



Food and Agriculture Organization of the United Nations (FAO)
International Institute for Educational Planning (IIEP/UNESCO)
Association for the Development of Education in Africa (ADEA)
With the support of the Italian Development Cooperation
the Norwegian Trust Fund and the World Bank

Ministerial Seminar
on
Education for Rural People in Africa: Policy Lessons, Options and Priorities

hosted by the Government of Ethiopia

7-9 September 2005, Addis Ababa, Ethiopia

**Toward multi-sectoral responses to HIV/AIDS:
Implications for Education for Rural People (ERP)**

HIV/AIDS Programme
Gender, HIV/AIDS, and Communication for Development Division
Sustainable Development Department
Food and Agriculture Organization of the United Nations (FAO)

The threat posed by HIV/AIDS to the achievement of Education for All (EFA) goals and to development more broadly, especially in sub-Saharan Africa, presents an enormous challenge. The terrifying impact of HIV/AIDS on educational demand, supply and quality requires explicit and immediate attention in national policy-making and planning. Programmes to control and reduce the spread of the virus must make maximum use of education's potential to transmit messages on prevention and to change attitudes and behaviours.

(Dakar Framework for Action - Expanded Commentary 2000, para 27)

“HIV/AIDS poses a serious threat to the food security of the millions who are infected and their families, both in terms of their capacity to produce and to purchase their food. [] Traditional safety nets, which contribute to food security in times of need, are breaking down in the worst affected communities, where families and neighbours become too overburdened to help each other with food, loans, a hand in the fields or care of orphans.” Director-General, Food and Agriculture Organization, Dr. Jacques Diouf at the Special Session of the UN General Assembly on HIV/AIDS on 25 June 2001.

1. Introduction

The impact of the AIDS epidemic in Africa became first apparent in a fishing village of Lake Victoria in 1982. Since then, 25 million people have died of the disease. Today worldwide about 39 million people are estimated to be living with HIV/AIDS, of whom 4.9 million acquired the human immunodeficiency virus (HIV) in 2004 alone. In the same year, AIDS claimed more than 3.1 million lives. Sub-Saharan Africa is the hardest hit region of the world. In its total population of 711 million, about 30 million people are living with HIV/AIDS, more than 15 million have died from AIDS (UNAIDS, 2004). Since the disease strikes mainly people aged 15-49 years, that is the economically most productive members of society, HIV/AIDS is a problem of critical importance for economic and social development.

AIDS affects different population segments with different intensities. For instance, studies conducted in Sub-Saharan Africa have revealed that due to a combination of biological, socio-economic and cultural factors, women become infected at younger ages than men (du Guerny and Sjöberg, 1993; UNAIDS/UNFPA/UNIFEM, 2004). Consequently, about three million more women than men carry HIV in Sub-Saharan Africa. Children are severely affected by the consequences of the epidemic, with an estimated 12 million children orphaned by AIDS. Moreover, the worst impact of the epidemic is still expected to come. By 2010, the total number of orphans is expected to climb to more than 18 million in Sub-Saharan Africa (UNAIDS, 2004).

With more than two-thirds of the population of the 25 most affected African countries living in rural areas, Education for Rural Population (ERP) plays a crucial role in reducing vulnerability to HIV and mitigating the impact of HIV/AIDS. The objective of this paper is to describe the impact of HIV/AIDS in the context of Education for Rural People (ERP) and also to identify policy constraints and opportunities for multi-sectoral responses to mitigate impacts of HIV/AIDS.

