



United Nations
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Scientific and
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Booklet

1

OVERVIEW



GOOD POLICY AND PRACTICE IN HIV & AIDS AND EDUCATION

OVERVIEW

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ACRONYMS

ADEA	<u>Association for the Development of Education in Africa</u>
AIDS	<u>Acquired Immune Deficiency Syndrome</u>
AMREF	<u>African Medical Relief Foundation</u>
ART	<u>Antiretroviral Therapy</u>
ARV	<u>Antiretroviral</u>
ASPnet	<u>Associated Schools Project Network</u>
BRAC	<u>Bangladesh Rural Advancement Committee</u>
CARICOM	<u>Caribbean Community and Common Market</u>
CBO	<u>Community Based Organization</u>
CCO	<u>Committee of Co-sponsoring Organizations</u>
CDC	<u>US Centers for Disease Control and Prevention</u>
CEDPA	<u>Center for Development and Population Activities</u>
CIDA	<u>Canadian International Development Agency</u>
CTC	<u>Child to Child</u>
DCI	<u>Development Cooperation Ireland</u>
DEMMIS	<u>District Education Management and Monitoring Information System</u>
DFID	<u>Department for International Development</u>
EDC	<u>Education Development Center, Inc.</u>
EDUCAIDS	<u>Global Initiative on Education and HIV & AIDS</u>
EFA	<u>Education For All</u>
EI	<u>Education International</u>
EMIS	<u>Education Management Information System</u>
FAO	<u>Food and Agriculture Organization of the United Nations</u>
FBO	<u>Faith Based Organization</u>
FLE	<u>Family Life Education</u>
FRESH	<u>Focusing Resources on Effective School Health</u>
GFATM	<u>Global Fund to Fight AIDS, Tuberculosis and Malaria</u>
GIPA	<u>Greater Involvement of People Living with HIV/AIDS</u>
GNP+	<u>Global Network of People Living with HIV/AIDS</u>
GTZ	<u>Deutsche Gesellschaft für Technische Zusammenarbeit</u>
HEARD	<u>Health Economics and HIV/AIDS Research Division</u>
HFLE	<u>Health and Family Life Education</u>
HIV	<u>Human Immunodeficiency Virus</u>
IATT	<u>Inter-Agency Task Team</u>
IBE	<u>International Bureau of Education</u>
ICT	<u>Information and Communication Technology</u>
ICW	<u>International Community of Women Living with HIV/AIDS</u>
IDB	<u>Inter-American Development Bank</u>
IEC	<u>Information, Education and Communication</u>
IIEP	<u>International Institute for Educational Planning</u>
ILO	<u>International Labour Organization</u>

IRC	<u>International Water and Sanitation Centre</u>
ITPC	<u>International Treatment Preparedness Coalition</u>
JICA	<u>Japan International Cooperation Agency</u>
MAP	<u>Multi-country AIDS Programme</u>
MDG	<u>Millenium Development Goal</u>
MoE	<u>Ministry of Education</u>
MSF	<u>Médecins Sans Frontières</u>
MTCT	<u>Mother to Child Transmission</u>
MTT	<u>Mobile Task Team</u>
NFE	<u>Non-Formal Education</u>
NGO	<u>Non Governmental Organization</u>
OI	<u>Opportunistic Infection</u>
OIC	<u>Opportunities Industrialization Centers International</u>
OVC	<u>Orphans and Vulnerable Children</u>
PATH	<u>Program for Appropriate Technologies in Health</u>
PCD	<u>Partnership for Child Development</u>
PEQ	<u>Division for the Promotion of Quality Education</u>
PEPFAR	<u>President's Emergency Plan for AIDS Relief</u>
PLHIV	<u>People/Person(s) Living with HIV</u>
PMTCT	<u>Prevention of Mother to Child Transmission</u>
PTA	<u>Parent-Teacher Associations</u>
PTCT	<u>Parent to Child Transmission</u>
RBM	<u>Roll Back Malaria</u>
RESAFAD	<u>Réseau Africain de Formation à Distance</u>
SCFUK	<u>Save the Children Fund UK</u>
SEAMEO	<u>Southeast Asian Ministers of Education Organization</u>
STD	<u>Sexually Transmitted Disease</u>
STI	<u>Sexually Transmitted Infection</u>
UNAIDS	<u>Joint United Nations Programme on HIV and AIDS</u>
UNDP	<u>United Nations Development Programme</u>
UNESCO	<u>United Nations Educational Scientific and Cultural Organization</u>
UNFPA	<u>United Nations Population Fund</u>
UNGASS	<u>United Nations General Assembly Special Session</u>
UNICEF	<u>United Nations Children's Fund</u>
UNODC	<u>United Nations Office on Drugs and Crime</u>
USAID	<u>United States Agency for International Development</u>
VCT	<u>Voluntary Counselling and Testing</u>
VSO	<u>Voluntary Service Overseas</u>
WFP	<u>World Food Programme</u>
WHO	<u>World Health Organization</u>
WTO	<u>World Trade Organization</u>



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FOREWORD

In striving to achieve Education for All (EFA), and the six goals set at the World Education Forum in Dakar in April 2000, we are faced with the challenge of a world affected by HIV and AIDS. As we make steady progress towards the six EFA goals, it becomes increasingly evident that all responses must include strategies that incorporate and address the impact of HIV, most notably the impact that the disease is having on education systems and in classrooms around the world. International development, poverty reduction, health access, and educational expansion goals will not be met without fully acknowledging how HIV and AIDS negatively affect progress and hinder advancement. Before us lies the challenge, but also the opportunity to strategically plan for new HIV and AIDS interventions by drawing upon past lessons learned to help inform future approaches.

Although there is a need for enhanced evidence-based information on successful HIV and AIDS education interventions, much has already been learnt about good practices and policies in the education sector's response to the pandemic. This booklet, to be used in tandem with others in the series, aims to further expand our knowledge by highlighting lessons learnt in the realm of safe, secure and supportive learning environments. The Good Policy and Practice in HIV & AIDS and Education series presents ideas, research results, policy and programmatic examples which project and policy developers and implementers can draw on as they prepare education systems to respond to the needs of HIV affected and infected learners and their communities. Understanding that the education system reaches beyond the traditional classroom into homes, communities, religious centres and other learning forums, this booklet addresses educational practices in both formal and non-formal learning environments.

