



United Nations
Educational,
Scientific and
Cultural Organization

Booklet

2

HIV & AIDS AND SAFE, SECURE AND SUPPORTIVE LEARNING ENVIRONMENTS



GOOD POLICY AND PRACTICE IN HIV & AIDS AND EDUCATION

**HIV & AIDS
AND SAFE, SECURE AND
SUPPORTIVE LEARNING
ENVIRONMENTS**

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Published in March 2006
by the United Nations Educational, Scientific and Cultural Organization
7, place de Fontenoy,
75352 Paris 07 SP
France

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Composed and printed in the workshops of UNESCO
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Printed in France
(ED-2006/WS/3 // cld 26005)

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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 and AIDS</u>
GNP+	<u>Global Network of People Living with HIV and 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 and 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>



ACKNOWLEDGEMENTS

This booklet was produced by UNESCO's Division for the Promotion of Quality Education, Section for Education for an Improved Quality of Life, written by Kathy Attawell, consultant, and Katharine Elder, UNESCO.

The authors wish to thank, in particular, Mary Joy Pigozzi, Christopher Castle and Dulce Almeida-Borges at UNESCO, who initiated the development of this and other booklets in the series and provided support, and to the following reviewers for their comments on earlier drafts: Jack Jones (WHO); Rick Olson, Cooper Dawson and Cream Wright (UNICEF); Lucinda Ramos, Sanye Gulser Corat and Anna Maria Hoffmann (UNESCO).

The authors acknowledge the contribution of staff in the Section for Education for an Improved Quality of Life, Division for the Promotion of Quality Education, UNESCO, who made suggestions and comments and who reviewed various drafts.

The booklet would not have been possible without the cooperation and assistance of UNESCO colleagues and others who contributed lessons learned, personal experiences, and important documents and materials for inclusion. The authors would like to warmly thank: Aliya Bokazhanova, UNESCO Almaty; Jan Wijngaarden, Arun Mallik, Ngo Thanh Loan and Annelene Ror, UNESCO Bangkok; Yongfeng Liu, UNESCO Beijing; Sulieman Sulieman and Eman Qaraeen, UNESCO Beirut; Ghada Gholam and Sherine Meshad, UNESCO Cairo; Bachir Sarr, UNESCO Dakar; Arno Willems and Memory Zulu, UNESCO Harare; Florence Migeon, UNESCO Headquarters; Lucy Teasdale, IIEP; Jorge Sequeira and Arshad Khan, UNESCO Islamabad; Mira Fajar, UNESCO Jakarta; Michael Morrissey, UNESCO Kingston; Cristina Raposo, UNESCO Maputo; Badarch Dendev, UNESCO Moscow; Shankar Chowdhury, UNESCO New Delhi; Etienne Clément and Julie David, UNESCO Phnom Penh; Jorge Ivan Espinal and Geneviève Dallemand- Pierre, UNESCO Port-au-Prince; Alfredo Rojas and Yuki Takemoto, UNESCO Santiago; Komiljon Karimov and Kuzdekov Nodir, UNESCO Tashkent; Claudia Harvey and Aune Naanda, UNESCO Windhoek; and Wilma Bailey, Diane Browne, Connie Constantine, Nancy George, Shinya Matsuura.

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 HIV and AIDS 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.

Mary Joy Pigozzi
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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 HIV and AIDS (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.

All of UNESCO's activities to address HIV and AIDS follow its foundational principles of being culturally appropriate, gender responsive, age-specific, and grounded in human rights and the involvement of people living with HIV in all stages of the design and implementation of responses to the epidemic.

This booklet is the second in a series of publications that address key themes of UNESCO's work on HIV & AIDS and the education sector. It 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. It also includes a bibliography, a list of practical tools and resources, and sources of additional information.

Booklet 1 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 3 discusses issues affecting educators in the context of HIV and AIDS, including training, conduct, and care and support.

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.

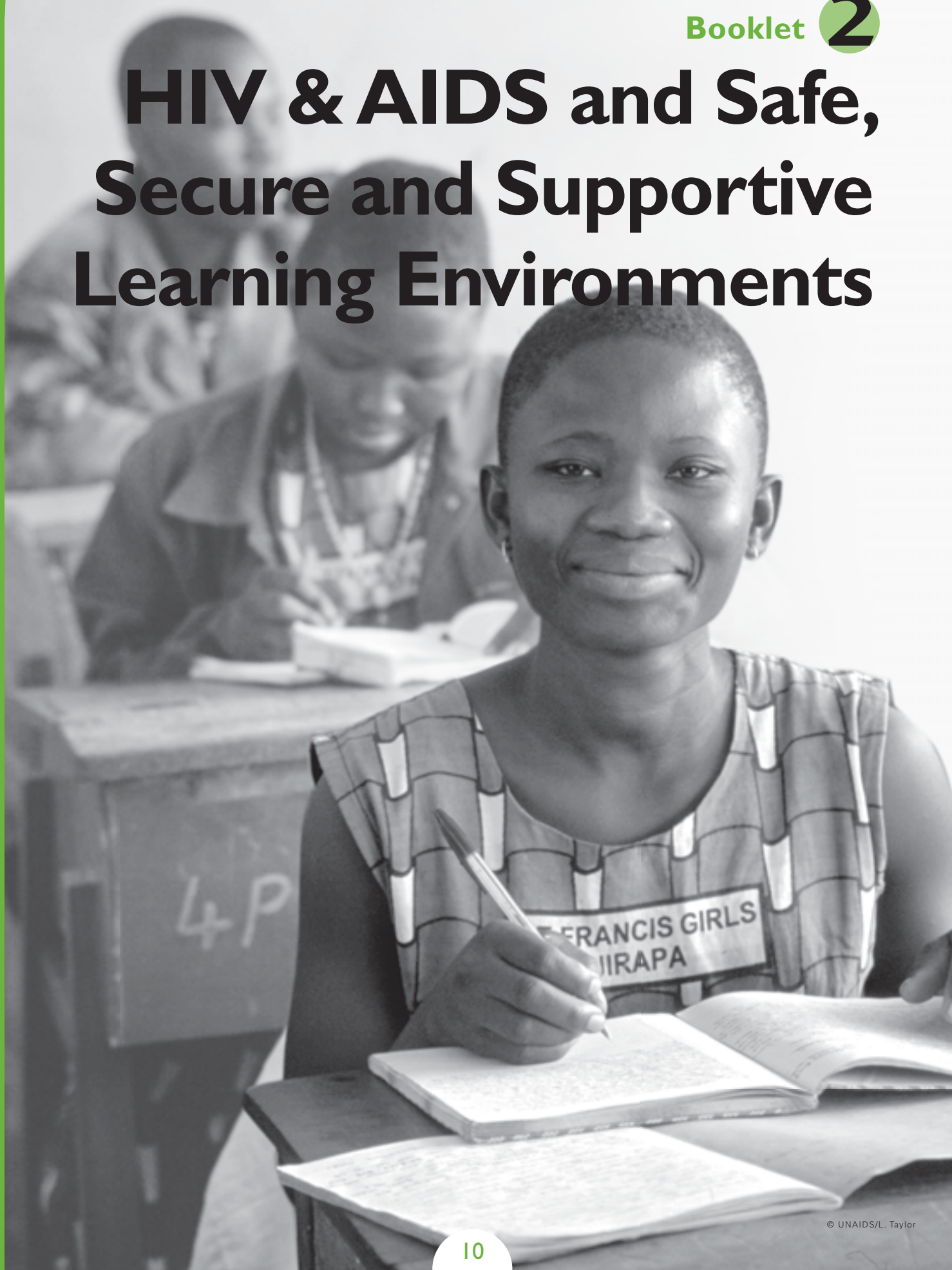
While the original intention was to highlight evaluated experience in both formal and non-formal education settings, in practice, the review found few examples of HIV and AIDS programmes or initiatives that have been rigorously evaluated and very little documentation of experience in non-formal settings.

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 **2**

HIV & AIDS and Safe, Secure and Supportive Learning Environments



I INTRODUCTION

EVERY child has the right to education. Education provides children with information, knowledge and skills and increases their future life opportunities. However, going to school is about more than just learning. School is also important for children's social and psychological development, providing them with a safe, structured environment, emotional support and adult supervision and the opportunity to interact with other children.

Young people also have the right to appropriate and accurate information about HIV and AIDS, including how to protect themselves from HIV infection, the right to social, psychological and medical care, the right to protection of their privacy and confidentiality and to protection from exploitation and abuse, including in educational settings.

Schools and other educational settings play an important role in educating young people about HIV and AIDS, developing the skills they need to protect themselves from HIV infection, tackling fear, stigma and discrimination, and promoting care and support for those who are infected and affected by HIV and AIDS.

THIS BOOKLET LOOKS AT LEARNER:

- Rights and access to education
- Knowledge, attitudes and skills
- Protection
- Care and support



2 LEARNER RIGHTS AND ACCESS TO EDUCATION

Education is a basic human right for all children, as recognized in the Convention on the Rights of the Child. Ensuring that all children (especially girls, children in difficult circumstances and those belonging to ethnic minorities) have access to and complete free and compulsory primary education of good quality by 2015 is a Millennium Development Goal (MDG) and a goal of Education for All.

As well as being a basic human right, education is a protective measure against HIV. There is growing evidence that the more educated an individual is, the lower their risk of HIV infection.

Education is especially important for girls. Girls who remain in school longer and who receive education on sexuality and life skills benefit from delayed sexual debut, increased HIV knowledge and condom

use rates, and improved understanding of voluntary counselling and testing (VCT). There is also evidence that girls who attend schools where female and male students are treated equally are less likely to engage in premarital sex.

One study in Zimbabwe found that the HIV prevalence among 15-18 year old girls who were still in school was 1.3% compared to 7.2% in girls of the same age group who had dropped out of school. Girls staying longer at school were more likely to delay sexual debut, have fewer casual sexual partners and have better access to information (*ActionAid and Save the Children Fund UK (SCUK), 2004*).

Despite the generally agreed importance of education, an estimated 104 million children of primary school age do not attend school, and 75% of these children are in sub-Saharan Africa and South and West Asia. Girls comprise 57% of out of school children of primary school age, and there are an estimated 23 million girls

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“I want a school bag so that I can look like other children.” “After my parents died the burden of family responsibility fell on my shoulders and I no longer have the opportunity to go to school.”

Children, Phnom Penh, Cambodia

A review of 20 sub-Saharan African countries found that children aged 5-14 years who had lost one or both parents were less likely to be in school and more likely to be working more than 40 hours per week than other children of the same age. Reasons include:

- Poverty and inability to pay for school fees, uniforms and books.
- Family, household and income-generating responsibilities.
- Poor quality education and family scepticism about the value of education.
- Trauma, stigma and discrimination.
- Lack of a birth certificate or an adult to register them at school.
- Lack of adult support and guidance, to ensure that they go to school and help with schoolwork.
- Fear of HIV infection through abuse at or on the way to and from school.

A study of school enrolment in Kagera, Tanzania, found that the enrolment rate was 44% among 7-10 year olds from families that were not affected by HIV and AIDS compared with 28% among children the same age from affected families. Similar differences in enrolment rates among children from affected households compared with those from other families have been reported in rural South Africa, and Maharashtra State in India. In Senegal, children from affected households were more likely to attend Koranic (religious) schools, which provide lower quality education than public schools (*Coombe, 2002*). In Free State and Limpopo Provinces in South Africa, rates of non-enrolment, absenteeism and interrupted schooling were higher among orphans than non-orphans (*Schierhout et al, 2004*). Evidence from Zimbabwe suggests that maternal orphans are at a greater disadvantage, possibly because mothers place a higher priority on their children's education and new spouses place less priority on the education of stepchildren, and because assistance is often targeted to orphans whose fathers have died because men are perceived as the family breadwinners (*UNAIDS, USAID and UNICEF, 2002*).

out of school in sub-Saharan Africa and 21 million in South and West Asia (UNESCO, 2003). Girls are less likely to attend school than boys because of domestic and caring duties, pregnancy, early marriage, low value placed on female education and lack of family funds. One in three children who go to school fail to complete five years of schooling.

Children with HIV or who are affected by HIV and AIDS have the same right to receive an education as other children, but are less likely to be enrolled in school or to attend regularly and are more susceptible to school drop out. These children face educational

disadvantages including lack of financial resources to pay fees and other school expenses, family and work responsibilities, physical and psychological health problems, and stigma and discrimination.

The epidemic is also worsening existing gender inequalities in access to education. In countries badly affected by HIV and AIDS, girls are the first to be withdrawn from school to care for the sick, look after younger siblings and help with domestic chores. These girls miss out on the protective effect of attending school, and thus have less knowledge about HIV & AIDS and how to protect themselves.

Girls continue to face sharp gender disparity in access to schooling. A review of selected countries found that in 11 countries, 7 in sub-Saharan Africa, girls have 20% less chance of starting school than boys, despite overall increases in primary school enrolment and the enrolment of girls.

In Swaziland, school enrolment is estimated to have fallen by 36% as a result of AIDS, with girls most affected. Retention rates are also lower for girls than for boys in many countries including, for example, India, Lao PDR and Myanmar (IATT, 2003).



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Specific strategies and actions include:

2.1 Protect the rights of infected and affected children to education

Implement laws and policies on access to education

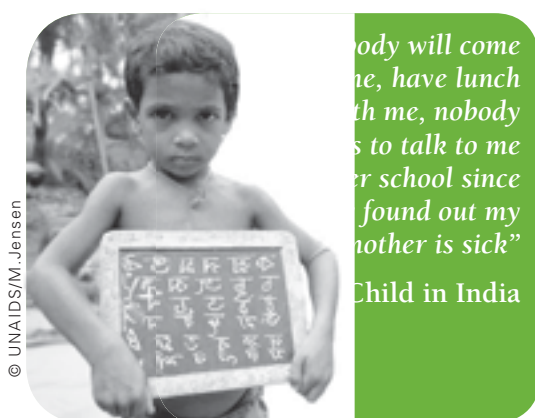
Legal, policy and administrative measures should be enacted and enforced to ensure that infected and affected children have access to education. Experience indicates that advocacy is often required to introduce and enforce such laws and policies. For example, UNESCO Bangkok recently launched a project to ensure access to education for children affected by HIV and AIDS. Supported by UNAIDS and private foundations, UNESCO Beijing has been helping China to enhance national policy and community responses to guarantee that children affected by HIV and AIDS have access to basic, good quality education.

UNESCO Windhoek support for advocacy for EFA in Lesotho in 2004 took the form of "The Big Lobby" to address the issue of access to education, in particular for orphans and vulnerable children, children with disabilities and herd boys. The UNESCO Associated Schools, through the Lesotho National Commission for UNESCO, played a critical role in the organization of this event. The importance of the issue was highlighted by the launch of activities by the Deputy Prime Minister and Minister of Education and Training of Lesotho.



Tackle stigma and discrimination

Stigma and discrimination have a negative effect on children's learning and can cause them to opt out of school. Children who are infected or affected by HIV and AIDS may face teasing, bullying, isolation or rejection by other students.



...body will come
...ne, have lunch
...th me, nobody
...s to talk to me
...r school since
...found out my
...mother is sick”
Child in India

Discrimination by school authorities and staff has taken the form of refusal to enrol or exclusion from attendance at school, denial of access to activities, breaking confidentiality, and failure to protect students from harassment. In some cases, children are forced to leave school because of the negative attitudes of parents of other children.

Policies and procedures are needed to protect infected and affected children from discrimination by school authorities, principals, teachers, parents and other students. All need to be sensitized and educated, so that they do not prevent infected and affected children

from accessing education or stigmatise those who are enrolled in school. Teacher training colleges need to provide educators with skills to tackle stigma and discrimination and to dispel myths about teaching HIV-positive learners or learners affected by HIV or AIDS.

Schools and educators can play an important role by reducing fear of HIV and AIDS, promoting caring, compassionate and non-judgemental attitudes towards those infected or affected, and ensuring that pupils known or believed to have HIV are included in all normal school activities.

Put in place measures to protect confidentiality

Some parents may choose not to inform the school about their own or their child's HIV status because of concerns that teachers will discriminate against them or single them out for special treatment. If a parent discloses their own status or that of their child, this confidence must be respected.

School policies and practices should protect the confidentiality of students and parents. This should include policies that make breaking confidentiality a disciplinary offence, and procedures for handling oral and written information, such as medical records and certificates. The number of people who need to know a child's HIV status should be kept to a minimum and informed consent should be sought from the parents and student concerned before information is shared with other staff or organizations. Training for teachers and other education sector staff should cover the issue of confidentiality.

STUDIES DEMONSTRATING STIGMA AND DISCRIMINATION

A study in Jamaica found that parents and guardians were reluctant to disclose their own HIV status or that of their children for fear of stigma, including from teachers, some of whom expressed the view that “they [HIV-positive people] should be quarantined”. Parents reported cases where non-infected children had been denied education when teachers knew of their parents' HIV-positive status, forcing them to move their children to other schools. School personnel were less negative about working with infected colleagues but still expressed reservations. The study found that the attitudes of school personnel were more positive and supportive in communities exposed to people with HIV, but were very negative in communities without this exposure (*Bailey and McCaw-Binns, 2004*).

Research in India found widespread discrimination towards infected and affected children, documenting cases where pupils had been expelled, denied admission or segregated, and negative attitudes among teachers, school principals and parents. The report highlights the need for government to play a more active role, noting that while some states, such as Kerala and Andhra Pradesh, have adopted policies prohibiting schools from discriminating against children with HIV, these policies have yet to be implemented (*Human Rights Watch, 2004*).

A study among final year students at two teacher training colleges in Jamaica found that 15% felt that HIV-positive children should not attend school and 59% said they would feel uncomfortable teaching an HIV-positive child (*Casimir and Bhardwaj, 2004*).

In one case in India, the school principal and authorities decided that a 12-year-old girl would no longer be allowed to attend school when they discovered that her father was HIV-positive (*UNESCO and UNAIDS, 2003*).

EXTRACT FROM THE REPUBLIC OF KENYA'S EDUCATION SECTOR POLICY ON HIV AND AIDS

The principles that guide this policy are in accordance with international conventions, national laws, policies, guidelines and regulations. In particular, the principles take into consideration gender issues, learners with special needs and recognize the universality of human rights.