2. Impact of HIV/AIDS on Education for Rural People (ERP)

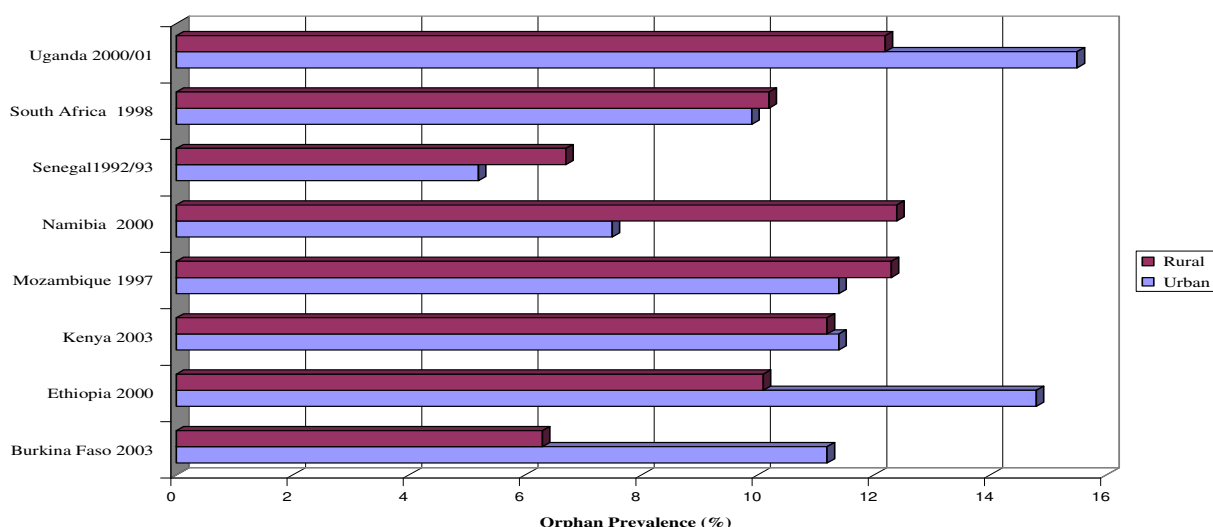
The education sector, very large cadre of government employees, faces impacts of HIV/AIDS both on supply and demand sides. On the supply side, HIV/AIDS affects education because of the loss of trained teachers and the reduced productivity of relevant personnel (teachers, administrators, management, etc.) through illness, caring for infected family members, and participation in funerals. For instance, in 1998, Zambia lost about 1,300 teachers due to AIDS -- the equivalent of two-thirds of all new teachers trained annually (Kelly 2000a). In the hardest-hit countries, substantial numbers of teachers are ill, dying or caring for family members. In the late 1990s, appointing teachers to rural

areas became increasingly difficult in Zambia as chronically ill teachers desired to be transferred to Lusaka where medical services are more easily available (Kelly 2000a). Furthermore, AIDS has caused a reduction of investment in training, education, staff development, and produced high levels of staff turnover (Topouzis 1998). Death of staff also results in a longer term loss of institutional memory and undermines quality of education.

On the demand side, school enrolment of rural children may be affected by distressed household situations where children may be required to care for ailing parents and help with agriculture and domestic tasks in order to overcome household labour shortages. This situation is particularly relevant for the increasing number of orphans in rural Africa. Sickness from HIV/AIDS or other causes often provoke migration from urban areas to rural villages of their origin in order to seek assistance and care. When urban parents pass away, they may leave their children with their parents or relatives in rural areas. Figure 1 shows the geographic distribution of orphan prevalence in urban and rural areas. In countries such as Ethiopia and Uganda, prevalence rates are higher in urban than in rural areas, which might reflect higher AIDS mortality in urban areas and other reasons for losing parent(s), such as conflicts and natural disasters. On the other hand, the hardest hit countries, such as Namibia and Mozambique, have higher orphan proportions in rural areas than in urban areas. To fully explain these rural-urban differences in individual countries is beyond the scope of this paper.

In hardest-hit impact contexts, the content of education needs to be redesigned to meet different needs of children who lost their parent(s), due to AIDS. Orphans are less likely to attend school regularly and more likely to fall behind or drop out, compromising their abilities and prospects (Bicego et al., 2003). Zambia DHS EdData Survey reports reasons for primary school absenteeism in rural areas. During the 2001 school year, 29 percents of pupils missed school because they were attending funerals or busy with activities associated with funerals. 10 percent of pupils identified hunger as their reasons of missing school (Central Statistical Office [Zambia] and ORC Macro, 2003). Special policy efforts are needed to keep orphaned boys and girls in school. Some remedial measures include elimination of school fees, subsidies for textbooks, uniforms, supplies, etc, reduction of school hours during high-farming seasons, addressing stigma and discrimination, and inclusion of agriculture, nutrition, health and skill-based content relevant to the HIV/AIDS context.

Figure 1. Proportion of Orphans¹ in Rural and Urban Areas in selected African countries



Data Source: Demographic and Health Surveys (DHS), various years

¹The percent of children under 15 in respective survey whose mother, father or both parents have died.

Rural-specific impacts of HIV/AIDS are important. The AIDS epidemic spreads through channels such as truck routes, major fishing ports, and local market places which greatly facilitate population movement, thus increasing the risks of AIDS infection in villages connected to such routes and locations. AIDS-related problems in rural communities are further intensified through return migration, as many HIV-infected urban dwellers tend to return to their rural places of origin when they fall ill. Because access to information and health services is much poorer in rural areas than in cities, rural people are less likely to know how to protect themselves against HIV, and if they fall ill they are

also less likely to receive adequate care and treatment. Due to such factors, AIDS is now becoming an even greater threat for the well-being of rural children and youth.