It is our hope that the Good Policy and Practice in HIV & AIDS and Education series will be used by a variety of people engaged in responding to HIV and AIDS through education. The review is not by any means exhaustive, but the examples included can be adapted to a particular context where relevant, helping to inspire innovative approaches that capitalize on existing resources, expertise and experience in one's own community. Understanding that only local solutions will solve local challenges, this series aims to pull together a variety of programmatic and policy experiences from different regions that can be mixed and matched to meet one's community, district or national education needs. The booklets are intended to be 'living' documents which will be built on as new advances are established. We hope that you as the user will be an active part of the future development process by giving us your feedback and informing us of additional experiences as they emerge.

Including the education sector as a key component of local and national responses to HIV and AIDS will help to ensure that we continue to move towards reaching our goal of Education for All. We must also remember that both the learner and the educator themselves possess critical tools for constructing these responses, and that sometimes we need not look farther than our own community doorstep for original ideas.

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INTRODUCTION

UNESCO recognizes the significant impact of HIV and AIDS on international development, and in particular on progress towards achieving Education For All (EFA). As the UN agency with a mandate in education and a co-sponsor of the Joint United Nations Programme on (UNAIDS), UNESCO takes a comprehensive approach to HIV and AIDS. It recognizes that education can play a critical role in preventing future HIV infections and that one of its primary roles is to help learners and educators in formal and non-formal education systems to avoid infection. It also recognizes its responsibility to address and respond to the impact of the epidemic on formal and non-formal education systems, and the need to expand efforts to address issues related to care, treatment and support of those infected and affected by HIV.

UNESCO's global strategy for responding to HIV and AIDS is guided by four key principles, and focuses on five core tasks. The guiding principles that are the foundation of UNESCO's response to HIV and AIDS are:

- Work towards expanding educational opportunities and the quality of education for all.
- A multi-pronged approach that addresses both risk (individual awareness and behaviour) and vulnerability (contextual factors).
- Promotion and protection of human rights, promotion of gender equality, and elimination of violence (notably violence against women), stigma and discrimination.
- An approach to prevention based on providing information that is scientifically sound, culturally appropriate, and effectively communicated, and helping learners and educators to develop the skills they need to prevent HIV infection and to tackle HIV and AIDS-related discrimination.

The five core tasks of UNESCO's HIV and AIDS programme are:

- Advocacy, expansion of knowledge and enhancement of capacity.
- Customising the message and finding the right messenger.
- Reducing risk and vulnerability.
- Ensuring rights and care for the infected and affected.
- Coping with the institutional impact.

This booklet is the first in a series of publications that address key themes of UNESCO's work on HIV & AIDS and the education sector. It provides an overview of why HIV and AIDS are important issues for the education sector, identifies weaknesses in current policy and programming responses, and highlights evidence gaps.

Booklet 2 discusses issues affecting learners in the context of HIV and AIDS, including rights and access to education, protection, knowledge and skills, and care and support. Booklet 3 discusses issues affecting educators in the context of HIV and AIDS, including training, conduct, and care and support. Booklets 2 and 3 include an expanded bibliography, a list of practical tools and resources, and sources of additional information.

Intended mainly for government, donor and NGO policy makers, planners and managers working in the education sector, we hope that the booklets will also be useful for school governing bodies, administrators, school principals, teachers and other educators working on HIV and AIDS.

The booklets are based on a review of published and unpublished literature, programme activities (primarily but not exclusively UNESCO activities) and case studies. They are not intended to provide a comprehensive overview or scientific analysis of experience. Rather the aim is to draw on available knowledge and experience to highlight issues and lessons learned and suggest policy and programming strategies and actions to address the impact of HIV and AIDS on learners and educators in less developed countries.

While the original intention was to highlight evaluated experience in both formal and non-formal education settings, in practice, the review found few examples of HIV and AIDS programmes or initiatives that have been rigorously evaluated and very little documentation of experience in non-formal settings.

As such, the booklets are a work in progress, and UNESCO would welcome comments, suggestions and examples of good practice in policy and programming to include in future editions.



Booklet **1**

OVERVIEW



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I HIV & AIDS AND THE EDUCATION SECTOR

HIV and AIDS affect the demand for, supply and quality of education

In some countries, the epidemic is reducing demand for education, as children become sick or are taken out of school and as fewer households are financially able to support their children's education. However, it is difficult to generalize about the impact of HIV and AIDS on educational demand and important not to make assumptions about declining enrolments. Lack of accurate data on this question is a problem. For example, in Botswana absenteeism rates are relatively low in primary schools and there is some evidence to show that orphans have better attendance records than non-orphans. In Malawi and Uganda, where absenteeism is high among all primary school age students, there is less difference in school attendance between orphans and non-orphans than expected (Bennell *et al*, 2002).

In some countries, HIV and AIDS are reported to be affecting the supply of education, as teachers, principals and administrators fall ill or die, or as resources for education are reduced. Impacts include: increased absenteeism resulting in interrupted teaching and poorer quality education; loss of trained and experienced teachers resulting in human resource shortages and difficulties in posting teachers to rural areas; increasing concentration of educators in urban areas, especially if teachers need to be near hospitals for medical reasons; and increased costs. For example, half the Namibian teachers' union NANTU budget is spent on paying allowances to members affected by AIDS-related deaths.

“Every day my secretariat gets another mourning card.”
President, Namibian teachers' union NANTU.



There is a lack of clear data on the impact of HIV and AIDS on teachers – there have been few risk assessments of the teaching profession or studies of the impact on teachers and other educational staff – and little agreement about the extent of impact even in countries badly affected by the epidemic.

There is an urgent need to conduct comprehensive risk assessments, to monitor teacher illness and death, to implement innovative prevention programmes for educators, and to ensure that affected educators have access to treatment.

Even less well researched is the impact of the epidemic on education managers, who are already in short supply and are drawn from the ranks of more senior educators, and the implications for system management, administration and financial control.

The quality of education may be adversely affected as a result of shortages of resources and of educational planners, administrators and educators and their replacement with less experienced teachers. Quality is affected when educators are less experienced or take time off because they are sick, or need to attend funerals or to care for family members who are sick. Teacher absenteeism, irregular classes and fewer teachers in schools increase teacher-pupil ratios and reduce the quality of teaching and learning. The impact on teachers of increasing demands and stress due to AIDS-related problems in the community and among students affects motivation and productivity, potentially compromising the quality of education. The quality of education is already affected by chronic under-financing. HIV and AIDS mean that there may be fewer resources available for education as funds are allocated for sick pay, benefits and treatment.

