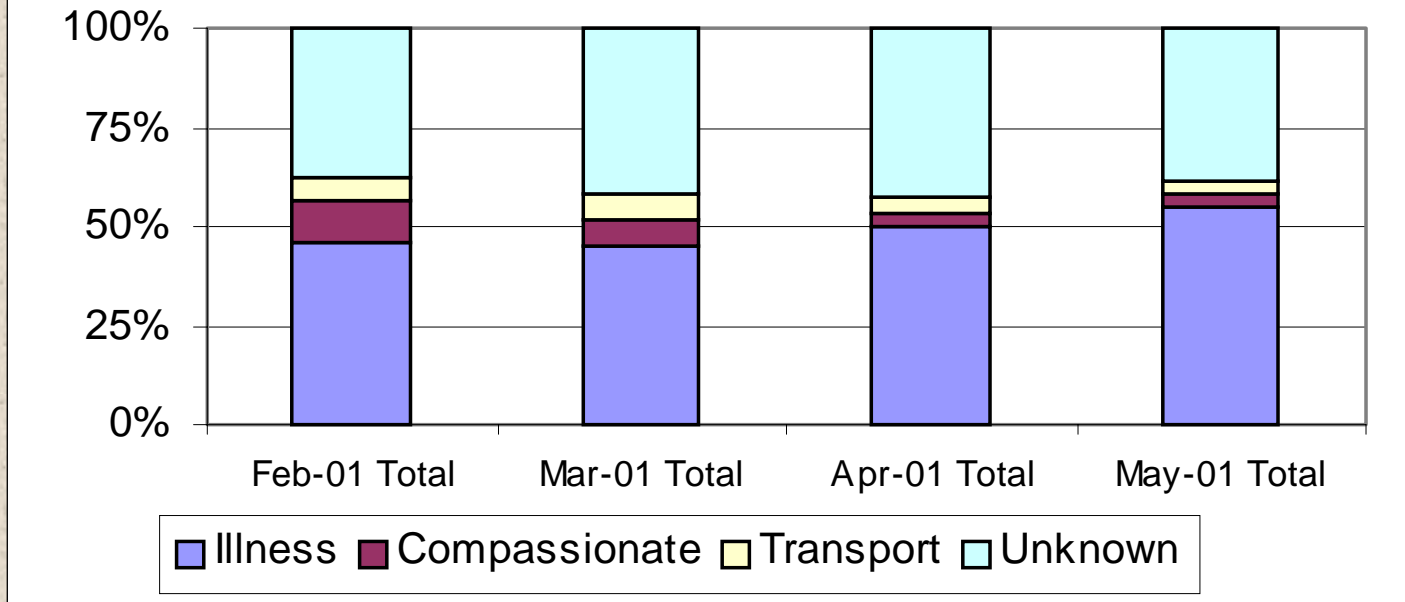
- ❖ Provides a monthly analysis of learner enrolment, absenteeism (including reasons), drop-out, orphaning and fee-exemption; by age and gender;
- ❖ Provides a monthly analysis of teacher absenteeism and permanent loss (including reasons), leave and lost contact hours; all by age and gender;
- ❖ Captures classroom/school records for analysis at district level for immediate management response;
- ❖ Provides an early warning system for demand and supply crises and signals HIV/AIDS impact; eg:

# Learner Absenteeism Rates - Days Lost in 37 Schools

	Male learners absent					
	Illness	Compassionate	Pregnancy	Transport	Unknown	Total
Feb-01 Total	643	142		85	524	1394
Mar-01 Total	813	120		120	766	1819
Apr-01 Total	963	62		80	818	1923
May-01 Total	1561	92		83	1091	2827
Total	<b>3980</b>	<b>416</b>		<b>368</b>	<b>3199</b>	<b>7963</b>
	Female learners absent					
Feb-01 Total	688	107	21	101	358	1275
Mar-01 Total	821	117	0	89	647	1674
Apr-01 Total	913	91	4	85	598	1691
May-01 Total	1415	100	30	100	920	2565
Total	<b>3837</b>	<b>415</b>	<b>55</b>	<b>375</b>	<b>2523</b>	<b>7205</b>