HIV/AIDS undermines rural children's well-being and food security. HIV/AIDS has severe short- as well as long-term impacts on food security. What distinguishes HIV/AIDS from other causes of hunger is the fact that it is closely associated with poverty: although the rich are also affected by the disease, the poorer members of society – such as members of poor rural households - are highly vulnerable to the impacts of the disease and are often driven into behaviors which place them at increased risk of infection (such as engaging in transactional sex). HIV/AIDS erodes productive potential of rural households. During the prolonged illness, productive assets may be sold to raise cash for medical treatment and for funerals, which drives poor households to destitution without their means of their livelihoods (land, livestock, etc).

In this way, AIDS increases long-term household vulnerability through forcing families to withdraw children, particularly girls, from school in order to assist in domestic and farming tasks (UNAIDS/UNESCO 2003). The increasing number of orphans and the weakening extended family networks lead to a loss of local knowledge of agro-ecology, nutrition, and farming practices. Parents die before they are able to teach their children the farming practices that have evolved over generations. A study in Kenya showed that only 7 percent of agricultural households headed by orphans had adequate knowledge for the most basic agricultural tasks (Ayieko 1997). Rural farming systems depend upon a wealth of local agricultural knowledge that is essential for maintaining production. The loss of productive generations damages the channel for passing livelihoods skills and agricultural knowledge from generation to generation. As a result the young generation may find him/herself ill-equipped to manage the impacts of the epidemic and to maintain their nutrition, health, and successful agricultural production.

HIV/AIDS policy should consider that the impact of the epidemic is systemic: once a certain threshold prevalence rate has been exceeded, HIV/AIDS does not merely affect certain social or economic sectors, leaving others unaffected. If one component of the society is affected, it is likely that others will also be affected, either directly or indirectly. At this stage, the impact is observable at all levels of social organization (individuals, households, communities, nations) and throughout different time scales (short, medium and long-term). The loss of human resources and institutional capacity caused by the epidemic increasingly obliges governments to compromise on the quality as well as on the amount of the services they provide. This is at a time when governments would need to increase and refine their service provision capacity precisely to be able to deal with the consequences of the epidemic.

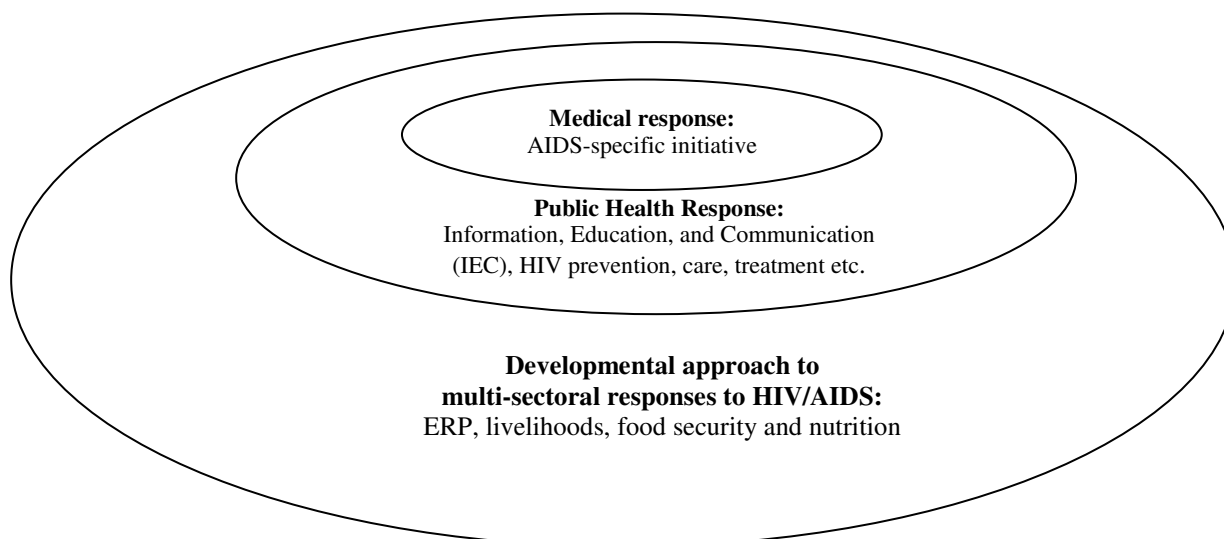
Unlike other diseases, whose impact remains localized in individuals or households, the systemic shock created by HIV/AIDS is related to the pervasiveness of its impact on whole communities and societies (White and Robinson, 2000). Therefore, in order to be effective, government or other response cannot involve only one sector. In spite of a growing acceptance of the fact that HIV/AIDS is a development problem, i.e. affecting all sectors and requiring a multi-sectoral response, most of the world action to date is overly medicalised, involving mostly the health sector and delivered through the health sector. In combating the impacts of the AIDS epidemic, the effectiveness of the response of one sector depends on the effectiveness of the response in the others. Thus a systemic response, with multi-sectoral co-ordination and creation of synergies is paramount to address the AIDS epidemic (Villarreal 2004).

