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# Teacher management in a context of HIV and AIDS

## Swaziland report

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

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# Background to the research

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## Introduction

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

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

## Overview

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

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

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

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

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

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

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

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

## Scope and key research questions

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

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

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

The current study specifically addresses the following questions:

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

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# List of acronyms

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ABET	Adult Basic Education and Training
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
CEO	Chief Education Officer
CMTCT	Crisis Management and Technical Committee
ECCD	Early Childhood Care and Development
ECOS	Examinations Council of Swaziland
EDUCAIDS	Education for AIDS programme
EFA	Education for All
EFAIDS	Education for All AIDS programme
EMIS	Educational Management and Information Services
ETGPS	Educational Guidance, Testing and Psychological Services
EU	European Union
FGD	Focus Group Discussion
GBC	Global Business Coalition
GDP	Gross Domestic Product
HAESCO	HIV and AIDS Education Sector Committee
HIGCSE	Higher International General Certificate Secondary Examination
HIV	Human Immunodeficiency Virus
HOD	Head of Department
IATT	Interagency Task Team
IBE	International Bureau of Education
IIEP	International Institute for Education Planning
IGCSE	International General Certificate Secondary Examination
IMF	International Monetary Fund
MOCIT	Ministry of Commerce, Industry and Trade
MOE	Ministry of Education
MOH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
MOPS	Ministry of Public Service
NCC	National Curriculum Centre
NERCHA	National Emergency Response Council on HIV and AIDS
OVC	Orphans and vulnerable children
PIN	Personal Identification Number
PTR	Pupil to teacher ratio
REO	Regional Education Office
SHTA	Swaziland Head Teachers' Association
SIDC	Swaziland Industrial Development Company
SNAP	Swaziland National AIDS Programme
SNAT	Swaziland National Association of Teachers
STI	Sexually transmitted infection
SWAGAA	Swaziland Action Against Abuse
SWANNEPHA	Swaziland National Network of People Living with HIV and AIDS
TGE	Total Government Expenditure



TSC	Teaching Service Commission
TVET	Technical Vocational education and Training
UIS	UNESCO Institute for Statistics
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNISWA	University of Swaziland
UPE	Universal Primary Education
VET	Vocational education and Training
VOCTIM	Vocational and Commercial Training Institute

# Executive summary

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## Introduction

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

## Study design and data collection

The research was carried out by Professor Marietta Perez-Dlamini from the University of Swaziland between July and September 2009. She was assisted by freelance consultant Buyile Ginindza. Data were collected through a combination of document reviews, semi-structured interviews and focus group discussions.

In-depth interviews were conducted with senior level officials within the Ministry of Education (MOE), as well as one District/Regional Education Officer (REO). Head teachers from two primary schools and two secondary schools were also interviewed, as were representatives of civil society organizations, including Swaziland National Association of Teachers HIV and AIDS Committee and President of the Head Teachers' Association. Focus Group Discussions (FGDs) were conducted with 30 secondary and primary teachers (including head teachers and deputy head teachers).

The discussions were held in the central region of Manzini. The selection was based on accessibility. Researchers also visited a selection of urban and semi-urban primary and secondary schools (three secondary schools and two primary schools).

Online documents on the topic of HIV and AIDS and teacher management in Swaziland were also retrieved.

The current HIV prevalence rate in Swaziland is one of the highest in the world. The HIV prevalence rate among antenatal pregnant women is about 43 per cent.

## Key findings

### 1. Attrition

Death and retirement are the main causes for the attrition of teachers in Swaziland. Of the teachers who have left the profession within the last five years, 44.7 per cent of teachers retired and 44.5 per cent died. Resignation and dismissal are also becoming significant causes for attrition.

A combination of factors lead to teachers leaving schools, according to the teachers interviewed, including retirement, transfer, promotion, study leave and seeking greener pastures – the last noted to be at its highest amongst science, mathematics and commerce teachers who frequently join the private sector. Teachers who took part in the FGDs said that the attrition rate in their schools is low and attrition is not a significant problem for them.

Among the head teachers interviewed, there was a mixed response to the question of teacher attrition. They had experienced teacher attrition in schools, although at a low rate.

Educational Management Information System (EMIS) and Planning officials stated that they lack data on teacher attrition statistics.

In spite of the apparently high level of deaths among teachers, it is difficult to prove that these deaths are linked to HIV and AIDS. The former Chief Education Officer (CEO) of the Teaching Service Commission (TSC) linked 60–65 per cent of teacher illnesses and deaths in 2004 to HIV and AIDS. This evidence was based on the diagnoses on sick sheets and personal disclosures to the TSC. In 2007, the TSC also noted high mortality rates among both teachers and pupils resulting from public transport accidents while travelling to or from school.

There is a shortage of teachers at both the primary and secondary level in Swaziland. The TSC reported a total of 7,368 teachers at primary level and 5,086 teachers at secondary level, with shortages of 233 in primary and 518 in secondary government schools. It is a slow and difficult process to fill these gaps because of a shortage of supply teachers.

## *2. Absenteeism and leave*

No specific statistics have been published in Swaziland about teacher absenteeism. However, an article published by the Global Business Coalition in 2009, citing UN IRIN statistics about civil servants, claimed that a quarter of Swaziland's workforce is absent from work because they are suffering from HIV and AIDS and caring for sick AIDS patients at home. The same article stated that the International Monetary Fund (IMF) calculated that the cost of replacing teachers alone would be E2.3 billion (US\$230 million) over the next seven years.

Officers interviewed for this study who had close interactions with schools reported that teacher absenteeism is a serious problem in Swaziland. Head teachers from the four schools cited staff sicknesses and sickness of relatives as major causes for teacher absenteeism. However, they were cautious in relating sicknesses to HIV and AIDS, due to non-disclosure.

Teachers stated the following as the main causes for absence at schools: attending workshops, study leave, family members' illness and funerals, and non-threatening illnesses such as influenza. Accordingly, absences are for a few days and do not necessarily interfere with the functioning of the school. At odds with the findings above, the views of all teachers who attended the FGDs were that absenteeism is not a serious problem in their schools. This might be due to the fact that teachers are still 'in denial' and do not see the effects until they are infected or affected directly.

Schools in Swaziland have unique internal arrangements for keeping records for absences. For instance, one particular high school keeps two types of record books as monitoring systems on teacher movements in and out of the school. This school has an Attendance Book for recording daily attendance and an Exit Book for recording short-term absences during school hours, keeping a note of times out and times in. Whether these are effective monitoring mechanisms is another issue. As one head teacher reported, in her school teachers do not like being monitored and avoid signing the Exit Book.

Teachers are entitled to sick leave, up to 12 months of study leave, compassionate leave and leave for attending church conferences, as well as up to 60 days of maternity leave.

According to education officials, sick leave may be for a short or extended period. Long-term sick leave is for a total duration of 12 months. The first six months are on full pay and the subsequent six months on half pay. If a teacher is still unfit to work after 12 months, the TSC (on the recommendation of the doctor) shall advise retirement on medical grounds.

However, the observation is that teachers are unaware of long-term sick leave regulations. Teachers have a tendency to return to teach when they are clearly unfit for work after the first six months of leave draw to an end. They do so to secure their jobs and salaries.

Replacing teachers as a consequence of absenteeism is not common practice in the schools. This is mainly because absences are for short durations and teachers do not disclose their sicknesses. Absences are also not reported by head teachers in a timely manner. However, after teachers had been absent for several weeks or months, the Ministry of Education took, on average, three months to provide supply teachers. In some schools, these efforts failed. Consequently, schools were forced to engage supply teachers paid either by the school or parents. One head teacher resorted to engaging university students as supply teachers in his secondary school. In general, the workload of the absent teacher is absorbed by their colleagues. If and when the teacher's expertise is not matched within the department, students begin to suffer.

## *3. Deployment and transfer*

According to the Chief Inspector for secondary schools, the Ministry of Education (MOE) has received considerable numbers of requests from teachers who want transfers in recent years. The reasons vary, and some are difficult to investigate. The reasons are mostly family-related, such as wanting to be closer to home, or close to husband or wife or children. Some teachers may want to move to an urban area. When a teacher transfers from one school to another, the teacher relinquishes the post

number, as it is tied to the school, but not the TSC number, which serves as the teacher's personal identification number (PIN) for as long as they are teaching in public schools. With this system, the teacher is traceable in the EMIS database in any school. The advantage of this system is being able to gather data on a teacher, especially movement from school to school.

Movements of teachers due to HIV and AIDS can only be suspected if and when a teacher has been on sick leave and requests a transfer. The TSC can only act on a formal request by the teacher, through filling out the appropriate forms, accompanied by medical certification. Teachers normally take the initiative to identify schools where they wish to be transferred, although the TSC, with the assistance of EMIS, will normally have information about vacancies. A transfer is only possible when a vacancy has been identified in a school.

The former TSC CEO indicated that the number of teachers who want to be transferred to be close to a medical facility is not significant. There are major government, mission or private hospitals in each region, but these are usually situated in a town or city centre. This may suggest that, as the number of transfer requests to urban areas where medical facilities are located increases, there will be an increasing teacher shortage in the rural areas. It is also worth noting that traditional healing, which can be found more in the rural areas, is a prominent treatment option for Swazi people.

#### *4. Teacher management tools*

The EMIS database does not currently have a teacher management system. A shortage of capable manpower and lack of funds have hampered efforts to reinstate a former database that crashed. Currently, EMIS relies on the Human Resources Department and the Ministry of Public Service (MOPS) Management Service Department for teachers' personal data. However, the database operated by the MOPS Management Service Department slightly differs to that of the MOE Human Resources Department. Post numbers that are unique to each school and TSC numbers that are unique to each teacher are the preserve of the MOPS Management Service. In other words, MOPS has some access codes on the data of teachers that EMIS does not have through the Human Resources Department.

Teacher information currently recorded for EMIS for teachers includes: names, gender, TSC and PIN numbers, birth date, post number, nationality, marital status, employment status and information, experience, qualifications, specialization, training and teaching information in life skills, health and hygiene, special education and early childhood education and subjects taught.

The TSC reported tracking the movement of personal files and their security as a major concern, because teacher files are kept in hard copies only, and the current computerized file management is at a very basic level. However, the TSC is developing a computerized file management system with the EMIS department, and this is expected to be completed by January 2010.

In 2008, TSC took strides to consider a teacher management system modelled on Kenya's system. The processes are still pending, however.

The Research and Planning Department within EMIS is increasingly feeling the need for teacher management tools. The MOE is moving towards institutionalizing the EMIS unit, and is developing or adapting school, teacher and pupil management tools.

#### *5. Policies*

In 1999–2000, an Impact Assessment of HIV and AIDS on the Education Sector was commissioned by the MOE to document the specific impacts of HIV and AIDS in the sector. All the subsequent policy frameworks drafted in the education sector used this document as resource material.

The MOE has commissioned an HIV and AIDS Education Sector Committee (HAESCO) comprised of education stakeholders in the country, which includes all the major educational institutions in the country. The last draft of the Education Sector HIV and AIDS Policy produced by the Committee was dated December 2007 and the committee was due to finalize the document in September 2009.

A national policy on HIV and AIDS has been approved by parliament. However, it still needs to be translated into a strategic plan and plan of action. The education sector policy on HIV and AIDS is about to be finalized, and the MOE hopes to use this policy hand in hand with the UNESCO-EDUCAIDS education sector response framework.

Workplace policies are catered for in the two education frameworks. Relevant officers in the education system participated in the development of the education sector policy. The Swaziland National Association of Teachers continues to advocate for a Teachers' Code of Ethics.

However, in the FGDs conducted for this study, teachers in all schools displayed a severe lack of knowledge of a national policy on HIV and AIDS for the education sector or its formulation. Schools do not have an action plan for HIV and AIDS, which stems from the fact that there is no MOE workplace policy.

Initially, the teachers interviewed seemed indifferent to whether policies are in place or not, until they were sensitized by the researcher during the FGD on how policies would affect them positively if they were in place. Lack of information by teachers may be due to the fact that the General Assembly of the teachers' association is held only once every December, and that the HIV and AIDS Committee is a centralized one, reporting to the General Assembly, and is non-existent in the branches.

## 6. Structures

In the MOE, there are two HIV and AIDS-related units. The first is the Educational Guidance, Testing and Psychological Services (ETGPS) department whose added mandate is to assist in the health-related issues the ministry is faced with. The second is the UNESCO-EDUCAIDS wing, launched in March 2004, whose mandate is to support the implementation of the framework "Comprehensive National Education Sector Responses to the HIV and AIDS Epidemic" (MOE, 2006).

The MOE has commissioned an HIV and AIDS Education Sector Committee (HAESCO) comprised of education stakeholders in the country. The last draft of the Education Sector HIV and AIDS Policy produced by the committee was dated December 2007 and the scheduled next meeting to finalize the document was in September 2009.

Since the Education Sector HIV and AIDS Policy has not been finalized by the HAESCO, an education strategic plan with targets and action plan with budget have not been initiated as yet.

The MOE does not offer any support for HIV and AIDS related sicknesses. For example, there are no death benefits or financial assistance for staff funerals in the case of death. However, the Swaziland National Association of Teachers (SNAT) formed its own burial scheme for teachers who are members.

If a school has a sick teacher, teachers generally take individualistic approaches to providing various forms of support. External organizations do not visit schools. If they do, the focus is on school children's welfare.

It appears that teachers in the schools visited have not been seriously affected by HIV and AIDS. As such, teachers have not seen the need to form internal social support units. According to submissions made, teachers in the schools visited have a good rapport and are willing to take on the workload of an absent teacher.

However, the teachers interviewed shared common concerns regarding areas in which the Ministry or Government could make improvements regarding their welfare. The Swaziland National Association of Teachers (SNAT) has begun to table some of these issues in their branches and general meetings. HIV-positive teachers have also started opening up regarding their HIV and AIDS status and forming their own alliance.

SNAT also formulated their own Education for All AIDS Programme for 2009, which has three themes: (i) mitigate the negative effect of AIDS and other illnesses on achieving EFA goals; (ii) prevent new HIV infections among teachers; and (iii) prevent new HIV infections among learners. The Plan of Action was formulated using the Draft SNAT HIV policy, which was due to be finalized in the 2009 General Assembly.

