



United Nations
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Scientific and
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Booklet

3

HIV & AIDS AND EDUCATOR DEVELOPMENT, CONDUCT AND SUPPORT



GOOD POLICY AND PRACTICE IN HIV & AIDS AND EDUCATION

**HIV & AIDS AND
EDUCATOR DEVELOPMENT,
CONDUCT AND SUPPORT**

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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>
DEMMIS	<u>District Education Management and Monitoring Information System</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, TB and Malaria</u>
GIPA	<u>Greater Involvement of People Living with HIV/AIDS</u>
GNP+	<u>Global Network of People Living with HIV/AIDS</u>
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>
ICT	<u>Information and Communication Technologies</u>
ICW	<u>International Community of Women Living with HIV/AIDS</u>
IDB	<u>Inter-American Development Bank</u>
IEC	<u>Information, Education and Communication</u>
IIEP	<u>International Institute for Educational Planning</u>
ILO	<u>International Labour Organization</u>
IRC	<u>International Water and Sanitation Centre</u>

ITPC	<u>International Treatment Preparedness Coalition</u>
JICA	<u>Japan International Cooperation Agency</u>
MAP	<u>Multi-country AIDS Programme</u>
MoE	Ministry of Education
MSF	<u>Médecins Sans Frontières</u>
MTCT	<u>Mother to Child Transmission</u>
MTT	<u>Mobile Task Team</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>
RESAFED	<u>Reseau Africain de Formation a Distance</u>
SCUK	<u>Save the Children 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 International Children's Fund</u>
UNODC	<u>United Nations Office on Drugs and Crime</u>
USAID	<u>United States Agency for International Development</u>
VCT	<u>Voluntary Counselling and Testing</u>
VSO	<u>Voluntary Service Overseas</u>
WFP	<u>World Food Programme</u>
WHO	<u>World Health Organization</u>
WTO	<u>World Trade Organization</u>



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FOREWORD

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

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

It is our hope that the Good Policy and Practice in HIV & AIDS and Education series will be used by a variety of people engaged in responding to HIV and AIDS through education. The review is not by any means exhaustive, but the examples included can be adapted to a particular context where relevant, helping to inspire innovative approaches that capitalize on existing resources, expertise and experience in one's own community. Understanding that only local solutions will solve local challenges, this series aims to pull together a variety of programmatic and policy experiences from different regions that can be mixed and matched to meet one's community, district or national 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
Director
Division for the Promotion of Quality Education
HIV and AIDS Global Coordinator
UNESCO



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 third in a series of publications that address key themes of UNESCO's work on HIV & AIDS and the education sector. It discusses issues affecting educators in the context of HIV and AIDS, including training, conduct, 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 2 discusses issues affecting learners in the context of HIV and AIDS, including rights and access to education, protection, knowledge and skills, and care and support. Booklets 2 and 3 include an expanded bibliography, a list of practical tools and resources, and sources of additional information.

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

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

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

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



Booklet

3

HIV & AIDS and Educator Development, Conduct and Support



I INTRODUCTION

Most HIV and AIDS activity in the education sector has focused on learners and school curricula. Limited attention has been given to the role of educators to enable them to deal with new challenges posed by the epidemic. Even less attention has been given to protecting educators from HIV infection and to providing care, treatment and support for educators infected with HIV or affected by HIV and AIDS. There are also very few programmes addressing the needs of other education sector personnel, such as planners, managers and support staff.

This booklet looks at

- TRAINING AND SUPPORT OF EDUCATORS.
- EDUCATOR CONDUCT.
- PREVENTION, CARE, TREATMENT AND SUPPORT FOR INFECTED AND AFFECTED EDUCATORS.



The International Institute of Educational Planning (IIEP) launched an action research programme in 2003 to study the impact of and responses to HIV and AIDS in Tanzania, Malawi and Uganda. The study found that most ministries of education (MoE) and development agencies were focusing on pupils and curricula rather than on the needs of teachers and other sector staff.

The study also found little evidence of involvement of teacher unions, lack of support for infected and affected teachers, and widespread stigma and discrimination in the education sector. HIV-positive teachers were afraid of having their HIV status made public and fired, and none of these teachers agreed to be interviewed on the school premises. Teachers with HIV were almost never put on sick leave as they would eventually lose their salaries and jobs. In the absence of clear workplace policies, responses depended on individual head teachers and district education officers – sympathetic heads and officials continued to pay salaries to staff who were too sick to work.

(De Korte and Allemano, forthcoming)



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“Many people may have heard about HIV/AIDS in Pakistan, but very few actually know enough about this epidemic. Even highly educated government functionaries in national and provincial capitals do not know how the AIDS virus is transmitted from one person to another, and what precautionary measures can protect them from infection.

For a high risk country like Pakistan, the first priority should be to sensitize the general public about HIV/AIDS and provide them with information on prevention. Adult people, including teachers, in Pakistan are keen to know and ready to listen. The Ministry of Education do not have any objection on training of teachers and providing them with guidebooks on how to disseminate this prevention information to their pupils... We cannot reach students without convincing the teachers, their parents, and the community at large.”

**Education Programme Officer, HIV and AIDS Focal Point,
UNESCO Islamabad.**

2 EDUCATOR TRAINING AND SUPPORT

Educators play an important role as a source of accurate information and skills, as adults with whom young people can discuss issues, as role models and mentors, and as advocates for healthy school environments. The HIV epidemic makes this role more critical. Educators need to be equipped to cope with the impact of HIV and AIDS in the classroom, including managing larger classes of mixed ages, providing support to infected and affected learners, as well as delivering HIV education.

The epidemic also means that educational systems and settings, and educators, will have to take on new responsibilities. To meet the needs of learners affected by the epidemic, schools may need to offer training in vocational and income-generating skills, to provide

counselling for children with psychosocial and emotional problems and to play a wider welfare role. This could include, for example, enumerating orphans, identifying children at risk, and delivering nutritional support. These additional tasks will require reaching out beyond the learning environment to families, communities and other sectors.

Developing effective education sector responses to HIV and AIDS and coping with new challenges depends on effective teacher training and support, and on educator commitment, confidence, knowledge, attitude and skills.

Policies and programmes need to ensure that educators have relevant knowledge and skills, access to appropriate materials and resources, the confidence and motivation to deal with HIV and AIDS issues, as well as the support of MoEs, head teachers and communities. The active involvement of teachers in

Weaknesses identified in school HIV and AIDS programmes include:

- Conceptualization – HIV and AIDS is not a subject area in its own right with dedicated educators and teacher trainers.
- Curriculum integration – even if HIV and AIDS is integrated, it may be spread thinly across the curriculum, and is often an optional extra-curricular subject, thereby may fail to reach all learners.
- Linkages – school HIV and AIDS programmes are not well linked to health education and health services.
- Teaching methodology – teaching mostly depends on whole class teaching, with little opportunity for participatory learning, peer education, community participation or involvement of people living with HIV and AIDS (PLHIV).
- Teacher competency – educators are not professionally or personally prepared to teach about or cope with HIV and AIDS; many are concerned about their own lack of knowledge and understanding and are uncomfortable dealing with sensitive or taboo topics.
- Curriculum and teacher support – there is insufficient accurate and good quality teaching and learning material, and little provision for educator training, guidance, and back up support relative to other subjects taught.