In South Africa, the Education Labour Relations Council, Health Sciences Research Council and the Medical Research Council have modelled the collection of such data. Their study of the determinants of supply and demand on educators in public schools focused on the following objectives:

1. Measure the prevalence of HIV, as well as AIDS-related illness amongst educators.
2. Determine the factors driving the HIV epidemic amongst educators.
3. Determine the geographical trends of the epidemic.
4. Assess the proportion of educators leaving the educational system and reasons for leaving.
5. Determine the impact of AIDS on educator supply and demand and use this information to estimate the number of educators required in the future.
6. Research and review policies on sick leave, pension funds, and disability insurance to determine their responsiveness to needs of educators.
7. Assess the added burden of HIV and AIDS on the morale and productivity of educators.

Among the study findings were: HIV prevalence among educators was 12.7%; factors driving the epidemic among educators included multiple partners, much older or younger partners and low rates of condom use; prevalence in all metropolitan districts was over 10% and in 11 districts in 3 provinces was over 20%; at least 10,000 teachers were in immediate need of Antiretroviral Therapy (ART); 63% of educators affected by HIV and AIDS considered resignation compared with 51% of those not affected. Prevention action recommended included encouraging male teachers to reduce multiple partners, encouraging male and female teachers to have partners their own age, and reducing prolonged absenteeism from home. Treatment and care action recommended included increasing access to Opportunistic Infection (OI) prophylaxis and treatment and providing ART to approximately 10,000 educators, through workplace medical aid programmes.

A University of Sussex study argues that teachers are not more, and in some countries are less, affected by HIV and AIDS than the rest of the adult population. It challenges assumptions that teachers are a high-risk behaviour group and highlights the mortality rate differentials between different groups of teachers. In Botswana, teacher mortality rates were found to be less than half those of semi-unskilled public sector workers, attributed to changes in behaviour and access to treatment. At universities in Botswana and Malawi, the highest mortality rates were among junior support staff such as maintenance staff, cooks and gardeners (*Bennell et al, 2002*).

A study of the impact of HIV and AIDS in Jamaica found little evidence of impact on the demand for education or on the supply of educators (Bailey and McCaw-Binns, 2004).

In contrast, another study argues that mortality rates among teachers in some countries are higher than in the general adult population (Badcock-Walters and Whiteside, 2000), while a South African study found that AIDS-related illness and death was the second most common cause of teacher attrition, although it also highlighted measurement problems – estimates of staff attrition and absenteeism from school records were lower than those obtained from interviews with head teachers (Schierhout *et al*, 2004). In KwaZulu Natal Province in South Africa, it is estimated that there will be a need for 70,000 new teachers by 2010 because of the impact of HIV and AIDS (*UNESCO, 2003*).

HIV and AIDS also have implications for the role and content of education. The education system will need to adapt to meet the needs of orphans and other children who are working, living in the street, not enrolled in school, or are frequently absent from or have dropped out of school. This will require adapting school and classroom sizes and venues, calendars and timetables, and strengthening links between formal and non-formal systems.

Teaching methods and curricula will also need to change to provide new knowledge, skills, attitudes and values and to meet the needs of infected and affected learners. Education systems will need to strengthen HIV & AIDS and sex education, help learners cope with illness and death in the family, provide counselling and guidance, tackle stigma and discrimination, and incorporate life skills and income generation into the school curriculum. Schools may also need to take on wider roles, such as enumeration of children and families in need of support as well as management of welfare and referrals to other services.

2 POLICY AND PROGRAMMING RESPONSES

2.1 What has been done?

Some countries have taken steps to address the impact of HIV and AIDS on the education sector and to adapt systems to respond to the epidemic.

Other countries have taken little action and mainstreaming is often reduced to adding messages about HIV and AIDS to existing activities. Factors contributing to inaction include: inadequate leadership and coordination, with HIV and AIDS issues left to a focal person who often has other responsibilities and may not have an interest in dealing with these issues; denial; inadequate research and data on the impact of HIV and AIDS on the sector; lack of understanding about what the sector can do; weak capacity among educational planners and administrators; lack of support from senior education managers and administrators; general lack of political will; and limited financial and human resources.

The Division for the Promotion of Quality Education (PEQ) at UNESCO has produced a paper entitled *Quality Education and HIV/AIDS*, which illustrates how HIV and AIDS impact the ten dimensions of a quality education framework and summarises how quality education can effectively respond to the epidemic. A detailed annex outlines the ten dimensions of a quality education and lists how HIV and AIDS manifest themselves at each level, in addition to giving practical programming suggestions for the response (*UNESCO, 2004*).

The Zambian Ministry of Education (MoE) has initiated a ministry-wide impact assessment study to analyse the quantitative and qualitative impact of HIV and AIDS on the education sector and has established many of the critical components necessary for a comprehensive response including: a national policy on education, *Educating Our Future*, which recognises the importance of HIV and AIDS education and promotion of life skills; an education sector HIV and AIDS policy and strategic plan; guidance on creating school policies and creating a supportive school environment; HIV and AIDS guidelines for educators; inclusion of HIV and AIDS in pre-service and in-service training for managers, principals and teachers, with a focus on interactive methods; integration into the curriculum, with the inclusion of HIV and AIDS questions in examination questions to ensure the subject receives high priority from teachers and learners; structures with clearly defined functions and responsibilities established at national, provincial, district and school level; piloting the district education management and monitoring information system (DEMMIS); training for managers, lecturers, teachers, student teachers and head teachers; formation of the Teachers Against HIV and AIDS Network; links with NGOs to provide counselling for teachers; establishment of a workplace programme; advocacy and sensitisation for staff; strengthening bursary schemes, community schools and programmes for parents; development of materials; support for anti-AIDS clubs, drama and cultural groups, and peer counselling; and interactive radio training for out-of-school youth (*Smart and Matala, 2003*).

The Uganda education sector developed an HIV and AIDS strategic plan in 2001 which addresses areas of policy, HIV and AIDS education, curriculum development, building skills of teachers to respond to the epidemic, welfare of orphans and staff, research and documentation, and planning and monitoring. The plan was considered very comprehensive but lack of funds limited implementation to a few areas of activity, such as sensitizing key staff and teachers and establishing anti-AIDS clubs in schools (*Eisey, 2002*).