The Swaziland National Network of People Living with HIV and AIDS (SWANNEPHA) facilitated a workshop for SNAT members on a toolkit for educators and unions. The toolkit – Leadership in the HIV and AIDS Response: A Toolkit for Unions to Promote Health and Improve Education – was developed to protect union members and teachers from HIV infection.

## 7. Treatment

Access to treatment remains an individual matter, and treatment is made available in government clinics. There is no formal policy in place for teachers regarding access to health care. Health insurance, for example, has been a personal issue left to every individual teacher. However, it is generally not affordable for teachers. Some private and parastatal employers pay half of the insurance cost to facilitate their staff joining an insurance scheme. However, like any other group of professionals and civil servants, teachers have the option to test and access treatment in government or private clinics and hospitals.

Government hospitals are currently overcrowded with patients, and patients who need constant attention are normally advised to go back home and stay there after having been attended to and given their medications.

Antiretroviral drugs (ARVs) are not free, as these are only subsidized by the Ministry of Health. Patients are also required to check their immunity levels periodically, prior to accessing ARVs, as a way of monitoring their health status. The cost, therefore, becomes quite high. Often, ARVs are also not available and patients find themselves going back to get them.

FGDs yielded anecdotal evidence about treatment and counselling and recommendations regarding these. Teachers reported that they believe the form of treatment preferred by most Swazis, including teachers, is traditional as opposed to modern. However, teachers hastened to add that traditional healers are not screened and certified. With regards to counselling on HIV and AIDS, teachers felt that these facilities and testing units are not decentralized enough and are therefore not close enough to them. They suggested that the facilities should be close to the chief's place, and should be accompanied by programmes of action-oriented education. Teachers also felt that counselling and caring should be promoted aggressively to promote the acceptance of HIV amongst people.

## 8. Training

There is very little in-service training for teachers regarding HIV and AIDS in Swaziland. Consequently, there is little time dedicated to teaching HIV and AIDS, because teachers do not seem to have any up-to-date knowledge on HIV and AIDS issues, which can be embarrassing. Many officials trace this to the lack of official national and MOE policies.

The HIV and AIDS Committee of the teachers' union indicated that they do receive some in-service training offered by organizations dealing with HIV and AIDS, like the Swaziland National Network of People Living with HIV and AIDS (SWANNEPHA). Junior secondary science teachers and biology high school teachers also receive in-service training on HIV and AIDS as part of the curriculum content.

The teacher training colleges for primary and junior secondary levels have not so far incorporated HIV and AIDS into their curriculum. At the University of Swaziland, where teachers for secondary school level are trained, in the past two years the Faculty of Agriculture has introduced HIV and AIDS as a course for a semester in all the programmes, including those who are trained to teach agriculture and home economics as a subject in high school.

## Major challenges

HIV and AIDS pose a severe threat to the education sector in Swaziland. In a country with one of the highest HIV prevalence rates in the world, the epidemic is having serious effects on both the supply and demand side of education. Teacher management related issues are now showing through higher needs for teachers to fill posts, because of illnesses, attrition and other unplanned absences.

The slow progress of translating policy development into processes of strategic planning and implementation is hampering systemic and systematic approaches to attending to the challenges posed by HIV and AIDS. However, it is difficult to put policies in place on teacher management due to the lack of data that would inform and motivate these actions. The EMIS unit is still very small, with a staff of just five people. Furthermore, the unit operates without a budget line.

There is also a certain level of denial about the challenges posed by the HIV and AIDS epidemic among teachers in Swaziland, who have not received adequate training or sensitization about HIV and AIDS.

## Policy and programmatic recommendations

- The national Multisectoral HIV and AIDS Policy must now be translated into a strategic plan and an action plan, so that the other policy documents can also be made consistent with this policy.
- Swaziland education officers can learn from existing education sector policies on HIV and AIDS already in operation in other countries, like Kenya. In particular, the principles to take into consideration include: gender issues; learners with special needs; and universal human rights, as well as: access to education and information; equality; privacy and confidentiality; access to care treatment and support; safety in the workplace and learning institutions; fair labour practices; and gender responsiveness.
- The TSC could benefit from finalizing the two education sector policies (Education Sector Policy on HIV and AIDS and the Comprehensive Education Sector Response Framework) especially, in dealing with the issues surrounding teachers who are infected and/or affected by HIV and AIDS.
- Teacher management could also be improved by realizing the MOE's planned increase in the number and training of officers working in the EMIS department.
- Following the recommendation of Cleopas Sibanda, an occupational health specialist, an occupational health and safety committee made up of both workers and management groups and with decision-making powers should be formed in every workplace to tackle HIV and AIDS-related issues.

### *Recommendations from teachers interviewed for this study*

- Teachers would like to see Government intervention in regard to medical aid cover.
- The MOE should consider providing HIV and AIDS counselling for teachers in schools. Furthermore, the Ministry should revisit using full-time teachers as (HIV and AIDS) counsellors, who cannot fully commit to providing counselling due to the demands of having to perform duties as a teacher. There is little motivation also amongst counselling and guidance teachers, as they go the extra mile with little incentive, if any.
- Teachers would like the MOE to deploy professionally trained counsellors to regions.
- Government should consider having a wellness centre(s) for teachers, which may provide medical support to teachers.
- The MOE should play a more interventionist role in curbing the infiltration of schools by 'sugar daddies', who lure children into having sexual relationships with them in exchange for material goods.

# 1. Study design and data collection

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## Introduction

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

The research was carried out by Professor Marietta Perez-Dlamini from the University of Swaziland between July and September 2009. She was assisted by a research assistant, Buyile Ginindza, who was a freelance consultant at the time of research. Data were collected through a combination of document reviews, semi-structured interviews and focus group discussions.

In-depth interviews were conducted with senior level officials within the Ministry of Education (MOE), as well as one District/Regional Education Officer (REO), as listed in Table 1.1. Head teachers from two primary schools and two secondary schools were also interviewed, as were representatives of civil society organizations, including Swaziland National Association of Teachers HIV and AIDS Committee and President of the Head Teachers' Association. Focus Group Discussions (FGDs) were conducted with secondary and primary teachers. The instruments used were in-depth interview guides and FGD guides.

Every education officer interviewed was asked to share any relevant literature they may have or be familiar with so that the team could then request them from relevant offices. Online documents on the topic of HIV and AIDS and teacher management in Swaziland were also retrieved. These are included in the reference list at the end of this study.

Table 1.1 Breakdown of respondents

Location	Types of instruments used	Number of respondents
Ministry of Information and Communication, Mbabane, Swaziland	1. Interview Guide: Chief Executive Secretary (CEO) (former; for the past five years)	1
EMIS Department, Ministry of Education and Training, Mbabane, Swaziland	2. Interview Guide: Head of EMIS	1
Research and Planning Department, Ministry of Education and Training, Mbabane, Swaziland	3. Interview Guide: Head of Research and Planning	1
ETGPS Department, Ministry of Education and Training, Mbabane, Swaziland	4. Interview Guide: HIV and AIDS Coordinator	1
Secondary Inspector Office, Ministry of Education and Training, Mbabane, Swaziland	5. Interview Guide: School Supervisor	1
Manzini Regional Education Office, Manzini, Swaziland	6. Interview Guide: Regional Education Officer	1
Ministry of Education and Training, UNESCO Unit, Mbabane, Swaziland	7. UNESCO-EDUCAIDS Coordinator	1
Manzini Central High School, Manzini, Swaziland	8. Interview Guide: Head Teachers' Association, President	2
St. Michael's High School (Urban) Manzini Central High School (Urban)	9. Interview Guide: Head teacher – Secondary	2
Malkerns Valley Primary School (Semi-urban) Bosco Primary School (Semi-urban)	10. Interview Guide: Head teacher – Primary	2



St. Michael's High School (Urban) St. Anne's High School (Semi-urban)	11. Focus Group Discussion: Secondary teachers	12 & 14
Malkerns Valley Primary School (Semi-urban) Bosco Primary School (Semi-urban)	12. Focus Group Discussion: Primary teachers	2 (Head and Deputy) & 2 (Head and Deputy)

## Selection of study districts and samples

The FGDs were held in the central region of Manzini. The selection was based on accessibility. The timeframe allocated for fieldwork constrained the reach for the discussions. Researchers also visited a selection of urban and semi-urban primary and secondary schools (three high schools and two primary schools).

## Limitations

The Ministry of Education (MOE) officials' views were well-represented in the study, with exception of the current Teaching Service Commission (TSC) Chief Executive Officer (CEO). The current TSC CEO referred the researcher to the former TSC CEO, because the current CEO had been in post for less than a year, and felt that he might not adequately assist in providing responses to the questions in the interview.

The head teachers' interviews and teachers' FGD in both secondary and primary schools took place in the more accessible urban and semi-urban areas, rather than rural areas. This has implications on the representativeness of the views of teachers. The FGD among primary teachers involved only the administrators of the two schools. This also has implications regarding the representativeness of the views of teachers as opposed to their managers.

However, statistics on the prevalence of HIV and AIDS do not differ significantly between rural and urban areas. Therefore, the facts and opinions gathered should be representative of the general population of teachers.

## 2. Demographic and economic context

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### Geography

Swaziland is a small landlocked kingdom that covers about 17,000 square kilometres. It shares boundaries with South Africa on all sides except to the east, which is bordered by Mozambique. Swaziland gained independence from the United Kingdom in 1968.

Figure 2.1 Map of Swaziland



Source: [http://www.lib.utexas.edu/maps/cia08/swaziland\\_sm\\_2008.gif](http://www.lib.utexas.edu/maps/cia08/swaziland_sm_2008.gif)

### Population

Swaziland has a population of about 481,428 men and about 537,021 women, making a total of approximately 1,018,449 (Central Statistics Office, 2009). About 77 per cent (793,156) of Swazi people live in rural areas, while the remaining 33 per cent (481,428) live in urban areas. The Manzini and Hhohho regions have the highest population, of about 31 per cent and 28 per cent respectively. Shiselweni and Lubombo regions have smaller populations of about 21 per cent and 20 per cent, respectively.

During the fifteenth and sixteenth centuries, African people of Nguni descent migrated from Central Africa. During the middle of the eighteenth century, a group of these people settled in the area now called Swaziland. These people preferred to be called Nkosi Dlamini. (Nkosi means king and Dlamini is the surname of the royal family.) The Swazi people come predominantly from Nguni descent, and therefore they consider themselves as a homogenous group, speaking one language: siSwati.

### Economy

The Swaziland Industrial Development Company (SIDC, 2009) stated that overall economic growth in Africa is estimated at 6.2 per cent. In comparison, Swaziland recorded only 3.5 per cent growth in 2009, higher than the 2.9 per cent of the previous year but a considerable decline from its 8%

average annual growth of the 1980s. This decline in the growth rate is partly due to the cessation of trade preferences by the European Union and United States of America from the late 1990s to early 2000s.

South Africa's economy has a major influence on the local economy. Improved GDP performance in South Africa had a positive impact on Swaziland, as about 70 per cent of exports go to that country. Swaziland's main exports include sugar and by-products; wood pulp and timber products; meat; soft drink concentrates, and zip fasteners.

The economic challenges faced include declining European Union (EU) sugar prices and Southern Africa Union Customs Revenue. Other significant threats to the economy are recurring droughts, forest fires, HIV and AIDS, declining Foreign Direct Investments due to competition in the region and endemic poverty. Nearly 70% of population is below the poverty line and close to 50% live on \$1/day.

### 3. The HIV and AIDS epidemic: its evolution and impact

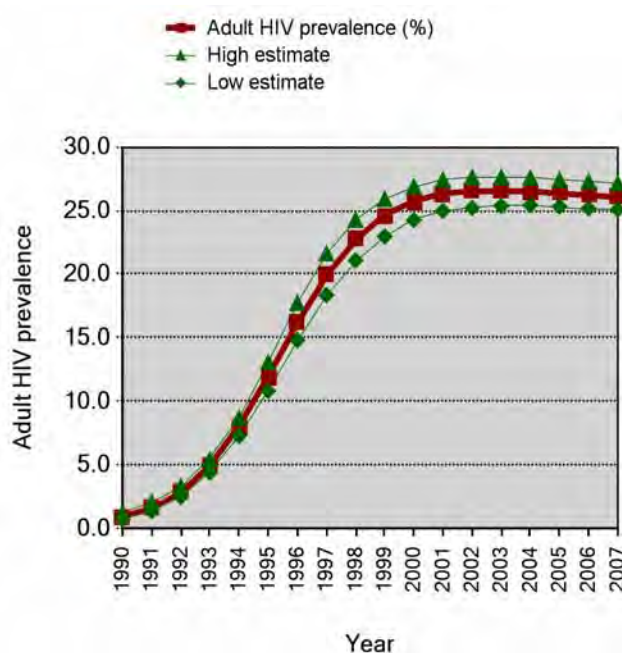
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Swaziland is at the epicentre of the AIDS epidemic. The first case of HIV was reported in Swaziland in 1986, and the number of cases increased rapidly in the 1990s (MOH, 2008) (see Figure 3.1). By 2007, an estimated 185,005 people were living with HIV and AIDS. By 2002, the statistics regarding HIV infection showed stabilized prevalence at about 40 per cent in some regions.

The latest UNAIDS estimates (2007) are of 26 percent prevalence rate for 15 to 49 year olds, with the highest prevalence amongst women between 25 and 29 years of age (59 percent). As per Figure 3.2 below, the prevalence is highest among the most productive age group (15-49).

The epidemic is eroding decades of gains made in human development. It is estimated that some 20 years have been lost in terms of life expectancy<sup>2</sup> as a result of AIDS. The epidemic is accountable for 31 percent of deaths in the three central ministries; it is overwhelming the health system, accounting for over half of all hospital admissions. In 2008, there were 130,000 orphans and the number is expected to rise to 200,000 by 2010. 23% of children in Swaziland are orphans. It is anticipated that two thirds of 15 years old will die of AIDS.