A study of teaching about HIV and AIDS in Kenya and India (ActionAid, 2003) found that many teachers reported difficulties in discussing the subject with their students and opted for selective teaching and a focus on messages about abstinence. In India, HIV lessons were not taught at all in some schools while in Kenya selective teaching was linked to negative attitudes towards condoms and safe sex.

Key challenges identified by teachers included:

- Conflict between curriculum content and societal norms and assumptions about young people and sex, and feeling uncomfortable teaching students of the opposite sex about HIV and AIDS.
- Oversized classes, an already full curriculum and lack of time. Over half of teachers in both countries said they did not have enough time to teach about HIV and AIDS.
- Lack of knowledge and skills, training opportunities and teaching and learning materials. 45% of Kenyan teachers interviewed said they did not have enough knowledge to teach about HIV and AIDS and 54% had never been on a training course on AIDS. In India, 70% of teachers had received no training on HIV and AIDS.
- Lack of confidence. Parents and students in both countries had more confidence in teachers' levels of knowledge than teachers themselves.

UNESCO Nairobi carried out an appraisal of a capacity building project for teachers in Kenya. Teachers complained about the training being targeted at students and ignoring the vulnerability of teachers. They felt that there was an assumption that, as teachers, they were supposed to know about HIV and AIDS and automatically assumed to prevent infection. They pointed out that many of them knew little about HIV and AIDS and urgently needed capacity building.

planning, implementing and evaluating school HIV and AIDS programmes is critical.

Specific strategies and actions include:

2.1 Promote educator awareness of the needs of learners and their environments

Ensure that educators are aware and informed of HIV risk behaviour among in and out of school learners, and are able to identify learners who are especially vulnerable

In Cambodia, the Ministry of Education, Youth and Sports, with support from UNESCO Phnom Penh and UNICEF, recently conducted the first national youth risk behaviour survey among in- and out-of-school youth aged 11-18 years. The findings, which have been disseminated to education authorities and schools, showed that many young Cambodians engage in risky behaviour, although those attending school take fewer risks than those out of school. Only 53% of youth have been educated about HIV and AIDS and a third of sexually active youth never use condoms. Some out-of-school young people reported having sex as early as 11, and those who use alcohol started drinking as young as 12 years. A third of youth knew of someone who had been involved in gang rape; 59% of these were in school and 41% out of school.

Promote educator awareness of the impact of HIV and AIDS on learners, and provide guidance on care and support for infected and affected learners

Teachers need support to help them cope with increasing numbers of children with special needs, including children who have lost parents; been abandoned or are living in institutions; suffered exploitation and sexual abuse, emotional and psychological problems; missed out on school; or are sick or frequently absent. Educators also need support to reach beyond the learning environment, to understand how the family and community context affects learners. To address this, UNESCO is supporting the Caribbean Childhood Development Centre of the University of the West Indies to assess the implications of HIV and AIDS for early childhood schooling.



A study of stress in primary school teachers in Zambia found that many of the teachers' pupils were affected by poverty, death and illness of parents, fellow pupils and teachers; violence at home; and, especially among girls, low self esteem. These problems were often HIV-related. Despite training, many teachers felt inadequate in their ability to counsel pupils, and wanted continuing support and training to help them cope with this aspect of their work. Teachers were also frustrated by their inability to meet the financial and emotional needs of pupils. Challenges included lack of private space for counselling, lack of time, lack of support from colleagues who had not been trained in counselling and of educational materials on AIDS, as well as stresses in their own lives (*Baggaley et al, 1999*).

2.2 Improve training of educators

Select HIV and AIDS educators on the basis of personal qualities

Teachers to be trained as HIV and AIDS educators should be selected carefully. Not all educators are suited to or interested in teaching about health, sexuality, relationships and HIV and AIDS. To address this, some countries are selecting educators who are willing and interested to develop a cadre of trained HIV and AIDS and life skills teachers.

Personal qualities are critical if learners are to respect their teachers and practise what they learn. The best HIV and AIDS educators are willing and motivated, have positive attitudes towards and good relations with young people, are comfortable discussing sexuality, demonstrate responsible sexual behaviour, respect confidential information, have good communication skills and are non-judgemental and approachable.

WHY DOES TEACHER EDUCATION FOR HIV PREVENTION MATTER?

Teacher education programmes equip educators with the skills and resources to provide effective HIV and AIDS education. They support educators to:

- Gain confidence in discussing sensitive issues.
- Establish conducive learning environments.
- Develop interactive and participatory learning materials.
- Encourage colleagues to incorporate HIV and AIDS issues into teaching.
- Advocate for workplace policies and guidelines on HIV and AIDS education.
- Strengthen parental support for HIV and AIDS education.

Integrate HIV and AIDS into formal pre-service and in-service training

Teacher education should include pre-service training to build and update knowledge and skills, and promote positive attitudes and develop confidence. It should be supported by continuing professional development and provide relevant learning methods and materials.

Educators may lack the competence and commitment to teach about HIV and AIDS in already overcrowded and exam-driven curricula. HIV and AIDS should be integrated into teacher training curricula, which should complement school curricula and in-service training and should be supported by national training guidelines and materials to ensure consistency. It is important to assess the needs of educators before developing training and teaching materials. IIEP, for example, has conducted an HIV and AIDS training needs assessment in Ethiopia, Ghana, Kenya and Rwanda. A regional workshop brought together participants from all four countries to discuss these findings (*Nzioka, 2005*).

Efforts have been made to integrate HIV and AIDS into teacher training and to develop related training materials. For example, in Nigeria, Family Life Education and HIV and AIDS issues are being integrated into the curriculum at primary and secondary school levels and teacher training institutions; in Barbados a new policy requires all public servants including teachers to be trained in HIV and AIDS; and in Cambodia the Ministry of Education, Youth and Sports is conducting pre-service teacher training on HIV and AIDS together with World Education, with 4-day workshops that focus on teaching methods and use of learning and teaching materials.

WHAT MAKES TALKING ABOUT HIV AND AIDS EASIER?

- Adequate training.
- Good skills and sound knowledge.
- High quality teaching and learning materials.
- Respect for and rapport with students.
- Patience and understanding.
- Non-judgemental attitude.
- Positive environment.

In Jamaica, where training in Health and Family Life Education (HFLE) is now mandatory in all teacher training institutions, UNESCO Kingston supported the development of advocacy materials to promote dialogue with teacher training institutions and trainers about the need to address HIV and AIDS. The next steps will be to develop instructional materials to train lecturers in all the country's teacher education institutions, integrate HIV and AIDS into training, and publish instructional materials for HFLE in collaboration with UNICEF, Caribbean Community and Common Market (CARICOM) and the Caribbean Publishers Network (CAPNET). It is hoped that the materials for training lecturers will be used throughout the Caribbean region. More generally, UNESCO's Office for the Caribbean has been working closely with CAPNET to strengthen the skills of publishers, editors and curriculum managers in developing and appraising HIV and AIDS curricula and in producing appropriate educational materials for the region. UNESCO supported CAPNET's Third International Conference on Publishing in the Caribbean, held in Montego Bay, Jamaica, in June 2005.

