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GOOD POLICY AND PRACTICE
IN HIV & AIDS AND EDUCATION

BOOKLET N°

5

Effective Learning



GOOD POLICY AND PRACTICE IN HIV & AIDS AND EDUCATION

Booklet 5

EFFECTIVE LEARNING

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ACRONYMS

ADEA	Association for the Development of Education in Africa	IIEP	International Institute for Educational Planning (UNESCO)
AED	Academy for Educational Development	ILO	International Labour Organization
AIDS	Acquired Immune Deficiency Syndrome	MDG	Millennium Development Goal
AMREF	African Medical Relief Foundation	MiET	Media in Education Trust
ART	Antiretroviral Therapy	MOE	Ministry of Education
ARV	Antiretroviral	MTT	Mobile Task Team
ASPnet	Associated Schools Project Network	NGO	Non-Governmental Organization
CARICOM	Caribbean Community and Common Market	OVC	Orphans and Vulnerable Children
CBO	Community-Based Organization	PATH	Program for Appropriate Technologies in Health
CCATH	Child-Centred Approaches to HIV and AIDS	PCD	Partnership for Child Development
CEDPA	Center for Development and Population Activities	PEPFAR	President's Emergency Plan for AIDS Relief
EDC	Education Development Center, Inc.	PLHIV	People or Person(s) Living with HIV
EDUCAIDS	Global Initiative on Education and HIV & AIDS	PMTCT	Prevention of Mother-to-Child Transmission
EFA	Education for All	PTA	Parent-Teacher Association
EI	Education International	SCCS	Schools as Centres of Care and Support
ETSIP	Education and Training Sector Improvement Programme	SCUK	Save the Children UK
FAO	Food and Agriculture Organization of the United Nations	SHAPE	Strengthening HIV/AIDS Partnerships in Education
FBO	Faith-Based Organization	SRH	Sexual and Reproductive Health
FLE	Family Life Education	STI	Sexually Transmitted Infection
FRESH	Focusing Resources on Effective School Health	TAC	Treatment Action Campaign
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria	UNAIDS	Joint United Nations Programme on HIV/AIDS
GNP	Gross National Product	UNDP	United Nations Development Programme
GIPA	Greater Involvement of People Living with HIV and AIDS	UNESCO	United Nations Educational, Scientific and Cultural Organization
HEARD	Health Economics and HIV/AIDS Research Division	UNFPA	United Nations Population Fund
HFLE	Health and Family Life Education	UNGASS	United Nations General Assembly Special Session on HIV/AIDS
HIV	Human Immunodeficiency Virus	UNICEF	United Nations Children's Fund
IATT	Inter-Agency Task Team	UNODC	United Nations Office on Drugs and Crime
IBE	International Bureau of Education	USAID	United States Agency for International Development
ICT	Information and Communication Technology	VCT	Voluntary Counselling and Testing
IEC	Information, Education and Communication	VSO	Voluntary Service Overseas
		WFP	World Food Programme
		WHO	World Health Organization

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FOREWORD

The impact of HIV and AIDS on education systems and classrooms around the world is increasingly recognised as a significant barrier to development, including efforts to achieve Education for All (EFA) and the six goals set at the World Education Forum in Dakar in April 2000. In order to continue progress towards the six EFA goals, increased commitment and action are needed to develop and implement comprehensive strategies that take into account the impact of HIV and AIDS on learners, educators, educational institutions and the education sector as a whole. Furthermore, broader international development goals related to poverty reduction, health access and educational expansion, such as those articulated in the Millennium Development Goals (MDGs), will not be met without fully acknowledging and responding to the AIDS epidemic.

Before us lies a challenge, but also an opportunity to plan strategically for the future by drawing upon past experiences and lessons.

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 epidemic. The series of booklets on *Good Policy and Practice in HIV & AIDS and Education* aims to further expand our knowledge by presenting ideas, key findings and programmatic examples. These findings and examples can be referred to by programme and policy developers and implementers as they prepare education systems to respond to the needs of learners and educators.