In many countries there has been little assessment of the education sector response to HIV and AIDS or of what strategies support an effective response. UNESCO's International Institute of Educational Planning (IIEP) is conducted studies in South Africa,

Swaziland and Zimbabwe to improve understanding of factors that drive the education sector's response to HIV & AIDS and to evaluate the effectiveness of different policy and intervention strategies. The report, synthesizing findings from all three countries (Nzioka, 2005). In other countries, lack of resources has limited the implementation of education sector responses.



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In April 2000, Education International invited African MoEs to analyse their HIV and AIDS interventions, to identify promising approaches, promote learning and use available experience and build capacity. Responses from 17 countries showed that programmes mostly emphasised school-based initiatives targeting learners, using either curriculum-based education or extra-curricular activities to impart knowledge on HIV and AIDS.

Extra-curricular programmes, including peer education approaches and programmes organized by and for youth, were most popular with pupils. However, most programmes had been introduced without conducting baseline research so it was difficult to assess their impact. Some countries had also not reviewed curricula since they were introduced. In other

countries, curriculum reform was not accompanied by training teachers to deliver it, with the exception of South Africa (where teachers had been trained to offer life skills and HIV & AIDS education), Tanzania (which introduced HIV and AIDS programmes in teacher training colleges) and Lesotho (where the Lesotho Teachers Association had taken a leading role in organizing annual workshops for its members on HIV and AIDS). With the exception of South Africa, Ghana and Botswana, programmes mostly ignored the needs of teachers (*Education International, 2000*).

Analysis of responses of MoEs in eight central African countries to a survey on HIV and AIDS mainstreaming in the education sector conducted by the Association for the Development of Education in Africa (ADEA) and the United Nations Development Programme (UNDP) found that most countries a sector strategy, a coordination unit and active partnerships with teacher unions, parent teacher associations, religious bodies and communities. All were concerned about the impact of HIV & AIDS and some had started to establish partnerships with other sectors. However, most initiatives were relatively recent and limited, and few proposed interventions addressed the impact of the epidemic on the education system. Development and implementation of policies and strategies was constrained by lack of research, human and financial resources, and mechanisms for collecting, analysing and disseminating data (*ADEA, 2003*).

An assessment of the response of the education sector to the epidemic in the Commonwealth Caribbean found that, as result of advocacy efforts by UNESCO, UNICEF and others, there had been a change in the education sector response in the previous two years, notably in Jamaica and Barbados, although little had changed at the classroom level. Before 2002, the response was limited to regional curriculum reform and integration of Health and Family Life Education (HFLE), but this was not translated into action at school level as teacher training colleges had not changed their curricula to reflect HFLE and commercial publishers had not published any instructional materials to support HFLE. In 2003, there was renewed commitment, with the development of a new curriculum framework with four HFLE themes including HIV and AIDS, the requirement by the University of the West Indies School of Education that all trainee teachers complete an HFLE module, and the publication of the first Caribbean instructional textbook on HIV and AIDS prevention and mitigation. However, the review notes that the approach remained focused on the curriculum and prevention education and was not sufficiently comprehensive (*Morrissey, 2005*).

In Kenya, a needs assessment was carried out in 2003 to establish the training needs of education planners and managers for HIV and AIDS management in the sector. The assessment revealed a need to develop capacity on HIV & AIDS and understanding of the impact on the sector, in order for planners and managers to support policy implementation and allocate sufficient funding to the response.

2.2 What needs to be done?

Build the capacity of education ministries to respond

An effective education sector response to issues that impact on learning, schooling and the school environment requires a comprehensive policy and strategic approach. HIV and AIDS impact on all three of these aspects of quality education. School policies,

environments, services and skills-based education are essential to address the impact of HIV and AIDS. In addition, the sector needs to ensure that there is adequate institutional capacity to implement policy and plans; to mobilize leadership and resources at all levels; to strengthen planning and management skills; to develop workplace policies; to provide appropriate training for educators and curricula for learners; and to implement policies to remove barriers to education.

UNESCO is supporting capacity building to accelerate education sector responses, especially in Africa, and has established a technical resource facility to help countries respond. For example, UNESCO, together with UNAIDS, is supporting the Ministry of Education in Burundi in the process of developing an education sector policy on HIV and AIDS. The IIEP clearinghouse has also launched a pilot programme on regional capacity building and data collection with the Education Research Network for West and Central Africa.

Similarly, the United States Agency for International Development (USAID)-supported Mobile Task Team (MTT) on HIV and AIDS in Education provides technical support and training to education ministries in Southern Africa. The MTT, which helps ministries to identify a limited number of goals and objectives, including zero budget immediate interventions, has developed a basket of tools and techniques to support the process and to build skills, and provides support for implementation. The toolkit supports a 12-step process to help ministries assess impact, develop responses, and monitor implementation. Similar task forces are being established in West and East Africa.

UNESCO Phnom Penh and UNICEF jointly supported the Cambodian Ministry of Education, Youth and Sports to develop a policy document on AIDS and Education. This document, formulated within the School Health Department, defines the principles of sex education and HIV & AIDS education and provides guidelines for the education ministry to respond to HIV-related cases within the education system.

UNESCO Dakar provided support for a series of meetings of education ministers in West Africa. The first meeting, in September 2002, led to evaluation of education systems and policies and a draft plan of action on education and HIV & AIDS. The second, in January 2004, approved a sub-regional programme to support the response to HIV and AIDS in the education sector.

Haiti's Ministry of Education, Youth and Sport has developed a strategic plan for education and HIV & AIDS, which includes a situation analysis and implementation and action strategies. The plan is based on a human rights approach and guiding principles include ensuring access to education; policies and codes of conduct to ensure a safe school environment and zero tolerance of sexual abuse and violence; promoting a supportive environment; programmes for children in difficult circumstances; community involvement; and establishing a monitoring and evaluation system to generate information on HIV and AIDS in the sector.

UNESCO Bangkok and IIEP organised a sub-regional workshop on anticipating the impact of AIDS in the education sector in south-east Asia. Following this, the Indonesian National Commission for UNESCO organised a workshop in April 2003 to strengthen the capacity of education planners and focal points, involving the Ministry of National Education, provincial ministry education heads, NGOs and UN agencies. The workshop covered the role of the education sector in prevention, care and support, and minimising the impact of the epidemic on the sector, including on teachers, learners and education quality.