These principles are:

Access to education: every person has the right to education. No learner will be denied access to education on the basis of his or her actual or perceived HIV status. In particular, access to education will be facilitated for orphans and vulnerable learners.

Access to information: every person has the right to relevant and factual HIV and AIDS information, and knowledge and skills that are appropriate to their age, gender, culture, language and context.

Equality: every person has the same rights, opportunities and responsibilities and will be protected from all forms of discrimination, including discrimination based on actual, known or perceived HIV status.

Privacy and confidentiality: every person has the right to privacy and confidentiality regarding their health, including information related to their HIV status.

No institution or workplace is permitted to require a learner or employee to undergo an HIV test.

No person may disclose information relating to the HIV status of another person without his or her consent. In the case of a minor the best interests of the child shall guide decisions concerning disclosure.

Every person has a moral responsibility to protect themselves and others from HIV infection.

Every person has the right to know their HIV status and openness and disclosure are encouraged within a safe, supportive and accepting environment.

Access to care, treatment and support: all infected and affected learners, educators and other personnel in the education sector have the right to access holistic care, treatment and support in line with available resources. The education sector will work in partnership with agencies offering support and care including institutions, communities and private and public health care systems.

Safety in workplace and learning institutions: all workplace and learning institutions have a responsibility to minimise the risk of HIV transmission by taking the appropriate first aid and universal infection control precautions.

Safe workplace and learning institutions: there will be zero tolerance for sexual harassment, abuse and exploitation.

Fair labour practices: every person, whether infected or affected, has the right to fair labour practices in terms of recruitment, appointment and continued enjoyment of employment, promotion, training and benefits. HIV testing as a requirement for any of the above is prohibited.

Gender responsiveness: HIV and AIDS affect and impact women and men differently due to their biological, socio-cultural and economic circumstances. Application of all aspects of this policy should be responsive to the different needs of men and women, boys and girls.

(Republic of Kenya, 2004)

TACKLING STIGMA AND DISCRIMINATION

The Zambian Ministry of Education's HIV and AIDS Guidelines for Educators encourage educators to tackle stigma and discrimination and specify that learners or educators who refuse to study or teach with, or be taught by, a person with HIV or AIDS should be counselled. If unresolved, the situation should be addressed by the school principal and, if necessary, the governing body, in line with the Ministry's National Policy on HIV and AIDS. The guidelines also state that the law does not allow learners to be forced to take an HIV test, that educators who have information about the status of a learner should keep this confidential, and that status can only be disclosed with the written permission of the learner (if aged over 14) or the parents. (Republic of Zambia, 2003)

The Jamaica National Plan of Action for Orphans and Vulnerable Children, which was developed with a wide range of stakeholders, includes actions to address issues such as stigma in the school system. (Child Development Agency, 2003).

In Thailand, the Centre for AIDS Rights is addressing the issue of exclusion of children from school because of the discriminatory attitudes of educators and other parents. The Centre's staff visit schools and communities to raise awareness and try to change attitudes, and provide legal advice in cases where children's rights are denied. Also in Thailand, the Vieng Ping Children's Home in Chiang Mai has highlighted the problems faced by affected children in school, including teasing and rejection by other students and pressure from other parents for them to be excluded, and has conducted awareness-raising activities in schools and the community. A UNICEF-supported project in Chiang Mai highlights the role of school principals and teachers in reducing fear about HIV & AIDS and stigma and discrimination (International HIV/AIDS Alliance, 2004).

The Change Project has developed a toolkit, Participatory Learning Against HIV Stigma, to help educators raise awareness and promote actions to challenge stigma and discrimination through participatory learning. Based on research in Ethiopia, Tanzania and Zambia, the toolkit contains more than 125 participatory exercises in 7 modules covering: naming the problem; more understanding less fear; sex, mortality, shame and blame; caring for PLHIV in the family; PLHIV coping with stigma; understanding stigma faced by children; and moving to action. (Kidd and Clay, 2003).



Promote supportive school environments and inclusion

All schools should create a supportive environment that puts the interests of the child first, treats all children equally and promotes inclusion, including of HIV-infected and affected children. Education ministries should provide schools, principals and teachers with training and tools to help them promote inclusive school policies and practices.

The index for inclusion developed by the Centre for Studies on Inclusive Education (see *Booth and Ainsow, 2002*) is a set of materials to support the development of inclusive schools, focusing on minimizing barriers to learning and participation. Key dimensions are: creating inclusive cultures, producing inclusive policies, and evolving inclusive practices. Key steps in the process are: establishing a coordinating group in a school, using index questions to establish a profile of the school involving children, parents and teachers, establishing priorities for change, implementing and evaluating changes. Originally developed for schools in the UK, the materials are now used worldwide. Save the Children UK, for example, has adapted and translated the materials into Arabic and is using the index in the Middle East and North Africa.

In South Africa, with UNESCO Windhoek support, the University of Stellenbosch is piloting an index for inclusion in Western Cape Province, to evaluate its usefulness and develop strategies to help schools to be truly inclusive.

Engage parents and communities in supporting access to education

HIV and AIDS programmes, non governmental organizations (NGOs) and schools need to educate parents and communities about a child's right to receive an education and to promote awareness of the value and importance of education. Engaging parents and communities through adult literacy programmes is one approach that has been used successfully.

Communities can play an important role in ensuring that affected children have access to education. In Namibia, for example, UNESCO Windhoek supported capacity building for community caregivers to help them ensure that orphans and vulnerable children have access to education. Such support is also extended to minority groups such as the San communities in one part of northern Namibia, to sensitize parents and communities to the importance of education, while at the same time using a cultural approach to HIV and AIDS education.

Community pre-schools can give children a head start, as well as enabling older siblings to attend school. In some countries, community members advocate for children without parents or whose parents are sick by, for example, negotiating with teachers and school

principals, helping to register and enrol children at school, and acting on behalf of children who are abused by teachers. Other communities have identified adult mentors in the community to take an interest in children's educational progress and offer support and guidance with schoolwork.

Promote children's awareness of their right to education

Educating children themselves about their rights, including their right to education, is important so that they can advocate on their own behalf.

UNESCO, together with UNAIDS, launched the Youth Initiative on HIV & AIDS and Human Rights in 1999. Activities so far have included publishing a toolkit HIV & AIDS and Human Rights: Young People in Action, training seminars and regional consultations, and establishing a small grants fund to support youth-led initiatives.

In Indonesia, as part of a programme called Integrating Human Rights Education into School Curricula, which is supported by UNESCO Jakarta, workshops have been held to train peer educators from junior and senior secondary schools in HIV & AIDS and human rights. The workshops cover methods to improve young people's participation in advocacy, and the design of action plans for tackling stigma and discrimination and campaigning on HIV & AIDS and on prevention of drug abuse. The programme has also created a network of HIV & AIDS and human rights advocates.

A similar project has also been implemented by UNESCO Windhoek in Lesotho, Namibia and Swaziland, where emphasis has been placed on training teachers to incorporate aspects of human rights and democracy education in the school curriculum, including the rights of people infected or affected by HIV and AIDS.

WHAT STRATEGIES HELP TO ENSURE THAT CHILDREN AFFECTED BY HIV AND AIDS HAVE ACCESS TO EDUCATION?

- Abolishing school fees and reducing hidden and opportunity costs of education.
- Training teachers to identify vulnerable children.
- Making the curriculum more relevant and ensuring the quality of education.
- Providing pre-school educational activities and pre- and after-school care.
- Focusing on all vulnerable children rather than just children orphaned by AIDS.
- Involving communities, children and young people as active participants.
- Expanding the role of schools to provide care and support, through links with community social services and networks.
- Developing policies and measures to reduce stigma and discrimination.

Source: UNAIDS and UNICEF, 2004.

2.2 Make education more accessible and relevant

Develop flexible approaches to education

Schools need to become more flexible to enable children who have to work or care for family members to continue their education. Children may drop out because school timetables do not fit with working hours or allow the time needed to help with planting and harvesting or economic activities such as weekly markets.

Education ministries and local education authorities need to provide policy frameworks and guidance on flexible schooling to promote inclusive education. Possible approaches include adjusting the school timetable and the school calendar to accommodate students' other responsibilities.

An Ethiopian study found that schools that began and ended the school day earlier than usual and scheduled breaks during harvest time achieved improvements in pupils' performance and retention. It concludes "the quality of a school and of teaching of the individual teacher is higher in schools that are able and willing to make more efficient use of the available time of teachers and pupils" (Verwimp, 1999).

Other approaches to making education more accessible include community schools, satellite schools and distance learning. Community schools, which are owned and managed by communities, charge minimal or no fees, require no uniforms and use informally

trained teachers. Satellite schools use teachers who travel to different communities to provide short periods of formal teaching, leaving children with assignments to be done under community supervision. Distance learning uses interactive radio, adapted materials and community supervision. Countries such as Malawi, Kenya, Zimbabwe and Côte d'Ivoire have used interactive radio and audiocassette instruction as a strategy for educating children who cannot attend school regularly.

While these alternatives to formal education can improve access, they need to be properly resourced and supported to ensure that learners receive a quality education. Strategies include setting minimum standards, ensuring that curricula and materials are consistent with those used by formal schools, providing training for untrained volunteer teachers, and creating links with formal educators for mentoring support.

Approaches used by Plan International to promote access to education include a 'small schools' programme for out of school children in Egypt, satellite schools in Burkina Faso, community school management committees in Ghana, school fee savings schemes in Cameroon, and a rapid education programme in camps for displaced populations in Sierra Leone.

Andhra Pradesh state in India operates a distance learning programme with over 100,000 participants including school dropouts, children from scheduled castes and children with disabilities. The programme provides equivalence with the formal primary school system.

The Escuela Nueva programme in Colombia delivers the national curriculum in a modular form through learner guides for each subject, enabling children to learn independently, in groups in class or at home when they cannot attend school.

MEETING THE EDUCATION NEEDS OF DISADVANTAGED CHILDREN AND YOUNG PEOPLE

In 1996, IIEP initiated research to assess the range of alternative strategies used to provide disadvantaged children and young people with access to appropriate education and training. The project found that formal systems are not well suited to tackle their needs and that, for example, strategies such as changing school calendars or hours have been difficult to implement in many countries. More innovative approaches are often found in non-formal programmes, some of which have tried to introduce flexibility in the organization of education, for example, mobile schools for nomad children, multi-grade teaching in low density population areas and evening schooling for working children. Strategies used include: accelerated programmes for working students; recruiting teachers from the community; providing short teacher training but strong in-classroom support; providing training and materials to support interactive teaching methods; organization of remedial classes; and new forms of certification.

Specific studies undertaken of four programmes in Asia – the Social Action Programme in Pakistan; the Community Schools Programme in Andhra Pradesh, India; the Prathan project, also in India; and the Out of school Children's Programme in Nepal – found that factors necessary to success include: innovative partnerships; strong support to teachers; decentralized, participatory management methods; and integration of education into wider action to tackle social exclusion. The research highlights concerns that many disadvantaged students in non-formal settings receive a lower quality, lower status education that is taught by less well qualified and trained educators, and the need to ensure that non-formal programmes are adequately resourced and supported (IIEP, 2003).



However, as the findings of an IIEP study showed (see box on previous page), there are few examples of alternative strategies to ensure disadvantaged groups have access to appropriate education and training that have been successfully implemented or have provided children with quality education.

Ensure the quality and relevance of education

The quality and relevance of education influences whether or not parents send their children to school. Children may drop out because of poor quality education, or because the curriculum is not relevant to their daily lives or future employment prospects. Quality teaching and learning, and a curriculum that is relevant to the situation of infected and affected students and their families, are critical. Education ministries, local authorities and schools need to understand the specific situation of children and to involve children, parents and communities in determining needs and appropriate responses.

Children who have lost parents may have also lost land and assets or the opportunity to learn livelihood skills that are passed from one generation to another. They may also need to earn an income to support themselves and their siblings. Integrating vocational training and livelihood skills within schools is one way to keep these children in school. Some schools together with community programmes have introduced practical

vocational training to help students learn skills that are relevant to their daily lives and that enable them to earn an income. However, it is important to ensure that this does not compromise the quality of education and teaching of other aspects of the curriculum.

Reduce and support the costs of education

School fees and other costs associated with education, such as school uniforms, books and materials, prevent many children from the poorest households, including orphans and other children affected by HIV and AIDS, from accessing education. In Uganda and Zambia, orphaned children said that having their school fees paid and educational materials provided would be the most effective help. Experience in Uganda has shown that abolishing school fees, as well as expanding the supply of teachers, can increase primary school enrolment. Reducing the cost of education can also improve retention, encouraging parents to keep their children in school.

Possible approaches include abolishing or waiving school fees, providing bursaries and scholarships through private sector or religious organizations, establishing community funds or donation schemes for school materials, encouraging income generating schemes (for example, making school uniforms), and reducing the cost of or changing school policies on school uniforms and other school materials.

The Zambian Ministry of Education, in collaboration with the Programme for the Advancement of Girls Education, is strengthening a bursary scheme for orphans and other vulnerable children, and has intensified support for community schools.

In Thailand, the NGO Northnet has established community funds to pay school fees. The funds support any child unable to go to school because of poverty - not just those affected by HIV and AIDS - to avoid stigma and discrimination. The Sangha Metta Project, also in Thailand, has encouraged Buddhist temples to support children's education. Temples provide scholarships, collect donations of textbooks, pens and notebooks, and provide school uniforms. In Cambodia, the Khmer Buddhist Association helps affected households to generate income and supports children's attendance at school, and the NGO Trickle Up provides seed funding for income generating activities for AIDS-affected families so that their children can remain in school (*International HIV/AIDS Alliance, 2004*).

A paper (Hepburn, 2001) reviewing interventions that can increase access to primary education for orphans and vulnerable children identified the following:

- Eliminate primary school enrolment fees and subsidize school-related expenses.
- Provide in-kind support to schools that admit orphans.
- Give equal priority to non-formal education, establish community schools or provide interactive radio education.
- Increase the relevance of the curriculum.
- Sensitize teachers to the psychosocial needs of orphans and vulnerable children.
- Supplement teacher shortages with trained community volunteers or itinerant teachers.
- Give special consideration to school safety for girls.
- Use peer outreach.
- Involve communities in developing initiatives.
- Increase management capacity.

2.3 Take active steps to identify and support vulnerable children

Sensitize school governing bodies, head teachers and communities

School governing bodies, head teachers and communities need to be aware of the rights of all children to education and to the importance of schooling for children affected by HIV and AIDS. Evidence from some countries indicates that school governing councils and head teachers have limited knowledge about HIV & AIDS and need education and guidance to help them identify and support affected children.

Promote links between schools, communities and service providers

Policies should encourage schools to keep accurate records of orphans, student absenteeism and drop out. It is important for schools to work with communities to identify needy children and to develop registers of orphans and vulnerable children. In some contexts, community networks have been established through training teachers and village committees to identify vulnerable children and support their attendance at school.

Head teachers and teachers need policy guidelines and support to develop referral systems and links with health and social service providers. For example, links with community home-based care programmes can enable children caring for sick relatives to go to school. Other measures to support vulnerable children's access to and retention at schools include provision of school meals, school-home liaison and visits, after-school homework clubs, and mentor schemes. In South Africa, for example, school governing bodies and teachers are working with communities to keep orphan registers, and to refer children to nutrition, counselling and social support services.

CREATING AND INSTITUTIONALIZING A SYSTEM OF OVC IDENTIFICATION

Agree on definitions and signs, for example:

- Children who have lost a parent/primary caregiver;
- Children with a sick parent/primary caregiver;
- Children dropping out of school (or in and out of school);
- School work deteriorating;
- Appearance that is changing/worsening;
- No school lunch;
- Teasing/targeting by peers;
- Psychological or behavioural problems.

Use school activities to collect information in a non-threatening manner:

- Set essay topics that provide learners with opportunities to discuss personal experiences.
- Establish a suggestion box at school where learners can post letters to educators about anything they want the school to know.

Establish ways of communicating with caregivers:

- Introduce "communication books" where caregivers and educators can communicate with each other about concerns regarding the child.

Keep and analyse records:

- Of absenteeism;
- Of whether learners are repeatedly late for school;
- Of learners who struggle to complete their homework.

Respond to warning signs:

- Hunger;
- Dirty, unkempt appearance;
- Falling asleep in class;
- Withdrawn.

Source: UNESCO Nairobi, 2005, p. 39

A survey of schools in Botswana, Malawi and Uganda found that limited targeted support was provided to orphans because of lack of an education ministry policy; perception that care and support for orphans is the concern of other agencies; increased demands on educators as primary school enrolment expands; lack of guidance on identifying orphans and vulnerable children; and the fact that the majority of children – not just orphans - live in poverty. However, teachers and principals recognized the importance of creating a more supportive school environment to help children without parents. They identified priority areas for school-based support for orphans and other needy children as: identification; referral and monitoring; school feeding; pastoral care and counselling; assistance with fees and other school-related expenses; involvement of guardians and carers; and care for children with HIV (*Bennell et al, 2002*).



Advocate for girls' education and take steps to keep girls in school

Policies and programmes should be required to encourage parents to educate their daughters and to ensure the retention of girls at school. It is essential to work with communities to allow girls to exercise their right to education.

Possible strategies include promoting female role models and recruiting more female teachers, since countries with the highest gender disparities in education are also those with the lowest number of female teachers. Female teachers may also help to reduce sexual harassment in schools, which deters girls' participation in education. In Botswana, for example, low rates of reported sexual harassment in primary schools are attributed in part to the fact that 79% of teachers in primary schools are female. Other strategies include providing flexible education; protecting the safety of girls at school and during travel to and from school; and offering bursaries for girls or financial incentives for families to keep girls in school or to replace income loss.

In Cambodia, CARE provides support to affected families to enable children to attend school with, for example, regular visits by home care teams to adults who are sick can help children to resume school. In Thailand, the Kueadarun Foundation provides scholarships and clothes, visits children in difficult circumstances and holds camps for children; and the Dr Sem Foundation provides scholarships and organizes life skills camps (*International HIV/AIDS Alliance, 2004*).

In southern Sudan, community sensitization by the NGO CARE about the importance of girls' education increased enrolment of girls by 96%. In Bangladesh, the NGO BRAC runs a Non-Formal Primary Education Programme, which ensures that 70% of pupils are girls. Classrooms are close to home, timetables are agreed with parents, teachers undergo intensive training with annual refresher courses, the curriculum emphasises active learning methodologies, and community members and parents are closely involved in school management (*UNESCO, 2003*).