The series of booklets takes into consideration the understanding that the education system reaches beyond the traditional classroom into homes, communities, religious centres and other learning forums, and thus addresses educational practices in formal and non-formal learning environments.

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 drawn upon when addressing community, district or national HIV and AIDS education needs.

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 by no means exhaustive, and the examples included are intended to help inspire innovative approaches that capitalise on existing resources, expertise and experience. The booklets are also meant to be 'living' documents that will be built on as new advances are established. For example, in 2008 the first three booklets in the series have been revised and updated to include new key findings and examples, while two additional booklets have been developed to provide more in-depth information and examples on other key thematic areas.

We hope that users will find this booklet and others in the series to be useful tools. We welcome any feedback and encourage users to contribute to the development of the series by sharing their input and experiences.

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Booklet 5

EFFECTIVE LEARNING

1. HIV & AIDS AND EDUCATION: EFFECTIVE LEARNING

Quality education is a basic human right. It provides learners with the tools to fight poverty and can contribute to increased self-confidence and social and negotiation skills. All learners, and especially girls, should have access to quality education to reduce their risk and vulnerability to HIV.

Effective learning depends on the quality of education. This is reflected in the commitment to Education for All (EFA), which includes addressing all aspects of the quality of education so that recognised and measurable learning outcomes are achieved by all. Effective learning is central to the success of HIV education.

Efforts to improve the quality of education and effective learning are affected by a range of problems facing the education sector. A critical issue is the lack of financial resources to provide the conditions – such as adequate school infrastructure and materials – required for quality education and effective learning. Lack of human

resources is also a significant issue as governments make efforts to expand school enrolment. These problems, together with inadequate training and support, poor pay and working conditions, have an adverse impact on the quality of education and on effective learning. The situation is exacerbated by HIV and AIDS in the countries that are most severely affected by the epidemic.

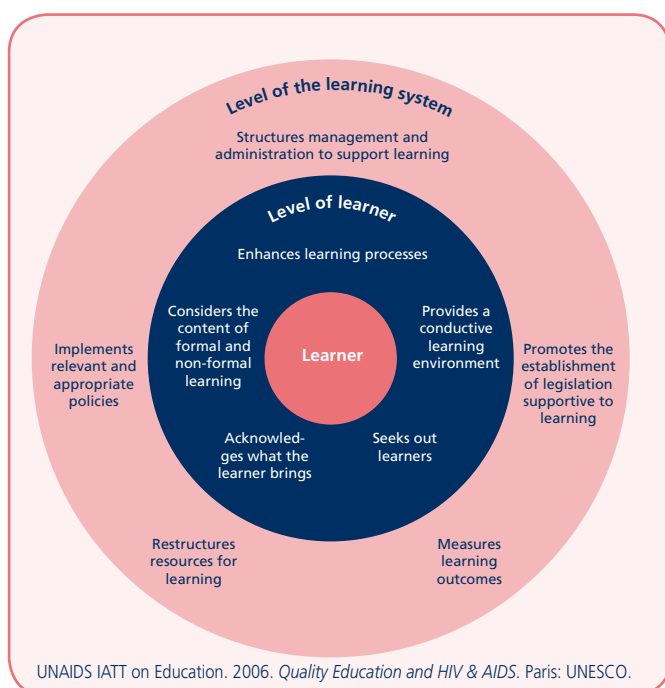
This booklet:

- Introduces the concepts of quality education and effective learning.
- Provides an overview of the impact of HIV and AIDS on quality education and effective learning.
- Summarises the factors that contribute to effective learning in the context of HIV and AIDS education.
- Highlights key issues to consider in developing and adapting HIV and AIDS learning materials, illustrated with case study examples.

2. QUALITY EDUCATION AND EFFECTIVE LEARNING

2.1 Quality education

Quality education emphasises ‘learning’ as opposed to ‘educating’. It focuses on two dimensions – the learner and the system that creates and supports the learning experience. Both dimensions need to take account of HIV and AIDS.