UNESCO's Asia and Pacific Regional Bureau for Education in Bangkok has published a unique teacher training manual Reducing vulnerability among students in the school setting. The manual is one of the first of its kind aimed at equipping teachers (pre-service and in-service) with knowledge, skills and methods for teaching about HIV, AIDS and related health topics. A number of Ministries of Education (MoE) in the Asia and Pacific region are now adapting the manual to their country context for use in teacher training colleges. Since the manual was published in March 2005, in-country adaptation workshops have taken place in China, Indonesia, Laos and Vietnam. The adaptation process includes a pre-workshop translation of the manual in the national language, in-country adaptation workshops and a final edit in the national language. UNESCO plans to assist the MoEs of 9 more countries (Afghanistan, Bangladesh, Cambodia, Iran, Kazakhstan, Malaysia, Nepal, Pakistan and Thailand) with their adaptation process. Links will be ensured to existing teaching-learning materials developed by Ministries of Education and/or other organisations (*UNESCO Bangkok, 2005*).



Advocate for the education sector to address HIV and AIDS

Advocacy is critical to secure support from high-level policy makers, and to promote educational leadership and commitment. Educators can play a critical role. For example, in Guatemala, advocacy by the national teachers committee led to the institutionalisation of HIV prevention education in schools and the adoption in 2000 of a curriculum that addresses HIV and other health issues in the context of human rights. In Brazil, the Teachers Parliament issued a declaration in November 2004, which included the critical need to pay attention to the HIV epidemic.

Adapt approaches to the context

Education ministries need to develop approaches that reflect the epidemiology and stage of the epidemic. For example, in low prevalence countries, there should be a greater emphasis on prevention education, while in more advanced epidemics, the education sector will need to give more emphasis to care, treatment and support for learners and educators. Strategies should also include responses that are tailored to the needs of particularly vulnerable groups and that tackle the factors that place them at risk of HIV infection. For example, injecting drug use is a significant cause of HIV transmission in Eastern Europe, and approaches in this region need to reflect this fact.

Establish systems to collect accurate data

There is a critical shortage of accurate data on absenteeism of students and teachers, teacher shortages or transfers, classroom and school closures, class sizes and school enrolment, including data that is disaggregated by gender.

In Cambodia, the Ministry of Education, Youth and Sports produces a regular newsletter to share information on HIV and AIDS-related issues with key education stakeholders. Over 20,000 copies are distributed to heads of provincial and district education offices, primary and secondary schools, education inspectors, parent teacher associations, and provincial AIDS committees and secretariats.

WHO is providing technical support to ministries of education and health to conduct the Global School Based Student Health Survey (GSHS). This survey measures health-related behaviours associated with leading causes of death, disease and disability, including sexual risk taking and drug use among 13-15 year old students. Over 50 countries have completed training and are in the process of conducting the surveys. Fifteen countries have completed the first of what will be a series of periodic surveys to demonstrate trends in the prevalence of important health-related behaviours over time. The data are comparable from country to country. For more information see www.who.int/school_youth_health/assessment/gshs/en/

UNESCO's Office for the Caribbean, based in Kingston, Jamaica, launched an advocacy and leadership campaign in February 2005 in collaboration with Education Development Center (EDC) to create a cadre of leaders in the region and advance the education sector response to HIV and AIDS in the Caribbean. Tailor-made assistance will be provided to Caribbean MoEs to help them develop a comprehensive approach to HIV and AIDS in the education sector, to identify and take action on priorities, and to advance policies and programmes that protect the lives of students, teachers and managers. The first phase will develop approaches drawing on the experience of working with MoEs in Jamaica, St Lucia and Trinidad and Tobago; the second phase will expand the approach to other countries in the Caribbean. UNESCO is also exploring the potential for replication of the Mobile Task Team approach to capacity building and technical assistance that has been developed for education ministries in Africa.

Prior to this, UNESCO supported a series of workshops in the Latin American and Caribbean region to promote effective MoE responses to HIV & AIDS and integration of school health and HIV prevention in national EFA Action Plans. The campaign includes advocacy for workplace training for education sector leaders and managers. In Barbados for example, the Chief Education Officer was trained as an HIV and AIDS leader, resulting in the development of a plan to sensitise all primary and secondary teachers and to work with the Ministry of Labour and Social Security to train staff in managing HIV and AIDS in the workplace, including distribution of first aid kits.

The UNESCO Offices in Almaty and Bangkok organised a workshop in Almaty on the role of education ministries in the response to HIV and AIDS in central Asia. Participants reviewed current policies and partnerships, and possible actions that MoEs can take to strengthen the sector's response.

UNESCO Bangkok and the UNAIDS South East Asia and Pacific Inter Country Team produced HIV & AIDS and Education: A Toolkit for Ministries of Education, an advocacy kit that targets policy makers and aims to assist mid-level and senior-level MoE officials to strengthen education sector responses to HIV and AIDS (UNESCO, and UNAIDS, 2003). The toolkit, which includes information on HIV & AIDS and education, presentations and references to other sources of information and tools, has been translated, adapted and disseminated in twelve countries in the region – Afghanistan, Bangladesh, Cambodia, China, Indonesia, Iran, Kazakhstan, Lao PDR, Pakistan, Thailand, Uzbekistan, Viet Nam – and will be made available shortly in Kyrgyzstan, Nepal, Sri Lanka and Tajikistan. The kit is starting to produce positive results in some countries and the impact will be formally evaluated in the near future (*UNESCO Bangkok, 2005*).

Education ministries need effective management information systems that provide data about the impact of HIV and AIDS on learners, educators and the education system to inform the planning of effective responses. For example, accurate data will allow planners and managers to plan staffing, recruitment and training requirements, to identify schools for priority support and interventions, and to maintain educational quality.

Boler (2003) identifies possible approaches to examining the impact of HIV and AIDS on teachers include:

- Education personnel records and Education Management and Information Systems (EMIS) – Personnel records, such as payroll and pension fund databases, are not well integrated into the wider EMIS. EMIS, an annual school census that in some countries also includes questions on in-service educator mortality, is potentially an easier way to quantify teacher mortality, but systems are not functioning well in many high prevalence countries and few have any data on how many teachers die after leaving service on medical grounds or taking early retirement. There is a lack of time series data, so it is

UNESCO Kingston is supporting research at the University of the West Indies to develop a methodology for estimating and projecting the prevalence of HIV within a national education sector.