Figure 3.1 Estimated adult HIV (15–49) prevalence (%), 1990–2007

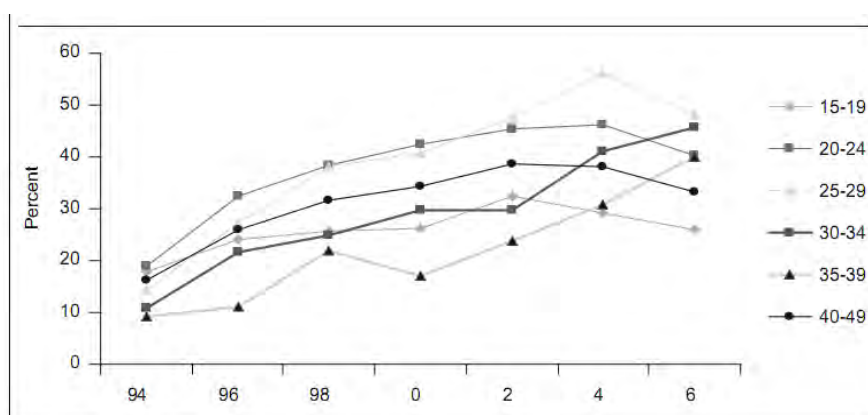


Source: UNAIDS/WHO (2008).

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<sup>2</sup> Expectancy at birth dropped from 58 in 1993 to 31 in 2008 (World Bank, 2010).

Figure 3.2: HIV prevalence by age group



Source: NERCHA 2008.

Source: Extracted from World bank (2009), p. 7.

## Factors impacting the HIV epidemic

The 11<sup>th</sup> National HIV Serosurveillance Among Attending Antenatal Care Services Survey Report of 2008 (Ministry of Health, 2008, p. 23), investigated the factors that may have an impact on the HIV prevalence rate in Swaziland and revealed the following:

- Prevalence by region: prevalence is homogenous across the regions, with the lowest prevalence in the south – Shiselweni region (38.5 per cent) and the highest prevalence in the east of the country – Lubombo region (45.4 per cent). The latter is predominantly rural and the social and economic factors were believed to need close monitoring in these two regions.
- Prevalence by age group: there is a continued high prevalence rate among the 15–24 age group. However, interventions to promote the survival of the infected cohort showed a slight rise in HIV prevalence in the 30–39 age group.
- Prevalence by educational level: there is homogeneity across the levels of education. However, the 2008 findings show the higher the education level, the less likely the infection (the data were based on completion of tertiary versus vocational versus secondary education).
- Prevalence by gravidity and parity: those women with their first pregnancy had lower HIV prevalence (31.5 per cent) increasing until their fourth child (51.8 per cent).
- Prevalence by marital status: women who were single but previously married or cohabited had the highest infection level, although this was not statistically different from the rest of the female population.
- Prevalence by site location and residence: previous statistics reveal the highest prevalence rates in rural areas, but there is no statistically significant difference between those residing in urban areas and those in rural areas.

## Government response to HIV and AIDS

### *National policies and strategies*

The Swaziland National AIDS Programme was established in 1999. The Swaziland Government formed a Cabinet Committee on HIV and AIDS and a Crisis Management and Technical Committee (CMTCT) was set up to coordinate a national multisectoral response. In September 2000, a National Strategic Plan for HIV and AIDS for 2000–2005 was completed by the CMTCT under the Deputy Prime Minister's office. This was another indication of the commitment the government of Swaziland made towards the eradication of HIV and AIDS. This was the document used to base action plans in the different development sectors of Swaziland.

In 2006, a team was commissioned to document the socio-economic impact of HIV and AIDS in Swaziland by the National Emergency Response Council on HIV and AIDS (NERCHA). The purpose of the assessment was to update the information known on prevalence, context and initiatives, economic impacts, social services and welfare impacts, rural livelihoods impacts and the long-term implications of HIV and AIDS and possible responses.

In the same year, the Government completed a Draft National Multisectoral HIV and AIDS Policy: A Nation at War with HIV and AIDS. According to the Head of the Planning and Research section of the MOE (personal communication, 28 July 2009), the policy had been presented by the Prime Minister to the Cabinet and Parliament for final approval in June 2009. The Head of the MOE's Planning and Research section also stated that the challenges that lie ahead include the development of a strategic plan and action plan, with a budget for approval.

Related to the expected approval of the National Multisectoral HIV and AIDS Policy, NERCHA also commissioned an Assessment of HIV and AIDS Research Practice and Use in Swaziland: Towards a National Research Strategy to prepare institutions that conduct research and related activities to use the guidelines produced.

The Ministry of Public Service (MOPS) (2006) also issued an HIV and AIDS Policy for the Swaziland Public Sector, which was specifically focused on civil servants. The draft document had background information on the preparation of the document, as well as outlining the important ground work that the Ministry needs to do before institutional arrangements can be made at the policy and implementation levels. The most important aspect of the document is the reference to a Public Sector HIV and AIDS Coordination Committee (PSHACC), which will facilitate formulation as well as implementation of the policy. Another important aspect is the creation of the post of HIV and AIDS Wellness Coordinator, which will focus on implementation and monitoring of the programme. However, the draft policy document targets the public sector's civil servants only, which excludes teachers who are not in supervisory roles. At the time of compiling this report, the draft had been finalised and PSHACC had been put in place.

## **The Ministry of Education response to the crisis**

*"HIV and AIDS poses ... the biggest threat to the sector. The impact of the pandemic in the education sector is significant and is quickly eroding the gains made in the past 38 years of independence. It has serious effects on both the supply and the demand side of education."* (Ministry of Education 2006-2007 Performance Report, p. 5)

The National Policy Statement on Education (MOE, 1999) outlined the key problem areas in the education system. Among these is the problem of relevance, quality and accessibility (specifically on curricula quality), training of teachers, quality of facilities, teacher to pupil ratios, teaching and learning attitudes and improving attitudes, morals and values. Issues related to teacher management are now evident through increasing needs for teachers to fill posts because of illnesses and attrition, which may be indicative of worsening HIV and AIDS scenarios.

Bennell (2009) noted that numerous reports showed that an increasing number of teachers were dying from AIDS-related diseases, causing shortages of teachers. He also noted that, among countries hardest hit by AIDS, only Swaziland undertook an impact assessment in the education sector. Indeed, in 1999–2000, an Impact Assessment of HIV and AIDS on the Education Sector (MOE, 1999) was commissioned by the MOE to document the specific impacts of HIV and AIDS in the sector. All the subsequent policy frameworks drafted in the education sector used this document as resource material.

The MOE has commissioned an HIV and AIDS Education Sector Committee (HAESCO) comprised of education stakeholders in the country, which includes all the major educational institutions in the country, among of which are Educational Testing and Guidance and Psychological Services (ETGPS), National Curriculum Centre (NCC), Vocational and Commercial Training Institute (VOCTIM), UNESCO, EDUCAIDS and the University of Swaziland (UNISWA). The last draft of the Education Sector HIV and AIDS Policy produced by the Committee was dated December 2007 and the committee was due to finalize the document in September 2009.

Since the policy has not been finalized, a strategic plan with targets and action plans for the education sector with a budget have not yet been initiated.

## 4. Overview of the education system

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### Structure of the education system

The Early Childhood Care and Development (ECCD) focuses on policies and programmes for children aged up to eight years old in day care centres, home-based care centres and pre-schools. The Ministry of Education (MOE) offers monitoring and advice, and in-service training for teachers at this level. A training manual for community members and parents with teaching skills has also been developed, in conjunction with United Nations Children's Fund (UNICEF) and UNESCO, to ensure Education for All (EFA), especially for children who cannot afford to attend a formal pre-school.

The primary level of schooling lasts for seven years, normally for children aged between six and 13 years, at the end of which children write an external examination set by the Examinations Council of Swaziland (ECOS). The results are used to select children to enter into the junior secondary level.

Secondary education is divided into two sub-levels: three years of junior secondary and two years of high school. An external examination set by ECOS at the end of junior secondary is written by candidates who wish to qualify to enter high school. From 2007, O-levels were replaced by the Cambridge International General Certificate Secondary Examination (IGCSE), which is a four-year secondary programme. There is another one-year Higher (HIGCSE) or advanced level curriculum for those who qualify to enter. Subject curricula at secondary level are being locally adapted so that new Swaziland (H)IGCSE may be offered in secondary schools.

High school students who qualify to enter tertiary institutions normally go for teacher education in teacher training colleges for a two to three year Certificate to Diploma programme. Some enrol in a technology college for a two to three year Certificate to Diploma programme. Some enter the University of Swaziland for a continuing programme of two more years (from teacher training or technology college), or for a four or five-year degree programme.

### Administration and management of education

Administration of the education system lies with the office of the Minister of Education, who presides over a National Education Board. The Board serves as an advisory board to the Minister. At the district level, a District Advisory Board advises the National Education Board on education matters in that district. At the school level, the Principal Secretary, with the approval of the Minister, establishes a school committee in each school, which looks after the affairs of the school and advises the District Education Advisory Board on matters relating to management or conduct of a school. The Principal Secretary also appoints an Inspector of Schools to ensure proper standards. Schools are inspected by separate inspectors at both the primary and secondary level, and then by a subject inspector. These inspectors observe and listen to the concerns of heads of schools and departments, regarding their development and teaching and learning concerns, and assist in finding solutions. Analysis of reports by inspectors did not form part of this study.

Within the school, the day-to-day management is in the hands of the head teacher and his/her administrative team. Depending on the size of enrolment in a school, one deputy head (per 400 pupils) or more might be entrusted by the head teacher to take on differentiated responsibilities, such as academic or administrative. A head of department is normally appointed when there are four or more teachers in that department. A head of department is the immediate supervisor of a teacher, and has the responsibility of seeing to the teaching and learning needs of the teachers and pupils.

### Trends in education sector development

#### *Financing education*

The Discussion Draft Swaziland: Education, Training and Skills Development for Shared Growth and Competitiveness (MOE, 2009, p. 159) stated that:



“the share of education expenditure as a percentage of the GDP substantially increased from 6 percent in 2000 to 7.7 percent in 2004, but began to decline reaching an estimated 6.7 percent in 2009. For most of the decade, investment kept close to 7 percent of the GDP with a peak of nearly 8 percent in 2004. This is slightly high by middle income standards—UNESCO commonly uses 6.0 percent as a desirable target for developing countries to attain. In contrast, education spending as a percentage of total government expenditure (TGE) declined from 21 percent in 2000 to 17.6 percent in 2007, and is projected to increase again to 19.2 percent in 2009.”

Table 4.1 Public spending on education as a share of GDP

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<b>Current prices (SZLm)</b>										
GDP (A)	10,509	11,334	12,519	13,775	15,353	16,617	18,854	20,710	22,808	24,609
Total govt. exp. (B)	2,968	3,455	4,018	4,315	5,557	5,826	6,876	8,446	8,493	8,600
Total educ. Exp. (C)	629	661	802	946	1,180	1,219	1,230	1,485	1,570	1,649
Govt exp. share (B/A)	28.2	30.5	32.1	31.3	36.2	35.1	36.5	40.8	37.2	34.9
Educ. share of GDP (C/A)	6.0	5.8	6.4	6.9	7.7	7.3	6.5	7.2	6.9	6.7
Educ. share of govt. exp. (C/B)	21.2	19.1	20.0	21.9	21.2	20.9	17.9	17.6	18.5	19.2
<b>Constant 2007 prices</b>										
GDP	17,575	17,753	18,077	18,777	19,251	19,673	20,231	20,710	21,122	21,552
Growth rate of real GDP		1.0	1.8	3.9	2.5	2.2	2.8	2.4	2.0	2.0
Total govt. Expenditure	4,964	5,412	5,802	5,882	6,968	6,898	7,379	8,446	7,865	7,531
Total educ. Expenditure	1,052	1,035	1,158	1,290	1,480	1,443	1,320	1,485	1,454	1,444

Source: Ministry of Finance; IMF, 2008 (for GDP and GDP deflator figures).

Note: Government spending figures are confirmed actuals for years up to 2005, reportedly reliable estimates of actuals for 2006, and approved budget figures for 2007 to 2009. Year 2000 refers to financial year 2000/01, and so on.

Source: Extracted from World Bank (2010), p. 109.

The share of public spending by sub-sector is shown in Table 4.2, presenting a comparison between the enrolment and spending patterns across the education levels. Enrolments and total spending are expressed as percentages of the total, and expenditure per student is expressed relative to public spending per primary school pupil.



Table 4.2 Public spending and unit cost per sub-sector (2007)

ISCED level		Public spending (SZLm)	% of public spending	Enrollment	% of total enrollment	Per pupil spending	Ratio of primary
0	ECCD	0.1	0.0	46,000	10.6	1	0.0
1	Primary	526.2	35.4	224,000	51.8	2,349	1.0
	Secondary	513.2	34.6	74,429	17.2	6,895	2.9
2	Lower secondary	374.9	25.3	53,210	12.3	7,045	3.0
3	Upper secondary	138.3	9.3	21,144	4.9	6,541	2.8
4C/5B	TVETSD (formal)	28.5	1.9	672	0.2	42,376	18.0
4C	ABET/TVETSD	7.3	0.5	1,399	0.3	5,184	2.2
5B	Teacher education	32.8	2.2	632	0.1	51,963	22.1
	University	243.8	16.4	5,445	1.3	44,769	19.1
5A	Under-graduate	241.1	16.2	5,385	1.2	44,769	19.1
6	Post-graduate	2.7	0.2	60	0.0	44,769	19.1
	Other*	132.7	8.9				
	Total	1,484.5	100.0	432,377	100.0	3,433	

Source: Ministry of Finance, Ministry of Education.

\* Mainly administration and support services.

Source: Extracted from World Bank (2010), p. 112.

## Access

Statistics for primary schools by type were not available at the time. However, statistics for secondary schools by type were found and are shown in Table 4.3. The total number of schools indicates that an almost equal number of secondary schools are located in three of four districts, but Shiselweni in the south has fewer schools. More of these schools are located in the rural areas, for both government and grant-aided schools<sup>3</sup>. Private schools are found more in the two major regions of Manzini and Hhohho.

Infrastructure in the schools is generally satisfactory, largely as a result of the schools' and parents' initiatives to diversify schools.