At the level of the learner, quality education:

- Seeks out learners and works with them and their families and communities to support learning – this includes learners living with or affected by HIV and AIDS.
- Acknowledges what the learner brings to their own and others’ learning – this includes skills and competencies due to household responsibilities, and taking account of life experiences e.g. trauma, psychosocial problems, poverty, poor health and HIV-related illness that can hinder educational attainment.
- Considers the content of education in context – this includes ensuring that the educational content of HIV and AIDS curricula and learning materials is culturally sensitive, age appropriate, gender responsive and contains accurate information about HIV, addressing sensitive issues (e.g. teaching younger students about sex; education about HIV counselling, testing and treatment; vocational training; and educating parents to communicate with children about HIV and AIDS).

- Enhances learning processes with an emphasis on inclusion, participation and dialogue – this includes life skills-based education, reducing stigma and discrimination by learners, teachers, parents and communities, and ensuring equal treatment for all children including those infected or affected by HIV and AIDS.
- Provides a safe, secure and supportive learning environment that is free from violence, sexual abuse and harassment; provides hygiene and sanitation facilities, especially for girls; and health and nutrition services or referrals to these services.
- Implement workplace policies that protect educators and codes of conduct governing educator behaviour.
- Develop teacher training programmes on HIV and AIDS and related issues e.g. gender, rights, sexual and reproductive health, communication and life skills.
- Expand access to HIV treatment and treatment education and tackle barriers to treatment including stigma, discrimination and gender inequality.
- Incorporate actions into education plans to reduce the impact of the epidemic on the education system.

At the level of the system, quality education requires:

- Supportive management and administrative structures – this includes well-managed schools, support for educators affected by HIV and flexible timetabling.
- Relevant and appropriate policies – this includes policies that address inclusion, discrimination, sexual violence and the right to education; protect HIV infected and affected staff; and enforce codes of conduct, in order to promote a safe learning environment.
- Supportive legislation – this includes legal frameworks that support the right to education and equal opportunities for all educators and learners.
- Appropriate allocation of resources for learning – this includes mobilising adequate human and financial resources to address the impact of HIV and AIDS on the education sector, educators and learners and ensure provision of EFA.
- Systems to measure learning outcomes – this includes measuring HIV-and AIDS-related knowledge, attitudes, skills and behaviours.

More detail is provided in *Quality Education and HIV & AIDS*, a publication produced by the Joint United Nations Programme on HIV/AIDS (UNAIDS) Inter-Agency Task Team (IATT) on Education, which identifies the following actions to support quality education in the context of HIV and AIDS:

- Support individuals and communities to raise awareness of the impact of HIV on education and education systems and promote awareness of the value of education.
- Involve families and improve parents' HIV and AIDS knowledge through parent education programmes and committees and involvement in curriculum development.
- Improve access to school for all learners through eliminating or reducing tuition fees and other costs and ensuring that schools are safe and healthy places.
- Support interventions that address the impact of gender relations on the vulnerability of girls and boys to HIV infection.

The report also highlights gaps in knowledge relating to quality education and HIV, including the lack of information about: the impact of HIV on educators; learner attendance and achievement and education systems; what type of training, which elements of the curricula and what teaching methods are most effective; and about ways to measure impact. It also highlights the need to:

- Overcome denial that HIV and AIDS is a priority for education.
- Focus on inclusion in education and a rights-based learning environment.
- Recognise that gender issues are fundamental.
- Emphasise the responsibilities, roles and practices of educators.
- Acknowledge that the curriculum is far more than what is taught.
- Introduce treatment education as a priority.
- Reinforce elements of education plans that take account of HIV and AIDS.

Quality of education is most commonly measured using two indicators – educational expenditure and pupil-teacher ratio. Low income countries for which data are available invest between 1,4% and 6,9% of their Gross National Product (GNP) on education; between 10% and 26% of expenditure is allocated to primary schooling. The teacher-pupil ratio is over 40 in many countries and above 70 in some countries in sub-Saharan Africa (EFA Global Monitoring Report, 2008).