Improving school infrastructure, especially providing adequate sanitation facilities, is also critical to girls' attendance and retention. Many girls do not attend school during menstruation or drop out of school during puberty because of the lack of clean and private sanitation facilities in schools. The UNESCO FRESH tools provide useful ideas about improving school water and sanitation (see www.unesco.org/education/fresh).

Provide back to school support

Children who miss school or drop out fall behind and need help and encouragement to motivate them to go back to school. Possible approaches include providing catch up and remedial classes, encouraging peer support among students, mobilizing retired teachers to give children extra assistance, and 'bridge schools', organized as residential camps or in the community.

Adolescent girls who become pregnant are often forced to leave school. Missing out on education reduces their future employment opportunities and increases their vulnerability to HIV infection. Specific

WHAT ACTIONS CAN HELP GIRLS TO ACCESS AND STAY IN SCHOOL?

- Get girls into school and take steps to create an environment that keeps them at school – abolish fees, including for secondary schooling; use incentives such as bursaries and food; and reduce discrimination at school.
- Provide life skills based education as part of overall quality education – include gender issues and HIV prevention, foster equal partnerships and equity in family care giving between girls and boys, and avoid reinforcing gender stereotypes.
- Protect girls from violence, exploitation and discrimination in and around schools – introduce security measures and codes of behaviour to reduce harassment, gender violence and exploitation both at school and during travel to and from school.

Source: *Global Coalition on Women and AIDS, 2004*.

School support for orphans and other children affected by HIV and AIDS can make a significant difference. In Botswana, which has a comprehensive programme of material support for disadvantaged orphans, absenteeism rates are low. Botswana has been able to minimise educational impact through a grants system, provision of school meals and links with home-based care, as well as a culture that places high importance on schooling and relies less on child labour for subsistence farming than other countries. In contrast, absenteeism rates are higher in countries such as Malawi and Uganda where schools offer little targeted support for affected children. This is attributed to lack of MoE policy and leadership, attitudes of school managers and teachers, limited resources, absence of systems to identify and assess the needs of children in difficult circumstances, and stigma and discrimination (*Bennell et al, 2002; Abt Associates South Africa Inc, 2001*).

strategies are needed to help pregnant girls to remain in school as long as possible and to return to school after giving birth.

UNESCO (2003) reports that the MV Foundation in Andhra Pradesh, India, organizes camps for child workers and bonded children to help them to catch up with their peers in formal schools.

Jamaica AIDS Support, a network of people with HIV, provides back to school support, psychosocial and material support and referrals for affected children. Also in Jamaica, the Women's Centre of Jamaica Foundation runs a programme providing counselling, education and services for pregnant adolescent girls. An evaluation found that 55% of girls who had participated in the programme returned to school after their pregnancies compared with 15% of non-participants (YouthNet, 2004).

The *African Charter on the Rights and Welfare of the Child* recognizes the rights of pregnant girls to an education. In response, countries such as Botswana, Kenya, Malawi and Zambia now permit re-entry of girls into formal education after pregnancy.

2.4 Ensure that out-of-school young people have access to education

Take account of the situation of different groups of young people

Different approaches are needed to meet the needs of different groups of young people who are out of school, including those who have never attended school, those who have dropped out of school, and those who have participated in non-formal education programmes.

Different strategies are also required to reach out of school youth in different circumstances. For example, those living with their families, married youth, youth in rural areas and girls who have dropped out because of pregnancy may be easier to reach. With these groups it is important to involve families and communities. In Bangladesh, for example, the life skills curriculum for out of school youth aged 13-19 years also addresses parents and community leaders (YouthNet, 2004). Orphans, street children, the children of sex workers and migrants, children working in the sex trade and children affected by or involved in armed conflict are often more difficult to reach. UNICEF has developed the 'School in a Box', to address the needs of learners in post-conflict situations. The Box contains materials and supplies for a teacher and up to 80 pupils and can support a 'classroom' in any setting.



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WHAT ARE THE MOST EFFECTIVE STRATEGIES FOR REACHING OUT OF SCHOOL YOUNG PEOPLE?

- Provide integrated education, health and social services.
- Offer flexible schedules that fit around working hours and make best use of limited time.
- Provide education where young people live and work, for example in the streets, in factories and in other workplaces.
- Meet the needs of a range of age groups, educational and skill levels.
- Address issues that youth consider important and involve youth in design of content and methods.
- Establish a youth-friendly atmosphere and recruit non-judgemental approachable staff.
- Mainstream HIV and AIDS in all youth-related activities (eg sports).
- Use arts and creativity to work with young people (eg Hip Hop, theatre, dance).
- Use role models such as musicians and sporting figures in work with young people.
- Use flexible approaches and link education to livelihoods.



Use flexible approaches and link education to livelihood

Flexible approaches are necessary to provide education to young people who are out of school, including open and distance learning and links to livelihood and poverty reduction strategies.

Provide out of school young people with literacy and numeracy skills

While developing skills for future employment is critical, vocational training should be complemented by basic cognitive education so that young people have the opportunity to learn literacy and numeracy skills and to re-enter the formal education system. It is important to develop links between formal and non-formal education systems so that students can move in and out of school as their circumstances change.



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INNOVATIVE OUT OF SCHOOL EDUCATION

In Zambia, an interactive radio education programme was started in 2000 to provide access to education for children unable to attend school. The programme, produced by the Ministry of Education Broadcasting Services Department, offers daily broadcasts that integrate life skills and HIV prevention into lessons on literacy, mathematics and other subjects for Grades 1 to 5. Lessons are broadcast in 30-minute sessions between 9.30am and 4.30pm from Monday to Friday, and drama, songs and participatory activities are used to introduce the lessons. To register, communities must identify a mentor who is literate and understands English, and a meeting place

for children, as well as radios, pencils, chalkboards, texts and exercise books. Mentors are trained so that they can guide lessons delivered via the radio to children in homes, churches and makeshift classrooms. USAID, YouthNet and the Education Development Center provide financial and technical support. Churches and communities have provided space for classrooms, books and supplies. Formal schools are encouraged to share resources and infrastructure with the learning centres. Current mentors actively recruit and train other mentors. The MoE assesses students to make sure they are doing as well as those in conventional schools. The programme is operating in 450 sites, covering 180,000 children. Most of the children enrolled are orphans, and almost 50% of them are girls. Attendance registers show that children are regularly attending the centres, and pre- and post-tests indicate that children are learning skills via these radio lessons. Key success factors include: the use of a range of interactive teaching methods; the combination of academic and life skills; and the capacity to reach adults as well as children. Key challenges include: motivation and retention of mentors; sustaining the cost of training and broadcasting; and expanding the programme to include higher grades to enable students to sit for national exams for secondary school (*YouthNet, 2004*).

The Sistema de Aprendizaje Tutorial (SAT) is an innovative approach used in Colombia, Costa Rica, Ecuador, Guatemala and Honduras to reach rural youth who live far from schools or whose agricultural and domestic responsibilities prevent them from attending school. SAT provides a mix of formal curriculum content and practical agriculture, micro-enterprise and health skills, including HIV education. Students meet for at least 15 hours classroom work a week and graduate with the equivalent of a high school diploma. The programme has also been shown to improve knowledge of HIV prevention, confidence and communication skills (*YouthNet, 2004*).

UNESCO and UNAIDS are supporting NGOs to improve marginalised youth's HIV and AIDS Knowledge through an integrated approach involving prevention, basic education, entrepreneurial skills, training and micro-credit in South Africa, Brazil, Mexico, Colombia and Costa Rica. Activities in South Africa focus on improving rural livelihoods, integrating basic education, farming and business skills training and HIV/AIDS-related life skills. Activities in the Latin American countries focus on building the capacity of NGOs in HIV prevention and harm reduction through non-formal education and self-employment strategies.

OIC International in Ethiopia runs youth centres for students who have dropped out of school. The centres provide basic education, skills training including life and business skills and computer tutorials, and HIV & AIDS and reproductive health information and counselling. This integrated approach has improved young people's confidence, self-esteem and HIV awareness, and some trainees have secured employment or started their own businesses (*USAID-PVO Steering Committee, 2003*).

In Cambodia, the NGO Friends works with street children. The NGO runs a training centre, which provides vocational training in 11 different trades and also offers basic literacy and remedial classes to enable children to reintegrate into the school system or to run their own businesses, as well as operating a mobile library for children living on the streets (*International HIV/AIDS Alliance, 2004*).

3 LEARNER PROTECTION

Schools should be places where children are protected from physical and sexual violence and from the risk of HIV. Unfortunately, schools are not always safe havens for learning and it is not uncommon for students to experience bullying, verbal abuse, intimidation and physical harm, sexual harassment, abuse and rape. WHO (2002) states that ‘for many young women the most common place where sexual coercion and harassment are experienced is in school’.

Violence or the threat of violence at or on the way to and from school is one of the most significant challenges to learning, although there has been limited analysis of links between violence and health and educational outcomes. While girls are most affected, and violence appears to be an important factor in underachievement and drop out rates among girls, there is little information about the impact of violence on boys

in schools. Violence, especially gender-based violence, also needs to be addressed because of the related risk of HIV infection, other sexually transmitted infections (STIs), and pregnancy.

However, much gender-based violence in schools is unreported because of fears of victimisation and, when it is reported, the perpetrators are rarely prosecuted. Laws, policies and programmes are needed to ensure the physical and sexual safety of students while they are at school and while they are travelling to and from school.



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In a Kenyan study, 24% of students and 17% of parents said that teachers did not set a good example when it comes to sexual behaviour (Shaeffer, 1994). The Kenyan teachers’ union, KNUT, has expressed concerns that unacceptable behaviour by some teachers will affect the reputation of the profession as a whole (*Educational International, 2005b*).

In a study of primary school pupils in Uganda, 11% of girls said they had been forced to have sex with a teacher (Shaeffer, 1994). Anecdotal reports from Rakai district in Uganda indicated that parents withdrew their daughters from school because of concerns about sexual abuse by teachers (*ActionAid International, 2004*).

A study in Free State and Limpopo provinces in South Africa reported that 21% of teachers and learners and 35% of head teachers believed that sexual relationships between teacher and learners were frequent or very frequent (*Schierhout et al, 2004*).

In a study in Zimbabwe, of 73 girls aged 13-17 years interviewed in four schools, 14 reported being propositioned by a teacher for sex and almost half had experienced unsolicited physical contact with boys in school. Some younger girls reported being too frightened to leave their classroom at lunchtime (*Leach et al, 2000*).

In South Africa, the 1998 DHS assessed the frequency of rape and found that 1.6% of 11,000 women had been raped before the age of 15 years and of these 33% named their teacher as the rapist (Jewkes et al, 2002). A Human Rights Watch study found that girls who had experienced sexual violence reported being unable to concentrate, not being interested in school and leaving school altogether (*Human Rights Watch, 2001*).

A 2001 Botswana survey of 560 secondary students found that 67% of girls reported sexual harassment from teachers. It also suggested that sexual abuse in schools may contribute to drop out; 11% of girls said they wanted to quit school because a teacher had asked for sexual favours. At the time, the national code of conduct for teachers did not address sexual harassment and, in cases where teachers were reported, the accused was usually given a warning or transferred to another school (*Rossetti, 2001*).

A study of violence in and around schools in 12 countries in Africa and Asia indicates that much violence against girls is unreported and that the scale of the problem is under-estimated. The study found perceptions among boys, male teachers and some parents that this is acceptable and normal behaviour, and among girls that they will not be believed if they report sexual violence. Girls were particularly vulnerable in certain areas of schools, such as toilets, empty classrooms and hallways, dormitories and school grounds, as well as on their way to and from school either because of travelling on crowded public transport or because of walking long distances (*Action Aid International, 2004*).



Specific strategies and actions include:

3.1 Sensitize and train educational authorities, teachers and communities

Improve data collection, monitoring and documentation of violence

Schools need to have in place systems for recording and reporting incidents of violence and sexual harassment in schools.

UNESCO is leading a campaign against violence in schools through the Associated Schools Project Network (ASPnet). The campaign includes studies on young people and violence, promotion of conflict mediation, and identifying alternative forms of discipline to corporal punishment.

Include gender and violence issues in pre-service and in-service training for teachers

Teachers need training to help them to recognize learners who are at risk and to deal with violence in school.

To address the high incidence of gender-based violence in South Africa, the Gender-Based Violence Project in Cape Town is training primary school teachers to help them deal with this issue. In 2000, two training models, a whole school approach and a train the trainer approach were piloted in five schools and participating primary school teachers attended a master training programme and were provided with materials to use in the classroom. Training focused on identifying and challenging teachers' knowledge and attitudes about gender and gender-based violence, reflecting on the messages they convey to students, and identifying strategies to address gender-based violence in their schools. In 2002, the Project decided that pre-service training would have a greater impact, focusing on student teachers majoring in psychology and being trained to be guidance teachers and life orientation educators. The original training was adapted in order to provide student teachers with the knowledge, skills, values and attitudes required to address gender issues and to design, implement and evaluate gender sensitive activities in the school and the classroom. Themes covered included sexual harassment and rape, child sexual abuse, teachers as healers, gender-violence-free schools, and practical classroom skills. Evaluation of the impact on teachers' knowledge and attitudes regarding gender-violence and their confidence in addressing the issue in the classroom found that both approaches changed teachers'

attitudes and their perceptions about the role of schools in tackling gender violence, but the whole school approach was more effective in obtaining commitment from school management and the school as a whole. Also in South Africa, "*Opening our eyes: Addressing gender-based violence in South African schools*", is a set of materials developed for use in interactive workshops with school governing boards, school management and teachers to raise awareness of gender-based violence and its link with HIV and AIDS (Wellesley Centers, 2004).

Work with school governing bodies, parent teacher associations, communities, head teachers and staff to agree upon school and community norms around protection of pupils

3.2 Introduce laws, policies and programmes to tackle violence

Introduce and enforce legislation and policies that prohibit sexual and physical abuse of students by staff

Laws and policies are needed to prohibit and punish serious educator misconduct, and steps must be taken to ensure they are enforced. Even in countries that have explicit regulations banning sexual relations between educators and learners, these are not always enforced.

In South Africa, new laws have been introduced to protect school students from sexual harassment and abuse by teachers, which require dismissal of teachers found guilty of serious misconduct. Department of Education (2000) guidelines state that educators must not have sexual relations with students, even if the learner consents, as this is against the law; that strict disciplinary action will be taken against any educator who has sex with a learner; that educators who have sex with learners without consent will be charged with rape; and that educators who are aware of a colleague having sexual relations with a learner must report this to the principal and, if the learner is aged under 16 years, to the police.

Codes of conduct for staff are critical to protect children, as well as to increase community confidence and demand for schooling. Unions can play an important role, working with governments to establish educator codes of conduct and ensure that these are adopted. Education ministries and teacher unions should establish disciplinary procedures that result in the dismissal and prosecution of teachers and other staff who abuse students, and assist schools to introduce and enforce these procedures.

Introduce school programmes to prevent and address violence

Education ministries and authorities should encourage existing school HIV and AIDS programmes and initiatives to address violence and gender issues, as well as introducing programmes specifically to address gender violence.

Learners need to be sensitized to issues related to violence and sexual harassment. These issues can be introduced into the curriculum, as a stand-alone topic or as part of life skills, family health education, HIV and AIDS curricula, and addressed through extra-curricular activities. Learners also need gender-sensitive learning materials and environments to maximize the benefits

of curricula that address gender-based violence. Young people themselves can also take the lead in tackling violence and sexual harassment in schools.



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MAKING ROOM IN BRAZIL

UNESCO Brasilia and the Brazilian government have collaborated on the “*Making Room: Education and Culture of Peace*” project. The project works with youth, communities and schools to reduce violence in schools, in order to improve the quality of education and address social exclusion. The project uses school premises at weekends to offer cultural activities, sports, and vocational and occupational workshops for youth and their parents. Piloted in 108 schools in Rio de Janeiro and 30 schools in Pernambuco, there are now 6,000 schools open on the weekend, reaching more than 5 million people. Evaluations have identified the following outcomes:

- Improved relationships between schools and communities – there was increased ownership of schools and participation in education among young people and adults who had been alienated from formal education; adults who are barely literate are valued as learners and teachers; compensatory education is provided for children with learning difficulties; parents, especially fathers, are becoming more involved in school activities.
- Diminished violence – the police reported decreased violence in and towards schools; school principals, teachers and students reported declines in bullying, gangs, robbery, sexual aggression, drug trafficking and use of alcohol in schools; young people have a safe place to go at the weekend where there is adult companionship and supervision and anti-social behaviours are not accepted.
- Improved quality of education – learning conditions in the classroom improved as a result of better relations between students and between students and teachers, and absenteeism declined.

Factors critical to the success of the project included: sound research to assess the situation of young people in urban areas, which identified a lack of opportunities to access culture and sports but aspirations among youth to participate in productive activities and stay away from crime and violence; strong commitment to the themes of health, sport and culture; working with local government, school principals and teachers, youth and community representatives to form local teams to plan activities; giving communities a major say in project content and organization at school level; partnership with NGOs already working with youth and popular football clubs; strong government financial, administrative and monitoring support, with district officials providing support for supervision, networking and sharing of resources between schools (UNESCO, 2002).

In Bolivia, UNICEF has conducted workshops dealing with violence and gender discrimination in 100 schools with the Ministry of Gender and Generational Affairs. UNICEF is also collaborating with the Ministry of Education in Sri Lanka to facilitate seminars for school children to promote the concept of gender equality, emphasising that gender violence is a violation of human rights.

Various initiatives have been implemented in South Africa to tackle violence and sexual harassment. The Centre for the Study of Violence and Reconciliation works in schools to combat violence and abuse, providing advice, educational materials – including manuals on trauma management and building safety – and skills training workshops for educators and learners (UNESCO, 2003). The Storyteller Group uses comic stories to explore gender-based violence. The Group publishes stories created by two production teams, one male and one female, and creates interactive stories for readers and listeners to community radio that address gender inequities in sexual relationships and question social acceptance of sexual violence against women. The Sexual Harassment Resisters Everywhere (SHREWS) seeks to help students recognize sexual harassment and understand what they can do to stop it. Students participate in school drama festivals, which illustrate the detrimental effects of violence, and encourage other young people to be part of the solution (Wellesley Centers, 2004).