The CARICOM HFLE Project in Trinidad and Tobago is a teacher education initiative developed by the Family Planning Association, University of the West Indies School of Education, National AIDS Programme, Ministry of Education and other agencies. It is developing core curriculum and teacher education materials to increase teacher awareness of HFLE, help them examine their understanding of the issues and practise their skills. Training is assessed and passing the HFLE component is required to obtain a teaching diploma or certificate.

The Life Skills Approach to HIV and AIDS Education in Schools in Viet Nam aims to improve pupils' awareness and skills. However, initial research found that teachers felt unprepared to teach these issues, so the Ministry of Education and Training Life Skills Development Team supported the introduction of life skills into pre-service and in-service teacher training for primary and secondary school teachers (*Warwick and Aggleton, 2002*).

The Zimbabwe Ministry of Higher Education and Technology introduced pre-service training of teachers in 1994. In the first year, students learn the basic facts about HIV and AIDS, in the second year they teach AIDS education during teaching practice, and in the third year they address problems faced during teaching practice and develop HIV resource files. An evaluation by UNICEF in 1999 found students knew more about HIV infection symptoms, condoms, diagnosis and sexually transmitted infection (STI) treatment. They were also more likely to state that a woman has the right to refuse sex – although only half of the students would accept use of condoms in their own relationships. The evaluation highlighted several areas for improvement in the course so as to raise its status and increase attendance: to make it examinable; to have properly qualified tutors; to use participatory techniques to help students internalize positive attitudes and behaviours; and to place greater emphasis on female empowerment in course materials. Zimbabwe also introduced in-service training in the mid-1990s. Key challenges have included the lack of links between in-service and pre-service training, and the lack of coordination of materials with training.



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More recently, UNESCO Harare has been working with the MoE on Strengthening Student Teacher Capacity in HIV and AIDS and Life Skills Education, a programme that is being implemented in all pre-service primary teachers' colleges in Zimbabwe. Teachers are targeted during pre-service training, because they are vulnerable themselves and need to be adequately trained to deliver the curriculum and to cope with the impact of the epidemic in the classroom. The programme has five components: policy development; risk reduction; coping skills, teaching skills; and care and support. As part of this programme, UNESCO has supported the development of a facilitator's manual to help lecturers and student teachers cope with HIV personally and in the classroom, providing new materials to strengthen capacity to teach about HIV and AIDS and life skills. Challenges to the quality of teaching include inadequate resources, delivery through mass lectures, and poorly trained and over-worked lecturers.

UNESCO's Regional Bureau for Education in Bangkok, Thailand, has developed a generic teacher-training manual, focusing on how teachers can integrate HIV prevention into existing subjects in secondary schools (*UNESCO Bangkok, 2005*). To ensure that the manual is culturally appropriate and addresses the needs of specific environments, the HIV & AIDS and School Health Unit of the UNESCO Bangkok Office has facilitated a series of national workshops within the region to adapt and translate the manual and promote national ownership. Workshops have been hosted by the Ministry of Education and the local UNESCO field office and involve representatives from the Ministry of Health and other UN agencies. In-country adaptation workshops have already taken place in China, Indonesia, Laos PDR and Viet Nam, and are scheduled to be conducted in Afghanistan, Bangladesh, Cambodia, Iran, Pakistan, Nepal, Malaysia and Thailand in the near future. In Kazakhstan, UNESCO Almaty is supporting regional in-service teacher training institutes, regional education departments and teachers to improve their skills through use of the Manual. The Manual is also being introduced in Africa; for example, it has been adapted in Senegal and is being used in primary school teacher training colleges, and is also being adapted and translated in Angola in collaboration with the MoE.



UNESCO New Delhi developed a manual for teacher educators on HIV and AIDS and life skills, which forms the basis for a 5-day training course at teacher training colleges in India (*UNESCO New Delhi and Rotary International, 1997*). The same manual was used during a training workshop for curriculum developers, education planners and teacher educators and adapted by the UNESCO Windhoek office for use in teacher education institutions in sub-Saharan Africa.

The Strengthening HIV/AIDS Partnerships in Education (SHAPE) programme in Ghana, sponsored by the MoE and USAID, includes teacher training as a key component in improving HIV and AIDS education in schools, using a curriculum called the *Window of Hope* at teacher training colleges. A baseline survey was conducted when the programme started in 2003 to assess trainee teacher knowledge, attitudes and practices. Myths about transmission, risk behaviour among trainee teachers, stigmatizing attitudes and lack of confidence in discussing HIV with learners were among the findings. Following training, monitoring and support visits found that younger tutors embraced a more experiential approach but older tutors were still relying on lectures and didactic methods. Implementation was also hampered by a lack of resources, such as photocopies, media equipment and flip charts, and the fact that the curriculum was not being taken seriously as it was not an examinable subject (*YouthNet, 2004*).

With support from UNAIDS, UNESCO has supported a ten-month project on capacity building for teachers in Burundi, Eritrea, Kenya, and Uganda. The aim of the project is to fill the gap being experienced in Ministries of Education in the area of capacity building on HIV and AIDS.

Lessons learned include the need for training to be of adequate duration and depth to instil competence and confidence, and for HIV and AIDS to be an examinable part of pre-service training if it is to be given sufficient importance by trainers and students.

Experience in many countries shows that the quality of delivery of HIV and AIDS education is equally important to the design of curricula or materials, and that HIV and AIDS education is more effective when educators explore their own values and attitudes and establish an open and positive classroom environment. Educators share the same values, beliefs and taboos as the rest of society and traditional teaching approaches often do not allow for open discussion of sexual issues. Training, therefore, needs to develop knowledge about HIV and AIDS and issues such as gender, social and cultural dynamics; to encourage educators to examine their own attitudes and behaviours; to help educators learn participatory and gender-sensitive teaching methods and communication skills; and to enable educators to answer

questions honestly and respond to the needs of infected and affected children of different ages.

Training should include counselling and guidance skills, to help educators to cope with their own emotional needs and to support colleagues and students. Educators also need to be able to deal with opposition from parents and colleagues, and to work with other government departments and NGOs to meet health and welfare needs of students.

The curriculum is only a small part of what students learn at school. They also learn from what they see and hear and the way their teacher deals with a topic, and will very quickly recognize if educators are uncomfortable talking about HIV and AIDS. Few educators are born with the ability to comfortably facilitate discussion about sexuality, gender relations and HIV and AIDS, especially in societies where these are sensitive issues. Training should also give educators the confidence to discuss these topics with students of different ages.

WHAT MAKES EDUCATOR EDUCATION EFFECTIVE?