In Ghana, the impact of AIDS on teachers has been measured through the annual school census, which includes an indicator on the number of teachers who have taken sick leave or gone to hospital in the last year, and measures the number of orphans attending school. The Ministry of Education has also developed simple, low cost measures to assess impact on civil servants working within the ministry and at district level – HIV & AIDS focal points report monthly on the number of staff who have disclosed their status and any deaths that have occurred within their department – and commissioned a consultancy to conduct larger scale impact studies to give a more in-depth and accurate picture. This provides an example for other ministries of how impact measurement tools can be integrated within the existing management information system. Issues to consider in impact measurement include: getting funds for impact studies; communicating results (for example, the need to involve a wide range of decision makers, ensure ownership, and carefully plan dissemination); ensuring the process does not raise unrealistic expectations (for example, about access to medical treatment); building links to planning departments within ministries so that use of data is built into the planning cycle; making use of existing data sources (for example, personnel records); and establishing links with universities and NGOs to track down relevant data (*Rugalema and Khanye*).

difficult to estimate trends. EMIS human resources data needs to be integrated with personnel systems and overall systems need to be strengthened.

- School based surveys – These surveys are conducted in a number of countries in a random sample of schools, and could include questions about teacher mortality. Data needs to be disaggregated as aggregate data hides differences in mortality rates between districts, and between urban and rural areas, as well as between male and female teachers and those in different age groups. The accuracy of data depends on the quality of school record keeping and of head teacher and teacher reporting.
- HIV prevalence surveys – These population-based surveys do not necessarily include seroprevalence testing of groups such as teachers in schools. While inclusion of schools would provide useful data, there are ethical issues to be considered and such surveys would only cover those people well enough to be at work.

WHAT STRATEGIES AND TOOLS ARE AVAILABLE TO MEASURE AND MONITOR IMPACT ON EDUCATION SYSTEMS?

- Road map, tested in three countries (IIEP).
- District Education Management Monitoring Information System (DEMMIS). A management tool piloted in KwaZulu Natal, South Africa. Lessons from the pilot indicated that monthly data can provide useful insights into HIV and AIDS impact and trends, and the tool is being piloted in Zimbabwe, Zambia, Kenya, Ghana, Uganda, Botswana and Namibia. DEMMIS was developed in response to the need to collect local indicators, as the response at sub-national level is constrained by lack of data (national level EMIS only give an overall picture and data can take as long as 2-3 years to analyse and disseminate), and the need for reliable data to provide an early warning of impact at the point of delivery. It collects information on a monthly basis, on teachers, learners, support staff and governing bodies, using data that can be extracted from the routine reporting system. There is also a district manager resource kit with fact sheets and a management response checklist (University of Natal).
- Ed-AIDS project. Includes questions concerning supply, demand and quality of education; collects data on the number of infected teachers (both past and projected), normal attrition rates, absenteeism, recruiting needs, number of school-age orphans, and financial and economic implications of HIV and AIDS for education—of all which can be used for advocacy and planning (Partnership for Child Development).

Source: *Rugalema and Khanye (2002)*



Revise personnel systems and policies

Personnel systems may need to address issues such as teacher recruitment and deployment and measures to improve retention, including remuneration, career development and other incentives. This includes developing strategies to improve and accelerate teacher recruitment through new incentives to enter teacher training, establishing policies for retaining teachers, and encouraging recruitment to unpopular locations.

Education ministries also need to consider succession and contingency planning, including providing teachers (who may be expected to teach classes or subjects they are not familiar with) and instructional materials to present and support lessons. Strengthening substitute teacher systems, using retired teachers and developing pools of trained temporary teachers, and sharing school management capacity are other possible approaches. At school level, assigning one teacher to represent the school at funerals can help to minimize disruption to teaching caused by funerals.

Workplace policies should cover prevention of HIV infection among educators, the needs of educators with or affected by HIV and AIDS (for example, restructuring medical and pension benefits and sick pay in a cost-effective and affordable way, addressing job discrimination, medical treatment, and providing care and support) as well as codes of conduct for educators. Policies also need to address structural factors that increase risk such as working away from regular partners, staff accommodation and travel. It should be noted, however, that education ministries often do not have power to determine personnel systems and policies in isolation from the rest of the public sector.

The Ghana AIDS Commission is working closely with all ministries to develop sector plans and has developed a guide to help ministry human resource departments to plan for skill succession. The education ministry is providing care and support for those in the education sector with or affected by HIV and AIDS. The Ministry has also produced a workplace manual, with three modules (implementation of workplace programmes, basic facts on HIV and AIDS, and reporting) designed for use by national, regional and district level focal points to plan and implement awareness sessions in the workplace, collect relevant data and prepare reports.

Ensure that policies are disseminated, implemented and enforced

Schools are not always aware of national policies established by education ministries. There is often a gap between policy and practice, with good intentions hindered by lack of policies, failure to communicate departmental policy to schools, lack of guidelines for educators and learners, and lack of training for school governing bodies. Governing bodies need to be made aware of policies and legal issues related to HIV and individuals, including laws that prohibit discrimination in the workplace.

In Jamaica, with support from the Japan International Cooperation Agency (JICA), the Ministry of Education, Youth and Culture has established an HIV and AIDS Response Team for dissemination of the National Policy for HIV and AIDS Management in Schools. The Policy sets out clear guidance on inclusion and non-discrimination, disclosure and confidentiality; provides guidelines on provision of information and education, management of students and school personnel with HIV and AIDS; and lists universal precautions to prevent HIV transmission. The main activity of the Team has been policy dissemination workshops for key stakeholders, such as school administrators, and sensitization meetings for parent-teacher associations, teaching staff, student bodies and community groups. The Team provides follow-up support to schools and facilitates referral to relevant external resources, as well as playing a monitoring role.