3. Toward multi-sectoral approaches to reduce vulnerability to HIV and improve rural livelihoods: Implications for Education for Rural People (ERP)

Given the magnitude and systemic impacts of the HIV/AIDS, no single Ministry can effectively address its wider societal impacts. Strategic partnerships between Ministry of Education and Ministry of Agriculture have a unique opportunity to identify and promote ways to raise awareness and prevent the transmission of HIV in rural communities, and to draw on capacities of the human resource (farmers, teachers, children, adolescents, administrators, guardians, and etc.) and natural resource environment (agriculture, fisheries and forestry) to provide AIDS care and mitigation strategies.

Figure 2 depicts three approaches of response to HIV/AIDS, inclusive of the multi-sectoral developmental approach.

Figure 2 Conceptual framework of multi-sectoral responses to HIV/AIDS



Source: Adapted from Topouzis (2003)

Strategic partnerships are necessary to confront root causes related to poverty, education, gender relations, and environment, which contribute to the spread of HIV. These key issues pertain to Education for Rural People (ERP) and the ERP has both the responsibility and the potential to contribute to preventing and mitigating the impacts of HIV/AIDS in rural Africa. Both the education and the agriculture sectors can address underlying causes of vulnerability of the rural poor, particularly children and adolescents, and their livelihoods. Box 1 below summarizes possible activities that Education for Rural People (ERP) and the agricultural sector could work together in order to address the impact of HIV/AIDS on rural men, women, and children.

Box 1: Possible multi-sectoral (Agriculture, Rural Livelihoods, and Nutrition-based) HIV/AIDS activities

- reviewing **educational and agricultural policy** to take into account the devastating effects of HIV/AIDS and identify possible entry points for adaptations/ interventions
- strengthening the asset base of rural communities and livelihoods of rural households
- promoting **nutrition education and training through school gardens**, as food is frequently the only way rural people have to slow the progression of the virus
- recording, storing and learning **local knowledge on agrobiodiversity, farming, and nutrition**
- preventing further transmission of HIV through information, education and communication (IEC) strategies
- developing **knowledge and skills of orphans** and other vulnerable children through **Junior Farmer Field and Life Schools (JFFLS)**, in order to protect their future

In response to the orphan crisis in southern and eastern Africa, FAO and WFP have set up Junior Farmer Field and Life Schools (JFFLS), where orphaned and other vulnerable children learn to improve their agricultural knowledge, life skills and self-esteem. Since 2003, FAO and WFP have implemented 34 JFFLS in Mozambique, Kenya, Zambia, Zimbabwe, and Namibia, targeting around 1,000 young people between 12 and 18 years of age. The main objective of the JFFLS is to empower the rural children and adolescents to handle their future, improve their livelihoods and become able

agents of their own lives. The JFFLS are facilitated by an interdisciplinary team consisting of an extension worker, a school teacher and a social animator. Many of these children receive training on farming because their parents could not pass on the necessary agricultural knowledge before dying of AIDS. In these field schools they learn about field preparation, sowing and transplanting, weeding, irrigation, pest control, utilization and conservation of available resources, processing of food crops, harvesting, storage and marketing. Participatory learning on life skills is another pillar of the curriculum and children learn self-awareness, assertiveness, HIV/AIDS prevention, as well as improve their knowledge on human rights and develop gender-equal attitudes. Given that gender inequality is one of the driving forces of the AIDS epidemic, this will help to prevent further transmission of the epidemic in the future. The facilitators employ a participatory active learning methodology to allow children and adolescents to express their voices and interact with the peers.

The children attend these schools twice or three times a week after formal school hours and on Saturdays. Meals are provided to the children by the World Food Programme, which contributes to improving their nutrition. The JFFLS are not meant to replace formal schooling, but to complement it. The field schools are practical ways to convey knowledge, skills and self-esteem among the children who would otherwise have been marginalized and fallen out of the normal social safety nets. As children pass their newly gained knowledge and attitudes on to their families and communities, the impact is multiplied. Recent evaluation of the JFFLS in Mozambique identifies joint involvement and strong support of regional/district administrators and senior managements of the Ministries of Agriculture and Education as one of important elements of success of the JFFLS approach.