- Address educators' own vulnerability to HIV and AIDS and how it affects them.
- Provide guidance and practice in use of participatory methods.
- Provide learning materials that are appropriate to the age, gender and culture of learners.
- Use of information and communication technologies (ICT), radio and open and distance learning programmes.
- Provide continuing education credits or certification to motivate and provide incentives.
- Offer ongoing encouragement through peer coaching, support groups and mentoring.
- Encourage community participation and support.
- Establish a supportive context, e.g. workplace policies and programmes covering prevention, care, treatment, discrimination, confidentiality, health and safety.

Source: YouthNet (2004)



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“The teachers seem to fear teaching on the subject of HIV/AIDS.” Female student, Kisumu, Kenya.

“They teach whatever is printed in the textbook. They teach us only about the origination and spread of the disease. They do not speak to us about how and why it spreads.” Male student, Tuticorin, India.

An operational research project in Kenya, which involved collaboration between the Ministry of Education, Ministry of Health, Ministry of Gender, Sports and Culture, the Program for Appropriate Technologies in Health (PATH) and the Population Council, trained teachers and head teachers, guidance and counselling staff, and religious leaders in six rural communities. Teachers used a curriculum developed by PATH, received refresher training once a year and held bi-monthly meetings, and the MoE conducted monitoring three times a year. It was found this led to increased teacher confidence in teaching about HIV and AIDS and increased community openness and willingness to discuss issues (*YouthNet, 2004*).

Using a similar approach to this Kenyan project, in the Soroti District of Uganda the African Medical and Research Foundation (AMREF) trained almost 6,000 teachers, head teachers, peer educators and tutors (senior teachers responsible for counselling) in 95 primary schools. Teachers used the PATH curriculum, had annual refresher courses and received quarterly supervision visits. The programme reported declines in student sexual activity and pregnancies, and increased communication between students and between students and parents (*ibid*).

In Brazil, low self-esteem was identified as a key factor in teacher unwillingness to teach about sexual and reproductive health issues. To address this, UNESCO Brasilia and UNFPA collaborated on a project to build teachers' confidence. Teachers received 140 hours of training covering issues including sexuality and participatory methodologies and, at the end of the course, designed a school programme that was evaluated. One of the programmes developed has been adopted by several schools and won a national prize. The success of this programme, and the recognition that educator confidence is a critical factor in HIV education, has prompted the UNESCO Maputo Office to support replication of the programme in Mozambique. To motivate schools and teachers, the Brazilian Ministries of Health and Education have also established a prize for school prevention programmes on HIV and drug use. An independent committee reviews submissions and the winner receives a computer - so far the committee has received over 800 submissions.

In Ghana, with support from CIDA, trainee teachers and youth leaders will receive HIV and AIDS awareness and sensitization training through a one-semester distance learning course, Reducing HIV Stigma by Education, to be launched in October 2006. The course, which will be run at Ghana's two main teacher training institutions, the University of Education, Winneba, and the University of Cape Coast, as well as at the University of Ghana, aims to reach 5,000 trainee teachers a year.

UNESCO Santiago sponsored a workshop to train 19 teachers from kindergarten, primary and middle schools in Calama, Chile, to develop HIV and AIDS prevention activities. The training included provision of basic information, analysing information contained in an HIV and AIDS kit developed by UNESCO Santiago, using a computer simulation game to develop educational activities, role play and practising class room activities. While most teachers were aware of the basic facts about HIV and AIDS, some used negative language and had misconceptions that needed to be addressed. After the workshop, e-mail accounts were created for the teachers at the computer centre of the school where the training was held to enable them to continue to access information and link up with each other. This activity was part of a wider regional project, the Regional Network for School Director Leadership for HIV and AIDS Prevention Education, which has so far been implemented in Argentina, Chile and Mexico, with plans for further expansion in future.

In Liberia, as part of its contribution to the reconstruction of the education sector, UNESCO has developed a course on quality education in peace, human rights and HIV & AIDS in collaboration with the MoE and local education stakeholders. The course was piloted during a one-week session in 2005, which brought together 30 participants from the Ministry of Education and other education professionals. The success of the course has led to the manual being developed in a generic version which will be adaptable to other contexts.

(UNESCO, 2006).



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Provide educators with ongoing support and information

One-off training is not enough. Educators need ongoing reinforcement, support and information updates. In Jamaica, for example, it was found that teachers trained to use participatory experiential methods were likely to use these methods but impact was limited by lack of support and refresher training. Consequently, it is important to plan for supportive supervision and refresher training. In Mexico and Thailand, for example, supportive supervision includes trained teachers observing others teaching about HIV and AIDS and advising them on how to improve their skills. In Guinea, where the HIV and AIDS prevention element of the school curriculum has been integrated into teacher training, educators are guided on use of specific instruction units through regular classroom visits by experts.

One approach to providing ongoing support and information is to institutionalize continuous professional development that includes an accredited HIV and AIDS component. Another method is to provide distance-learning materials, such as training manuals, videos and interactive learning modules, to support in-service training and continuing education. Other approaches to help educators keep up to date include use of information and communication technologies and radio.

In Senegal, the Réseau Africain de Formation à Distance (RESAFAD) network, which operates across Francophone Africa, helps to provide continuing education and to tackle teacher isolation. Teachers can share information and ideas via the internet and the Professional Development Centre in Dakar, where tutors provide guidance on teaching approaches and materials (*see www.resafad.org*).

The tri-monthly bulletin, Ijwi Ry'Umurezi (Echo of the Educator), is produced in Rwanda in Kinyarwanda, the official language, to promote sharing of experience in the education sector.

Training several teachers in a school helps educators to provide mutual support. Peer support networks are valuable for educators working in isolation in small or remote schools, and to provide mentoring and support for less experienced teachers, as well as to reduce stress and burnout. In countries particularly affected by the epidemic, experienced educators may be replaced by staff who are less well trained and qualified, and who need more support and supervision. Education authorities can encourage the formation of mobile resource groups that visit schools and use creative methods such as drama, storytelling and dance.

An IIEP study conducted with educational planners in seven sub-Saharan African countries in 2002 looked at ways of supporting single-teacher schools. The most effective strategy is clustering small schools in the same area. A hub school is identified in each area, with links to affiliate schools some distance away. The principal at the hub school also acts as the principal for branch schools, and is trained to monitor teachers. Resources and equipment such as books and science equipment are shared, resulting in more efficient management and use of resources. This approach also provides teachers working in isolation with support and offers the potential for teachers to cover for colleagues who fall ill (*Brunswick and Valérien, 2003*).

2.3 Establish a supportive environment for educators to do their work

Develop and implement policies that support educators to address HIV and AIDS

National and school policies are essential to help teachers to address challenges in HIV and AIDS education, including dealing with community objections to teaching about sexuality and to young people's access to information and services. It is also essential that, where policies exist, they are well communicated and are enforced by ministries and schools. Without clear policies or implementation of policies, educators may ignore sensitive topics, such as safer sex and condoms.

In a survey of teaching unions, 84% of unions responding reported that they receive little or no support from policies on HIV to help them address discrimination or objections from community and religious leaders (*Education International, 2000*).