However, educational expenditure and pupil-teacher ratios alone do not adequately measure the quality of education. They do not assess, for example, the interaction between educators and learners, the safety and supportiveness of the school environment or the views of students, parents, teachers or communities about education quality. In addition to other ways of measuring educational quality, there is a need for specific indicators to measure the extent to which quality education reflects and is responsive to HIV and AIDS.

In **Malawi**, an education quality improvement project highlighted the benefits of collaborative and participatory approaches. Project activities included seeking the views of teachers, parents and education officials about educational quality, developing action plans and budgets, training to support quality improvements, supporting parents to monitor teacher and student absenteeism and behaviour, and promoting dialogue between the Ministry of Education (MOE) and communities to resolve problems. Success was measured using indicators ranging from numbers of trainings to collaboration between the MOE and communities. The project conducted case studies of local quality improvement initiatives and established mechanisms for communicating local concerns to policy-makers. This improved community

attitudes about government performance in the education sector and helped to identify problems that were not known to policy-makers. Lessons learned included the need to:

- Support the involvement of local stakeholders and dialogue between communities and education authorities.
- Secure early agreement on definition of educational quality and priorities to improve educational quality.
- Develop standard tools that parents and education officials can use to collect data on classroom processes, teacher absenteeism and student attendance.
- Create mechanisms for identifying and communicating local problems and allow local realities to lead policy and programme reform.

2.2 Effective learning

Effective learning focuses on the individual and encompasses:

- Knowledge or 'learning to know' – for example, essential cognitive achievements for all learners in core subject knowledge including about HIV and AIDS.
- Skills and competencies or 'learning to do' – for example, the ability to put knowledge into practice, assess risks, solve problems, including developing the skills necessary to protect oneself from HIV infection.
- Values or 'learning to live together' – for example, the ability to establish good relationships that reflect

gender equality, tolerance, mutual understanding, non-violence, respect for human rights, life and dignity, including promoting caring and compassion for people living with and affected by HIV and AIDS, and tackling stigma and discrimination.

- Behaviours or 'learning to be' – for example, developing self-esteem, self-efficacy and confidence to make responsible life choices and decisions about sex.



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Factors that influence effective learning (Allemano, 2003) include:

- Supporting inputs – e.g. teachers, parent and community support, effective administrative, technical and financial support from the education system, adequate learning materials.
- Student characteristics – e.g. health, nutritional status, motivation.
- Enabling conditions – e.g. school leadership, capable teaching force, sufficient time spent in school by educators and learners, expectations of students, teachers' attitudes, order and discipline, rewards and incentives for learning.
- Teaching-learning process – e.g. learning time, varied teaching strategies, homework, student assessment and feedback.

A **South African** study concluded that factors that undermine effective learning about HIV and AIDS include:

- Highly regulated school environment and teacher control.
- Biomedical rather than social content of discussions.
- Negative gender dynamics among peer educators.
- Poor adult role models, unsupportive community and wider social environment.
- Limited learner capacity for critical thinking.

Source: Campbell and McPhail (2002).



Focusing Resources on Effective School Health (FRESH) provides a useful framework to support effective learning in the context of HIV and AIDS.

The **Focusing Resources on Effective School Health (FRESH)** framework has four components:

- Health-related school policies – School policies can ensure a safe and supportive environment. At the national level, appropriate legislation and policy can protect the rights of affected children to education and of educators to continue teaching, and address stigma and discrimination within the education sector. Policies can also address issues such as violence, abuse, sexual harassment and security; prevent discrimination on the basis of gender, sexual orientation, religion, culture or other factors; and ensure provision of safe recreation spaces.
- Provision of safe water and sanitation – Providing safe water and adequate sanitation can reduce risk of infections in children and educators living with HIV and enable them to stay healthy and productive; it can also enable girls in particular to remain in school, reducing school drop out and associated HIV risk.
- Skills-based health education – Skills-based health education is critical to reducing stigma, promoting understanding and protective skills such as making decisions, being assertive and negotiating safe sex. Skills-based HIV and AIDS education curricula should target behaviours directly related to HIV prevention and AIDS; generic life skills programmes have failed to show positive results.
- School-based health and nutrition services – Schools can be efficient settings through which to deliver basic services such as, food, immunisation, de-worming, monitoring of health and development; and to facilitate access to youth-friendly HIV and AIDS, sexual and reproductive health services.