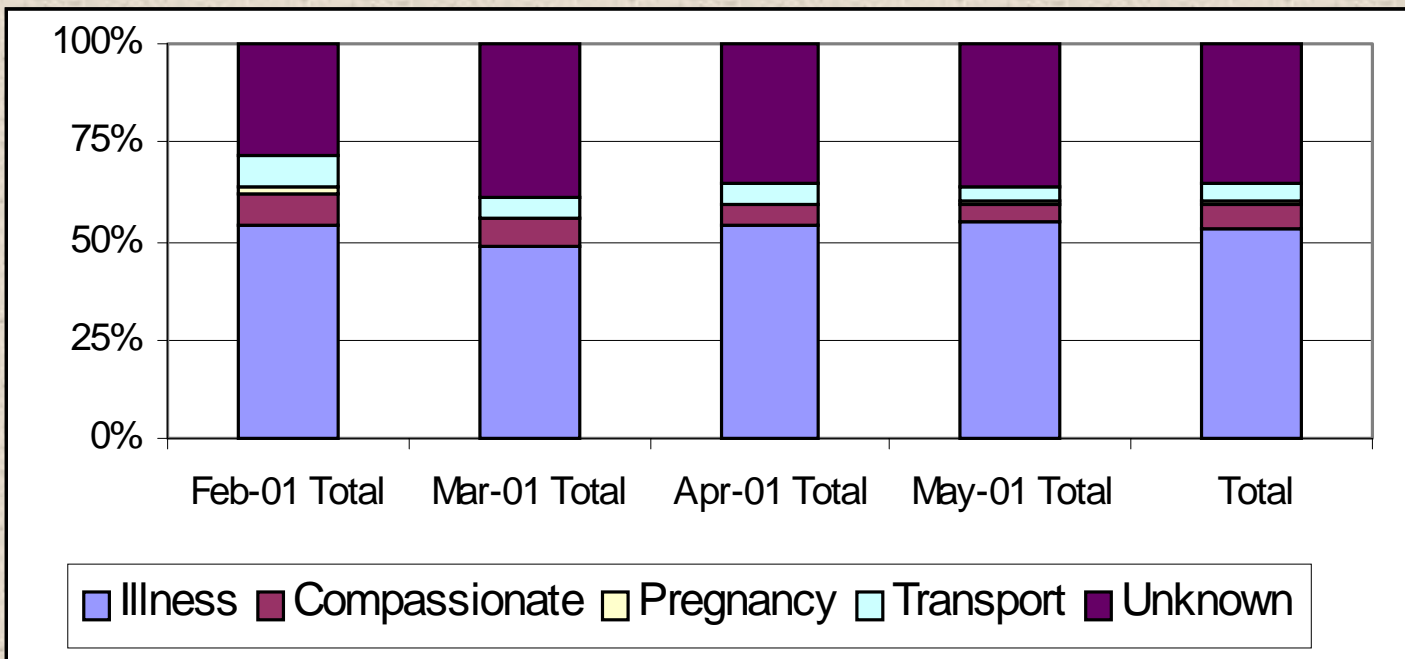


Males



## Learner Absenteeism rates

Females



# Number of new orphans

	1 Parent	Both Parents
Feb	36	9
March	7	1
April	12	0
May	16	2
Total	71	12

# Educator Absenteeism - Days Lost

	Male educators absent			
	Transport	Strike	Unknown	Total
Feb-01 Total	0	0	18	18
Mar-01 Total	0	0	10	10
Apr-01 Total	0	0	6	6
May-01 Total	2	0	15	17
Total	<b>2</b>	<b>0</b>	<b>49</b>	<b>51</b>
	Female educators absent			
Feb-01 Total	0	0	11	11
Mar-01 Total	3	0	11	14
Apr-01 Total	0	0	26	26
May-01 Total	2	0	13	15
Total	<b>5</b>	<b>0</b>	<b>61</b>	<b>66</b>



# HIV/AIDS Impact on The Education Sector The Management Challenge

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