3.3 Take practical steps to protect learners

Set up confidential complaint systems

Schools should establish confidential and independent complaints systems for students to report harassment, bullying and sexual exploitation. One approach is to appoint community protection officers or counselors in schools, who are separate from the teaching structure and who have links to the criminal justice system.

Establish mechanisms to empower and protect girls

Head teachers should consult with parent teacher associations and school governing bodies to identify ways to protect girls. Possible approaches include providing separate toilet facilities for girls, and introducing monitoring of areas where girls may be more vulnerable to violence and abuse.

3.4 Introduce health and safety procedures to prevent HIV transmission

Educational establishments should implement health and safety procedures, and train staff in universal precautions and first aid, to protect pupils and staff from infection with HIV or any other blood-borne virus. Teachers need to be aware that HIV is not easily transmitted, and that normal school activities and teaching duties do not include any activity that carries a risk of HIV transmission.

Since the main risk of cross-infection is through contact with blood and body fluids, schools should adopt universal precautions as standard practice. These include: hand washing before and after giving first aid and after cleaning spillages, covering wounds or skin lesions with waterproof dressings, and wearing disposable gloves if available to clean up spills of blood or body fluids.



In Nigeria, the Girls' Power Initiative aims to empower girls. Activities include promoting comprehensive sexuality education, which includes the issue of sexual violence, through advocacy and training of teachers and teaching girls economic skills such as financial planning (Wellesley Centers, 2004).

The Tanzanian female guardian programme in primary schools is an initiative involving parents and communities, which aims to reduce the sexual exploitation of schoolgirls. Each primary school has one trained guardian, who is a teacher chosen by colleagues; around 180 have been trained to give advice to girls on issues related to sexual harassment and sexual and reproductive health. Evaluation found that the programme had significantly increased the rate at which girls seek advice or help. In schools with a guardian, 52% of girls said they would consult them about harassment from boys and teachers; in schools without a guardian, not a single girl said she would report harassment (Wellesley Centers, 2004).

The National Policy for HIV and AIDS Management in Schools in Jamaica (*Ministry of Education, Youth and Culture, 2001*) includes clear guidelines for implementing universal precautions in schools, including recommended contents of school first aid kits. Likewise, *Zambian MoE guidelines (Republic of Zambia, 2003)* for educators provide guidance on preventing HIV infection in schools, including universal precautions, managing injuries and accidents, and the contents of first aid kits.

4 LEARNER KNOWLEDGE, ATTITUDES AND SKILLS

Children and young people need to be able to protect themselves against HIV infection and to cope with the impact of HIV and AIDS. Schools are important settings for education about HIV prevention, treatment, care and support. They can provide children with the knowledge, attitudes and skills required to make healthy choices about when and how they have sex, and to develop respect for themselves and others.

Educators and school curricula play a key role in equipping children and young people with accurate information, in influencing their ideas about sex, gender and relationships, and in giving them the opportunity to learn and practise life skills.

Young people who are out of school also need accurate information about HIV & AIDS and available services and the skills to protect themselves, and innovative strategies are required to reach and engage this group.

There is evidence that effective HIV and AIDS education programmes can improve knowledge and change attitudes. It is more difficult to assess the extent to which school-based HIV & AIDS and life skills programmes change young people's sexual behaviour, although there is some evidence that such programmes contribute to delayed sexual debut, reduced sexual partners and increased condom use.

A review of 53 studies that evaluated specific interventions in industrialised countries found that 27 showed that HIV & AIDS and sexual health education neither increased nor decreased sexual activity, and 22 reported that education either delayed onset of sexual activity, reduced the number of sexual partners or reduced unplanned pregnancy and sexually transmitted disease (STD) rates. Only three studies found increases in sexual behaviour associated with sexual health education. The review also concluded that responsible and safe behaviour can be learned; that sex education is more effective if it occurs before puberty; that effective programmes encourage openness in communicating about sex; that programmes need to be sensitive to the different requirements of boys and girls and of the social context in which sexual behaviour takes place; and that effective programmes equip young people with skills to deal with conflicting messages from adults and the media (*UNAIDS, 1997*).

A more recent review of 21 evaluated school education programmes, of which 13 were HIV and AIDS programmes and eight were general reproductive health programmes, found that the majority had improved knowledge and attitudes. The seven programmes that had evaluated changes in behaviour found improvements in terms of delayed sexual debut, reduced partners and increased condom use. The review concluded that there are not enough rigorous evaluations to draw conclusions about which approaches are most effective (*YouthNet, 2004*).

Specific strategies and actions include:

4.1 Advocate for school HIV & AIDS education

Secure the support of administrators, school governing bodies and principals

Even if national ministries of education have clear policies and have developed training, curricula and learning materials, implementation of HIV and AIDS education in schools depends on the support of district education authorities and school governing bodies. Advocacy also needs to target school principals, who are often influential in the community and can be role models for HIV prevention and stigma and discrimination reduction. Recognizing this, the Zimbabwe Teachers' Association (ZIMTA) is running a project to engage school principals in HIV prevention programmes.

School principals also play an important role in defining parts of the school curriculum and can ensure that HIV education is sensitive to local community concerns. They need information to help them counter parental fears and resistance to education or to allowing children with HIV to attend school. Where the curriculum is overloaded, school principals can be instrumental in setting up youth clubs and other extra-curricular activities such as non-formal, peer based education on HIV and AIDS.

UNESCO Santiago is supporting a project called the Regional Network for School Director Leadership for HIV and AIDS Prevention Education. In Mendoza, Argentina, for example, directors and teachers from 20 special schools – whose students are particularly vulnerable, economically marginalized or have disabilities and behavioural problems – have been sensitized and trained to plan and implement HIV prevention activities. The project has increased awareness of the HIV situation, identified the need for information about HIV prevention and special education, and helped to address challenges to addressing sexuality in the school curriculum, including resistance from families and the diversity of needs and problems of children in special schools. In Colina, Chile, workshops have been held with municipal school principals and teachers to train them to design, implement and evaluate HIV prevention education curricula. In Hidalgo, Mexico, a workshop was organized for 25 directors of technical and vocational training schools from around the country, to build their knowledge of HIV & AIDS and enable them to design and implement activities in their schools. UNESCO Santiago is providing follow-up support to assist school principals to put into practice the curricula they have developed and encouraging them to network with each other through a regional website www.eduprevas.org (*in Spanish*) Participants from workshops held to date will meet in Santiago in December 2005 to share their experience.



The UNESCO Bangkok Office is also initiating projects that empower school directors to become involved in and responsible for school-based education and policies on HIV and AIDS. Using a paper entitled *The Untapped Potential of School Directors in Strengthening School-based Responses to HIV/AIDS*, UNESCO aims to engage principals and plans to develop materials to equip them with the knowledge and skills to be effective advocates in their schools and communities.

Sensitize and involve parents and communities

It is equally important to secure the support of communities for HIV education in schools. Objections from parents, community and religious leaders, or the perception that they will object, can stop teachers from educating pupils about HIV and AIDS.

Schools need to ensure that parents are aware of the objectives, content and approach of HIV education. A pilot project in Tanzania involved representatives from the local community in committees responsible for the School Youth HIV and AIDS programme (Rugalema and Khanye, 2002). Their active involvement strengthened the programme and parent support for teachers responsible for guidance and counselling. In the Dominican Republic, school health committees have been established to address HIV and AIDS, teenage pregnancy and other sexual and reproductive health issues. The committees include school administrators, teachers, doctors, parents, students and other community members.

Research in Tamil Nadu State in India and Nyanza Province in Kenya found that, in contrast to the beliefs of teachers, there was support from parents and communities for young people to be taught about HIV and AIDS, and that the minority of parents who were strongly opposed had overly influenced teachers' perceptions. Parents also viewed schools and teachers as playing an important role in educating children about HIV and AIDS, often because parents felt unable to do this themselves, and in countering unhelpful messages in the media (ActionAid, 2003).

It may sometimes be necessary to educate adults in the community about HIV and AIDS issues so that they understand why HIV education in schools is impor-

tant, and to address community norms and attitudes that undermine school HIV and AIDS programmes. A UNFPA-supported reproductive health education project in Ecuador developed an innovative 'school for parents' approach to educate parents. In India, the NGO CHETNA, which conducts an AIDS education programme in 70 urban and rural schools, started by running advocacy workshops to orient school principals and parents and to obtain their permission and support for the programme.

It is also critical to involve religious leaders and faith based organizations (FBOs), which may be less opposed to teaching about HIV and AIDS than many teachers suppose. Engaging these groups will help to ensure consistency between messages given by schools and by religious institutions.

Using schools as community learning and resource centres can help to secure the support of parents. In Cameroon, support for school health clubs has included training for club leaders, parents associations and school nurses. In some countries, schools used as adult literacy and non-formal education centres have integrated HIV and AIDS prevention and treatment education into adult education. Use of school events to promote awareness can also help to sensitize parents and community leaders, as can school health clubs that involve parents.

Parent teacher associations (PTA) can play an important role. Some schools have systematically introduced HIV and AIDS related topics in PTA meetings to engage parents in the HIV education of their children. In Malawi, head teachers have been trained to encourage them to organize PTA meetings about young people and HIV & AIDS.

Involving parents and community members in the design of curricula and educational materials and using methods that are culturally appropriate can improve acceptability of HIV education programmes. For example, a youth centre in Lao PDR promotes itself as a venue for traditional art and recreation activities as well as providing counselling and information about HIV & AIDS and sexual and reproductive health. This helps to make it more acceptable to parents. It is also important to make sure to use, and make parents aware of the existence of, age-appropriate curricula for younger students, which build basic skills such as self-esteem, problem-solving and negotiation and open up discussion about family roles and stigma, rather than explicitly dealing with sexuality.

4.2 Introduce appropriate curricula delivered by trained educators and supported by relevant learning materials

Develop school-based programmes on the basis of good formative research

Experience in many countries shows that good formative research is important, both to inform the design of appropriate school-based programmes and to provide baseline data. An understanding of when and why young people choose to have sex or choose not to have sex is essential to the design and implementation of relevant curricula.

Quantitative studies on knowledge, attitudes and practice should be complemented by the use of qualitative techniques, such as focus groups, case studies

and problem trees, to ensure that curricula respond to the needs of students and to establish clear objectives and indicators.

Involve key stakeholders and educational experts in curriculum development

In many countries HIV & AIDS and sex education curriculum development has faced legal, cultural and religious barriers and opposition from parents, teachers and government officials, resulting in a lack of agreement about subjects, instruction methods and age groups to be taught (the latter despite general agreement that education before children start to have sex is most effective). It is essential to remove policy barriers to communicating consistent and explicit messages and to ensure that these stakeholders are consulted and involved in the process of developing curriculum policies and content.

LIFE SKILLS EDUCATION ON HIV AND AIDS

In Senegal, a new family life education (FLE) curriculum was introduced into secondary schools and colleges in order to improve teaching about sexual and reproductive health and encourage responsible behaviour among youth. Supporting activities included establishing FLE clubs in schools, which also conduct outreach activities in the community, providing teachers and peer educators with training, developing materials for learners, and providing schools with audiovisual and computer equipment. Lessons learned included the need to: address initial opposition from some parents, head teachers and teachers; plan school timetables to include FLE lessons and cross-curricula approaches; incorporate FLE into the teacher training curriculum; provide refresher training; and take a centralised approach to training and validation of educational materials (*World Bank and Partnership for Child Development, 2003*).

The School-based HIV and AIDS Prevention Project in Sichuan Province, China, aims to enhance the capacity of the education system to promote HIV prevention and AIDS-related care and support among local school communities. The Project trains teachers using a cascade model, monitors teachers carefully, and gives awards for excellence to schools and individual teachers. Consultation with and involvement of the Ministry of Education, Ministry of Health, National Health Education Institute and head teachers were critical to acceptance of the Project, as were efforts to gain the support of local government and the local media. HIV and AIDS issues are integrated into the curriculum; training focuses on life skills and interactive teaching methods; and activities in schools include drawing and writing competitions, plays and developing written materials. A pilot evaluation indicated as a result of the Project that students had better knowledge, more positive attitudes towards people with HIV, and communicated better with their parents (*Warwick and Aggleton, 2002*).

The UNESCO Islamabad Office in Pakistan aims to strengthen local values, norms and practices that help prevent the transmission of HIV and clarify misperceptions or practices that contribute to the spread of HIV, focusing on mainstreaming HIV and AIDS education into formal and non-formal education. It has undertaken a number of activities, including contributing to the UNESCO/UNAIDS project *A Cultural Approach to HIV/AIDS Prevention*. In the formal education sector activities included orienting policy makers, curriculum developers and teacher educators about HIV and AIDS, and sensitizing educationalists about the need to integrate culturally acceptable approaches into curricula. UNESCO Islamabad supported the Ministry of Education to develop, publish and disseminate an advocacy booklet on HIV and AIDS prevention education for policy makers and education planners; to adapt, translate, publish and disseminate the Manual for Training of Teacher Trainers in HIV and AIDS Prevention Education; and develop a teacher guidebook on health education of adolescent students. The National AIDS Control Programme, Curriculum Wing of the Ministry of Education, Provincial Institutes of Teacher Education and educationalists were involved in developing and reviewing these materials, which have been disseminated in university education departments, teacher training institutes, provincial curriculum bureaus and schools. While it is too early to judge outcomes, the process of developing these materials has broken the silence among educationalists about HIV and AIDS, increased awareness, and contributed to a supportive environment for integration of HIV prevention education into the school curriculum.

There are approximately 10,000 adult literacy centres and 8,000 non-formal basic education schools in Pakistan. Lack of materials to sensitize learners about HIV and AIDS was identified as a gap, and UNESCO Islamabad in partnership with government and non-government organizations took the lead in developing relevant materials. These include a Guidebook for Non-formal education Teachers on HIV and AIDS Prevention Education, story books for adult learners based on real life cases of people with HIV, and advocacy posters with information about HIV and AIDS.

UNESCO has also supported the development of capacity building workshops and practical tools for developing culturally appropriate interventions and IEC materials on HIV and AIDS, and specific activities such as the development of a module on culture and HIV & AIDS for teacher training in Lesotho.



Curricula should be developed by experts who are competent in curriculum planning, didactic and participatory teaching techniques, and who have a good understanding of communicating about sexuality.

Deliver HIV and AIDS education in specific timetabled lessons as well as integrated into related curriculum subjects

There has been much debate about the best way to deliver HIV and AIDS education. Many countries have taken an 'integration and infusion' approach, where HIV-related topics are incorporated into the teaching of other subjects. However, experience indicates that this approach is not very effective, especially in exam oriented education systems, where teachers tend to focus on the scientific knowledge aspects of HIV and AIDS rather than the attitudes and skills aspects, which are less easy to examine. Various reviews recommend specific timetabled lessons on HIV & AIDS and integration of the subject specifically into personal development, health and life skills teaching.

“If AIDS is not an examinable subject then teachers may give it a very low cover or no teaching at all.” Community leader, Kisumu, Kenya.

Provide appropriate training and support for educators

In many settings, educators lack the competence and commitment to teach about HIV and AIDS in already crowded and exam-driven curricula. Most receive little or no training on the subject, which is unacceptable.

Training is essential because:

- Before educators can expect to help other adults and students prevent HIV infection, they will need to examine their own vulnerability to infection, their own knowledge of the disease and its spread, and their own attitudes towards helping others, especially learners, avoid infection.
- Before educators can expect to implement effective HIV prevention efforts in schools, they will need to justify their intent and convince administrators, teachers, parents and members of their community that HIV prevention through schools is appropriate and essential to the welfare of their children, their families and their nations.
- Before educators can expect to help learners acquire the skills needed to prevent HIV infection, they themselves will need to acquire skills to use participatory learning activities to enable their learners to acquire prevention skills.

In addition, careful selection of educators to be trained, training that addresses attitudes and values, teaching methodologies and skills as well as curriculum content, and setting consistent, quality standards for learning materials, are all critical. Note: Educator training and support is discussed in more detail in the complementary booklet (3), Educator Development, Conduct and Support.

Monitor and evaluate HIV & AIDS education in schools and in non-formal education

Knowledge of how HIV education is being implemented in schools is limited and often anecdotal, and education ministries need to take active steps to assure quality and assess impact of teaching.



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NON-FORMAL EDUCATION ACTIVITIES

In 2003 in Uzbekistan, UNESCO Tashkent initiated a project to support formal and non-formal HIV prevention education. Attention was mostly focused on the public education system, which has almost universal enrolment up to secondary school level. With UNESCO Tashkent assistance, a new subject, Healthy Lifestyle and Family, was introduced into the school curriculum as a compulsory subject for Grades 5-11. A new manual was developed for teachers, using as a model the *Reducing HIV/AIDS vulnerability among students in the school setting teacher training manual (UNESCO Bangkok, 2005)*. After a successful pilot, the Ministry of Public Education adopted the manual as its main HIV and AIDS teaching aid for secondary school educators. UNESCO Tashkent also supported the development and publication by local experts of a Healthy Lifestyle and Family textbook for secondary school students, as well as a series of workshops that have so far trained approximately 1,000 teachers.

Lessons learned reported by UNESCO Tashkent staff include the importance of ensuring that teaching and learning materials on health and sexual education respect traditions and norms; involving the Ministry of Education, school administrators, teachers, parents, religious leaders and students; using local technical expertise; and piloting and testing materials before they are more widely disseminated.

UNESCO Tashkent's activities in non-formal education have focused on peer approaches, providing peer educators with training in leadership and interactive communication skills. Working with young people from the UNESCO Associated Schools Project Network (ASPnet) schools, summer peer-to-peer training of trainers camps have been organized. Through these camps a cadre of master peer trainers has been developed. Peer educators are involved in producing and piloting information materials and are supported through web-based resources and a resource centre at a local youth NGO. The most active and effective peer educators receive additional training, awards and certificates. To build on the success of the summer camp model and continue to motivate students, a School League has been created that has a membership of over 20 schools in Tashkent. UNESCO Tashkent commissioned a local social research group to conduct an independent assessment of the project.