Table 4.3 Number of secondary schools by district, rural/urban and type of school, 2007

District	Rural Govt	Rural aided	Urban Govt	Private	Urban aided	Total
Hhohho	10	22	5	9	5	51
Manzini	11	20	4	13	7	55
Shiselweni	10	27	2	4	0	43
Lubombo	10	33	4	2	2	51
Total	41	102	15	28	14	200

Source: Central Statistical Office, 2007.

Enrolment levels at primary level for boys and girls in Table 4.4 show that, in government schools, boys are slightly higher in proportion (51.3 per cent) than girls (48.7 per cent). This ratio is consistent

<sup>3</sup> There are three types of primary education provision in Swaziland; Government schools, Grant-Aided schools and Private schools. Grant-Aided Schools form the majority and are community schools or schools with a religious affiliation.

with aided schools (52 per cent boys; 48 per cent girls) and private schools (50.5 per cent boys; 49.5 per cent girls). Consequently, in total, similar proportions of girls and boys are observed (51.9 per cent boys; 48.1 per cent girls).

Table 4.4 Primary school enrolment by sex of pupil and type of school, 2007

Type of school	Schools	Boys	Girls	Total
Government schools	74	12,879	12,235	25,114
Aided schools	468	102,295	94,056	196,351
Private schools	14	5,612	5,495	11,107
Total	556	120,786	111,786	232,572

Source: Central Statistical Office, 2007.

In the junior and high secondary levels, boys make up less than half of the total pupils, in all types of school. The totals and grand totals in Table 4.5 show similar trends.

Table 4.5 Secondary school enrolment by sex of pupil and type of school, 2007

Type of school	No. of schools	No. of boys	No. of girls	Total
Junior government	9	728	793	1,521
Junior aided	36	4,113	4,146	8,259
Total	45	4,841	4,939	9,780
High school government	61	15,226	15,397	30,623
High school aided	94	21,195	21,450	42,645
Total	155	36,421	36,847	73,268
Grand total	200	41,262	41,786	83,048

Source: Central Statistical Office, 2007.

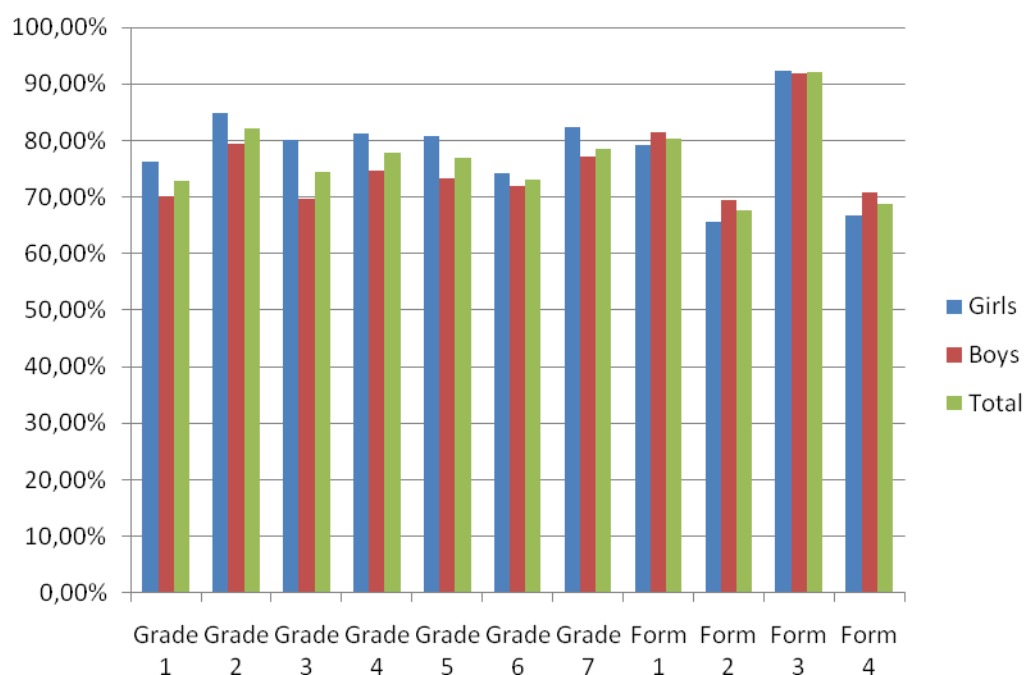
## Efficiency

Internal efficiency indicators in Table 4.6 show that promotion rates for girls and boys intermittently increase then decrease from Grade 1 to Grade 4. However, in Grade 5 and 6, both groups' promotion rates decrease and increase again in Grade 7. Similar trends were observed from Form 1 – promotion rates for both groups decreased and increased again in Form 3. However, in Form 4, the promotion rate is higher for boys. On average, the promotion rate improves from 76.6 per cent in primary school to 80 per cent in junior secondary school, but drastically goes down to 68.9 per cent in Form 4.

Regarding repetition rates, a smaller proportion of girls repeat as compared to boys. On average, the repetition rate in primary school is 17.6 per cent, while in junior secondary it is 8.4 per cent. About 11 per cent repeat Form 4.

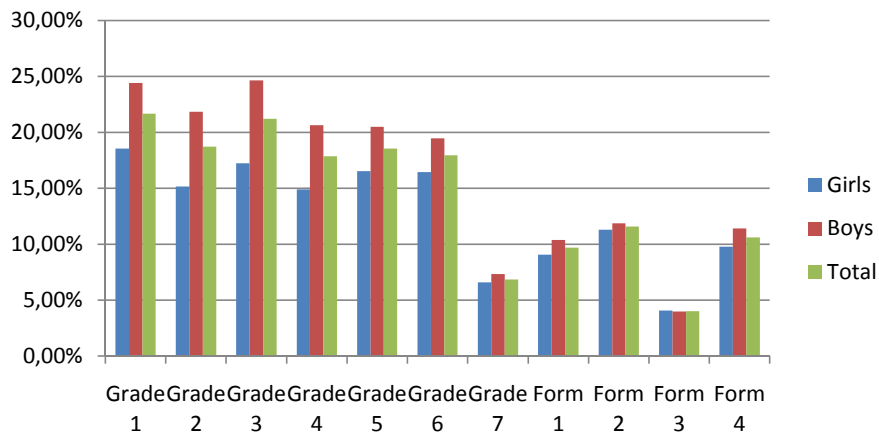
The drop-out rate for boys is generally higher than for girls, with the exception of Grade 6, Form 1, Form 2 and Form 4, when girls drop out at a higher rate than boys. The overall average drop-out proportion shows 5.8 per cent in primary and 11.6 per cent in junior secondary. About 21 per cent of pupils drop out at Form 4.

Figure 4.1 Promotion rate (%)



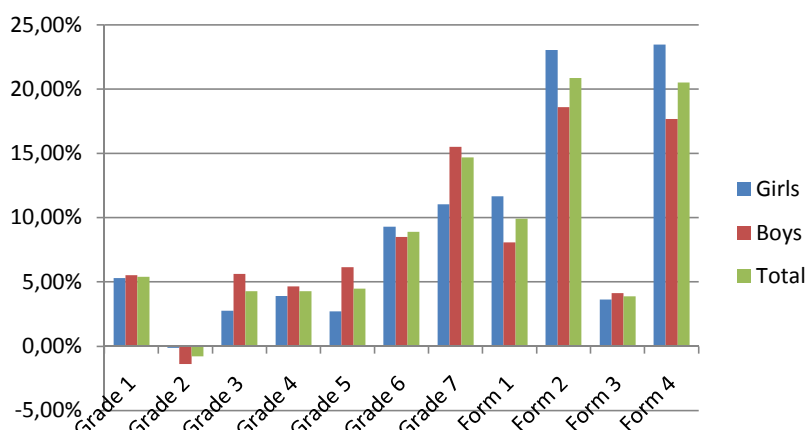
Source: Central Statistical Office, 2007. No data was provided for Form 5, as this is the terminal grade.

Figure 4.2 Repetition rate (%)



Source: Central Statistical Office, 2007. No data was provided for Form 5, as this is the terminal grade.

Figure 4.3 Dropout rate (%)



Source: Central Statistical Office, 2007. No data was provided for Form 5, as this is the terminal grade.

## Quality

### Number of teachers<sup>4</sup>

The Teaching Service Commission (TSC, 2009) reported a total of 7,368 teachers at primary level and 5,086 teachers at secondary level, with shortages of 233 in primary and 518 in secondary government schools. Teacher shortages have arisen because of a shortage of qualified teachers, especially at primary level. The TSC allows teachers who are qualified secondary teachers to teach at primary level and agricultural education teachers can teach mathematics as a remedy, but the post is filled on a temporary basis. Teacher shortages at combined government and other types of schools (grant-aided and privately-maintained) were highlighted in the following subjects: mathematics, science and accounts and technical studies (a total of 615; with 197 vacancies at secondary level), primary school deputy head (257), primary teachers (694), pre-vocational teachers (9), and degree with education qualification (186). In total, these came to 1,958.

The trend of the combined number of primary and secondary teachers employed increased from 2005 to 2008, with a slight decrease in 2006 among secondary teachers. In 2005, the numbers of newly recruited teachers approached 400; in 2006, the number was slightly above 300; in 2007, it was slightly above 400; and in 2008, it was slightly above 500. However, the employment by gender for the same years showed that females outnumbered males, except in 2008, where almost equal numbers were recorded.

### Pupil to class and pupil to teacher ratios

The overall pupil to class ratio was higher at primary level (33:1) than in the secondary level (19:1). This is due to the fact that the TSC reported an oversupply of secondary teachers and a shortage of primary teachers. Table 4.7 illustrates ratios for the past 17 years at primary level, while Table 4.8 shows the ratios for secondary level also for the past 17 years.

Student to teacher ratio in high schools is lower compared to student to teacher ratios in primary schools. This is evidenced in the schools that participated in the FGDs. In all three secondary schools, the average student to teacher ratio is 16:1. In comparison, the two primary schools have a student to teacher ratio of 28:1.

Table 4.8 also shows that the ratios actually became better for junior secondary schools, but became worse for secondary schools between 2002–2007 and 2004–2007, except 2005, respectively.

<sup>4</sup> See also Table 5.1 on Distribution of teachers by school level and region.

Table 4.6 Pupils and teachers in primary schools

Year	No. of primary schools	No. of pupils	No. of teachers	Pupil to teacher ratio
1990	497	166,454	5,083	32:1
1991	514	172,908	5,347	32:1
1992	515	180,285	5,504	33:1
1993	520	186,271	5,696	33:1
1994	521	192,599	5,887	33:1
1995	529	199,599	5,917	34:1
1996	529	202,439	5,975	34:1
1997	529	205,829	6,094	34:1
1998	530	208,779	6,195	34:1
1999	539	213,041	6,425	33:1
2000	540	213,986	6,307	34:1
2001	541	212,064	6,594	32:1
2002	543	208,998	6,727	31:1
2003	544	208,652	6,680	31:1
2004	546	218,352	6,758	32:1
2005	555	221,596	6,741	33:1
2006	555	229,686	6,906	33:1
2007	556	232,572	7,169	32:1

Source: Central Statistical Office, 2007.

Table 4.7 Number of secondary schools, pupils and teachers

Year	No. of schools			No. of pupils			No. of teachers			PTR – Jnr. Sec.	P TR – High school
	Jnr. sec.	High	Total	Jnr. sec.	High	Total	Jnr. sec.	High	Total		
1990	56	79	135	10,006	31,122	41,128	533	1,680	2,213	19:1	19:1
1991	63	87	150	10,352	33,733	44,085	552	1,878	2,430	19:1	18:1
1992	62	94	156	11,245	40,269	51,514	577	2,126	2,703	19:1	19:1
1993	59	105	164	8,325	41,979	50,304	580	2,214	2,794	14:1	19:1
1994	56	109	165	8,469	44,102	52,571	442	2,430	2,872	19:1	18:1
1995	55	114	169	7,848	47,085	54,933	436	2,497	2,933	18:1	19:1
1996	49	121	170	7,970	46,903	54,873	428	2,607	3,035	19:1	18:1
1997	51	124	175	8,988	49,209	58,197	421	2,646	3,067	21:1	19:1
1998	51	126	177	8,836	51,994	60,830	429	2,744	3,173	21:1	19:1
1999	51	126	177	9,887	51,679	61,566	476	2,940	3,416	21:1	18:1
2000	46	134	180	8,349	51,904	60,253	434	3,053	3,487	19:1	17:1
2001	46	136	182	8,376	52,959	61,335	457	3,190	3,647	18:1	17:1
2002	47	137	184	7,670	54,095	61,765	599	3,246	3,845	13:1	17:1
2003	47	138	185	8,104	54,171	62,275	1052	3,744	4,796	8:1	14:1
2004	40	149	189	6,200	60,623	66,823	835	2,923	3,758	7:1	21:1

<b>2005</b>	45	154	199	8,375	62,749	71,124	930	3,311	4,241	9:1	10:1
<b>2006</b>	44	155	199	9,088	68,081	77,169	873	3,106	3,979	10:1	22:1
<b>2007</b>	43	157	200	9,780	73,268	83,049	956	3,402	4,358	10:1	22:1

*Source: Central Statistical Office, 2007.*

## 5. Overview of teacher management

### Teacher qualifications

Employment of teachers is based on technical qualifications and in accordance with the Teaching Service Act of 1982. Aspiring primary teachers must have a Primary Teaching Diploma and they may teach all the subjects in primary school. Secondary teachers entering the profession must have a Secondary Teaching Diploma and they can teach only up to junior secondary level. They normally teach the areas they were trained for. To teach at secondary school level, a degree in a relevant discipline is required with an education component or post-graduate certificate.

Distribution of teachers by school level and region is shown in Table 5.1 below. At the primary level, about 30 per cent of teachers are in the Manzini region, about 25 per cent are in Hhohho, about 24 per cent are in Shiselweni, and about 20 per cent in the Lubombo region. The same trend of distribution is true in the secondary level: about 31 per cent in Manzini, about 26 per cent in Hhohho, about 25 per cent in Shiselweni and about 18 per cent in Lubombo. The schools that are larger and concentrated more in urban and semi-urban areas are found in the Manzini and Hhohho regions, and then in Shiselweni and Lubombo regions.