The FAO experiences show that both the education and the agriculture sectors (especially agriculture extension) can work to improve sustainable and diverse livelihoods (with regards to HIV prevention) as a means of **preventing** individuals and households resorting to livelihood strategies which place themselves at risk of HIV infection. In terms of care and treatment, schools may enhance agriculture-based curriculum to produce nutritious and balanced diets which is part of **care** for people living with HIV/AIDS. Alleviating stigma and discrimination has been a challenge in many contexts and working with school-age children provides an opportunity to foster pro-PLWH/As environments. In **mitigating** the impact of HIV/AIDS, both Ministries could collaborate to improve training on farming knowledge and livelihood skills as well as legal issues with regards to productive assets (such as land) and inheritance.

The AIDS epidemic is not an exogenous shock- it is closely tied to livelihoods systems. It is of critical importance to accelerate multi-sectoral coordination of bringing HIV/AIDS into the mainstream development policy. Both the education and the agriculture sectors can contribute to eliminating underlying vulnerability to the AIDS epidemic in rural areas.

References

- Ayieko M.A. 1997. "From single parents to child-headed households: the case of children orphaned in Kisumu and Siaya districts." *HIV and Development Programme Study Paper No. 7*. New York, UNDP.
- Bicego, George, et al. (2003). "Dimensions of the emerging orphan crisis in sub-Saharan Africa." *Social Science & Medicine* 56: 1235-1247.
- Central Statistical Office [Zambia] and ORC Macro. 2003. *Zambia DHS EdData Survey 2002: Education Data for Decision-Making*. Calverton, Maryland, USA: Central Statistical Office and ORC Macro.
- du Guerny, J. and Sjöberg, E. 1993. "Inter-relationship between gender relations and the HIV/AIDS epidemic: some possible considerations for policies and programmes." *AIDS* 1993, 7:1027-1034.
- du Guerny, J and Lee-Nah Hsu (2001) *New Challenges and Opportunities? Communication for HIV and Development*. Bangkok: UNDP South-East Asia HIV and Development Project.

Demographic and Health Surveys, HIV/AIDS Survey Indicators Database. (http://www.measuredhs.com/hivdata/about_db.cfm). Accessed in August 2005.

FAO. 1988. *The potential impact of AIDS on food production systems in Central Africa*. by S. Gillespie. Rome.

FAO. 1994. *The effects of HIV/AIDS on farming systems in Eastern Africa*. Rome.

Gari J. and Villarreal, M. 2003. *Agrobiodiversity and Indigenous Knowledge in Mitigation of the Consequences of HIV/AIDS*, paper presented to HIV/AIDS Mitigation workshop, May, Pretoria, Rome: FAO HIV/AIDS Programme.

Hermrich, G. and D. Topouzis. 2000. "Multi-sectoral responses to HIV/AIDS: Constraints and Opportunities for Technical Co-operation." *Journal of International Development*. 12. pp. 85-99.

Kelly, Michael J. 2000a. *The Encounter between HIV/AIDS and Education*. Harare, Zimbabwe: UNESCO.

Kelly, Michael J. 2000b. *Planning for education in the context of HIV/AIDS*. Paris: UNESCO: International Institute for Educational Planning.

Qamar K. 2003. *Facing the Challenge of an HIV/AIDS: Agricultural extension services in sub-Saharan Africa*. Rome: FAO. (http://www.fao.org/documents/show_cdr.asp?url_file=/DOCREP/006/Y4973E/Y4973E00.HTM)

Topouzis, D. 1998. *The implications of HIV/AIDS for rural development policy and programming: Focus on Sub-Saharan Africa*. FAO (Sustainable Development Department) and UNDP (HIV and Development Programme).

UNAIDS. 2004. *Report on the global HIV/AIDS epidemic*. Geneva: UNAIDS.

UNAIDS/UNFPA/UNIFEM. 2004. *Women and HIV/AIDS: Confronting the Crisis*. Geneva: UNAIDS.

UNAIDS Interagency Task Team on Education. 2003. *HIV/AIDS and Education: A Strategic Approach*. Paris: International Institute for Education Planning (IIEP)/ UNESCO.

Villarreal, M. 2004. *FAO support on governmental program for AIDS: Current philosophy, and approach and important challenges faced at the moment*. Paper presented to The Cybernetics Society Conference, September, London: FAO HIV/AIDS Programme.

White, J. and E. Robinson. 2000. *HIV/AIDS and Rural Livelihoods in Sub-Saharan Africa*. Natural Resources Institute, University of Greenwich.