Findings from the evaluation show that students' awareness and knowledge of HIV, STIs and drug issues have improved; that peer activities provide youth with skills for positive behaviour change and reinforce their capacity; that incentives and competition stimulate participation; and that activities are welcomed by school administrators, teachers and parents. However, effectiveness depends on the specific school setting, in particular the understanding and support of school directors and administrators – in schools where peer education is viewed as a second-best activity because it is non-formal it is less effective. Lessons learned include the need for: ongoing investment to address turnover as trained peer educators leave school; proper planning, coordination, monitoring and evaluation of non formal activities; materials to be tailored to specific contexts and for clearly formulated facts and messages about HIV, STIs and drugs; peer educator participation in planning, implementation and monitoring of activities; incentives to motivate the participation of young people; peer educators to have access to a comprehensive and convenient resource centre; and for youth-friendly resources to support peer educators. A website has also been created to reinforce the skills developed at the peer training summer camps as well as to provide support to young people with access to the Internet.



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4.3 Take a comprehensive approach to HIV & AIDS education

Avoid selective teaching

Attempts to deliver HIV education in schools are often constrained by social and cultural constraints to discussing HIV and AIDS, sexual relations and power inequities. These constraints often result in 'selective teaching', where messages are either not communicated at all or education is restricted to overly scientific discussions without direct reference to sex, sexuality or sexual relationships.

A key problem is ensuring that curricula are implemented in the classroom. For example, qualitative research in Uganda suggested that teachers are reluctant to teach about condoms and avoided the more participatory elements of the curriculum. Reasons included their personal beliefs, including the belief that condoms will encourage promiscuity, the influence of the Catholic Church, and fear of being fired by the head teacher. Other anecdotal evidence also suggests that teachers avoid teaching about HIV and AIDS (*Kinsman, 1999; Kelly, 2000*).

Selective teaching that omits important issues limits the effectiveness and impact of HIV education. For example, HIV & AIDS and sex education, often as part of family life education, tends to focus on issues such as reproductive physiology, STIs and responsible parenthood within marriage while ignoring other important issues such as gender, sexuality and relationships.

WHAT ARE THE CHARACTERISTICS OF EFFECTIVE SCHOOL HIV AND AIDS PROGRAMMES?

- Be interactive and learner-centred (adapting the message to the local socio-cultural context and addressing concrete cultural issues with learners).
- Aimed at life, not death.
- Minimise fear and eliminate discrimination.
- Provide accurate and frank information.
- Support abstinence as a positive choice.
- Take place both in schools and in recreational activities.
- Be developmentally appropriate for the targeted age group.
- Use multiple channels to convey consistent messages and employ a variety of teaching strategies.
- Use the creativity of learners.

Source: UNESCO Nairobi, 2005.

In Tamil Nadu in India, HIV is included in the syllabus for Tamil, English, botany, zoology and science. To date lessons have been quite scientific and only for students after Grade 10, but schools have recently introduced the Total Health programme funded by UNICEF, which takes more of a life skills approach.

Similarly, in addition to information about HIV transmission, students need information about a range of approaches to prevention. In many countries the education sector has no clear formal policy on condom availability or promotion in schools, leaving school governing bodies and head teachers to decide on their own policies. While schools in some countries provide condoms to students, there are anecdotal reports from others of students found with condoms in their possession being expelled from school (*IIEP, 2004*). Teaching that promotes abstinence as the only option or that ignores the subject of condoms does not help students who are already sexually active or help them to make healthy choices when they do become sexually active. Principals and teachers need to be educated about the fact that teaching students about sex and condoms does not necessarily lead to sexual experimentation.

In 2003, the Brazilian Ministries of Education and Health, in cooperation with UNESCO Brazil, launched a pilot project called 'Project Health and Prevention in Schools'. This project aims to contribute to addressing the vulnerability of adolescents to HIV and unwanted pregnancy. The project is directed to young people between 10 and 24 years of age and articulates actions for schools and basic health units. It depends on the participation of the school community (students, staff, families) and of the health and education departments and aims to construct spaces for dialogue between young people, teachers, health professionals and the community.

Develop appropriate learning materials for learners

Materials for learners need to be age appropriate and relevant to the social and cultural context. Involving children and young people in the production of materials can help to ensure that they are relevant and appropriate.

UNESCO Kingston has supported the development of workbooks for primary school children that aim to improve basic literacy and skills and promote awareness of HIV, AIDS and related issues. Workbooks published to date include *Understanding HIV/AIDS and Drug Abuse; We Can Stop Violence; and Help for Anxious People*.

Provide education that changes attitudes and improves skills as well as increasing knowledge

Knowledge alone is not enough to change behaviour. Effective education helps young people to assess their attitudes and to develop practical communication, negotiation, assertiveness and decision-making skills in addition to teaching basic information about reproduction, contraception, STIs, HIV and AIDS. For example, secondary schools in Jamaica are using interactive educational methods that include a self-administered questionnaire to help students assess their lifestyle risk profile.

Teaching generic life skills without a clear focus on sexuality is not effective. Young people need to learn how to make sound decisions about relationships and sex, how to recognize and avoid situations that may become risky, and how to resist pressure to have unwanted sex. An effective programme: focuses on life skills, negotiation and decision making; personalises risk through role play and discussion; discusses clearly the possible results of unprotected sex and how to avoid these outcomes; explains where help is available; uses positive social norms and questions negative social norms; and provides sufficient time for discussion.

WHAT CHARACTERISES EFFECTIVE HIV & AIDS AND SEX EDUCATION PROGRAMMES?

- Focus on reducing sexual risk-taking behaviour.
- Founded on psychosocial theories effective in other areas and identified psychosocial sexual risk and protective factors.
- Give clear messages about sexual activity and condom or contraceptive use, for example, avoid sexual intercourse or always use condoms.
- Provide basic accurate information about risks of unprotected sex and methods of avoiding intercourse or using condoms or contraception.
- Address social pressures on sexual behaviour and methods of avoiding them.
- Provide models and practice of communication and refusal skills.
- Use teaching methods that involve participants and help them personalise information.
- Incorporate behavioural goals, teaching methods and materials appropriate to the age, culture and sexual experience of learners.
- Allocate enough time and are implemented by educators who believe in the programme and are trained to do it.

Source: Kirby, 2004.

In Thailand, the Life Skills Development Foundation is encouraging schools to teach life skills for children in difficult circumstances including those with or affected by HIV. The Foundation helps schools to take a learner-centred approach and to use active learning to develop self-esteem and communication skills and to cope with bereavement and stress.

HIV and AIDS education should also challenge gender relations by giving space to discuss gender issues and power dynamics in relationships. It is important to allow for single sex as well as mixed group discussions so that young people can express views as well as learn to communicate openly with the opposite sex. Experience suggests that single sex sessions are more effective for addressing puberty, sex and reproduction issues, and mixed groups for fostering communication and respect between boys and girls.

Educate children and young people about care and treatment as well as HIV prevention

Many school HIV and AIDS programmes focus almost entirely on HIV prevention. This fails to address the needs of children with HIV and those whose family members are living with HIV, or the need for information about care and treatment and how to access services. Education about care and treatment, and compassion and support for people with HIV, including those with AIDS, is essential to combat fatalism, denial, stigma and discrimination.

The project *Absolute Return for Kids* in South Africa has developed a treatment information form that shows pictures of each medication – identifying shapes and colours of different pills, a warning label for storage and dietary restrictions and information on side effects and adverse events – which is distributed along with a medication diary for patients to record when they take their drugs and any side effects.

<http://www.epi.uct.ac.za/artrollout>

UNESCO is expanding its work in treatment education through the development of practical materials and building partnerships to encourage joint programming in this area. In cooperation with the Education Development Center, Inc., UNESCO is developing a treatment education module that will provide activities for secondary school age students in formal and non-formal education settings. The module will also include information for lesson facilitators and tools for adapting it to the local context.



In addition, as antiretroviral drugs (ARVs) become more widely available, children and young people need simple, clear, culturally appropriate and age-specific information about HIV treatment. Children who are on treatment, children whose parents or other family members are taking ARVs and other children in affected communities need to know about HIV treatment. Treatment education should cover issues including access to treatment, drug regimes, side effects and adverse reactions, interactions with other drugs and alternative treatments, and resistance. Educators need training and learning materials to help them educate their students about treatment.

4.4 Use innovative methods and participatory approaches

Use methods that entertain and engage learners

Rote learning or learning passively from textbooks is not an effective way to educate children about HIV and AIDS, whether they are in or out of school. Innovative approaches to HIV education are needed to avoid prevention message 'fatigue' and to engage

children and young people in ways that change their attitudes and build their skills as well as improve their factual knowledge.

Use of methods such as drama, songs and music, dance, storytelling, role play, art and sport has proven very effective in some countries, while others are exploring the potential of ICT and e-learning as an information source, discussion forum and virtual classroom.

Involve children and young people in developing materials and delivering messages

Active participatory methods are more effective than teacher centred lectures. Children and young people should be involved in the development of curricula and can develop their own learning materials, such as maps, calendars, posters, comics and magazines. Advocacy events and awareness-raising days that are planned and organized by children and young people themselves are another approach.

Peer education can be an effective approach, as many youth prefer to receive information from their peers

USING DRAMA AND OTHER INNOVATIVE METHODS

The UNESCO Culture Sector and UNESCO Dakar Office have developed a manual for youth groups on use of drama for HIV and AIDS education. UNESCO Port-au-Prince supported a project called 'Action contre le SIDA par le Theatre', which was implemented by an NGO in partnership with young people. Steps in developing the dramas include: holding a workshop with youth to discuss HIV prevention, cultural beliefs, practices and taboos that are barriers to HIV prevention, and ways to address these barriers; working with a group of young people to increase their knowledge and awareness of HIV & AIDS and train them on interactive theatre and drama techniques; and supporting the youth group to create scenarios and develop dramas to address cultural beliefs, practices and taboos. In 21 performances during December 2004, the group reached 15,000 young people in different parts of the country and the dramas were well received by young and adult audiences.

To strengthen non-formal education in Angola, UNESCO Windhoek is supporting the establishment of multi-media learning centres, training literacy and extension workers in computer skills and production of culturally relevant learning materials, and supporting exchange visits to learn from the Mozambican experience of developing community radio and community media centres.

UNESCO also supports the Young Digital Creators Project, which involves young people in creating and communicating about HIV and AIDS. The Project is a web-based initiative, which enables youth to express their thoughts and feelings about HIV and AIDS using digital creations. <http://portal.unesco.org/digiarts>

UNESCO Bangkok is working with the Southeast Asian Ministers of Education Organization (SEAMEO) on a joint ICT and prevention education project targeting in- and out of school youth in the cross-border areas of the Greater Mekong region. The project is developing ICT learning materials for HIV prevention education in local languages, and building the capacity of teachers and other providers of HIV prevention education. SEAMEO is focusing on in school and UNESCO on out of school youth, especially those from ethnic minorities and other vulnerable populations. The project includes developing educational radio programmes and audiotapes for highland minority groups, focusing on HIV and AIDS, trafficking and drug use. The project works with local researchers, broadcasters and ethnic minority authors and communities to produce soap operas in local languages and based on real life stories that address issues that affect the lives of young people.

The Department of Physical Education in Cambodia has identified sport as a key strategy for educating young people about HIV and AIDS. With UNESCO Phnom Penh support, the Department produced a poster campaign using images of well-known sportsmen and public figures, which is linked to a telephone hotline that provides free counselling on HIV, AIDS and sexuality. The Department also trained sports instructors on HIV & AIDS and produced basic information for distribution to young people at sporting events.

rather than from adults. There is anecdotal evidence of its positive effects on knowledge but less evidence about its influence on longer-term behaviour, and peer education programmes seem to have the most impact on trained peer educators themselves. Factors that contribute to the effectiveness of peer education include: careful selection and training of peer educators; ongoing supervision and support; clear expectations about roles and incentives; and involvement of peer educators in planning and design of interventions.

“Previously I was a little bit sceptical about the use of peer education in HIV and AIDS prevention. I thought that young people may not be in a position to deliver the correct messages and that their peers will not trust them much. But after two years of using peer education approaches in our prevention efforts I am absolutely convinced that this really works and makes a real change in young people’s attitudes and behaviour.” Education Programme Officer, HIV and AIDS Focal Point, UNESCO Tashkent.

COMMUNICATING THROUGH ART AND MUSIC

UNESCO Santiago supported young people in Chile to produce comic magazines for youth on HIV prevention and, based on their success, plans to support youth to produce additional comics and soap opera videos.

Similarly, in Uganda, young people have been involved in producing *Straight Talk*, a monthly magazine about HIV, AIDS and sexual health, since 1993. The magazine targets young people aged 15-24 years in secondary schools and tertiary institutions, and is distributed to secondary schools, universities, NGOs and churches. As a result of its popularity, young people have established over 200 Straight Talk clubs in schools and communities, to promote discussion of adolescent and HIV/AIDS-related issues.

In El Salvador, the NGO Homies Unidos used gangs to translate terms into street slang to transmit information to their peers, while in Brazil, graffiti, hip hop and music have been used to convey HIV and AIDS information to young men in jail, making the messages more credible and appealing (YouthNet, 2004).

UNESCO Kingston supported the University of Technology in Jamaica to hold an HIV and AIDS Graffiti Wall Art Competition in 2003, encouraging student groups to paint positive messages about HIV and AIDS on the temporary zinc fencing surrounding the Caribbean Sculpture Park while construction work was taking place on a neighbouring building. The event encouraged students from various tertiary institutions to think about HIV and AIDS - each student group carefully researched the issues before developing their messages, and learned far more about HIV and AIDS than they would have done through a formal lecture. Students reported that participating had increased their knowledge, encouraged them to see HIV and AIDS as an issue that concerns the Caribbean and motivated them to want to help people who are affected. The competition also created an outdoor art gallery, which was seen by other students, university staff and visitors to the park as well as by construction workers and security guards, spreading the message in an effective and inexpensive way and stimulating wider community discussion about HIV and AIDS. In 2004, the University ran a song competition called *Songlink – Music with a Message*, as part of its AIDS education activities. The competition had 16 entries from students, which were judged by professionals from the music industry.

The Nigeria National Youth Service Corps, in collaboration with UNICEF, runs the peer education programme *Empowering Youth through Young People*. New graduates serving a compulsory one-year NYSC programme conduct peer education in and out of schools, and evaluation found that the programme had had a positive impact on knowledge and on attitudes towards people living with HIV and AIDS.

Peer educators conduct activities in secondary schools in Cambodia, and organize information days in school and for out-of-school youth in Guinea. In India the ThoughtShop Foundation programme, *Ignited Minds*, trains young people aged 15-25 to conduct outreach programmes for in and out of school youth in schools and slums using innovative and participatory methods, such as stories, games and models (*International HIV/AIDS Alliance, 2004*).

A review of a participatory peer education programme in South Africa found that the following factors could undermine efforts: highly regulated school environment and teacher control of the programme; discussions focusing on biomedical rather than social content; negative gender dynamics among peer educators; poor adult role models and an unsupportive community and wider social environment; and limited learner capacity for critical thinking and autonomy (Campbell and McPhail, 2002).

The Sevadham Trust HIV prevention activities in schools, featured in a best practice case study on school-based HIV prevention education programmes in Maharashtra, India, aim among other objectives, to sensitize head teachers and train focal teachers and peer educators. Evaluation found that selection of peer educators is critical to success. Criteria used to select peer educators included: self-motivation, communication skills, leadership qualities, and knowledge of subject matter. Trained peer educators were found to be motivated, confident and able to handle questions from students with limited help from teachers. Girl educators were found to be more effective than boys. This was attributed to their greater sincerity and commitment, empathetic attitude, and ability to perceive the real issues.

UNESCO Maputo and UNESCO Brasilia are supporting exchange visits between young people involved in peer education in Brazil and Mozambique, to enable them to share ideas about HIV prevention education.



Involve adults and children living with HIV

People with HIV, as individuals or through associations, put a face to the epidemic and bring meaning to prevention, care and support messages. Meeting a person who is living positively can do much to reduce the fear and stigma associated with HIV and AIDS. Schools can invite representatives from local organizations of people living with HIV to speak to students. For example, in Burkina Faso, the ALAVI group of people living with HIV works in partnership with teachers in schools on HIV prevention. The active involvement of infected and affected young people is also critical, to raise awareness of their situation and promote peer support, as well as to ensure that curricula and learning processes take account of their situation and are responsive to their needs.

Draw on outside expertise and local resources

The involvement of NGOs, community groups and other resources can increase the effectiveness of HIV and AIDS education. Sometimes it is easier for mobile resource teams and road shows with trained HIV educators or actors to raise sensitive issues in communities than it is for teachers. In Uganda, for example, theatre groups travel to rural villages, using drama and puppets to raise awareness and support school HIV and AIDS education efforts. Likewise, using outside educators who are known and trusted by the community and students to provide HIV and AIDS education can alleviate student concerns about confidentiality and allow them to talk more openly about sexual behaviour.

Experience also suggests that learning resources should be context specific and culturally appropriate, drawing on local data and case studies, to enable students to see HIV as something relevant to their lives.



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USING DRAMA AND LITERATURE

In Cambodia, UNESCO Phnom Penh supported a group of 30 young people living with and affected by HIV to present a drama performance on HIV and AIDS, focusing in particular on discrimination, during the November water festival. The water festival is the most popular event in Cambodia and is attended by thousands of people, many of whom come from the countryside to Phnom Penh for the occasion. The festival takes place near the time of World AIDS Day and so has become an important day for national HIV and AIDS activities. To prepare for the drama, young people took part in a series of artistic workshops where they learned about staging, costumes, sets, lighting and sound techniques. An Indian choreographer was hired to help write the scenario, prepare the actors and direct the stage work. Performances were held at the Sovanna Phum theatre, on a large boat, and on a stage in the centre of Phnom Penh. UNESCO will continue to work with the Sovanna Phum Art Association to present performances in the coming year. A documentary is planned, which will be used for future drama training on HIV and AIDS.

UNESCO, in collaboration with the Centre for HIV and AIDS Networking at the University of Kwazulu Natal (HIVAN), supported the publication of Babiza's Story, in which a 9-year-old boy describes in his own words how it feels to grow up in a family affected by HIV. The publication is the first in a series entitled *By Children for Children Through Books*, which aims to enable children to share their stories with other children. As Babiza said at the launch of his book in South Africa "I used to think that I was the only child with a mother who is HIV positive. When I was able to join a youth support group I found out that lots of children have a parent who is HIV positive and some have parents who have died from AIDS... I feel happy because the youth group has answered the questions I had before".