UNESCO has also supported activities including: establishing health advisory committees in schools under the leadership of the principal and school board; training a guidance counsellor in each school; ongoing sensitization of school bodies; and extending the scope of the Response Team from the primary and secondary school sector to the Ministry's early childhood unit and independent schools. A preliminary evaluation in April 2005 identified: lack of links between the Policy and the wider response to the epidemic; variations in quality and consistency of training, support to regional guidance officers and follow up of in-school guidance counsellors (depending on individual health promotion specialists recruited to the Team); lack of support materials; reticence about addressing issues in schools; lack of health promotion specialist access to current data and Information and Communication Technologies (ICTs); and lack of preparation time. Recommendations included ensuring that workshops are part of an ongoing programme of activities and that principals and guidance counsellors attend. The Government of Jamaica continued funding the Team when UNESCO support ended in mid-2005, through Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) grants, and UNICEF continued supporting capacity building for the Team, as well as strengthening the life skills component of curriculum, developing classroom materials for 9-14 age groups, and supporting the Ministry to scale up delivery of HFE to 200 schools across the country.

It is also essential to raise awareness of existing policies among school administrators and head teachers, as well as among teachers and parents, and to establish mechanisms to implement and enforce policies. Involving educators and administrators in policy development can help to promote ownership and ensure that policies are put into practice.

The following is an example of a comprehensive education sector response to HIV and AIDS, taken from the UNESCO document, *From policy to practice: An HIV and AIDS training kit for education sector professionals* (UNESCO Nairobi, 2005).

“GOLDSTAR” (ILLUSTRATIVE) RESPONSE – HANDOUT

1. HIV and AIDS structures established and functional

At the National level the following structures exist:

- A senior Strategic HIV and AIDS Task Team, with representation from all key role players and with well-defined functions (policy, norms and standards, resource mobilization).
- An Operational HIV and AIDS Management Unit, headed by a senior official (dedicated position), plus representatives from policy and planning, curriculum development, finance, etc. (with the mandate to develop, implement and monitor internal and external responses).

At the District level there are HIV and AIDS sub-committees of District Management Committees, chaired by District Managers (with co-ordination, communication, regulatory, resourcing, information gathering and monitoring functions).

At school level there are HIV and AIDS Working Groups, with the mandate to deal with all institution level external and internal HIV and AIDS-related matters.

2. Enabling legal and policy framework in place

- A National Schools Act has been promulgated which regulates schools in terms of admissions, fees, etc. and provides for exemption from school fees for children from poor families.
- A policy for the education sector has been adopted that binds the sector, and all institutions and role players, to a common vision, a set of principles, minimum standards and commitments related to HIV and AIDS.
- A generic workplace policy was developed in consultation with the unions, and other role players, in line with public sector conditions of service. It is binding on all institutions; and
- Institutional level policies have been developed by each school, in line with other policies, and defining the school's position on HIV and AIDS.
- The National Policy Unit has conducted a review of all laws, regulations, policies, procedures, codes of conduct and collective agreements (current and planned) to ensure that HIV and AIDS are appropriately addressed (e.g. non-discrimination, confidentiality, zero tolerance for sexual abuse, etc.).
- Implications and amendments have been communicated to Districts and to all institutions.

3. HIV and AIDS mainstreamed into all planning and budgeting

- At national level, as part of routine planning activities, an HIV and AIDS plan/strategy for the sector – narrative and financial – has been developed, linked to the policy, to education management information system (EMIS) data and to the budget. The plan is reviewed annually.
- Sector-wide HIV and AIDS indicators have been developed, field tested and institutionalized.
- EMIS data and processes have been reviewed and amended to include HIV/AIDS-sensitive indicators – including, but not limited to: pupil enrolment (disaggregated by gender); planning for school and District staff supply and attrition; learner/educator ratios; decline in school fees; primary/secondary transition rates; matriculation rates; and specialist subject pass rates.
- Orientation training for officials responsible for EMIS has been conducted.



- Resource mobilization has taken place, with costed plans being presented to development partners at an annual resource mobilization summit.
- A proposal for support for 100 rural primary schools (youth prevention activities and Orphans and Vulnerable Children (OVC) support) was submitted to the Global Fund (and approved).
- A base-line impact assessment was commissioned and conducted; a validation workshop was held, and the executive summary was disseminated widely for use as an advocacy and reference document.
- There is a commitment to repeat the impact assessment at 5-year intervals.
- At District level, an HIV and AIDS action plan/strategy for the District has been developed – based on District level information, National policy, budget, etc. – and disseminated to all schools.
- At each school, DEMMIS is in place, monthly reports are received from schools, and feedback processes are functional.
- Training has been conducted for all District and school level staff involved.
- HIV and AIDS are included in every school plan.

4. HIV and AIDS mainstreamed into all human resource management functions

- HR policies have been examined and amended to minimize vulnerability and susceptibility to HIV and AIDS (e.g. policies that permit the deployment of educators away from their families). In addition, they have been examined and amended to pro-actively address educator attrition (e.g. by amendments that allow educators to continue teaching beyond normal retirement age).
- Succession planning is in place, based upon a review of demand and supply, and with special emphasis on specialist educators.
- Human Resource (HR) data (e.g. EMIS data) have been analysed and used to establish an HR-preparedness system.
- Orientation sessions have been held for the staff responsible for the HR preparedness system.
- HIV & AIDS and education guidelines for (i) education sector managers and (ii) educators have been developed, field tested, and distributed.
- A code of conduct has been adopted and signed by all educators committing them to zero tolerance for violence, abuse – sexual and other – and harassment of learners.
- The code is displayed in every school.
- Information on disciplinary procedures has been disseminated to all staff.
- A system has been established and implemented to track education quality, with an early warning system and systems to implement remedial procedures.

5. Workplace HIV and AIDS programme developed, implemented and monitored

- Conditions of service have been reviewed and amended to accommodate HIV and AIDS (e.g. reasonable accommodation for infected staff, time off for family duties, etc.). The revised conditions of service have been disseminated to every staff member.

At National level the following programme takes place:

- An awareness programme for National staff (that is sensitive to language, culture, age, gender, etc.).
- A peer education programme with on-going sessions that are held during working hours.
- An HIV and AIDS counselling service, which is available as part of the Employee Assistance Programme (EAP).
- Referrals for staff for (i) Voluntary Counselling and Testing (VCT), (ii) treatment and (iii) social support.
- An infection control programme, based on guidelines (including guidelines for compensation for HIV infection following occupational exposure). The guidelines have been disseminated, first aiders have been trained, resources (e.g. gloves) have been purchased and distributed, and a reporting system has been established.

Similarly, at District level, there are programmes of:

- Awareness for district staff (that are sensitive to language, culture, age, gender, etc.).
- Peer education with on-going sessions held during working hours.
- HIV and AIDS counselling for infected and affected staff.
- Referrals for (i) VCT, (ii) treatment and (iii) social support.
- Infection control.