Ensure support from head teachers and parents

Without the support of head teachers and administrators, educators may be limited in what they can do and teach about HIV and AIDS. Experience in countries such as South Africa and Brazil suggests that a 'whole school' approach to sensitization is more effective than training one or two teachers from a school, as it results in greater commitment and support from school management. It is especially important to sensitize school principals and governing bodies.

“I can’t say that teachers have enough knowledge. The head teacher must be sensitized first and thereby the information will be disseminated.”



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“Most of the parents will think we are introducing their children to sex and will not like this education about HIV/AIDS.”

Female teacher, Chennai, India.

Educators also need to be confident that parents support school-based HIV and AIDS education. While many parents would like their children to be taught about these issues at school, there are some who are strongly opposed to teaching about sex and HIV & AIDS and teachers may be deterred by the views of a vocal minority.

It is therefore also important to educate parents and community and religious leaders about the issues and to involve them in the process of introducing, developing or revising school curricula. This requires strengthening school-community links so that teachers are in contact with a wide range of parents.

In Zambia, focus group discussions found that teachers reported difficulties in teaching about HIV because of a lack of training and insufficient learning materials (*Malambo, 2000*).

Provide suitable curricula and supporting materials

Educators need materials to support teaching about HIV and AIDS, including materials for learners. For example, UNESCO Kingston has partnered with the Ministry of Education in Jamaica to develop curriculum materials for HIV and AIDS education.

“In my area, some schools haven’t started on this AIDS curriculum because of lack of materials and teachers for this subject... for schools to watch videos, for instance, there has to be electricity and most schools lack electricity.”

Community leader, Kisumu, Kenya.



In Pakistan, UNESCO Islamabad has supported the translation and adaptation of the UNESCO Bangkok Manual for Training Teachers on HIV and AIDS Preventive Education, and the development of additional materials for teachers and learners at adult literacy centres and non-formal basic education schools. This includes four story books and two posters on the same theme by the Institute of Mass Education, Allama Iqbal Open University, Adult Basic Education Society and Sindh Education Foundation.

UNESCO Phnom Penh and UNICEF assisted the Cambodian Ministry of Education, Youth and Sports to develop educational materials. This included textbooks and games for primary students as well as a module on distance education which teachers are being trained to use at six regional teacher training centres.

In Namibia, the UNESCO Windhoek Office supported the development of materials including calendars for schools, education resource kits, and an HIV and AIDS Resource Manual for inspectors of education and advisory teachers, as well as a capacity building workshop for inspectors and advisory teachers. The peer education and cultural approach to HIV and AIDS prevention has been promoted.

In Mozambique, Voluntary Service Overseas (VSO) teacher trainers working with the in-service English language teacher training programme Secondary and Tertiary English Project (STEP), in partnership with the MoE and Provincial English Advisors, have incorporated HIV and AIDS into courses and are encouraging trainee teachers to develop English language teaching materials on HIV and AIDS themes (*YouthNet, 2004*).

The Zambian Ministry of Education has produced HIV/AIDS Guidelines for Educators and a practical booklet, How can educators contribute to the fight against AIDS in Zambia? (*Republic of Zambia, 2003a, 2003b*). These documents set out the ministry's position and implementation plan, as well as the roles of school managers and HIV and AIDS focal points at different levels. They provide basic information and key messages about HIV and AIDS; and guidance on integrating teaching about HIV and AIDS and life skills into the curriculum, preventing HIV infection in schools, care and support, networking, creating an enabling environment for those affected and infected by HIV and AIDS, and on developing a school HIV and AIDS policy. Educators are encouraged to be positive role models, help spread correct information, including to parents and communities, and to create an environment where people can be open about their HIV status.

The World Health Organization/Education International (EI) Teachers' Exercise Book for HIV Prevention (*EI et al, 2004*), developed by teacher unions in southern Africa with health and education experts, contains participatory skills based learning activities for children and adolescents. So far 80,000 copies in English and French have been distributed to teachers through unions in 17 countries, mostly in sub-Saharan Africa, which are organizing training for teachers. The aim is to have a trained focal person in every school.

IIEP, together with the Mobile Task Team (MTT) in South Africa is currently finalizing a series of teaching modules, which will be made available in hard copy and CD-ROM formats.

A meeting in Zimbabwe convened by UNESCO Harare on Teaching in a World with AIDS discussed the role of teachers, managing teaching personnel and strengthening school-community links for responses to HIV and AIDS. Key recommendations included:

- Role of teachers – improve in-service and pre-service training and teaching competencies; integrate teacher training and school curricula; provide guidance and counselling skills for student teachers; ensure HIV and AIDS is a stand-alone, compulsory and examinable subject; strengthen HIV and AIDS programmes in universities; and institutionalize continuous professional development.
- Managing teaching personnel – improve teacher service conditions, including pay, housing and motivational incentives; establish reliable education HIV and AIDS data and information systems; set up workplace programmes that provide access to information, voluntary counselling and testing (VCT) and antiretroviral therapy (ART); plan for teacher replacement; and ensure teacher professionalism.
- Strengthen school-community links – bridge the gap between what is taught in school and the community; use schools as community resource centres, for example on treatment literacy, HIV information and child rights; introduce HIV and AIDS topics into Parent Teacher Association (PTA) and School Governing Council meetings; use school and community events to address HIV and AIDS issues; and engage community leaders, non-governmental organizations (NGOs) and other resources in lessons on HIV and AIDS.

Participants also identified the need for policies and legal frameworks; effective monitoring and evaluation systems; advocacy for educational leadership and commitment; sharing information on promising approaches; and involvement of PLHIV (*UNESCO and ADEA, 2004*).

To build on the outcomes of the UNESCO and ADEA meeting (*UNESCO and ADEA, 2000*), UNESCO is working with five countries in southern Africa (Botswana, Malawi, Mozambique, Zambia and Zimbabwe) to conduct a study on community and school linkages. The purpose of the study, coordinated by the UNESCO-Harare cluster office, is to identify where good mechanisms exist to reinforce HIV and AIDS education in communities and schools, and how these two environments can complement each other to maximize learner development and community responses to HIV.

Involve teacher unions in the design of curricula, materials and training for educators

The Tanzania Teachers' Union decided to earmark 1% of membership dues for training activities on HIV and AIDS. Unions in Namibia and Kenya have secured funding for their HIV prevention programmes from UNICEF.

In Lesotho, the Ministry of Education worked with the teachers' union LAT to publish a handbook for teachers and in Rwanda the education ministry has been using trade union regional trainers since 2003.

Teacher trade union action on HIV and AIDS increased significantly between 1995 and 2000, focusing mainly on working in partnership with ministries of education and national AIDS programmes to develop school policies, curricula and teaching materials, on training, and on developing HIV and AIDS policies or integrating HIV and AIDS into existing health policies. However, responses from teachers unions in 17 countries to a survey conducted in 2000 indicated that pre-service and in-service education remains inadequate and that key barriers include lack of information about HIV and AIDS, lack of confidence and skills to deliver HIV and AIDS education in the classroom, and lack of adequate and culturally appropriate materials. Teachers also highlighted the unequal distribution of materials between urban and rural areas, the lack of coordination and diverse sources of materials, and challenges related to cultural and religious taboos (*Education International, 2000*).