Table 5.1 Distribution of teachers by school level and region

School level by region	Hhohho No. (%)	Lubombo No. (%)	Manzini No. (%)	Shiselweni No. (%)	Totals No. (%)
Primary	1,862 (25.2)	1,492 (20.2)	2,210 (29.9)	1,804 (24.4)	7,368 (59.2)
Secondary	1,346 (26.4)	896 (17.6)	1,592 (31.3)	1,252 (24.6)	5,086 (40.8)
Totals	3,200 (25.6)	2,385 (19.1)	3,793 (30.4)	3,053 (24.5)	12,454 (100.0)

Source: TSC, 2009, p. 6.

### Appointment of teachers

#### *Appointment strategies and resulting problems*

The Operational Cycle of the TSC (TSC, 2009, p.41) shows teacher vacancies, the employment of new teachers and candidate interviews scheduled during all quarters of the year, except in the fourth quarter. Shabalala (2007) explained the recruitment and appointment procedures by the TSC as a three-step procedure:

- Identification of vacant posts and advertisement

When there is a vacancy in a school, the school head informs the TSC through the Regional Education Office. The school has to complete a vacancy declaration form stating when the post became vacant, why it became vacant, the post title, the qualifications needed to fill the post and the post number. The TSC then checks with the teacher's file to confirm the details on the form. The TSC also checks with the payroll system and the Educational Management and Information Services (EMIS) department of the Ministry of Public Service (MOPS) if the post is truly vacant. With the payroll system, the TSC checks that the teacher who was declared as leaving the vacancy has actually been terminated from the post. In the EMIS, the TSC verifies the other information on the vacancy form. The TSC then drafts an advertisement that is posted in local newspapers and invites applications. Currently, the TSC requests an application for specific posts in specific schools, thus limiting the risk of appointing teachers who eventually do not take up the post they are assigned to. The primary reasons for teachers not taking up posts offered to them are normally related to family reasons, i.e. not being able to bring family to a school residence or the school being located too far from the family

residence, together with lack of transport to and from the school. Another reason is related to the lack of amenities, especially water and electricity.

- Screening and interview of applicants

The TSC secretariat carries out the initial screening to shortlist qualifying applicants. This involves checking every applicant for criminal records, relevant qualifications and other attributes related to the post. Those who are short-listed are then called for an interview with the TSC. If the school is government-aided, the school management is also invited and contributes to the selection of the most appropriate candidates. The final decision always rests with the TSC.

- Appointment and submitting required documents

After the interview, the selected candidate will be informed of his/her appointment and those who are not successful are also informed. Prior to the successful candidate's formal appointment, the selected teacher is given a period of 30 days to prepare for the post and report to the school and begin teaching.

Newly-appointed teachers are also expected to undergo a complete medical check-up. Current TSC regulations do not require any applicant to undergo an HIV test.

MOE officials confirmed that the recruitment, appointment and deployment of teachers are centralized functions performed by the TSC. Nonetheless, there is room for head teachers and grantees to make recommendations to the TSC for teacher recruitment. The Commission recruits two categories of teachers: tenured and contract teachers. Recruitment of teachers for tenure position, according to the officials interviewed, depends on the availability of an established position in the school. Where there is no post assigned in the school by the MOE, but a temporary position can be justified based on teaching load in a department, the school may apply to have a temporary position, until a post is established. Contract teachers, as opposed to tenure teachers, receive only the salary without having to expect gratuities or pensions. TSC officials confirmed that they do not have any legal requirements for teachers to undertake a health examination or HIV test.

The total number of teachers is 12,454. Of these 2,002 (16 per cent) are on contract (TSC, 2008). Most of these contract teachers were qualified to teach in junior secondary and high school. The distribution of contract teachers by region is 579 (29 per cent of the total of 2002) in Hhohho, 333 (17 per cent) in Lubombo, 525 (26 per cent) in Manzini and 565 (28 per cent) in Shiselweni.

#### *Salary scales and income supplements*

Salaries and benefits for teachers vary according to qualifications (Primary Diploma, Secondary Diploma, Degree and PGCE) and category – permanent or contracted. According to the officials interviewed, the MOE is faced with a teacher shortage for primary level, and an oversupply of qualified teachers for secondary level. This state of affairs has resulted in qualified high school teachers taking up positions at primary level and remunerated at that level, which has left many teachers dissatisfied. However, teacher shortage data in Table 6.1 does not bear out this finding. This might be because a large proportion of the teacher shortage is found in mathematics and sciences at the secondary level, which makes the secondary level shortage seem high.

Teachers' salaries and benefits do not vary within a teaching qualification. However, degree holders teaching without an education certificate earn a notch lower than those with an education degree or certificate. Also, teachers who have a degree who happen to teach at primary level are paid a similar salary to those with a diploma qualification, the qualification required to teach at the primary level.

## **Teacher benefits**

Teachers' salaries are competitive to those of civil servants and private sector employees. However, incentives such as housing, car and travel allowances are available only for teachers in administrative posts (deputy or head teacher). In comparison, these incentives are available to all civil and private sector personnel.



## Teacher attrition

Table 5.2 below shows the attrition rate among teachers by reason or cause in the last five years. Death and retirement are the main causes for the attrition of teachers. Resignation and dismissal are also becoming significant causes of attrition.

Table 5.2 Attrition rate of teachers by reason or cause in the last five years

Reason/cause by year	2004	2005	2006	2007	2008	Totals	%
Death	120	97	93	89	89	488	44.5
Retirement	71	77	106	105	131	490	44.7
Resignation	10	18	11	11	26	76	6.9
Dismissal	9	5	9	11	8	42	3.8
Totals	210	197	219	216	254	1,096	100

Source: TSC, 2009, p.16.

Teachers who took part in the FGDs said that the attrition rate in their schools is low and attrition is not a significant problem for them. Teaching is still regarded as an attractive profession because it has unique arrangements as compared to civil servants in the public sector. Teachers get almost six weeks of holiday for Christmas, about a month's break between the first and second terms, and the salary is competitive with that of civil servants. A combination of factors lead to teachers leaving schools, according to the teachers interviewed, including retirement, transfer, promotion, study leave and seeking greener pastures – the last noted to be at its highest amongst science, mathematics and commerce teachers who were leaving to join the private sector.

However, teacher replacement as a consequence of attrition is a very slow process, as the teacher has to make his/her departure formal by resigning, especially if pension benefits are sought in the case of permanent teachers. The school needs to communicate this to the Regional Education Office (REO), and REO takes this information to the TSC. Only when the TSC formally receives the information and the request for a replacement teacher can the TSC consider the recommendation for replacement by the school head. This might be due to the fact that the pool of relief teachers is small (35 at primary and 33 at secondary) and easily get taken by schools, and the previous teacher needs to be officially deregistered from the school.

Among the head teachers interviewed, there was a mixed response to the question about teacher attrition. However, there is general agreement amongst them that they have experienced teacher attrition in schools, although at a low rate.

Four schools cited promotion, transfer, long-term study leave, statutory retirement, leaving for better job opportunities in the private sector (businesses) as the main causes for attrition. While teachers may be falling sick due to undisclosed illnesses, deaths follow after a long period of illness.

Educational Management Information System (EMIS) and Planning officials stated that they lack data on teacher attrition statistics. However, according to the Chief Inspector of Secondary Schools and the Lubombo region REO, teachers rarely leave the profession. Hence, the attrition rate is relatively low.

In spite of the apparently high level of deaths, accounting for 44.5 per cent of teacher attrition over the period 2004-2008, it is difficult to prove that these deaths are linked to HIV and AIDS. The former CEO of the TSC linked 60–65 per cent of teacher illnesses and deaths in 2004 to HIV and AIDS. This evidence was based on the diagnoses on sick sheets and personal disclosures to the TSC. In 2007, the TSC noted high mortality rates among both teachers and pupils resulting from public transport accidents while travelling to or from school. The Motor Vehicle Authority had reported this in many newspaper articles, and this is causing the Ministry to lose a lot of money from claims by injured persons or by relatives of the deceased.

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

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### Teacher supply and demand

Teacher shortages by region are shown in Table 6.1. The secondary level had the highest share of the overall teacher shortage at 69 per cent, as compared to the primary level (31 per cent). The region that had the greatest shortage of teachers at secondary level in relation to the total shortage is Hhohho, followed by Lubombo, then Manzini and then Shiselweni. This might be due to the mushrooming of schools in Hhohho and the reluctance of teachers to go to Lubombo, which is a very impoverished region. Manzini and Shiselweni schools are relatively accessible by public transport and most communities have water and electricity, which teachers regard as positive factors to consider when being posted to new schools.

Except for TSC records, there is very limited data on HIV and AIDS statistics regarding teachers. Informants stated that making projections for teacher supply and demand in relation to HIV and AIDS was difficult due to confidentiality and non-disclosure. According to the former TSC CEO, communities that build their own schools are further exacerbating the challenge of estimating demand for teachers, by demanding staff that have not been accounted for in planning.

Table 6.1 Teacher shortage in government-aided school levels by region

School level by region	Hhohho No. (%)	Lubombo No. (%)	Manzini No. (%)	Shiselweni No. (%)	Totals No. (%)	%
Primary	14 (7)	52 (29.8)	107 (38.6)	60 (58.8)	233 (31)	31.0
Secondary	184 (93)	122 (70.2)	170 (61.4)	42 (41.2)	518 (68.9)	69.0
Totals	198 (100)	174 (100)	277 (100)	102 (100)	751 (100)	100.0

Source: TSC, 2009, p.7.

### Estimating demand

At present, Swaziland does not have a policy for human development capacity because of a lack of forecasting for human development. Likewise, there is no policy for teacher demand. An inventory of education and training areas was initiated by the government about five years ago, and was led by the University of Swaziland under the Consultancy and Training Centre. Meanwhile, students coming out of school and applying to the University of Swaziland and teacher training institutions must meet the entrance criteria in their programme of choice. The institutions of higher learning are urged by the government to admit as many qualifying candidates as possible, but this largely depends on the available capacity of the institution. Many qualifying candidates do not get a place at the university because of lack of space due to limited classrooms, laboratories and fieldwork sites within the institution.

### Supply

The supply of graduates from tertiary institutions largely depends on the number of qualified entrants. Two years ago, the MOE tried to identify and announce the redundant areas for training. This was met with an outcry from those who still value those areas, especially for further training purposes. Therefore the university was tasked with rationalizing the intake of entrants. Priority areas were identified as the natural sciences, agricultural and health sciences, because of a shortage in these areas, while law and humanities were proclaimed redundant, due to the overproduction of graduates in these areas.

## Teacher absenteeism

The Global Business Coalition (GBC, 2009) published an article called *Swaziland: HIV/AIDS Blamed for 25 Percent Job Absenteeism*. The cited source of the content of this article is the UN IRIN, a humanitarian news and analysis service. Some of the information in the article includes the following: a quarter of Swaziland's workforce is absent from work because they are suffering from HIV and AIDS and caring for sick AIDS patients at home; the cost of replacing ill or deceased workers is expected to increase as the disease progresses from HIV to AIDS. The same article stated that the International Monetary Fund (IMF) calculated that the cost of replacing teachers alone would be E2.3 billion (US\$230 million) in the next seven years. The Swaziland National Association of Teachers acknowledged a rise in the number of teachers' deaths but did not have statistics to back this up.

The view of all teachers who attended the FGDs, however, was that absenteeism is not a serious problem. Teachers stated the following as the main causes for non-attendance: attending workshops, study leave, family members' illness and funerals, and non-threatening illnesses such as influenza. Accordingly, absences are for a few days and do not necessarily interfere with the functioning of the school.

The GBC's article was based on data about civil servants. No distinct statistics were published in Swaziland about teacher absenteeism *per se*. Also, from observations made in the FGDs among teachers, there is some downplaying and lack of preparedness among teachers regarding the possible impact of HIV and AIDS on themselves and on other people around them. This might be due to the Swazis generally making use of privileges under extended family relationships, and the care and community spirit embedded in Swazi culture.

What the article says is very different from what the head teachers reported for this study. However, the head teachers interviewed for this research did state that family members' illnesses and funerals can be linked to HIV and AIDS. The head teachers said that unauthorized absences are not a major issue and that these do not disrupt the functioning of the school.

Views on teacher absenteeism were drawn from five head teachers in urban and peri-urban schools: two high school principals in urban schools, one high school principal in a peri-urban school and two primary head teachers from a peri-urban area. Principals in three schools (two high schools and one primary) out of four reported teacher absenteeism as a problem, while in another high school the principal had encountered one serious case of absenteeism in the past.

Principals from the four schools cited staff sicknesses and sickness of relatives as major causes for teacher absenteeism. Principals were cautious in relating sicknesses to HIV and AIDS, due to non-disclosure. However, one principal's speculation was that staff sickness in his school is related to HIV and AIDS bearing in mind the frequent absences in a week, diagnoses on sick sheets and the physical health of teacher(s).

Very few teachers in the schools acknowledged that there are sick staff members and that their ill health and absences may be attributed to HIV and AIDS. This might be due to the fact that teachers are still 'in denial' and do not see the effects until they are infected or affected directly.

Officers who have closer interactions with schools, such as CIS and Regional Education Officers (REO), were in a better position to provide views on real-time teacher absenteeism. They reported teacher absenteeism as a serious problem. *"Teachers are sick, however, they do not disclose illnesses,"* they stated. One can speculate from diagnoses on sick sheets that sicknesses are related to HIV and AIDS.

### Recording absences

Schools in Swaziland have unique internal arrangements for keeping records for absences. For instance, one particular high school keeps two types of record books as monitoring systems on teacher movements in and out of the school. This school has an Attendance Book for recording daily attendance and an Exit Book for recording short-term absences during school hours, keeping a note of times out and times in. Whether these are effective monitoring mechanisms is another issue. As one head teacher reported, in her school teachers do not like being monitored and avoid signing the Exit Book.

In both high schools, teachers make verbal arrangements with colleagues to take over their classes when they are absent with classwork for students prepared in advance. Where a teacher decides to be absent without informing the head teacher or any member of staff, the Head of Department (HOD) is expected to manage the situation and deploy staff of that affected department to share the workload. In primary schools, the deputy head teacher normally receives absence information, consults with the head teacher and makes arrangements for the absent teacher. Primary teachers are expected to teach all the subjects, i.e. no specialization is demanded of them, so that another teacher may take on the absent teacher's teaching assignment without much problem.