In Ghana, World Education is promoting collaboration between NGOs and schools and supporting NGOs to implement school-based HIV and AIDS activities. The aim is to address the limited capacity of school health coordinators. Key lessons learned include the importance of involving national and local education officials from the start and of focusing on opportunities for collaboration around specific activities rather than in theory.

UNESCO Cairo jointly organized a workshop in September 2004 for NGOs belonging to the Egyptian NGO Network Against AIDS, to build their capacity to design and implement HIV and AIDS programmes with young people. Topics covered included community approaches to youth development, managing youth volunteers and the role of young people in responding to HIV and AIDS. Following the workshop, UNESCO Cairo supported a 2-day meeting for Network members to plan future activities.

4.5 Provide HIV and AIDS education to young people out of school

Extend HIV and AIDS education beyond the classroom.

School-based programmes do not reach the millions of out-of-school young people in the world. These young people are often from the poorest and most vulnerable families and communities, and are potentially at greater risk of HIV infection than children who are within the formal education system. In addition, in many countries, HIV and AIDS education is only provided in secondary school even though many children drop out after completing primary school. Strategies to extend HIV and AIDS education to children and young people where they live and work are essential.

The NGO Conrado de Cruz provides HIV and AIDS information to female youth from rural areas working in factories and assembly plants in Guatemala City while, in Thailand, the NGO Lifenet does outreach to young migrant construction workers in bars and clubs (*YouthNet, 2004*).

UNICEF, the World Food Programme and 35 NGOs are collaborating to provide life-skills based education for HIV prevention in southern Sudan as part of *Operation Lifeline Sudan*. In populations displaced by drought and civil war, a life skills approach is taken to education for school and post-school age students, women and community groups through community centres. The initiative seeks to provide well-trained teachers and supportive, child-friendly and gender sensitive 'classrooms'.

Integrate HIV & AIDS and life skills education into literacy and vocational education.

In Cambodia, HIV prevention education is integrated into the vocational training curriculum and literacy programmes conducted by the Ministry of Education, Youth and Sports in isolated areas of the country.

A literacy programme in Nepal for girls aged 10-14 years supported by World Education and the Centre for Development and Population Activities (CEDPA) includes information about reproductive health and the risks associated with trafficking of young girls to work in the sex industry (*YouthNet, 2004*).

UNESCO Beijing is working with the All China Youth Federation to mainstream lifeskills for HIV prevention into livelihood/vocational skills training programmes for rural out of school youth.

With support from UNESCO New Delhi, the Salaam Baalak Trust and the Ishara Puppet Theatre Trust are training street

children in Delhi, India to spread awareness about HIV & AIDS and drugs, using puppets. The aim is to give these children a vocation and employment, as they will take the puppet shows to schools and different centres in the city.

A UNICEF-supported project in Mali has trained trainers at the Ministry of Youth and Sport, secondary school teachers and adolescents as HIV prevention outreach workers, and integrated information about HIV into literacy and post-literacy training.



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Link HIV and AIDS education to service provision.

Use of drama and dance for youth audiences in Belize resulted in an increase in the proportion of out of school young people using the local clinic (*YouthNet, 2004*).

WHAT CONTRIBUTES TO THE EFFECTIVENESS OF HIV AND AIDS EDUCATION FOR STREET CHILDREN, YOUNG SEX WORKERS, MIGRANT YOUTH AND OTHER VULNERABLE POPULATIONS?

- Promote policies to tackle discrimination.
- Use peer educators and child-to-child approaches.
- Provide livelihood skills and integrate HIV, AIDS and life skills education into vocational and business training.
- Train educators, social workers and police.
- Offer accessible youth-friendly services including VCT, STI treatment and sexual and reproductive health care.
- Involve key stakeholders, community leaders and organizations.



5 LEARNER CARE AND SUPPORT

Support for children needs to go beyond access and enrolment if children are to maximize their learning potential. Children with HIV and those from affected households may be frequently sick because of HIV-related illness, inadequate living conditions, lack of parental care and lack of access to health services. They may be under-nourished or worried about the situation at home. Children who are sick, hungry or anxious may be unable to concentrate and find it more difficult to learn.

Schools and other educational settings play an important role in care and support for learners with HIV infection and those affected by HIV and AIDS, including providing emotional and psychosocial support and taking steps to protect children's health and nutrition. Schools need to develop policies and to define the roles and responsibilities of head teachers and educators for identifying and monitoring vulnerable children, networking with other sectors and developing effective referral systems to meet their basic needs, and providing counselling, guidance and other care and support within the school environment.

EXTRACT FROM REPUBLIC OF RWANDA'S EDUCATION SECTOR POLICY ON HIV AND AIDS

1. Provide counselling and care for learners and educators including psychosocial support.
2. Improve nutritional, health, and medical services for orphans and other vulnerable children, young people and educators infected and affected by HIV and AIDS.
3. Improve liaison among professionals in the social sector (educators, social workers and health workers) to help both educators and learners.

Specific strategies and actions include:

5.1 Expand the role of schools in providing care and support

Establish model or child-friendly schools

Policies and programmes should encourage schools to create a supportive and caring environment for infected and affected children. For example, the joint

UNESCO, Caribbean Community Common Market (CARICOM) and Inter-American Development Bank (IDB) Caribbean Education Sector HIV and AIDS Response Capacity Building Programme is supporting the establishment of model schools where care for infected and affected students is prioritised.

The Support to Orphans Project in the Sanpatong district of Thailand promotes the health, psychosocial well-being and resilience of affected children as part of a wider child-friendly schools initiative. Supported by UNICEF and implemented by the Thai Life Skills Development Foundation (LSDF) with the Office of the National Primary Education Commission and the Community Development Department, the Project works with district government, NGOs, CBOs and local temples. LSDF research had found that schools were not perceived as child-friendly environments, and did not meet learners' basic needs for safe water, sanitation, food, recreation and transport or their psychosocial needs. The objectives of the Project were to: improve the child friendliness of schools by providing a caring and nurturing environment; increase school and community awareness of child rights; enable schools and caregivers to provide emotional and psychosocial support to affected children and children in distress; and use active participatory learning to develop life skills, including coping skills for affected children. Steps in developing a child friendly school included:

1. A school self-assessment process involving teachers, parents and pupils, which includes sensitization on child rights, allowing pupils to present their ideas about the current situation in their school and what would make it more child friendly, developing criteria and school inspections. Based on this assessment each school identified goals (for example, to have clean toilets, students to be respectful and polite, teachers to help children having problems with schoolwork) and these were incorporated into a school improvement plan.
2. Training on active learning for teachers and training teachers, administrators, parents and community leaders on supporting children to increase their self-esteem and deal with bereavement.
3. A psychological assessment of children, which found high rates of depression and low self-esteem. Teachers discussed the findings and identified ways to address problems and their causes, including counselling, home visits, meetings with parents, and camps for children in distress and their parents or guardians— to help build children's confidence, self-esteem and coping skills and improve family relationships, including changing the expectations of parents and guardians with regard to schooling and employment.

The Project showed that teachers can learn to recognize emotional distress and abuse in children and simple ways to help them. Evaluation, involving teachers, parents and pupils, found improvements in the school environment, including better discipline, less punishment, and better relationships between children and teachers. Teachers reported that children were more cheerful, positive and self confident, and less aggressive,

depressed and sad, although there were still challenges related to the home environment, including drugs, gambling, parental death and divorce. Children reported improvements in family relationships, ability to express their feelings and opinions, more responsible attitudes, and a desire for more activities involving students and parents or guardians.

Factors that contributed to success included: involving all stakeholders in school self assessment and improvement; involving school principals and teachers in analysing the causes of the findings of psychological tests in children; training educators in active learning and counselling; organising camps for students and their parents or guardians; and holding participatory seminars for teachers and for parents and teachers. Other lessons learned include the need for follow up and monitoring to ensure teachers put training into practice, support for teachers to apply content to the school curriculum, and greater opportunities for pupils to input their ideas for activities.

upon guidelines with service providers on how and where to refer children who need health, social and welfare services. Parent-teacher associations, communities and religious organizations can also play an important role in care and support.

In Northern Thailand, the Sangha Metta Project has trained Buddhist monks and nuns in life skills education and child-centred learning. Monks and nuns are encouraged to protect and care for affected children, conduct awareness raising and teaching in schools, and work with schools to create child friendly learning environments. The Project has contributed to increased community awareness, acceptance of and support for those affected by HIV and AIDS.

Establish links with service providers and communities

Schools cannot do everything alone, and ministries of education need to promote partnerships with other ministries, NGOs, FBOs and communities to ensure that children have access to social welfare and health services, good nutrition and psychosocial support.

Schools need to establish links with service providers and to develop referral networks and protocols. Networking is essential so that schools and teachers are aware of local service providers, including government, NGOs, faith-based and community organizations. Schools and teachers need to agree

WHAT COULD IMPROVE THE EFFECTIVENESS OF SCHOOL SUPPORT FOR INFECTED AND AFFECTED CHILDREN?

- Introducing identification, referral and monitoring systems.
- Implementing school feeding programmes.
- Providing pastoral care and counselling.
- Assisting with school fees and other school-related expenses.
- Involving guardians and carers, and children with and affected by HIV and AIDS.

Source: Bennell et al, 2002

“The teachers at Huarin Child Friendly School were very friendly and helped students a lot. Both my parents died from AIDS and I received help from my teacher. I am now in a club that visits other people affected by AIDS.”
17-year-old student, Thailand.

“We work very closely with several organizations that provide capacity building for us on child rights and counselling techniques. The teachers at our school are very committed to abide by the child friendly protocol, and we try our best to improve the lives of children in need.”

Head teacher, Huarin School, Sanpatong, Thailand.



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5.2 Provide support for children in distress

Sensitize teachers to recognize children who need help

Parental or family illness and death causes severe emotional distress in children and they may become depressed and withdrawn. Children experiencing grief and loss, anxiety and fear about the future, isolation, stigma and discrimination need special help, to remain in school and to achieve their potential. Educators need to know how to recognize and help children experiencing these problems. They also need to be aware of the impact of HIV and AIDS on other children in their classes, so that they can help pupils who have lost their friends or whose friends are sick.

Educators also play an important role in identifying children suffering from neglect, physical or sexual abuse. They need to be able to recognize physical and behavioural signs of neglect and abuse such as malnutrition, poor hygiene, sadness, withdrawal, anxiety, aggression, bruises, burns, genital pain, itching or infections, nightmares and sleeping problems, using inappropriate words, and acting out sexual scenes. Educators may be able to help children who are neglected by talking to caregivers or assisting with referrals to service providers. Children experiencing abuse need specialist help and educators need guidance on how to deal with such cases. Educators also need training to help them identify children with special needs and access to counsellors and educational psychologists.

Train teachers in counselling or employ school counsellors or guidance officers

After home and family, school plays the most significant role in the lives of children, in their social and emotional development and in helping them to develop resilience. School is even more important for children without parents. They need extra support from teachers, as adults they can trust, who are interested in their lives and who help to build their confidence and self-esteem.

Teachers play an important role in providing psychosocial support. They can help students whose family members are sick or who have lost someone close to them because of AIDS to deal with grief, stigma and other stresses. By showing that they care and treating infected or affected students with kindness and understanding, educators can also help to reduce stigma and discrimination and promote the message that

day-to-day contact does not transmit the virus. Taking a positive attitude to infected and affected children, recognizing that they are survivors who are coping and showing initiative and creativity, rather than viewing them as passive victims, helps to acknowledge and build on their strength and skills.

A survey in three countries, Botswana, Malawi and Uganda, found that the implementation of effective school-based guidance and counselling services faced a number of constraints including: lack of trained counsellors, especially in primary schools; lack of time of teachers trained as counsellors to provide counselling services; lack of guidelines about roles and responsibilities; and lack of space to provide confidential advice (*Bennell et al, 2002*).

Education ministries and schools need to develop guidance for teachers to help them provide psychosocial support to their students. UNESCO Windhoek has supported training of trainers on providing psychosocial support for orphans and vulnerable children, including the development of a training manual in different local languages in Lesotho, Namibia and Swaziland. The training manual was also translated into Portuguese for Angola. Steps also need to be taken to integrate guidance and counselling services, including bereavement counselling, within schools. In Zambia, for example, every school is expected to have a guidance and counselling educator. Schools should also identify a place for counselling that is private and safe.

UNICEF is collaborating with a regional training programme on guidance, counselling and youth development for Africa to establish and strengthen guidance and counselling services within education systems in 28 countries. Regional centres on guidance, counselling and youth development have been established in Lilongwe, Malawi and Bamako, Mali, and training modules have been developed. An evaluation in 2004 found that the programme had had a positive impact on national strategies. Countries such as Malawi and Zambia have integrated guidance and counselling on care for orphans and positive children into the education sector.

Encourage peer support in schools

Infected and affected children gain considerable psychosocial benefits from peer support, for example through peer counselling, self-help groups or clubs. Schools should take steps to support the establishment and functioning of peer support activities.

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The joint UNESCO Kingston, CARICOM and IDB Caribbean Education Sector HIV and AIDS Response Capacity Building Programme is piloting and evaluating an approach that involves tertiary students in providing peer counselling in secondary schools.

UNESCO has supported the establishment of peer support clubs in secondary schools in countries such as Jamaica and Lebanon. The Indian NGO YRG Care is training peer educators in schools to counsel other students and to make referrals. The African Youth Alliance has been working with the Botswana YWCA and Ministry of Education to scale up peer counselling for adolescents.

WHAT STEPS CAN HELP TO BUILD RESILIENCE IN CHILDREN AFFECTED BY HIV AND AIDS?

The STOP system is a useful checklist:

S – Security and Structure – Schools give children security and structure in their lives. School is a place where children feel that they belong and it provides a safe haven when things are difficult or in crisis at home. Going to school after the death of a parent gives children a sense of security, helps them to feel normal and allows them the space to behave like a child.

T – Talk, Teaching and Training – The role of teachers and classroom activities is critical when children's home lives are disrupted by HIV and AIDS. Teachers play an important role in helping children to cope, by listening and encouraging them to express their feelings.

O – Organized play as an Opportunity for children to express themselves – Play is an important part of children's development, especially when they have to take on adult responsibilities at home. Schools need to offer substitute play activities.

P – Participation in Peer group activities, Peer group support – Spending time with peers allows children to be children. Children need friends, and peer groups provide them with a sense of belonging and identity.

Source: Mallmann, 2003.

PROVIDING SUPPORT TO LEARNERS

Establish systems of support related to direct responsibilities, e.g. alternative/flexible education; counselling and psychosocial support; after school supervision; protection from discrimination and recreation; as well as support related to more indirect responsibilities, e.g. referrals for shelter, food, clothing, health care, social security, protection from exploitation and skills building and income generation.

Provide material support with:

- School fees and bursaries – such as providing information to learners and caregivers on how to access bursaries or fee exemptions.
- School uniforms – such as donations of old uniforms, collecting uniforms from learners who are leaving the school, etc.

Create safe spaces for learners to:

- Talk to teachers.
- Do homework.
- Access peer support.

Provide psychosocial support to:

- Help learners who are caring for ill parents and/or siblings.
- Help bereaved learners deal with grief and loss.

Provide education support

- Help learners catch up with school work after long absences.
- Create alternative learning situations for infected and affected learners who cannot participate in normal schooling (for whatever reason).

Collaborate with agencies offering services and support to children

- Find out about other organizations in the area that help vulnerable children and their families.
- Keep contact details of organizations easily accessible to learners.
- Invite organizations to deliver talks at the school, explaining what services they offer and how they can be reached.

Create educator support teams to support one another and to share lessons and experiences with colleagues.

Source: UNESCO Nairobi (2005), p. 40.



5.3 Provide health and nutrition support

Introduce school health policies and programmes

EXTRACT FROM THE REPUBLIC OF RWANDA'S EDUCATION SECTOR POLICY ON HIV AND AIDS

School feeding scheme: Provide every secondary and primary school which is vulnerable or at high risk with a feeding scheme for all learners, irrespective of their individual socio-economic condition. In some cases a feeding scheme which covers all schools can be justified. Special provision must be made in school hostels to upgrade nutritional levels. School feeding schemes can be linked to home-based care and orphan supplementation schemes.

Education ministries should initiate school health programmes that promote a healthy school environment and refer students to health services, in order to keep children healthy and provide support to children who are sick.

A UNESCO workshop in the Dominican Republic attended by representatives from 12 Caribbean and Latin American countries found that most education systems focused on health education; few were looking at ways to promote healthy learning environments, and the link between health and provision of safe water and sanitation was not given high priority. UNESCO also supported a workshop attended by participants from 15 Latin American countries to assess the extent to which health problems, and specifically HIV and AIDS, affect schooling and educational outcomes. The workshop has been followed by national seminars to train trainers and students on school health and HIV & AIDS.

In Namibia, UNESCO Windhoek has worked with the Ministry of Health and Social Services and other development partners to promote school health in primary and secondary schools, including the development of school health policies and guidelines, training for district health officials, and implementation of school health programmes.

Provision of safe water and adequate sanitation is an essential aspect of a healthy school environment and is especially important for children with HIV, who are more vulnerable to common infection such as diarrhoeal disease.



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The Focusing Resources on Effective School Health (FRESH) framework is a joint partnership between 14 organizations (including UNESCO, UNICEF, Education International (EI), UNAIDS, WHO and the World Bank) which aims to enhance overall health and nutritional status as an important way to reduce vulnerability to diseases such as HIV and to sustain the health of learners who are already infected. Acknowledging that healthy learners and environments are essential for effective learning and educational outcomes, FRESH combines four core components for a comprehensive school health approach: school health policies; school health services; skills-based health education; and water, sanitation and environment. The FRESH website contains policy documents and has an extensive listing of on-line tools on a variety of themes such as HIV and AIDS, malaria, and violence.