In 2001 EI, together with WHO, UNESCO, UNICEF, Education Development Center and other organizations, launched an HIV and AIDS programme that works with teachers' unions in 17 countries and focuses on skills building through a cascade training model. Unions involved in the programme have trained trainers and teachers, providing a training manual on school health and HIV and AIDS prevention (which includes resource documents, teaching materials and examples of participatory teaching and learning activities). In three years, more than 130,000 teachers from 25,000 schools were trained. Evaluation of the impact of training in three of the participating countries – Rwanda, Senegal and South Africa – showed statistically significant increases in overall knowledge. Educators' confidence in teaching about HIV and AIDS and prevention skills also increased significantly in Rwanda and Senegal (this analysis was not possible in South Africa) and was attributed to the training and the exercise book. Increased knowledge and confidence were associated with increased intentions to implement the skills learned during training. As one teacher said *"after adopting the skills you don't end in the classroom... you use them in everyday living."* A combined EFA and HIV & AIDS programme was launched in 2005 with the aim of preventing infection among teachers and learners and mitigating the impact of the epidemic on EFA goals.

As a result of training, teachers in many countries are implementing a range of activities to educate students about HIV and AIDS. For example, in Burkina Faso, teachers are using quizzes to test students' knowledge; while in Malawi, teachers are organizing anti-AIDS clubs where children can ask questions, talk about their problems and seek advice. The Zambian teachers' union, ZNUT, developed a play called *"Passion Free"*, which was recorded on video for schools and broadcast on national television. In Côte d'Ivoire, teachers have developed their own participatory learning activities to address the issue of gender and AIDS, using role-play and group methods; and in Senegal teachers are active in community sports and cultural associations.



3 EDUCATOR CONDUCT

The way that educators behave can have a positive or negative impact on learners. Teachers can be role models, mentors and protectors of learners, but their behaviour can also undermine HIV education if it does not set a proper example. Educators who engage in risky behaviour or who have sexual relationships with students have no credibility when teaching about HIV and AIDS.

“The attitudes of the teachers must change because though they are the ones delivering AIDS education, they are still maintaining ways of living that are not in consonance with the messages of AIDS education.”
Male Kenyan government official.

Research in Kenya found that 24% of students and 17% of parents said that teachers did not set a good example for 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, 2005). In a study of primary school pupils in Uganda, 11% of girls said they had been forced to have sex with a teacher, and there are anecdotal reports of parents withdrawing their daughters from school because of sexual abuse by teachers (Action Aid, 2003). 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 relationships between teacher and learners were frequent or very frequent (Schierhout et al, 2004).

Schools should be safe places for pupils and teachers, but non-consensual sex, rape and abuse of students and teachers is not uncommon. This not only creates difficult relationships between the school and the community but also, more significantly, places students at increased risk of HIV infection.

Educators are often reluctant to admit that sexual harassment in schools is a problem, and many feel powerless to tackle the issue, especially when it is being ignored or perpetrated by their colleagues. Sometimes the victims are discouraged from raising the issue outside of the school or accessing the justice system. As a recently retired head teacher from South Africa said “schools find sexual abuse embarrassing and will often attempt to sweep it under the carpet... there are no support systems designed to assist. The victim runs the risk of not being believed, ostracized or ridiculed.”

3.1 Tackle sexual abuse and violence in schools

Specific strategies and actions include:

Advocate for legislation that prohibits sexual relations between educators and their students and prosecute educators who sexually exploit their students

Laws and policies are needed to prohibit and punish serious misconduct and to ensure teacher professionalism. All education ministries should take disciplinary action against educators who have sexual relations with learners. However, in practice, regulations concerning teacher sexual misconduct are not always enforced.

In Malawi, follow up of allegations of sexual misconduct depends on the action of individual head teachers, and the most common punishment is transfer to another school. In Botswana, since sexual assault and rape are criminal offences, there have to be witnesses or incontrovertible physical evidence and the burden of proof means that few educators are prosecuted. In contrast, in Uganda, at least one teacher in schools surveyed had been jailed for sexual misconduct with a learner. Weaknesses in regulations in all three countries include: reliance on learners to come forward with allegations; lack of resources for investigation of allegations; strong incentives for teachers to close ranks; and parental support for prosecution to be derailed by cultural considerations, e.g. paying damages to a girl’s parents or promising to marry her.

The Zambian MoE HIV/AIDS Guidelines for Educators state clearly that sexual relations between educators and learners are against the law, even if the learner consents, and that strict disciplinary action will be taken against educators who have sex with learners. Educators who have sex with learners without their consent or with learners aged under 16 years will be charged with statutory rape, with a penalty of 10-15 years imprisonment. Educators who are aware of a colleague who is having sexual relations with a learner must report this to the school principal, and to the police if the learner is under 16 years old; if they do not they may be charged with being an accessory to rape.

(Republic of Zambia, 2003a)

Engage with teachers unions to address gender violence

Teachers unions should be encouraged to show zero tolerance of sexual harassment and abuse in schools of students or colleagues. Unions can play an important role in tackling teacher misconduct although, to date, few unions have developed professional codes of conduct. Codes of conduct for staff are critical to protect children, as well as to increase community confidence and demand for schooling.

Unions and government should work together to establish educator codes of conduct and to ensure these are adopted and integrated into education ministry and union policies and training. It is also important to help teachers to reflect on their own experience and attitudes before they can tackle gender violence and sexual harassment in the working environment.

A pilot curriculum development programme on gender violence for primary schools in South Africa began by exploring with teachers their own experience of gender violence. Twelve per cent of female teachers reported that they had experienced sexual harassment from a colleague and 12% of male teachers admitted that they had been sexually abusive to an intimate partner.

Establish school and community norms and mechanisms to protect pupils

Possible approaches include identifying school or community child protection officers, and training staff as counsellors or guidance officers. Schools should also introduce systems for teachers and students to report harassment, sexual abuse and exploitation. Students must be guaranteed independent and confidential appeal procedures. Head teachers, school governing councils and parent teacher associations all have a responsibility and role to play in protecting students from sexual exploitation and abuse. In some countries, schools have introduced regulations that prohibit or discourage sexual relations and out-of-school contact between teachers and students.

El supported a sub-regional workshop in March 2005 to initiate a women's network in Central Africa. One of the key topics raised was sexual harassment and violence towards women in schools, and participants agreed on the need for gender sensitization of unions and teachers and gender equality for women teachers.

4 PREVENTION, CARE, TREATMENT AND SUPPORT FOR INFECTED AND AFFECTED EDUCATORS

Educators are at risk of HIV. In some settings, high rates of staff mobility, isolated locations and separation from spouses are factors that may increase risk. Policies and programmes are needed to protect educators from infection and to provide care, treatment and support for those who are infected or affected. Policies and programmes should also address issues such as illness and death benefits, insurance, compassionate leave, flexible hours, employment rights, confidentiality, disclosure and medical records.

WHAT SHOULD BE INCORPORATED INTO A COMPREHENSIVE PREVENTION, CARE AND SUPPORT STRATEGY?