In all the schools, teachers who are absent without official leave fill in Absent from Duty forms in which reason(s) for absence are given. If a teacher has been ill he/she is required (as per the TSC Regulations) to submit a sick sheet or an attendance form from the doctor, which is attached to the Absent from Duty form and sent to the REO and to the TSC.

Teachers who absent themselves for 48 hours without reporting their absence face being fired. TSC relies on information provided by head teachers and the REO on teacher absenteeism. The incompetence of head teachers who fail to report absences of teachers at their schools leads to very serious problems of delaying the discipline of teachers and the processes of appointing replacement teachers.

## Policy and management responses

### Leave

In terms of TSC regulations, teachers are entitled to sick leave, up to 12 months of study leave, compassionate leave and leave for attending church conferences, as well as up to 60 days of maternity leave.

According to education officials, sick leave may be for a short or extended period. Long-term sick leave is for a total duration of 12 months. The first six months are on full pay and the subsequent six months are on half pay. The leave has to be authorized by the Senior Medical Officer at the Mbabane Government Hospital. If a teacher is unfit for work after the first six months, the Senior Medical Officer may write another letter authorizing sick leave for a further six months. If a teacher is still unfit to work after being on sick leave for one year, TSC (on the recommendation of the doctor) shall advise retirement on medical grounds.

However, the observation is that teachers are unaware of long-term sick leave regulations. Teachers have a tendency to return to teach when they are clearly unfit for work after the first six months of leave draw to an end. They do so to secure their jobs and salaries.

#### Box 6.1: regulations on leave

The Teaching Service Regulations of 1983 (pp. 24-25) state the following sections regarding different types of leave:

##### *Leave – General*

- An application for leave shall be made by a teacher to a manager in such a manner as the Commission may prescribe from time to time.
- A manager may grant leave to a teacher during a school term if such leave is required for-
  - (a) Attending church conference;
  - (b) Writing examination recognized by the Commission; and
  - (c) Compassionate reasons.
 Provided that such leave shall be granted without the approval of the Commission if it will exceed seven days in one calendar year.

##### *Maternity leave*

- Subject to sub-regulations (2) and (3) every female who has been in the service for twelve months or more continuously, shall be entitled to pay maternity leave for a period not exceeding sixty 84

calendar days.

- All unmarried female teachers shall be granted leave in terms of sub regulation (1) in respect of a first child and subsequently only unpaid maternity leave shall be granted.

#### *Sick leave*

- A person in the service shall be granted sick leave as follows-
  - (a) up to six months sick leave on full pay;
  - (b) up to six months sick leave on half pay thereafter.
- The Commission may grant an extension of sick leave on half pay for a period not exceeding thirty days.
- A further extension of leave with no pay may be granted by the Commission for a period not exceeding three months if it appears to it that a teacher will be fit to resume his duties within a reasonable period after his sickness.

A teacher who has been ill for more than a year shall be assisted using the following Teaching Service Regulation (p.25):

- If after the expiry of an extension made under sub regulation (2) a teacher is certified by a medical practitioner registered under the Medical and Dental Practitioners Act of 1970, unfit to resume duty and it appears to the Commission that the teacher will be not able to resume his duties within a reasonable period the Commission may terminate the appointment of such teacher.

#### *Study Leave*

A person in the service shall be entitled to fully-paid study leave for a period not exceeding twelve months. Thereafter, a quarter of the salary becomes deducted up until the end of the fourth year, when only a quarter of the salary is paid. In the fifth year, the pay gets terminated.

#### *Benefits for HIV infected and affected teachers*

No specific arrangement or benefits for HIV-positive teachers are provided in government regulations. The MOE does not have a role in financing the staff or staff funerals in the case of death. However, the Swaziland National Association of Teachers (SNAT) formed its own burial scheme for teachers who are members (SNAT Eagle, May 2008). This move might be a remedy rather than a long-term solution to a greater problem in the future. Teachers who have declared themselves infected and showed interest in a proactive approach to HIV and AIDS among teachers are still in a minority.

#### *Death benefits*

No death benefits are granted to teachers, except the pension for tenured teachers.

## **Teacher replacement**

#### *Covering teacher absenteeism*

Teachers interviewed for this study in three different schools reported that teacher replacement is a problem, taking on average three months or more. They were not certain of the processes involved in teacher replacement. However, teachers in all the schools reported that supply teachers have been hired and paid for by the schools.

Replacing teachers as a consequence of absenteeism is not common practice in the schools. This is mainly because absences are for short durations and teachers do not disclose their sicknesses. However, after teachers had been absent for several weeks or months, the MOE took, on average, three months to provide supply teachers. In some schools, these efforts failed. Consequently, schools were forced to engage supply teachers paid either by the school or parents. (A supply teacher is normally secured either by the school from the TSC, and if this fails, the school normally takes this matter up with parents, who would normally bear the cost of hiring a supply teacher.) However, there is not a large pool of supply teachers from which they can draw when the need arises (see section below).

In one of the high schools, the principal resorted to engaging university students as supply teachers in his school.

The department where the teacher is based usually makes internal arrangements for the sick teacher's workload to be absorbed by other teachers. This was the submission of both primary and secondary school teachers interviewed for this study, as well as heads. If and when the teacher's expertise is not matched within the department, students begin to suffer.

### *Supply teachers*

According to education officials, the MOE has considerable difficulty in replacing teachers. There is a pool of just 68 replacement teachers, and the demand for teacher replacements far outweighs the supply available. The REO also said that head teachers fail to report teacher absences to his office in a timely fashion. This could be attributed to the fact that teachers sometimes disappear from work without reporting their absence to head teachers, leaving the head teacher in a dilemma. It is after several warnings and much lost time that the head teacher will report a teacher's bad conduct to the REO. In addition, the TSC has a serious challenge with replacing maths, science and commerce teachers. The MOE has a budget to pay replacement/supply teachers, but only up to about 60 teachers. Most of these teachers are drawn from those who have filed their application with the TSC. A teacher is recommended on the basis of each school's need. Applications by the schools are responded to on a first-come, first-served basis.

## **Transfers**

According to the Chief Inspector for secondary schools, the MOE has received considerable numbers of requests from teachers who want transfers in recent years. The reasons vary, and some are difficult to investigate. The reasons for teachers requesting transfers, according to the former CEO of the TSC (personal communication, July 2009), are mostly family related, such as wanting to be closer to home, or close to a husband or wife or children. Some teachers may want to move to an urban area. When a teacher transfers from one school to another, the teacher relinquishes the post number, as it is tied to the school, but not the TSC number, which serves as the teacher's personal identification number (PIN) for as long as they are teaching in public schools. With this system, the teacher is traceable in the EMIS database in any school. The advantage of this system is being able to gather data on a teacher, especially when they move from school to school.

Movements of teachers due to HIV and AIDS could only be suspected if and when a teacher has been on sick leave and requests a transfer. The TSC can only act on a formal request by the teacher, through filling out the appropriate forms, accompanied by medical certification. Teachers normally take the initiative to identify schools where they wish to be transferred, although the TSC, with the assistance of EMIS, will normally have information about vacancies. A transfer is only possible when a vacancy has been identified in a school.

The former TSC CEO indicated that the number of teachers who want to be transferred to be close to a medical facility was not significant. There are major government, mission or private hospitals in each region, but these are usually situated in a town or city centre. As the number of transfer requests to urban areas where medical facilities are located increases, this may lead to an increasing teacher shortage in the rural areas. It is also worth noting that traditional healing, which can be found more in the rural areas, is a prominent treatment option for Swazi people.

## **Teacher management tools**

The Educational Management and Information Services (EMIS) database does not have a teacher management system. However, it hopes to revive a system that existed in the past but crashed. A shortage of capable manpower and lack of funds have hampered efforts to reinstate the database so far. Currently, EMIS relies on the Human Resources Department and the Ministry of Public Service (MOPS) Management Service Department for teachers' personal data. However, the database operated by the MOPS Management Service Department slightly differs to that of the MOE Human Resources Department. Post numbers that are unique to each school and TSC numbers that are unique to each teacher are the preserve of the MOPS Management Service. In other words, MOPS has some access codes on the data of teachers that EMIS does not have through the Human Resources Department.

The TSC reported tracking the movement of personal files and their security as a major concern (TSC, 2009, p. 6), because teacher files are kept in hard copies only, and the current computerized file management is at a very basic level. However, the TSC is developing a computerized file management system with the EMIS department, and this is expected to be completed by January 2010.

In 2008, TSC took strides to consider a teacher management system modelled on Kenya's system. The processes are still pending, however. Further, according to the former CEO of TSC, EMIS and the planning departments do not have complete control over the teacher management system, due to the system being fragmented. Many functions and sources of information are available only with the Human Resources and with the MOPS Management Services Department. This leads to lack of coordination of activities, as some of the departments lack valuable data such as those now required in the Teacher Information form, which includes crucial information to track down teachers' mobility in schools.

According to the former CEO of TSC, the MOE follows procedures laid out in the TSC Act of 1982 on the employment of teachers. The TSC's duties include carrying out offences and penalties and effecting pensions and benefits. However, it works closely with the Planning and Research department, of which EMIS is a unit, to collect pertinent information on schools and teachers for their management. The teacher information form for EMIS requires names, gender, TSC and PIN numbers, birth date, post number, nationality, marital status, employment status and information, experience, qualifications, specialization, training and teaching information in life skills, health and hygiene, special education and early childhood education and subjects taught.

The EMIS department has recently developed a new booklet for the Annual Education Census. The booklet contains nine forms that have to be completed by school officers: i. School Information Form; (ii) Summary Form (on classes and enrolment and number of staff); (iii) Information on Previous Year Form; (iv) Furniture, Equipment and Textbooks; (v) Facilities Form, Non-teaching Staff Form, Teacher Information (one for each teacher, deputy and head teacher), Stream Form and Stream Form (for class teachers).



## 7. The policy framework on HIV

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### National policy on HIV and AIDS for the education sector

As early as 2006, the then Ministry of Public Service and Information, which is now the Ministry of Public Service (MOPS), formulated its 'HIV and AIDS Policy for the Swaziland Public Sector' (MOPS, 2006). This document became a model working document for the subsequent 'Education Sector Policy on HIV and AIDS' (MOE, 2007). However, between the release of these two documents, the 'Draft National Multisectoral HIV and AIDS Policy' was formulated, under the auspices of the then Ministry of Health and Social Welfare (MOHSW). In 2007, the draft document 'HIV and AIDS Comprehensive Education Sector Response Framework 2007–2012' (MOE, 2007), supported by UNESCO's Education for AIDS programme (EDUCAIDS), was also formulated. In the process of formulating these four documents, the ministry responsible invited representation of relevant stakeholders. The following stakeholders were part of the education policy formulation team: HIV and AIDS Education Sector Committee (HAESCO); Educational Testing and Guidance Psychological Services (ETGPS); National Curriculum Centre (NCC); Vocational and Commercial Training Institute (VOCTIM); EDUCAIDS and the University of Swaziland (UNISWA).

The HIV and AIDS Comprehensive Education Sector Response Framework 2007–2012 (MOE, 2007) and the Education Sector Policy on HIV and AIDS (MOE, 2007) were the two documents that specifically focused on the education sector and HIV and AIDS issues. The former document's foci were on four themes: (i) prevention; (ii) treatment, care and support; (iii) impact mitigation; and (iv) management and coordination of the response. The target groups are teaching and non-teaching staff and pupils. The themes of the latter document were very similar: (i) HIV and AIDS prevention; (ii) care, treatment and support; (iii) impact mitigation; (iv) protection in the workplace; and (v) protection of learners. The then Minister for Education, Themba Msibi, wrote in his Foreword in the latter document that the two documents would be used hand-in-hand in the implementation of policies.

However, in the FGDs conducted for this study, teachers in all schools displayed a severe lack of knowledge of a national policy on HIV and AIDS for the education sector or its formulation. Schools do not have an action plan for HIV and AIDS, which stems from the fact that there is no MOE workplace policy. Initially teachers interviewed for this study seemed indifferent to whether policies are in place or not, until they were sensitized by the researcher during the FGD on how policies would affect them positively if they were in place. Lack of information among teachers may be due to the fact that the General Assembly of the teachers' association is held only once every December, and that the HIV and AIDS Committee is a centralized one, reporting to the General Assembly, and is non-existent in the branches.

One of the five head teachers interviewed had knowledge of a draft National Policy on HIV and AIDS for the Education Sector (2007). His knowledge stemmed from the fact that he is the President of Head Teachers' Association, and as such, a stakeholder in the formulation of the policy.

Officials were also generally not aware of a policy on HIV and AIDS. A few had knowledge of a draft policy, and stated they were not familiar with any of its contents. Workplace policies do not exist. The general view was that workplace policies would be adapted from the national policy.

### Workplace policy

A policy document dealing with HIV and AIDS at the workplace *per se* does not exist. However, as stated under education sector policies that do exist, workplace issues regarding HIV and AIDS are treated as policy themes under the Education Sector Policy on HIV and AIDS draft document. The document includes sub-sections covering: HIV and AIDS prevention; care, treatment and support; impact mitigation; protection in the workplace; and protection of learners/students.



#### Box 7.1 Extracts from the Education Sector Policy on HIV and AIDS draft document

##### *Protection in the Workplace (pp. 15–16)*

- Persons in the education sector living with HIV and AIDS shall continue to work under normal conditions in their current employment for as long as they are medically fit to do so. When on medical grounds they are unable to continue with their normal employment, the normal rules regarding incapacity shall apply.
- All persons in the education sector living with the HIV and AIDS shall not be stigmatised or discriminated against in access to or continued employment, training, promotion and employee benefits on the basis of their HIV status. The employer, principal, fellow education sector employees, learners and students alike shall protect them against such discrimination as well as stigmatisation.
- As a pre-emptive measure to combat stigma, an enabling environment with a culture of non-discrimination towards persons with HIV shall be cultivated...
- Unless medically justified, no person in the education sector may use HIV or AIDS as a reason for failing to perform their duties and complete their assignments as required.
- No staff member may be denied the right to be appointed in a post or to be promoted on account of his or her HIV or AIDS status nor shall HIV or AIDS status be a reason for dismissal, or for refusing to renew any staff member's employment contract.
- There shall be no compulsory HIV testing of educators and teachers. All HIV testing should be voluntary with the employee's informed consent, in a recognised VCT centre by qualified personnel, in accordance with the national ethical guidelines.
- Persons in the education sector living with HIV and AIDS have a legal right to confidentiality about their status...
- The Ministry of Education shall work to ensure that where possible married couples are deployed either in the same school institution or within a 30km radius to avoid the risk associated with the separation of spouses.
- There shall be no tolerance for sexual abuse in learning institutions and education workplace.