This is replicated at school level, with programmes of:

- Prevention for all staff (managers, educators and support staff), conducted during working hours.
- Referrals for (i) VCT and on-going counselling, (ii) treatment and (iii) social support.
- Infection control.

6. HIV and AIDS mainstreamed into life orientation and other curricula

At the National level:

- The curriculum policy has been amended to include HIV and AIDS within the life skills module of the life orientation curriculum, and as a component of all other subjects.
- Teaching materials have been reviewed and amended for (i) different levels (primary, secondary and tertiary), (ii) local use and (ii) to conform to outcomes-based methodologies.

At District level:

- Resource centres have been established.
- Information and materials are disseminated to support implementation.
- Mentoring and monitoring systems have been established to ensure compliance with the curriculum.

At school level:

- Life skills and HIV & AIDS lessons are held as per timetable.
- HIV/AIDS-focused lessons are conducted in all subjects.
- Youth peer educators have been recruited and trained and are supported to conduct group activities.
- Systems have been established to monitor the life skills and HIV/AIDS programme.

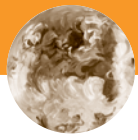
7. Holistic support for infected and affected staff and learners

- A system has been developed, implemented and is regularly monitored for the identification, support and monitoring of OVC.
- The school feeding scheme provides one meal per day to all learners at primary school level.
- Educators have attended briefing sessions on the signs, symptoms and management of HIV disease in young people.
- Special arrangements are in place for infected and affected children (e.g. provision to supervise medication, home learning for infected learners if necessary, shorter hours for children caring for parents and/or siblings, etc.).
- A counselling service has been established for crisis and bereavement counselling, etc.
- For infected and affected educators, systems are in place to provide care and support for educators – such as reasonable accommodation.
- A resource directory for local referrals has been developed and disseminated.

8. Training and capacity building to meet the challenge of HIV and AIDS

At pre-service level:

- In line with the predicted demand for additional educators, the annual quota of educator trainees admitted to training institutions has been increased.
- Specialist educators have been trained, in line with National demands for these skills.



At in-service level:

- Life orientation educators have been trained in HIV and AIDS.
- Selected educators have been trained as counsellors.
- A system of mentoring and support for educators and counsellors has been institutionalised.

To support all the training and capacity building activities:

- A database of resources has been developed and disseminated.
- Resources and materials have been commissioned or developed to fill the identified gaps.

9. Partnerships to enhance HIV and AIDS responses

- A database of National partners has been established.
- An education sector mobilization strategy has been defined and implemented.
- HIV and AIDS are prominent in the bi-annual education conference.

At district level:

- A database of district partners has been established.
- Roles, responsibilities and commitments have been defined.
- Consultations are regularly held with these partners.

At school level:

- Orientation sessions on life skills and HIV/AIDS have been held for parents.
- Briefing sessions on HIV/AIDS for Parent Teacher Associations (PTAs) and School Governing Boards (SGBs) are conducted on a routine basis.

10. Research guided programmes

- A research agenda has been defined, based on the research already conducted and the gaps that have been identified.
- Studies have been commissioned to answer priority questions.

2.3 Where do we need more evidence?

There is a lack of evidence to inform effective responses to HIV and AIDS in the education sector. Some of the key knowledge gaps are:

POLICIES – including information about:

- Legal frameworks and policies that are effective in promoting inclusion, tackling violence and sexual harassment, and protecting educators and learners against discrimination.
- Measures that support policy implementation.

DATA – including accurate and relevant data to support analysis of current impact and projection of future impact of the epidemic, in order to inform overall planning of education sector responses and, more specifically, data about:

- HIV risk behaviour and factors that increase risk among different sub-groups of education sector staff and learners, to inform behaviour change and other prevention interventions.
- HIV prevalence among educators, and the extent to which educators are not revealing their status because of stigma and discrimination, to inform treatment, care and support interventions.
- The extent to which educator absenteeism and attrition is related to HIV & AIDS and to other factors.
- The number and situation of infected and affected learners, to inform planning to meet their needs.
- The impact of educator absenteeism and attrition on educational quality.
- The effects of HIV and AIDS on learner school attendance and performance.
- The extent and impact of violence and sexual harassment in educational settings.

PROGRAMMING – including:

- Better understanding of effective approaches to ensure children continue to receive a quality education as well as facts and skills to survive.

- Training, educating and supporting teachers to deliver HIV and AIDS education.
- Improving teachers' own knowledge, attitudes, skills and behaviours.
- HIV and AIDS education, including curricula, teaching methods, and learning materials.
- Providing flexible education for learners who move in and out of formal schooling.
- Promoting community involvement in HIV and AIDS education.

IMPACT – including better baseline data; effective monitoring and information systems; and standard indicators to measure outcomes and impact, for educators and learners. ■





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OVERVIEW

This booklet is the first in a series of publications that address key themes of UNESCO's work on HIV and AIDS and the education sector. It provides an overview of why HIV and AIDS are important issues for the education sector, identifies weaknesses in current policy and programming responses, and highlights evidence gaps.

Booklet 2 discusses issues affecting learners in the context of HIV and AIDS, including rights and access to education, protection, knowledge and skills, and care and support. Booklet 3 discusses issues affecting educators in the context of HIV and AIDS, including training, conduct, and care and support. Booklets 2 and 3 include a bibliography, a list of practical tools and resources, and sources of additional information.

Intended mainly for government, donor and NGO policy makers, planners and managers working in the education sector, we hope that the booklets will also be useful for school governing bodies, administrators, school principals, teachers and other educators working on HIV and AIDS.

The booklets are based on a review of published and unpublished literature, programme activities (primarily but not exclusively UNESCO activities) and case studies. They are not intended to provide a comprehensive overview or scientific analysis of experience. Rather the aim is to draw on available knowledge and experience to highlight issues and lessons learned and suggest policy and programming strategies and actions to address the impact of HIV and AIDS on learners and educators in less developed countries.

While the original intention was to highlight evaluated experience in both formal and non-formal education settings, in practice, the review found few examples of HIV and AIDS programmes or initiatives that have been rigorously evaluated and very little documentation of experience in non-formal settings.

As such, the booklets are a work in progress, and UNESCO would welcome comments, suggestions and examples of good practice in policy and programming to include in future editions.