- Robust prevalence and risk assessments.
- Intensive education and prevention programmes.
- Active promotion of HIV testing.
- Establishment of workplace-based counselling and support groups.
- Careful monitoring of teacher deployment and transfers.
- Extra teaching cover for schools with sick teachers.
- Regulations and procedures to deal with sickness and absenteeism.
- Medical support and provision of antiretroviral treatment (ART).

Specific strategies and actions include:

4.1 Develop comprehensive workplace policies

Schools and other educational institutions are also adult workplaces. Workplace policies should be consistent with the ILO Code of Practice on HIV/AIDS in the Workplace (ILO, 2001). Workplace policies should cover: prevalence and risk assessment; education and prevention; testing and disclosure; counselling and support; deployment and transfers; teaching cover; sickness and absenteeism; medical support, including Antiretrovirals (ARVs); nutrition advice; staff development; and death and funeral benefits.



CHECKLIST AND GUIDELINES FOR DEVELOPING POLICIES

I. CONDITIONS OF SERVICE

I.1 The HIV and AIDS epidemic demands that conditions of service be reviewed to protect employee rights, to minimize the impact of the epidemic on workplaces and to ensure compliance with international and National labour laws.

I.2 The conditions of service related to HIV and AIDS are likely to cover the following:

- Eliminating unfair discrimination and promoting a stigma-free workplace.
- Testing, confidentiality and disclosure.
- Ensuring a safe working environment and compensation for occupational infection with HIV.
- Providing equitable employee benefits.
- Grievance procedures and dismissals.

I.3 The employment policies and practices to be reviewed include:

- Registration
- Recruitment and selection procedures.
- Appointments and appointment processes.
- Job classifications and grading.
- Remuneration and employee benefits.
- Job assignments.
- Training and development.
- Performance evaluation systems.
- Promotion, transfer and demotion procedures.
- Disciplinary and dismissal procedures.

I.4 Reasonable accommodation

In order to ensure that employees living with HIV and AIDS are able to continue working, existing accommodation measures to be reviewed include:

- Job modifications.
- Flexible scheduling.
- Job sharing.
- Leaves of absence.
- Transfers.
- Computer terminals at home.
- Ease of access (e.g. wheelchair ramps).
- Technological alternatives.

ON HIV AND AIDS AND THE WORKPLACE

2. WORKPLACE HIV AND AIDS PROGRAMME

2.1 Prevention programmes

- Even in situations where HIV prevalence is high, the majority of people are still uninfected and prevention efforts should always remain an important element of a workplace HIV and AIDS programme.
- However, a pre-condition for risk reduction is that a person must have the basic facts about HIV and AIDS, be taught a set of protective skills and offered access to appropriate services and products. He/she must also perceive their environment to be supportive of change and of safe sexual behaviours.
- Prevention programmes typically include:
 - Awareness raising and behaviour change activities.
 - Peer education sessions and activities.
 - Promoting safer sexual practices.
 - Sexually transmitted infection (STI) management.
 - Universal infection control practices to ensure a safe working environment.
 - Voluntary counselling and HIV testing.
 - A safe blood supply.
 - Prevention of mother to child transmission of HIV.

2.2 Care and support programmes

- Ideally a workplace care and support programme should not be HIV and AIDS-specific, rather it should be broad-based covering a range of wellness initiatives, such as drug and alcohol avoidance, stress reduction, smoking cessation, counselling, and the management of chronic diseases (like hypertension and diabetes). Situating HIV and AIDS-related services within such a programme can enhance acceptability by employees and reduce possible stigma that may be associated with a dedicated HIV and AIDS programme.
- Typically a treatment, care and support programme includes:
 - Nutritional advice and support.
 - Lifestyle education.
 - Psychosocial support and family support.
 - Treatment of minor ailments and STIs.
 - Reproductive health services for women.
 - Prevention and treatment of opportunistic infections.
 - Highly active antiretroviral therapy.
 - Referral networks and partnerships.

Source: UNESCO Nairobi, 2005.



Ensure policies protect the rights of teaching and non-teaching staff

Educators with HIV should have the same employment rights as other staff. Consideration of fitness to teach should depend on an individual's physical and psychological status and HIV should be dealt with in the same way as any other chronic condition. HIV-positive teachers and other staff who are otherwise fit and well should not be excluded from working, refused employment or promotion, or dismissed or denied access to training, social security or occupational benefits.

It is critical to work with unions, teachers, school governing bodies and local authorities, where these hire and pay educators, to introduce policies to protect all staff – teaching and non-teaching – from compulsory testing and job discrimination and to protect the confidentiality of medical and treatment records. Lessons learned from experience suggest that it is important to have Ministry of Education staff with specific responsibility for developing and implementing such policies.

In Zimbabwe, UNESCO Harare has supported the Ministry of Higher and Tertiary Education to develop a Policy on HIV and AIDS for Teachers' Colleges. The policy covers the rights and responsibilities of staff, students and PLHIV, risk reduction, reducing stigma and discrimination, gender and HIV and AIDS, teaching skills, and provision of prevention, care and support services.

In Kenya, UNESCO has supported the finalization of workplace guidelines by the Teachers' Service Commission. The guidelines cover terms of service, transfers, sickness and absenteeism, availability of and access to ARVs, amongst other topics. UNESCO has also supported the capacity building of senior administrators and managers of universities and other tertiary institutions in Kenya and Uganda on institutional HIV and AIDS policy development and mainstreaming of HIV and AIDS into all programmes.

UNESCO is supporting Teacher Service Commissions in East Africa to improve prevention and life skills education, promote access to VCT and ART, improve teacher conditions, and develop and implement professional codes of conduct. Recent follow up to a 2003 consultation identified the following challenges: slow changes in attitudes and behaviour despite sensitization workshops, lack of up-to-date data on the impact of HIV and AIDS on the sector, increased chronic absenteeism (especially where infected teachers are afraid to reveal their status), and lack of funds for comprehensive coverage with prevention, care, treatment and support programmes. However, Commissions have made a commitment to develop workplace guidelines and to review incorporation of specific issues into legal frameworks, such as sick leave, early retirement and HIV testing. UNESCO will also support IIEP to conduct research on the cost to the sector of teacher absenteeism and of financing substitute teachers.

Ensure policies address the management of staff with HIV and AIDS

Policies for management of staff need to address issues including transfer to areas where medical care is available, alternative working arrangements (for example, different responsibilities or more flexible teaching schedules), reintegration into work following episodes of illness, and flexible approaches to part-time work and job sharing to enable teachers with other commitments such as caring for sick relatives to continue in employment.

UNESCO and ILO are collaborating to adapt the ILO Code of Practice on HIV/AIDS in the Workplace to the education sector. Policy guidelines, a model workplace policy and training materials are being developed on HIV and AIDS issues relevant to the sector. Ministries of education and labour and teacher unions are providing inputs to the development of these materials, which are being assessed and revised following two workshops held with stakeholders in Maputo, Mozambique and Kingston, Jamaica in 2005. The resulting guidelines, policies and materials will be disseminated and promoted to other countries.