##### *Policy Coordination and Coordination (pp. 17–18)*

- The Ministry of Education and all stakeholders in the education sector shall be responsible for the implementation of this policy.
- All education institutions shall implement their HIV and AIDS action plans to give operational effects to this policy.
- Major role players in the wider community should be involved in the development and implementation of this plan. Existing school-community committees could be utilised to achieve this.
- The Ministry of Education shall be responsible for coordinating the implementation of this policy.
- All stakeholders in the education sector shall work together with the Ministry of Education to foster a coordinated sector response to the HIV and AIDS epidemic.

##### *Regarding funding, Section (Resource Mobilisation) includes the following statement: (p. 18)*

- The Ministry of Education shall commit itself to making provision in its budget for the effective implementation of this policy. It shall facilitate coordination mechanisms with other role players to ensure funding for the implementation of the policy.

Since the National Multisectoral HIV and AIDS Policy has not been translated into strategies and action plans, and the Education Sector HIV and AIDS Policy document is still in draft form, implementation has not commenced. This does not mean, however, that there are no interventions taking place on the ground. For example, the SNAT formulated their own Education for All AIDS Programme for 2009, which has three themes: (i) mitigate the negative effect of AIDS and other illnesses on achieving EFA goals; (ii) prevent new HIV infections among teachers; and (iii) prevent new HIV infections among learners. The Plan of Action was formulated using the Draft SNAT HIV policy, which was due to be finalized in the 2009 General Assembly, according to the Deputy President, who is also the Chairperson for the HIV and AIDS Committee.

A plan of action was also guided by earlier focus group research on 'The impact of HIV and AIDS on teachers' (Simelane, 2005). The UNESCO-EDUCAIDS wing also supports response efforts in the education sector, while the ETGPS department was mandated by the MOE to serve as the health desk incorporating HIV and AIDS in their work programmes.

The SNAT was cited (Education International (EI), 2009a) as having prioritized its Education for All AIDS (EFAIDS) programme on AIDS-related stigma and discrimination at work. The Swaziland National Network of People Living with HIV and AIDS (SWANNEPHA) facilitated a workshop for SNAT members on a toolkit for educators and unions. The toolkit – Leadership in the HIV and AIDS Response: A Toolkit for Unions to Promote Health and Improve Education – was developed to protect union members and teachers from HIV infection (EI, 2009b).

## **Teachers' code of conduct**

Sexual abuse of pupils by teachers has been observed in reports by pupils, teachers, teacher counsellors and parents to school administration or higher authorities. Many incidents have been documented by the Swaziland Action Against Abuse (SWAGAA) and Save the Children, as pupils and/or parents turn to them for advice and intervention. The TSC 2009 End of Year Report (p. 33) recorded 108 cases of immoral abuse of pupils by teachers.

Under the TSC Act of 1982, misconduct by teachers (including immoral conduct) can lead to dismissal from service, suspension from service without pay for a period not exceeding two years, reduction in rank (for deputy heads of head teachers), withdrawal of allowances, lack of pay increase, and/or a written reprimand.

A Code of Ethical Standards and Practices for Teachers of Swaziland (no date) was formulated by SNAT. It includes a commitment to take all possible steps "to safeguard students from sexual abuse".

## **Gender issues**

The SNAT's Code of Ethics does not have any articles pertaining to gender issues at the workplace. This is an aspect SNAT will have to address in their revision of the document, as women and men need to be respected as equal partners in the profession.

## 8. Teacher support and referral structures

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### Structures

HIV-positive teachers have started opening up regarding their HIV and AIDS status and forming their own alliance. They have expressed their concerns about the lack of concerted efforts to attend to their plight (group interview of SNAT HIV and AIDS Committee, 24 July 2009). This group has been referred to the HIV and AIDS Committee of SNAT. The roles of this committee are limited to advising the Chairperson on matters related to HIV and AIDS and liaising and implementing programmes with other organizations dealing with HIV and AIDS at different levels.

However, according to the committee, in a group interview with the members, a proposal by members of a wellness centre for teachers was being considered by the association. They have had talks with the Nurses' Association, which already has this set up. The issue the committee is grappling with is the financial implications associated with such a centre, which the committee felt could be off-set if the Nurses' Association would allow them to join their centre.

According to the head of Planning and Research of the MOE, the National Multisectoral HIV and AIDS Policy document had been presented by the Prime Minister to Cabinet and Parliament for final approval. The challenges that lie ahead are the development of a strategic plan and action plan with an associated budget for approval. Activities taking place in the MOE headquarters, in the regional education offices and schools are on an *ad hoc* basis.

### Ministry of Education HIV/AIDS Unit

In the MOE, there are two HIV and AIDS-related units. The first is the Educational Guidance, Testing and Psychological Services (ETGPS) department whose added mandate is to assist in the health-related issues the ministry is faced with. The second is the UNESCO-EDUCAIDS wing, launched in March 2004, whose mandate is to support the implementation of the framework 'Comprehensive National Education Sector Responses to the HIV and AIDS Epidemic' (MOE, 2006).

The MOE has commissioned an HIV and AIDS Education Sector Committee (HAESCO) comprised of education stakeholders in the country. The last draft of the Education Sector HIV and AIDS Policy produced by the committee was dated December 2007 and the scheduled next meeting to finalize the document was in September 2009.

Since the Education Sector HIV and AIDS Policy has not been finalized by the HAESCO, an education strategic plan with targets and action plan with budget have not been initiated as yet.

The MOE does not offer any support for HIV and AIDS related sicknesses. If a school has a sick teacher, teachers generally take individualistic approaches to providing various forms of support. External organizations do not visit schools. If they do, the focus is on schoolchildren's welfare.

It appears that teachers in the schools visited have not been seriously affected by HIV and AIDS. As such, teachers have not seen the need to form internal social support units. According to submissions made, teachers in the schools visited have a good rapport and are willing to take on the workload of an absent teacher.

However, the teachers interviewed shared common concerns regarding areas in which the Ministry or Government could make improvements regarding their welfare. They also shared common views on areas the policy should cover in order to address their plight.

The concerns raised by teachers were as follows:

- Government does not provide medical aid cover; hence they may feel obliged to join medical aid schemes, which tend to be expensive. They would like to see Government intervention in regard to medical aid cover.
- The Ministry should consider providing HIV and AIDS counselling for teachers in schools. Furthermore, the Ministry should revisit using full-time teachers as (HIV and AIDS)

counsellors, who cannot fully commit to providing counselling due to the demands of having to perform duties as a teacher. There is little motivation also amongst counselling and guidance teachers, as they go the extra mile with little incentive, if any. Teachers would like the MOE to deploy professionally trained counsellors to regions, who will be able to get a feel of what is happening on the ground and can represent their concerns to government officials. So far, schools are encouraged to have career guidance and counselling assigned to a full-time teacher and they receive an approved allowance for this additional task. However, HIV and AIDS counselling is not yet established in regions or schools.

- Government should consider having a wellness centre(s) for teachers, which may provide medical support to teachers.
- The MOE should play a more interventionist role in curbing the infiltration of schools by 'sugar daddies', who lure children into having sexual relationships with them in exchange for material belongings. Teachers claim 'sugar daddies' literally go to schools and tertiary institutions to look for girls to exploit sexually in exchange for material things.

The submissions made by school principals were that the MOE does not offer support services to teachers who are infected or affected by HIV and AIDS. Head teachers also stated that their schools have not been visited by organizations that deal with HIV and AIDS issues. Schools generally do not have formal support structures. Through their own initiatives, teachers offer various forms of support to colleagues who may be infected or affected with HIV and AIDS, including taking over classes in the school, visiting the sick as a group, assisting in bathing and praying with and for them.

MOE officials reported that teacher support and referral structures are not in place. As mentioned above, the teachers' union has a burial scheme for its members. However, there is very little in-service training for teachers, if any. Consequently, there is little time dedicated to teaching HIV and AIDS, because teachers do not seem to have any up-to-date knowledge on HIV and AIDS issues, which can be embarrassing. Many officials trace this to the lack of official national and MOE policies.

Specific challenges were also submitted by specific MOE officials:

*Chief Inspector, Secondary:*

- It is difficult to have policies in place on teacher management due to the lack of research, which would inform and motivate action. Limitations are due to the lack of policy and strategies. The Inspector is of the opinion that data should be gathered prior to formulation of policies and even the subsequent strategies.
- Teachers are not and have not been sensitized or trained on policy issues.
- There are no permanent structures and programmes to follow. He felt that there should be a special unit formed to attend to the HIV and AIDS issues affecting teachers.
- The office of the Inspector does not have a mandate to interact with school committees. The Inspector's mandate is restricted to providing support in the teaching of the subject/s they are assigned.

*EMIS:*

EMIS is a unit within the MOE. The unit was established in 2004. The informant drew the researcher's attention to the challenges faced by the unit. The unit is still very small, with a staff of just five people. Furthermore, the unit operates without a budget line, and therefore relies on the Principal Secretary's vote for part of its activities and also gets private funding for most of its activities.

*Coordination of different actors in teacher management in a context of HIV:*

The MOE interacts actively with the National Emergency Response Council on HIV and AIDS (NERCHA), which is under the Prime Minister's office, the MOH and MOPS. The UN agencies are also actively involved in many policy development drafting meetings.

## Access to treatment

There is no formal policy in place for teachers regarding access to health care. Health insurance, for example, has been a personal issue left to every individual teacher. However, it is generally not affordable for teachers. Some private and parastatal employers pay half of the insurance cost to facilitate their staff joining an insurance scheme. However, like any other group of professionals and civil servants, teachers have the option to be tested and to access treatment in government or private clinics and hospitals. Government hospitals are currently overcrowded with patients, and patients who need constant attention are normally advised to go back home and stay there after having been attended to and given their medications. Antiretroviral drugs (ARVs) are not free, as these are only subsidized by the Ministry of Health. Patients are also required to check their immunity levels periodically, prior to accessing ARVs, as a way of monitoring their health status. The cost, therefore, becomes quite high, even for a teacher. Often ARVs are also not available and patients find themselves going back to get them.

The Multisectoral HIV and AIDS Policy document (GKS, 2006)(pp. 5–11) has policy statements on prevention, care and support, legal mitigation, and a legal framework. Under the subsection on care and support (pp. 8–9), specific articles are found dealing with pre-antiretroviral treatment (ART) and ART, management of opportunistic infections and other HIV-related conditions, home-based care and palliative care, nutrition, traditional and alternative health therapies and management of HIV and AIDS-related mental health services.

Access to health care is monitored through the clinics and hospitals, and demographic information and blood specimens are collected then channelled to the regional health management unit. Analysis of data and specimens is conducted at the Epidemiology and Research Unit. The 11<sup>th</sup> National HIV Serosurveillance among Women Attending Antenatal Care Services (MOH, 2008) is the latest publication on HIV infection in Swaziland. This yearly publication focuses on HIV prevalence, trends, prevalence by region, by age group, and other major sexually transmitted infections (STIs).

SNAT had only one study that included some form of assessment of health care of HIV-positive teachers, 'The Impact of HIV/AIDS on Teachers' (Simelane, 2005). Teachers' focus group discussions yielded anecdotal evidence about treatment and counselling and recommendations regarding these. Teachers reported that they believe the form of treatment preferred by most Swazis, including teachers, is traditional as opposed to modern. However, teachers hastened to add that traditional healers are not screened and certified, and as such, are not distinguishable as 'good or not good'. With regards to counselling on HIV and AIDS, teachers felt that these facilities and testing units are not decentralized enough and are therefore not close enough to them. They suggested that the facilities should be located close to the chief, and should be accompanied by programmes of action-oriented education. Teachers also felt that counselling and caring should be promoted aggressively to promote the acceptance of HIV amongst people.

The Ministry of Health (MOH) reported that, by the end of the first quarter of 2008, 51 ART sites were established and reported that 27,826 people accessed ARTs. However, demographic data on access is not available.

Section Resource Mobilisation, Management and Tracking, pp. 14–15 in the Multisectoral HIV and AIDS Policy document shows frameworks for financing the cost of HIV and AIDS-related products and services (see Box 8.1)

### Box 8.1 Resource Mobilisation, Management and Tracking

- The Government of Swaziland shall support the national response to HIV and AIDS through allocating a reasonable percentage of the national budget to fight the epidemic;
- Government ministries shall mainstream HIV and AIDS responses and allocate a budget from their ministry budgets for HIV and AIDS interventions;
- Government shall allocate funding to NERCHA for management and coordination of the national multisectoral response to HIV and AIDS;
- Responding organisations, institutions, departments and communities shall access funding

through joint planning in line with the National Strategic Plan and Action Plan;

- NERCHA shall coordinate and facilitate development of an appropriate resource mobilisation and management framework for the national HIV and AIDS response;
- NERCHA shall coordinate resource mobilisation efforts in line with the National Strategic Plan and National Action Plan and maintain a database of all HIV and AIDS implementing and funding partners to monitor the flow of financial resources;
- All stakeholders shall share information with NERCHA and relevant or umbrella bodies to avoid duplication in the allocation and use of available resources;
- Stakeholders shall conduct resource mobilisation for HIV and AIDS activities and financial assistance received shall be reported to the relevant ministry responsible for coordinating external assistance to Swaziland in accordance with the Kingdom of Swaziland AIDS Policy.
- Transparent, efficient and effective use of resources shall be ensured;
- The Kingdom of Swaziland AIDS Policy shall guide all external aid interventions by partners.