The FRESH framework is used in Senegal to promote young people's sexual and reproductive health within a wider programme of activities that aim to improve school health. The Ministry of Education and Ministry of Health work with other ministries responsible for school buildings and sanitation to improve school health. Health issues such as malaria as well as HIV and AIDS are included in the national school curriculum, and educators have been provided with teaching and health education guides (*Warwick and Aggleton*). Other FRESH activities have been organized in India, Uganda and Zambia and extensively throughout the Asia-Pacific region.

Since FRESH was launched in 2000 in Dakar, UNESCO's Regional Bureau for Education in Bangkok has organized sub-regional (*Chiangmai 2002, Manila 2003*) and national level (Cambodia, Laos and Thailand) meetings inviting representatives from the Ministries of Education and Health, FRESH partners and national and international NGOs, aiming at raising awareness of the important link between health, nutrition and the value of adopting the FRESH approach.

National level workshops to bring together education stakeholders to discuss the possibility of adopting the FRESH approach are planned for Afghanistan, Chile, Iran and Uzbekistan in the near future.

Schools need to establish links to health services so that they can refer students for health care and, where appropriate, to providers of VCT, condoms, family planning advice and other sexual and reproductive health services. Some schools provide on-site services such as counselling and condom machines.

Children with HIV infection may get sick frequently or have less energy and strength. These children need special support, without being overprotected, to help them be at school as much as possible and to take part in school activities. Possible approaches include providing longer rest periods and adequate, quiet space for a rest or sick room, and identifying a resource person in the school who is linked to local health care providers or facilities.

WHAT LESSONS HAVE BEEN LEARNED ABOUT SCHOOL FEEDING PROGRAMMES?

- Give children food at the start of the school day to help them concentrate; many children come to school without having breakfast.
- Plan nutritional content depending on whether the school meal is intended to complement or substitute for home meals.
- Use indigenous foods and source food locally to support the local economy, reduce transport costs and promote sustainability.
- Provide meals to all needy children to avoid stigmatising children affected by HIV and AIDS.
- Encourage local management, for example by parent-teacher associations and communities.

WHAT SHOULD BE INCLUDED IN A SCHOOL HEALTH POLICY?

- Explicit goal of preventing HIV infection and reducing the negative impact of HIV and AIDS.
- Rationale for educating staff and learners about HIV and AIDS.
- Strategy for inclusion of HIV and AIDS in the curriculum, including integration into specific subject areas, allocation of time.
- Measures to establish a supportive school environment, including non-discrimination towards staff and learners.
- Protection for teachers who address sensitive issues in a way that is consistent with school and national policies.
- Guidance on universal precautions.
- Protection for the privacy and confidentiality of staff and learners with HIV.
- Protection of the rights of staff and students to employment and education.

Source: WHO et al, 1999

In settings where HIV treatment is available and children with HIV are on treatment, teachers need information so that they can support children to adhere to treatment and recognize treatment side effects. Schools should make sure that at least one teacher is trained in HIV treatment and support for children to take ARVs and other medications, and work with NGOs and health facilities to develop practical tools to support treatment adherence.

Take practical steps to maintain and improve nutrition

Children who are malnourished or hungry find it difficult to concentrate and learn. Schools, working with parents and communities, can play an important role in improving nutritional status. Possible approaches include providing practical nutrition education and skills, school feeding programmes, providing rations, and establishing school nutrition gardens. ■

The Zambian MoE guidelines for a school policy on HIV and AIDS suggest that every school with sufficient facilities should have an area where learners, and educators, who are feeling unwell can lie down and rest for short periods; and to enable learners who are sick to stay in school longer. The guidelines also allow for learning at home, time to take medications, and help for learners to form support groups.

The *Project pour la prevention du SIDA dans les Écoles du Congo* represents a collaboration between the Ministry of Education, Ministry of Health, UNDP and the private sector to provide VCT and free medical care for teachers and students and to conduct condom promotion campaigns in schools.

In Thailand, Médecins Sans Frontières (MSF) Belgium together with the Prachomkiao Hospital for children has developed diaries and calendars with stickers to remind children when to take their medicines.

In Mozambique and Cambodia, FAO supports junior farmer life schools to support orphans and vulnerable children with limited livelihood options and ensure that agricultural skills are transferred from one generation to the next. The intention is to meet children's nutritional and emotional needs and to develop their agricultural skills and future food security. Local teams consisting of a teacher, agricultural extension worker, social animator and volunteers, supported by public health, nutrition and livestock officers, help groups of children to grow staples, vegetable gardens, crops for longer term income, and medicinal plants. Outcomes reported include increased self-esteem and improvements in nutrition status, agricultural knowledge and livelihoods (*Mavanga, 2004*).



BIBLIOGRAPHY

All web addresses accessed on 3 May 2006 unless stated.

Short summaries of the references prefixed by ‘*’ appear in the following ‘Resources’ section.

Abt Associates South Africa Inc. 2001. *Impacts of HIV/AIDS on the Botswana education sector: Summary*. Johannesburg, Abt Associates.

ActionAid. 2003. *The sound of silence: Difficulties in communicating on HIV/AIDS in schools*. London, ActionAid.

ActionAid International. 2004. *Stop violence against girls in schools*. Johannesburg, ActionAid International.

ActionAid and Save the Children Fund UK. 2004. *HIV/AIDS and education, Life-skills-based education for HIV prevention: A critical analysis*. UK Working Group on Education and HIV & AIDS.

Bailey, W. and McCaw-Binns, A. 2004. *HIV/AIDS and education in Jamaica*. Kingston, Jamaica, University of the West Indies.

Bennell, P., Hyde, K. A. L. and Swainson, N. 2002. *The impact of the HIV/AIDS epidemic on the education sector in sub-Saharan Africa: A synthesis of the findings and recommendations of three country studies – Botswana, Malawi and Uganda*. UK, Centre for International Education, University of Sussex.

Booth, T. and Ainsow, M. 2002. *Index for inclusion: developing learning and participation in schools*. Bristol, UK, Centre for Studies on Inclusive Education.

Campbell, C. and MacPhail, C. 2002. ‘Peer education, gender and the development of critical consciousness: Participatory HIV prevention by South African youth’. *Social Science and Medicine* 55.

Casimir, L. and Bhardwaj, S. 2004. *Are teachers ready to deal with the epidemic? A Jamaican perspective*. Paper presented at XV International AIDS Conference. Bangkok, Thailand, July 11-16, 2004.

* CDC and IOX Assessment Associates. 1992. *Handbook for evaluating HIV education*. www.cdc.gov/HealthyYouth/publications/hiv_handbook/index.htm; or available free of charge from HealthyYouth@cdc.gov

* CEDPA. 1998. *Choose a future! Issues and options for adolescent boys*. Washington DC, CEDPA.

* CEDPA. 2002. *Choose a future! Issues and options for adolescent girls*. Washington DC, CEDPA.

Child Development Agency. 2003. *National plan of action for orphans and other children made vulnerable by HIV/AIDS in Jamaica, 2003-2006*. Ministry of Health, Jamaica.

Coombe, C. 2002. *Responding to the HIV/AIDS pandemic: Best practice issues for educators*. Extract from paper prepared for Commonwealth Secretariat. Pretoria, South Africa.

Department of Education. 2000. *The HIV/AIDS Emergency*. Guidelines based on the National Policy on HIV and AIDS for Learners and Educators in Public Schools, and Students and Educators in Further Education and Training institutions of the Department of Education. South Africa.

* Education International and WHO. 2001. *Training and resource manual on school health and HIV/AIDS prevention*. Brussels/Geneva, EI.

Education International. 2005a. ‘Antiretroviral medicines for all. Access to treatment for infected teachers’. *Newsletter on HIV/AIDS Prevention in Schools*. Issue 4, February 2005.

Education International. 2005b. ‘The school. A safe and healthy environment for teachers and learners’. *Newsletter on HIV/AIDS Prevention in Schools*. Issue 5, March 2005.

* EI, WHO and EDC, Inc. 2004. *Participatory learning activities from the EI/WHO training and resource manual on school health and HIV & AIDS prevention*. WHO Information Series on School Health. Geneva, WHO. www.who.int/school_youth_health/resources/en/sch_document6-1_HIV_prevention_en.pdf

Global Coalition on Women and AIDS. 2004. *AIDS and girls’ education*. Media Backgrounder. Geneva, UNAIDS. http://data.unaids.org/GCWA/GCWA_BG_Education_en.pdf

* GTZ. 2002. *Hands on! A manual for working with youth on sexual and reproductive health*. Eschborn, Germany, GTZ. <http://www.evaplan.org/website/evaplan/grafik/pdf/handson.pdf>

BIBLIOGRAPHY

Hepburn, A. 2001. *Primary education in eastern and southern Africa: increasing access for orphans and vulnerable children in AIDS-affected areas*. Durham NC, USA, Terry Sanford Institute of Public Policy, Duke University.

* Hubert C et al. 2003. *Education in the context of HIV/AIDS: A resource book*. UNESCO Abuja.

Human Rights Watch. 2004. *Future forsaken: Abuses against children affected by HIV/AIDS in India*. New York, Human Rights Watch.

Human Rights Watch. 2001. *Scared at school: Sexual violence against girls in South African schools*. New York, Human Rights Watch.

Inter-Agency Task Team on Education. 2003. *HIV/AIDS and education: A strategic approach*. Paris, IIEP/ UNESCO.

IIEP. 2003. *IIEP Newsletter*, Vol XXI, No 4, October-December 2003. Paris, IIEP.

IIEP. 2004. 'HIV/AIDS and education'. *IIEP Newsletter*. Vol XXII, No 2, April-June 2004. Paris, IIEP.

International HIV and AIDS Alliance. 2004. *Building Blocks: Asian wide briefing notes for education*. Series of seven booklets. Brighton, UK, International HIV and AIDS Alliance.

Jewkes, R., Levin, J., Bradshaw, D. and Mbananga, N. 2002. 'Rape of girls in South Africa'. *The Lancet*, 359: 319-20.

Kelly, M. 2000. *Planning for education in the context of HIV/AIDS*. IIEP Fundamentals of Educational Planning, No 66. Paris, IIEP/UNESCO.

Kidd, R. and Clay, S. 2003. *Understanding and challenging HIV stigma: Toolkit for action*. Washington DC, The Change Project.

Leach, F. and Machakanja, P. with Mandoga, J. 2000. *Preliminary investigation of the abuse of girls in Zimbabwean junior secondary schools*. Education Research Paper No. 39. London, DFID.

* Mallmann S.A. 2003. *Building Resiliency Among Children Affected by HIV/AIDS*. Catholic AIDS Action Namibia.

Mavanga, R. 2004. Junior farmer field and life school: the Mozambique experience. FAO. Presentation. (more info at http://www.fao.org/newsroom/en/focus/2004/49923/article_49928en.html)

Ministry of Education, Youth and Culture. 2001. *National policy for HIV/AIDS management in schools*. Jamaica.

Republic of Kenya. 2004. *Education Sector Policy on HIV and AIDS*.

Republic of Zambia. 2003. *HIV/AIDS guidelines for educators*. Ministry of Education.

Rossetti, S. 2001. *Children in school: A safe place?* Botswana, UNESCO.

Rugalema, G. and Khanye, V. 2002. *Mainstreaming HIV/AIDS in the education systems in sub-Saharan Africa: Some preliminary insights*. Downloadable at <http://hivaidsclearinghouse.unesco.org>

* Schenker, I. and Nyirenda, J. 2002. *Preventing HIV/AIDS in schools*. Educational Practice Series 9. International Academy of Education and International Bureau of Education. <http://www.ibe.unesco.org/International/Databanks/Hivaids/docs/prac09e.pdf>

Schierhout, G., Kinghorn, A., Govender, R., Mungani, J. and Morely, P. 2004. *Quantifying effects of illness and death on education at school level: Implications for HIV/AIDS responses*. Report submitted to the Joint Centre for Political and Economic Studies. Rosebank, South Africa, Health and Development Africa.

Shaeffer, S. 1994. *The impact of HIV/AIDS on education: a review of literature and experience*. Paris, UNESCO.

UNAIDS. 1997. *Impact of HIV and sexual health education on the sexual behaviour of young people: A review update*. Geneva, UNAIDS.

UNAIDS, USAID and UNICEF. 2002. *Children on the brink: A joint report on orphan estimates and programmes*. Washington, D.C., The Synergy Project.

UNAIDS and UNICEF. 2004. *The framework for the protection, care and support of orphans and vulnerable*



BIBLIOGRAPHY

children living in a world with HIV and AIDS. New York, UNICEF

UNESCO. 2002. *Making room: Education and culture of peace*. Brasilia, UNESCO.

UNESCO. 2003. *Gender and Education for All: The leap to equality. EFA Global Monitoring Report 2003-4: Summary report*. Paris, UNESCO.

* UNESCO, 2004a. *Coping skills: A facilitator's manual*. UNESCO Harare and Ministry of Higher and Tertiary Education, Zimbabwe.

* UNESCO. 2004b. *Living and learning in a world with HIV/AIDS*. Toolkit developed by Division for the Promotion of Quality Education. Paris, UNESCO. <http://unesdoc.unesco.org/images/0013/001334/133467e.pdf>

* UNESCO and UNAIDS. 2003. *HIV/AIDS and education. A toolkit for Ministries of Education*. UNESCO Bangkok. http://www2.unescobkk.org/elib/publications/aids_toolkits/index.htm

* UNESCO and WHO. 1994. *School Health Education to Prevent AIDS and STD: A resource package for curriculum planners*. Rio de Janeiro, CECIP http://portal.unesco.org/en/ev.php-URL_ID=3228&URL_DO=DO_TOPIC&URL_SECTION=201.html

* UNESCO Bangkok. 2004. *Embracing diversity: Toolkit for creating inclusive, learning-friendly environments*. http://www2.unescobkk.org/elib/publications/Embracing_Diversity/index.htm

* UNESCO Bangkok. 2005. *Reducing HIV/AIDS vulnerability among students in the school setting: A teacher training manual*. UNESCO Bangkok. http://www2.unescobkk.org/elib/publications/hiv_aids_manual/index.htm

* UNESCO Harare and National Universities Commission of Nigeria. 2004. *HIV/AIDS education module: Virtual Institute for Higher Education in Africa*. Downloadable at <http://www.vihead.net/hiv.cfm>

* UNESCO Nairobi. 2005. *From policy to practice: An HIV and AIDS training kit for education sector professionals* (Draft). UNESCO Nairobi.

* UNESCO New Delhi and Rotary International. 1997. *Talking about AIDS in schools: AIDS workshop design for school principals, administrators and teachers*

* UNICEF. 2002. *HIV/AIDS education: A gender perspective, Tips and tools*. New York, UNICEF. www.unicef.org/lifeskills/index_14927.html

* USAID. 2002. *Tips for developing life skills curricula for HIV prevention among African youth: A synthesis of emerging lessons*. Technical Paper no. 115. SD Publication Series.

USAID-PVO Steering Committee on Multisectoral Approaches to HIV and AIDS. 2003. *Multisectoral responses to HIV/AIDS: A compendium of promising practices from Africa*. Washington DC, AED.

Verwimp, P. 1999. 'Measuring the quality of education at two levels: A case study of primary schools in rural Ethiopia', *International Review of Education*, 45(2), 167-196.

Warwick, I. and Aggleton, P. 2002. *The role of education in promoting young people's sexual and reproductive health: Best practice in sexual and reproductive health education for young people*. Institute of Education, University of London.

Wellesley Centers for Research on Women and Development and Training Service. 2004. *Unsafe schools: A literature review of school-related gender-based violence in developing countries*. USAID.

WHO. 2002. *World report on violence and health*. Geneva, WHO.

* WHO, UNAIDS and UNESCO. 1999. *Preventing HIV/AIDS/STI and related discrimination: An important responsibility of health-promoting schools*. Information series on school health, Document 6. Geneva, WHO.

* WHO/WPRO. 2001. *Sexually transmitted infections: Briefing kit for teachers*. Regional Office for the Western Pacific, WHO. http://www.wpro.who.int/NR/rdonlyres/DC57A9FD-11B3-41F1-9810-3A0E28752101/0/STI_Briefing_Kit_for_Teachers_2001.pdf

World Bank and Partnership for Child Development. 2003. *Source book of HIV/AIDS prevention programmes*. www.schoolsandhealth.org

YouthNet, 2004. *Reaching out of school youth with reproductive health and HIV/AIDS information and services*. Youth Issues Paper 4. Durham NC, USA, Family Health International.

RESOURCES

Advocacy

HIV & AIDS and education. A toolkit for Ministries of Education

UNESCO Bangkok and UNAIDS. 2003.
http://www2.unescobkk.org/elib/publications/aids_toolkits/index.htm

The Toolkit aims to promote HIV and AIDS preventive education and to increase understanding of the relationship between HIV & AIDS and Education and the impact of HIV and AIDS on the System among people working in the Education Sector, especially mid- to senior level officials in Ministries of Education. A central message is that the Education Sector has a crucial role to play in the national response to the epidemic, i.e. that HIV and AIDS prevention should not be left only to the Health Sector. It includes easy-to-use information sheets, a fact sheet, case studies, a glossary, a collection of references and links, as well as a power point presentation to enable the target audience to pass on information to their colleagues and counterparts.

Preventing HIV/AIDS/STI and related discrimination: An important responsibility of health-promoting schools

WHO, UNAIDS and UNESCO. 1999. Information Series on School Health, Document 6. Geneva, WHO. For policy makers, international agencies and NGOs, and members of the school community including teachers and community health, social and development workers. Provides information to assist organizations advocate for efforts to prevent HIV/AIDS/STI through schools and to plan and implement HIV/AIDS/STI prevention and health promotion as part of developing a health-promoting school. Includes sections covering arguments for the role of schools in prevention of HIV/STI and related discrimination; planning interventions; integrating HIV/STI prevention interventions into school health programmes; and evaluation.

Living and learning in a world with HIV and AIDS

UNESCO. 2004b. Toolkit developed by Division for the Promotion of Quality Education.
<http://unesdoc.unesco.org/images/0013/001334/133467e.pdf>

Produced in collaboration with the Associated Schools Project Network to explore issues of stigma and discrimination in the learning environment. ASPnet is a network of over 7,500 educational institutions, ranging from pre-school education to teacher training colleges in 175 countries.