4.2 Take steps to reduce HIV risk

Ensure that teacher-training institutions educate students about HIV, support safer sexual behaviour, and provide access to services and condoms

As part of the *Strengthening Student Teacher Capacity in HIV/AIDS and Life Skills Education* programme in Zimbabwe, UNESCO Harare is working with the Ministry of Higher and tertiary education to support lecturers and student teachers to adopt more positive behaviours and reduce their HIV risk and, more specifically, with Population Services International (PSI) to introduce VCT in ten teacher training colleges. The joint UNESCO-PSI initiative activities include: interpersonal communication to educate students about basic HIV and AIDS issues; capacity building for vice-principals; counselling training for college lecturers; outreach by the New Start VCT network; and support from the New Start post-test support network to establish post-test support groups and referral networks. As of February 2005, 823 students had received counselling and 773 counselling and testing, but uptake was relatively low and only one post-test club had been formed. However, there is strong support and commitment from college principals for the introduction of VCT, and strong demand from both male and female students. Based on experience to date, UNESCO and PSI recommend using existing AIDS clubs to provide post-test support and training for peer counsellors, and to improve linkages and referral systems.

Institute workplace HIV education and prevention programmes for teachers and other staff

The Ministry of Education in Zambia initiated the design of a comprehensive workplace policy and programme in 2003. The workplace programme aims to raise employee awareness of HIV and AIDS, prevent HIV infection among the workforce, create a supportive environment for all staff, provide counselling services to infected and affected employees, and communicate information about care and support services available to infected staff and their families. Programme activities include: behaviour change communication using staff as peer educators; condom distribution; promotion of VCT; provision of treatment information, nutrition advice and ART for infected staff; and strategies to tackle sexual misconduct by teachers. Challenges identified during the first year of implementation included: limited understanding of the concept of a workplace programme; lack of funds, transport and educators willing to be open about their HIV status and to participate in the programme; weak coordination; and limited uptake of ART.

Put in place policies that enforce sanctions against personnel who force sex on colleagues or students

4.3 Tackle stigma and discrimination

Encourage educational settings to promote understanding, compassion and non-discriminatory attitudes.

Invite speakers from PLHIV groups to schools to talk about living positively and help to tackle stigma and discrimination

The Guyana Teachers Union has launched a programme to address stigma and discrimination as well as to advocate for effective school HIV and AIDS policies. In Trinidad and Tobago the teachers union, TTUTA, has developed a policy and a Teachers Handbook on HIV and AIDS, which addresses the rights of teachers and students to help educators tackle stigma and discrimination.

In Namibia, with the support of the UNESCO Windhoek office, the teachers union, NANTU, has developed an HIV and AIDS policy and code of conduct which has three objectives: preventing HIV; providing psychosocial support for PLHIV; and limiting socio-economic impact. It proposes banning discrimination against positive teachers and arrangements to ensure that teachers with HIV receive medical and social support and legal assistance in the event of workplace disputes.

Dear Mr Dhlwayo,

It's almost the end of the year and I am wondering how I have managed to be here and feel so well, yet I have watched others sick and struggling with challenges I have now put behind me. Thank you so much for coming to our lives as students. It impacted on me when you talked to us. I have never been the same again. I am sure and determined to face 2005 living positively for I know now it is possible. I managed to disclose to my son and most relatives over Christmas and they confessed I was a different person altogether. Thanks to counselling, courage and the practicality in you. I know there are thousands of students out there who would have loved to say thank you.

I hope my story will assist other teachers to shrug off stigma and come out into the open. Me and my friends down here who are members of the post-test club you assisted to put together will pray for you so that you may continue preaching the gospel of HIV and AIDS to teachers. Pass our appreciation to UNESCO. Thank you guys for being there for us. Our prayer will be if you can do the same for other students."

Source:

Letter written by student teacher in Zimbabwe to Believe Dhlwayo, a person living openly with HIV who is assisting with the UNESCO-supported college programme.



4.4 Provide access to services and support

Provide access to counselling

Educators and other staff who are infected or affected by HIV and AIDS need access to counselling support. One approach is to train a cadre of counsellors to make regular visits to schools. Teachers coping with infected and affected learners may also need counselling and psychosocial support.

Advocate for access to HIV testing and treatment

Teachers and other educational staff should have access to voluntary counselling and HIV testing and to antiretroviral treatment. Having policies in place is not enough. Unions, school head teachers and other staff need to be aware of policies relating to treatment. EI is encouraging teachers' unions to advocate for access to treatment for teachers with HIV.

In Burkina Faso, where 17,500 CFA a month is required to cover grant-aided treatment costs, HIV-positive teachers can request approximately 50,000 CFA (\$80) every three months from the Ministry of Education, and 25,000 CFA may be allocated to family members of an HIV-infected teacher. However, due to lack of information few teachers are taking advantage of this assistance, and so the two teachers unions and the Ministry are working together to ensure that all teachers in the country are informed.

The MoE in Zambia has launched a treatment scheme for teachers that is linked to the national ARV programme. In addition, the University of Zambia launched a programme to provide free treatment to positive staff and students in February 2005; funding from the US Government will support treatment of around 500 staff and students.

In Thailand, Cambodia, Viet Nam and the Philippines there are excellent policies on non-discrimination towards teaching and non-teaching staff and their rights to apply for assistance or treatment when they are ill. However, school directors and staff are often unaware of these policies. Action is needed to ensure that policies are implemented, and UNESCO Bangkok plans to develop a kit for school directors and administrators in Thailand.

Promote peer support for infected and affected educators, to enable educators to live positively and continue a meaningful professional life

In Zimbabwe, UNESCO Harare is strengthening the capacity of teacher training colleges to provide care and support through promoting access to counselling and treatment, sensitizing college communities, and establishing college support groups.

In Malawi, the Ministry of Education has encouraged and supported the establishment of support groups for positive teachers, while in Zambia, the Ministry of Education is encouraging the scale up of efforts by the Teachers Against AIDS Network, which works with teachers and others living with HIV and AIDS.

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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>

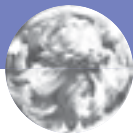
Produced in collaboration with the Associated Schools Project Network to explore issues of stigma and discrimination in the learning environment. ASPnet is a network of over 7,500 educational institutions, ranging from pre-school education to teacher training colleges in 175 countries.

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

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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 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 plan-



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ning 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 set-

tings. 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 organizations 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 behaviours. 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.



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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/>

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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

Booklet

3

HIV & AIDS AND EDUCATOR DEVELOPMENT, CONDUCT AND SUPPORT

This booklet is the third in a series of publications that address key themes of UNESCO's work on HIV & AIDS and the education sector. It discusses issues affecting educators in the context of HIV and AIDS, including training, conduct, 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 2 discusses issues affecting learners in the context of HIV, including rights and access to education, protection, knowledge and skills, and care and support. Booklets 2 and 3 include an expanded bibliography, a list of practical tools and resources, and sources of additional information.

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

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

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

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

GOOD POLICY AND PRACTICE IN HIV & AIDS AND EDUCATION