*Source: Extracts from the Multisectoral HIV and AIDS Policy document (pp. 14–15)*

## Teachers' unions

The Swaziland National Association of Teachers (SNAT) is an association for teachers at all school levels. This is the only teachers' association recognized by the MOE. The SNAT representatives have participated in fora organized by the MOE, as can be observed in the list of stakeholders' participation in workshops or meeting proceedings. However, with SNAT, there is evidence in the Plan of Action on the EFAIDS programme that teachers want to move ahead and act. SNAT also has its own draft HIV policy, which was due to be approved in the General Assembly before the end of 2009.

The Annual EFAIDS Evaluation and Planning Workshop Report (2008), attended by EFAIDS coordinators from teachers' unions, reported an achievement by SNAT. EFAIDS training helped SNAT to organize a network of partners to collaborate. SNAT also facilitated teachers' disclosure of their HIV-positive status through its deliberate involvement with a network of HIV-positive teachers.

The International Bureau of Education (IBE) for UNESCO sponsored a capacity-building seminar in Swaziland whose theme was 'HIV/AIDS, Teacher Shortage and Curriculum Renewal in the Southern African Region' (Panchaud, P. Clarke, D. and Pillai, S., 2004). Eight recommendations were made at the end of this workshop. The first is related to the diagnosis of the situation, which pointed to a number of recommendations: putting HIV and AIDS at the heart of the education sector; having an adequate policy framework; raising awareness of HIV and AIDS and supporting HIV and AIDS education; empowering school staff and managers for a more comprehensive approach; capacity building in curriculum development and teacher training; professionalizing HIV and AIDS; and applying what works in curriculum development. The second batch of recommendations were for action: develop clear and evidence-based guidelines on policy options for government, with best practice feeding to policy level; support effective curriculum development; build the capacity of curriculum developers and teacher trainers first at sub-regional then at country level; train as many teachers as necessary at pre- and in-service levels; strengthen communication and partnerships; better access to tools and knowledge; and, address the implementation of HIV and AIDS education.

## Professional

### *In -service training*

SNAT HIV and AIDS Committee indicated that they do receive some in-service training offered by organizations dealing with HIV and AIDS, like the Swaziland National Network of People Living with HIV and AIDS (SWANNEPHA). Junior secondary science teachers and biology high school teachers also receive in-service training on HIV and AIDS as part of the curriculum content.

### *HIV and AIDS education in schools*

Teaching on HIV and AIDS in schools is limited to the content found in junior secondary science and biology subjects. Adequacy of content has not been analysed *per se*. However, the assumption is that the drafting of the curriculum involved relevant stakeholders, who safeguard the relevance, adequacy and continuity of content from level to level.

An organization called Schools HIV and AIDS Programme (SHAPE) used to visit schools and educate students on HIV and AIDS, but recently the programme has not been active.

#### *HIV and AIDS education in teacher education colleges*

The teacher training colleges for primary and junior secondary levels have not incorporated HIV and AIDS in their curriculum as a course. At the University of Swaziland, where teachers for high school level are trained, the Faculty of Agriculture in the past two years has introduced HIV and AIDS as a course for a semester in all the programmes, including those who are trained to teach agriculture and home economics as a subject in high school.

# Discussion and recommendations

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*What do you think are the main strengths and weaknesses of the existing policies on teachers in a context of HIV and AIDS?*

The national Multisectoral HIV and AIDS Policy must now be translated into a strategic plan and an action plan, so that the other policy documents can also be made consistent with this policy. The draft status of the other documents – Comprehensive Education Sector Response Framework 2007–2012 supported by UNESCO-EDUCAIDS and the Education Sector Policy on HIV and AIDS, and even the HIV and AIDS Policy for the Swaziland Public Sector – may have also been slowed down by the lack of national policy. The slow progress of translating policy development into processes of strategic planning and implementation is hampering systemic and systematic approaches to attending to the challenges posed by HIV and AIDS. The human resource and financial implications for the country may be one of the reasons behind those delays.

Swaziland education officers can learn from existing education sector policies on HIV and AIDS already in operation in other countries, like the one reported in Kenya (UNESCO, 2008). The extract of the document stated that the principles that guided the policy were in accordance with the international conventions, national laws, policies, guidelines and regulations. In particular, the principles take into consideration gender issues, learners with special needs, and universal human rights. The principles referred to included: access to education and information, equality, privacy and confidentiality, access to care treatment and support, safety in the workplace and learning institutions, fair labour practices and gender responsiveness.

Alta van Dyk (2005, p. 334) in her book published in South Africa, stated that “*we need laws and policies, but we should be guided not so much by those laws (however valuable they may be) as by our common sense, our ethical and moral values, our compassion and our basic respect for the human rights and dignity of all people*”. She included in the book a chapter on legal, ethical and policy issues that may be considered: the Constitution and the Legal Framework, the basic rights of people living with HIV and AIDS, national policy on testing for HIV, health profession guidelines on the management of patients with HIV or AIDS, code of good practice, national policy for learners and educators, women’s rights and the rights of children.

*Were the policies successful in meeting their objectives? Do you feel policies have improved the management of teachers or made it more difficult?*

The TSC could benefit from finalizing the two education sector policies (Education Sector Policy on HIV and AIDS and the Comprehensive Education Sector Response Framework) especially, in dealing with the issues surrounding teachers who are infected and/or affected by HIV and AIDS.

Another aspect that could improve teacher management (not only in the issues around HIV and AIDS, but also in improving the operations of the TSC and Human Resource departments) is to realize the MOE’s planned increase in the number and training of officers working in the EMIS department (Shabalala, 2007; personal communication with J. Shabalala, Director EMIS, July 2009).

Cleopas Sibanda, an occupational health specialist, wrote in the local *Swazi Observer* newspaper (2 July 2009) about managing the risk of HIV and AIDS in the workplace. His foremost recommendation was that an occupational health and safety committee made up of both workers and management groups and with decision-making powers should be formed in every workplace to tackle HIV and AIDS-related issues.



# References

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- Anonymous. Teachers and HIV and AIDS e-forum. Retrieved 15 July 2009 from [www.comminit.com/en/node](http://www.comminit.com/en/node).
- Bennell, P. (2009). *The impact of the AIDS epidemic on teachers in sub-Saharan Africa: a further update*. Retrieved from [http://hivaidsclearinghouse.unesco.org/search/resources/iiep\\_aidsteacherupdatejune2009.pdf](http://hivaidsclearinghouse.unesco.org/search/resources/iiep_aidsteacherupdatejune2009.pdf).
- Bennell, P. (2005a). *Teacher mortality in sub-Saharan Africa: an update*. Retrieved 4 March 2008 from [http://hivaidsclearinghouse.unesco.org/ev\\_en.php?ID=5531\\_201&ID2=DO\\_TOPIC](http://hivaidsclearinghouse.unesco.org/ev_en.php?ID=5531_201&ID2=DO_TOPIC).
- Bennell, P. (2005b). *Countering the impacts of the AIDS epidemic on schooling in Swaziland*. Washington, D.C.: World Bank.
- Caillods, C., Kelly, M. J. & Tournier, B. (2008). *IIEP brief for planner, HIV and AIDS: challenges and approaches with the education sector*. Paris: UNESCO Institute for Educational Planning.
- Castro, V., Duthilleul, Y. and Caillods, F. (2007). *Teacher absences in an HIV and AIDS context: evidence from nine schools in Kavango and Caprivi (Namibia)*. Paris: IIEP-UNESCO.
- Central Statistics Office. (2007). *Education statistics*. Mbabane: Swaziland.
- Clarke, D. J. (2008). *Heroes and villains: Teachers in the education response to HIV*. Retrieved 15 July 2009 from [www.iiep.unesco.org](http://www.iiep.unesco.org).
- Education International. (2008). *Annual EFAIDS evaluation and planning workshop report*. Accra, Ghana: EI.
- Education International. (2009a). *Swazi union speaks out against stigma*. Worlds of Education, 30, 20.
- Education International. (2009b). *A new resource to teach about HIV and AIDS*. Worlds of Education, 30, 20.
- Ginindza, S. (2009). *SNAT cares. Special EFAIDS issue*. Manzini: Swaziland National Association of Teachers.
- Göttelmann-Duret, G. and Tournier, B. (2008). *Crucial management aspects of equitable teacher provision*. UNESCO-EFA global monitoring report. 2009/ED/EFA/MRT/PI/08
- Government of the Kingdom of Swaziland (GKS). (2006). *National multisectoral HIV and AIDS policy: a nation at war with HIV and AIDS*. Mbabane: Swaziland.
- HIV/AIDS Crisis Management and Technical Committee. (2000). *Strategic plan for HIV/AIDS*. Mbabane: Swaziland Government Deputy Prime Minister's Office.
- Lehohla, L. (2002). *HIV/AIDS and education*. Retrieved 15 July 2009 from [www.lesotho.gov.ls/articles/2002/paper](http://www.lesotho.gov.ls/articles/2002/paper).
- Ministry of Education. (1981). *The Education Act, 1981*. Mbabane: Swaziland.
- Ministry of Education. (1999a). *Impact assessment of HIV/AIDS on the education sector*. Mbabane, Swaziland.
- Ministry of Education. (1999b). *National policy statement on education*. Mbabane, Swaziland.
- Ministry of Education. (2006/2007). *Performance Report*. Mbabane: Swaziland.
- Ministry of Education (2007a). *Draft Education Sector Policy on HIV and AIDS*. Mbabane: Swaziland.
- Ministry of Education (2009). *The Discussion Draft Swaziland: Education, Training and Skills Development for Shared Growth and Competitiveness* (unpublished manuscript).

Ministry of Health. (2007b). *10<sup>th</sup> National HIV serosurveillance among women attending antenatal care services. Survey report 2007*. The Government of Swaziland and World Health Organization Regional Office for Africa.

Ministry of Health. (2008). *11<sup>th</sup> National HIV serosurveillance among women attending antenatal care services. Survey report 2008*. The Government of Swaziland and World Health Organization Regional Office for Africa.

Ministry of Public Service, (2006). *Draft HIV and AIDS policy for the Swaziland public sector*. Mbabane: Swaziland.

National Emergency Response Council on HIV and AIDS. (2007). *Assessment of HIV/AIDS research practice and use in Swaziland: Towards a national research strategy [Draft]*. Mbabane: Swaziland.

Panchaud, C., Clarke D. and Pillai, S. (2004). *HIV/AIDS, teacher shortage and curriculum renewal in the Southern Africa region. Executive report*. Swaziland: IB UNESCO.

Shabalala, J. (2007). *Improving teacher planning and allocation by introducing the "one tenant to one post" system: lessons from the case of Swaziland*. Unpublished manuscript. Paris: IIEP-UNESCO.

Shisana, O., Peltzer, K., Zungu-Dirwayi, N. and Louw, J. (2004). *The health of our educators: a focus on HIV/AIDS in South African public schools*. Pretoria: HSRC Press.

Sibanda, C. (2009). Managing the risk of HIV and AIDS in the workplace. *Swazi Observer*, 2 July 2009, p.15.

Simelane, N. (2005). *The impact of HIV/AIDS on teachers*. Kwaluseni: University of Swaziland.

Swaziland Industrial Development Company. (2009). *Swaziland business year book (18<sup>th</sup> ed.)*. Mbabane, Swaziland: Mercor Designs & Others.

Swaziland National Association of Teachers (undated). *Swaziland National Association of Teachers code of ethics*. Manzini: Swaziland National Association of Teachers.

Swaziland National Association of Teachers. (2002). *The SNAT Constitution and By-Laws*. Manzini, Swaziland National Association of Teachers.

Swaziland National Association of Teachers. (2008). *SNAT Eagle*, 4 May 2008, 30, 2.

Swaziland National Association of Teachers. *SNAT's proposal/plan of action on the EFAIDS programme for 2009*. Manzini, Swaziland National Association of Teachers.

Swaziland National Association of Teachers. (2009). *Draft Swaziland National Association of Teachers HIV policy*. Manzini: HIV and AIDS Committee.

Swaziland Review. (2009). *An overview of the Kingdom of Swaziland's economy*. Mbabane: Swazi Review of Commerce and Industry (Pty) Ltd.

Teaching Service Commission. (2009). *Annual report for the Teaching Service Commission, 2009*. Mbabane, Swaziland.

UNAIDS/WHO (2006). *AIDS Epidemic Update: December 2006*. Geneva: UNAIDS/WHO.

UNAIDS/WHO. (2008). *Swaziland epidemiological country profile on HIV and AIDS*. Geneva: UNAIDS/WHO.

UNDP. (2009). *Support group mapping report (PLWHIV - SWANNEPHA)*. [www.undp.org.sz/imdex.php](http://www.undp.org.sz/imdex.php)

UNESCO. (2005). *EFA Global Monitoring Report 2006, Literacy for Life*. Paris: UNESCO.

UNESCO. (2008). *Good policy and practice in HIV and AIDS and education. HIV and AIDS and Supportive Learning Environments (2<sup>nd</sup> ed.)*. Paris: UNESCO.

UIS/UNESCO. (2006). *Teachers and educational quality: monitoring global needs for 2015*. Montreal: UNESCO Institute of Statistics.

Unified Teaching Service (1982). *The Teaching Service Act of 1982 and Teaching Service Regulation*. Mbabane: Swaziland.

- UN IRIN. (2009). *Swaziland: HIV/AIDS blamed for 25 percent job absenteeism*. Retrieved 15 July 2009 from [www.gbciimpact.org/itcs](http://www.gbciimpact.org/itcs).
- Van Dyk, A. (2004). *HIV/AIDS care and counselling: A multidisciplinary approach* (3<sup>rd</sup> ed.). South Africa: Pearson Education.
- Whiteside, A., Andrade, C., Arrehag, L., Dlamini, S., Ginindza, T. and Parikh, A. (2006). *The socio-economic impact of HIV/AIDS in Swaziland*. Retrieved 15 July 2009 from [www.heard.org.za](http://www.heard.org.za).
- World Bank. (2007). *Teacher issues in Malawi, workshop background paper, September 2007*. Unpublished draft manuscript.
- World Bank (2010). *The Education System in Swaziland: Education, Training and Skills Development for Shared Growth and Competitiveness*, World Bank Working paper n°188, Africa Human Development Series. Washington D.C.: World Bank.