Talking about AIDS in schools: AIDS workshop design for school principals, administrators and teachers

UNESCO New Delhi and Rotary International. 1997. An advocacy workshop design, intended to promote acceptance of preventive education on HIV/STI in secondary schools by school principals, administrators, teachers and parents. Consists of four modules with activities that encourage participants to: discuss basic HIV and AIDS issues; identify risk factors that make adolescents vulnerable to HIV; explore conflicts and confusions experienced by adolescents; and identify opportunities and develop methods to promote adolescents' need for preventive HIV/STI education with stakeholders in their schools.

Talking about AIDS in schools: AIDS workshop design for school principals, administrators and teachers

UNESCO New Delhi and Rotary International. 1997. An advocacy workshop design, intended to promote acceptance of preventive education on HIV/STI in secondary schools by school principals, administrators, teachers and parents. Consists of four modules with activities that encourage participants to: discuss basic HIV and AIDS issues; identify risk factors that make adolescents vulnerable to HIV; explore conflicts and confusions experienced by adolescents; and identify opportunities and develop methods to promote adolescents' need for preventive HIV/STI education with stakeholders in their schools.



RESOURCES

Curriculum Development

Education in the context of HIV and AIDS: A resource book

Hubert C et al. 2003. UNESCO Abuja.

Discusses the role of the education sector in preventive education, the process of developing Family Life Education and HIV & AIDS national curriculum, NFE activities, language issues, research agenda and data collection needs, and counselling and psychological tips for counsellors and teachers.

Tips for developing life skills curricula for HIV prevention among African youth: A synthesis of emerging lessons

USAID. 2002. Technical Paper no. 115. SD Publication Series.

Provides practical guidance for those planning or implementing life skills curricula for young people in sub-Saharan Africa. Section 1 provides background on issues of adolescent sexuality and vulnerability, and Section 2 practical tips for planners, curriculum designers, teacher trainers, head teachers and administrators for implementing life skills programmes for young people.

School Health Education to Prevent AIDS and STD: A resource package for curriculum planners

UNESCO and WHO. 1994. Rio de Janeiro, CECIP.
http://portal.unesco.org/en/ev.php-URL_ID=3228&URL_DO=DO_TOPIC&URL_SECTION=201.html

Designed to assist teachers and curriculum planners to develop or improve HIV education programmes for young people aged 12-16 in formal and non-formal educational settings. The package emphasises participatory and interactive teaching methods to develop student skills and capabilities, and includes three volumes: handbook for curriculum planners; teachers' guide; and students' activities.

Training Manuals

From policy to practice: An HIV and AIDS training kit for education sector professionals (Draft)

UNESCO Nairobi. 2005.

Developed to support education sector professionals, school governing boards, parent teacher associations and other stakeholders in the UNESCO-Nairobi cluster countries (Burundi, Eritrea, Kenya, Rwanda, Uganda) to address the challenges in translating policy into practice, this generic training kit is intended to enhance the capacity of those responsible for implementing the country's education sector policy on HIV and AIDS. The kit, which will be produced in English and French, is organised as follows: section 1 contains information on getting started, including a training curriculum, generic workshop programmes and training tips; section 2 contains tools to assess HIV and AIDS competency in participants and trainers, provides information on legal and policy frameworks, and a 'gold star' policy response; section 3 explores four policy themes – prevention, care and support, HIV & AIDS and the workplace, and management of the response.

Training and resource manual on school health and HIV & AIDS prevention

Education International and WHO. 2001. Brussels/Geneva. Available at www.ei-ie.org/hiv aids/en

Includes resources (fact sheets, information and data about HIV and AIDS) and examples of participatory learning activities to provide teacher trade unions, teacher educators and teachers with resources to improve their advocacy skills, address their own risks and concerns and use interactive methods to help their students acquire skills to prevent HIV infection and HIV-related discrimination.

Reducing HIV and AIDS vulnerability among students in the school setting. A teacher training manual

UNESCO Bangkok. 2005. http://www2.unescobkk.org/elib/publications/hiv_aids_manual/index.htm

Training of teacher educators manual developed by UNESCO with the Regional Center for Community Nutrition, University of Indonesia (SEAMEO-TROPMED), as part of the *Quality Improvement of the Curriculum and Teaching-learning Materials on Prevention of HIV/AIDS and Drug Abuse in Asia and the Pacific* Project. Provides practical guidelines on planning and implementing pre-service and in-service training, and 11 training modules covering basic facts

about HIV and AIDS, understanding adolescence, unplanned pregnancy and STI, HIV and AIDS, drugs and substance abuse, human rights, stigma and discrimination, care and support for PHA, community involvement, integrating HIV prevention education into the curriculum, use of learner-centred strategies and life skills techniques, and assessment tools.

HIV and AIDS education module: Virtual Institute for Higher Education in Africa

UNESCO Harare and National Universities Commission of Nigeria. 2004. Downloadable at <http://www.viheaf.net/hiv.cfm>

On-line training module for teacher educators and educators in primary and secondary schools and tertiary education institutions, which aims to develop educators' knowledge and skills so that they can train other teachers or students in HIV preventive education. Consists of 20 lessons covering different aspects of HIV and AIDS, including how to apply the lesson content to the classroom. Registration is free and those participating receive a training booklet and a CD-Rom, can complete lessons according to their own needs and schedules, and have access to an electronic chat room to communicate with other students.

Coping skills: A facilitator's manual

UNESCO, 2004a. UNESCO Harare and Ministry of Higher and Tertiary Education, Zimbabwe.

For lecturers in teacher training colleges and pre- and in-service teachers, this manual aims to help educators to cope at the personal and the school level with the effects of HIV and AIDS. It is intended to encourage educators to adopt more positive behaviours and to help them develop the skills to support school children affected by the epidemic.

Resources for Educators

Building Resiliency Among Children Affected by HIV and AIDS.

Mallmann S.A. 2003. Catholic AIDS Action Namibia. Practical handbook with information about the impact of HIV on children and guidance on helping to prepare children for the death of a parent; how to develop resilience in children; how to help children showing specific reactions and behaviours such as nightmares or aggression; and recognizing severe problems that require more specialist help.

Preventing HIV and AIDS in schools

Schenker, I. and Nyirenda, J. 2002. Educational Practice Series 9. International Academy of Education and International Bureau of Education.

<http://www.ibe.unesco.org/International/Databanks/HivAids/docs/prac09e.pdf>

Part of an educational practice series developed by the International Academy of Education and UNESCO's International Bureau of Education (IBE) and aimed at teacher educators, teachers and other HIV and AIDS educators, this booklet provides guidance on how to develop and implement effective school-based HIV and AIDS education programmes. It includes information about life skills; participatory, gender-specific and culturally-sensitive teaching methods; partnerships with communities; peer education; and monitoring and evaluation.

Embracing diversity: Toolkit for creating inclusive, learning-friendly environments

UNESCO Bangkok. 2004. http://www2.unescobkk.org/elib/publications/Embracing_Diversity/index.htm

Intended to sensitize teachers and education administrators about the importance of inclusive education and to provide them with the practical tools to analyse the situation and ensure all children are learning to their fullest capacity, as well as ensuring equity in the classroom, learning and teaching processes, and school policies. Draws on experience in inclusive education and child-friendly schools, and includes tools that teachers can use with students, families and communities, and with colleagues in formal and non-formal educational settings. Booklet 1 describes an inclusive learning friendly environment and how to create it; Booklet 2 describes how to involve communities, families and children; Booklet 3 identifies barriers that exclude children, how to identify children not



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in school and how to address barriers to their inclusion; Booklet 4 explains how to create an inclusive classroom and how to deal with a class of children of diverse backgrounds and abilities; Booklet 5 explains how to manage an inclusive classroom including planning and assessing teaching and learning; and Booklet 6 describes how to make a school healthy and protective for all children.

Participatory learning activities from the EI/WHO training and resource manual on school health and HIV & AIDS prevention

EI, WHO and EDC, Inc. 2004. WHO Information Series on School Health. Geneva, WHO.
www.who.int/school_youth_health/resources/en/sch_document6-1_HIV_prevention_en.pdf

Drawn from the EI/WHO Training and Resource Manual on School Health and HIV & AIDS Prevention, it is intended for teacher unions and teachers to support training and advocacy and to provide practical ideas for learning activities to address their own risk and support teaching about HIV and AIDS in formal and non-formal settings. Contains participatory activities designed by African teachers, including learning activities to help adults avoid infection; helping adults and young people advocate for effective HIV prevention efforts in schools; helping children and adolescents acquire skills to prevent HIV infection and related discrimination; and answers to common questions and fact sheets.

Bulletin on HIV and AIDS prevention in schools

Education International. Available at
<http://www.ei-ie.org/ef aids/en/newsletters.htm>

Intended to provide EI member organizations currently involved in the EI/WHO programme as well as EI partners, with international news on HIV and AIDS prevention. It provides updates on current developments, specific actions and measures taken in the area of HIV and AIDS prevention by EI, its partners and its affiliates.

Teachers Talking about Learning

www.unicef.org/teachers/build.htm

Offers a collection of articles: briefings and overviews on the Rights of Children; teaching strategies aligned with a Child-Friendly approach; and overviews on related learning theories.

HIV and AIDS education: A gender perspective, tips and tools

UNICEF 2002. New York. Available in English, French and Spanish at www.unicef.org/lifeskills/index_14927.html

Primarily for UNICEF staff working with educators, curriculum designers and policy makers, it provides a set of training materials for teachers and other educators in formal and non-formal settings, including useful tips and tools for classroom and other educational settings. Based on a review of HIV & AIDS teaching and learning materials in Latin America and the Caribbean, Asia and the Pacific, and southern Africa, it aims to help educators understand gender and HIV issues and apply gender analysis to classroom strategies, materials and methods. It includes basic facts about HIV & AIDS and why women are most vulnerable; suggestions for linking life skills education to sexuality, reproduction and HIV risk; strategies for increasing public awareness and mobilizing community support and approaches to instituting gender sensitive goals, curricula and teacher training; and a Q&A section on the curriculum and school environment and teacher training and practices.

Hands on! A manual for working with youth on sexual and reproductive health.

GTZ. 2002. Eschborn, Germany, GTZ.

<http://www.evaplan.org/website/evaplan/grafik/pdf/handson.pdf>

Lays out methods and approaches to support technical co-operation personnel and their partners in the development and implementation of SRH measures with young people in a practical way. It consists of 16 separate yet complementary papers written largely by practitioners from the field. Part one, Methods, consists of a step-by-step guide to a situation analysis, description of methods for baseline data collection, tools for participatory rapid appraisal and indicators for monitoring and evaluation. Part two, Approaches, contains among others checklists for peer education, guidelines for the development of IEC material, theatre plays or sports activities, and how to support youth organisations and cross-sectoral networking.

Handbook for evaluating HIV education

CDC and IOX Assessment Associates. 1992.

www.cdc.gov/HealthyYouth/publications/hiv_handbook/index.htm ; or available free of charge from HealthyYouth@cdc.gov

Developed to evaluate quality and impact of HIV education programmes in the US, a useful resource on evaluation of HIV education programmes for school administrators, teacher educators and teachers, curriculum developers, education departments and decision makers. It includes evaluation designs and measurement tools to collect data on HIV-related school policies, curriculum, staff development, and student outcomes in terms of knowledge, attitudes and behav-

ious. Nine booklets contain checklists, guidelines, sample surveys and assessment instruments.

Sexually transmitted infections: Briefing kit for teachers

WHO/WPRO. 2001. Regional Office for the Western Pacific, WHO.

http://www.wpro.who.int/NR/rdonlyres/DC57A9FD-11B3-41F1-9810-3A0E28752101/0/STI_Briefing_Kit_for_Teachers_2001.pdf

Aimed at curriculum planners and teachers working in secondary schools and teacher educators, the briefing kit is intended to develop the capacity of teachers to provide accurate and appropriate information about STI. It contains basic information, suggestions for teaching about STI and HIV using participatory methods, and a useful resource list.

YouthNet Briefs

FHI, 2005

www.fhi.org/en/Youth/YouthNet/Publications/Ynbriefs.htm

A series of briefs summarising research findings, country projects and technical guidance, including project reports on sports in HIV education in Tanzania and using radio to keep young people in school in Zambia, and technical guides on youth participation, youth-centred participatory learning and action, and assessing youth needs.

Learning Materials

Literacy, gender and HIV & AIDS series.

UNESCO and DANIDA. Available at http://portal.unesco.org/education/en/ev.php-URL_ID=19485&URL_DO=DO_TOPIC&URL_SECTION=201.html

Series of easy to read cartoon story booklets produced at UNESCO workshops in various sub-Saharan African countries, which aim to encourage local production of gender-sensitive literacy and learning materials to communicate messages on HIV and AIDS, in particular to illiterate women and out-of-school girls.

Choose a future! Issues and options for adolescent girls

CEDPA. 2002. Washington DC, CEDPA.

This 12-module training manual of participatory activities guides girls and young women in examining issues and options in their lives, setting goals, developing skills in analysis and decision-making and building self-esteem. The manual features sessions on marriage and motherhood to help girls who are restricted by poverty and gender roles explore positive options available to them. In sessions on reproductive health, girls discuss sexuality and the life-long health, education and economic effects of early pregnancy. Abuse, violence and harmful traditional practices such as female genital mutilation are given special attention.

Choose a future! Issues and options for adolescent boys

CEDPA. 1998. Washington DC, CEDPA.

This manual is designed to foster self-respect and self-esteem; supportive peer relationships; expanded skills in analysis, decision-making, problem-solving, and negotiating; and increased access to resources among young boys. In addition, boys explore gender-equitable approaches to family life and other socio-cultural issues and examine real issues in their lives—marriage, health, family relations, conflict resolution, education, work, legal status, and community involvement—and options for dealing with these issues.



RESOURCES

Useful Websites

UNESCO

www.unesco.org

UNESCO FRESH Tools for Effective School Health

www.unesco.org/education/fresh

HIV and AIDS Impact on Education Clearinghouse (IIEP)

<http://hivaidsclearinghouse.unesco.org/>

This is an on-line resource centre dedicated to collecting and disseminating research on the impact of HIV and AIDS on education. Downloadable documents in English, French and Spanish include policy documents on the impact of HIV and AIDS on education; studies and research on planning, implementation and evaluation of HIV and AIDS education policies and programmes; examples of best practice; and conference proceedings. CD-ROMs and hard copies of materials are available free of charge for those with limited Internet access.

Global Curriculum Bank for HIV and AIDS Preventive Education (IBE)

<http://www.ibe.unesco.org/HIVAids.htm>

The IBE clearinghouse maintains a global resource bank of curriculum materials related to HIV & AIDS and provides capacity building for the development of curricula and teaching and learning materials for HIV and AIDS education. The IBE maintains a clearinghouse website and database of good practice in curricula responses to HIV and AIDS, evaluates curricula materials, provides training and designs training tools and modules to build the capacity of curriculum specialists.

HIV and AIDS Clearinghouse (UNESCO Bangkok)

<http://www.unescobkk.org/index.php?id=436>

HIV and AIDS Clearinghouse for Eastern and Central Africa (UNESCO Nairobi)

<http://hivaids.nairobi-unesco.org/>

Regional HIV and AIDS Clearinghouse on Preventive Education (UNESCO Dakar)

http://www.dakar.unesco.org/clearing_house/sida.shtml

HIV & AIDS and Education database (UNESCO Harare)

<http://www.harare.unesco.org/hivaids/>

UNESCO field offices

UNESCO Abuja
UNESCO Accra
UNESCO Addis Ababa
UNESCO Almaty
UNESCO Amman
UNESCO Apia
UNESCO Bamako
UNESCO Bangkok
UNESCO Beijing
UNESCO Beirut
UNESCO Brasilia
UNESCO Brazzaville
UNESCO Bujumbura
UNESCO Cairo
UNESCO Dakar
UNESCO Dar es Salaam
UNESCO Dhaka
UNESCO Doha
UNESCO Geneva
UNESCO Haiti
UNESCO Hanoi
UNESCO Harare
UNESCO Islamabad
UNESCO Jakarta
UNESCO Kabul
UNESCO Kathmandu
UNESCO Kigali
UNESCO Kingston
UNESCO Kinshasa
UNESCO Libreville
UNESCO Lima
UNESCO Maputo
UNESCO Mexico
UNESCO Montevideo
UNESCO Moscow
UNESCO Nairobi
UNESCO New Delhi
UNESCO New York
UNESCO Phnom Penh
UNESCO Port-au-Prince
UNESCO Quito
UNESCO Rabat
UNESCO San José
UNESCO Santiago
UNESCO Tashkent
UNESCO Tehran
UNESCO Venice
UNESCO Windhoek
UNESCO Yaoundé

Multilateral agencies

ILO www.ilo.org
UNAIDS www.unaids.org
UNDP www.undp.org
UNFPA www.unfpa.org
UNICEF www.unicef.org
WHO www.who.int
World Bank www.worldbank.org
World Food Programme www.wfp.org

Bilateral agencies

DCI www.dci.org
DFID www.dfid.gov.uk
GTZ www.gtz.de
USAID www.usaid.org

NGOs

ActionAid International www.actionaid.org
Education Development Center www.edc.org
Education International www.ei-ie.org
Family Health International YouthNet Programme
www.fhi.org/en/Youth/YouthNet
Global Campaign for Education
www.campaignforeducation.org
Healthlink Worldwide www.healthlink.org
International HIV and AIDS Alliance
www.aidsalliance.org
Plan International
www.plan-international.org
Population Services International
www.psiwash.org
UK Consortium on AIDS and International
Development www.aidsconsortium.org.uk

Academic institutions

Institute of Education, University of London
www.ioe.ac.uk

Databases

AEGiS www.aegis.com
AIDSMAP www.aidsmap.com
Eldis. IDS, University of Sussex. www.eldis.org
id21 education. IDS, University of Sussex.
www.id21.org
Source. IDS, University of Sussex.
www.ids.ac.uk
Health Communication Materials Database. CCP,
Johns Hopkins Bloomberg School of Public Health.
www.m-mc.org



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HIV & AIDS AND SAFE, SECURE AND SUPPORTIVE LEARNING ENVIRONMENTS

This booklet is the second in a series of publications that address key themes of UNESCO's work on HIV & AIDS and the education sector. It 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. It also includes a bibliography, a list of practical tools and resources, and sources of additional information.

Booklet 1 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 3 discusses issues affecting educators in the context of HIV and AIDS, including training, conduct, and care and support.

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.