Most approaches to measuring learning outcomes focus on cognitive achievement, using before and after tests to assess increases in knowledge. However, there are limitations to this as the main method of measuring learning outcomes. Efforts are underway to measure

skills, values and behaviours, for example, using attitude scales to indicate changes in attitudes, skills tests to determine changes in ability to perform specific tasks, and self-reported behaviour to assess changes in behaviour.

3. IMPACT OF HIV AND AIDS

HIV and AIDS have exacerbated education sector challenges. The epidemic is having an adverse impact on education systems, educators and learners and, hence, on quality education and effective learning.

3.1 Impact on the education system

In severely affected countries, the AIDS epidemic has resulted in loss of experienced education sector planners and managers at national and district levels and in disruption of school organization and management. This affects the quality of education planning, training, support and supervision.

The epidemic is worsening teacher shortages. In Tanzania, 100 primary school teachers die of AIDS-related illness each month and in 2006 it was estimated that 45,000 additional teachers were needed to make up for those lost to the epidemic (UNESCO and EFAIDS, 2007). In Mozambique it is estimated that the education sector

will lose 9,000 teachers by 2010. In Kenya, over 14,500 teachers are thought to be HIV positive. In high prevalence countries, HIV and AIDS are estimated to cause 77% of teacher absenteeism.

Effective learning is also adversely affected by inadequate education system responses in areas such as HIV and AIDS curricula, educator and student conduct, discrimination and the rights of educators and students, universal precautions to protect teachers and learners from infection, treatment for educators, and care and support for educators and students.

In a recent report, only two of 18 countries had a coherent education sector HIV and AIDS strategy that was being implemented (Boler and Jellema, 2005). Challenges identified included:

- Human resources – No action had been taken in 17 countries to address the potential impact of teacher shortages and only one was monitoring attrition rates. Only **Zambia** had launched a comprehensive strategy to support teachers, including a policy of non-discrimination and inclusion of voluntary counselling and testing (VCT) services as part of in-service training. The Education Sector HIV and AIDS Global Readiness Survey (IATT on Education, 2005) found that 25% of the 71 countries participating in the survey had plans to train more teachers but only 10% had reviewed their human resources policies and none had adequate policies to protect teachers from HIV-related discrimination.
- Educational needs of infected and affected children – Most governments had paid limited attention to the educational needs of orphans and HIV-positive children or supported short-term solutions, e.g. bursaries in **Zimbabwe** and **Zambia**, rather than eliminating fees and other costs that exclude children from school, such as uniforms. Attempts to provide counselling for affected children were irregular. Limited action had been taken to implement policies on the rights of infected or affected children to attend school. Efforts to address discrimination, including community prejudice, were left to individual schools and teachers.
- HIV education – Overcrowded classrooms, weak management systems and insufficiently trained teachers limit the effectiveness of HIV education. Education efforts had only made systematic efforts to train teachers on HIV and AIDS in three countries. For example, **Ghana** used World Bank funding to support pre-service training on HIV and AIDS as a core and examinable course, while Zambia was focusing efforts on in-service training. With the exception of a few countries, including Ghana and Zambia, insufficient quantities of quality materials were reaching classrooms. Even in Zambia, learning materials were only available in English and often only reached urban schools. Many schools continued to teach HIV and AIDS as a science topic and selective teaching was common.

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At a symposium in 2003, the Minister of Education for **Zambia** identified challenges to effective learning and HIV and AIDS as:

- Training more teachers in HIV and AIDS education methodologies and ensure creativity in the classroom.
- Initiating programmes to prevent HIV infection among teacher trainees.
- Providing adequate psychosocial support to staff and teachers.
- Strengthening capacity to monitor and evaluate HIV and AIDS education.

3.2 Impact on educators

In countries experiencing severe epidemics, HIV and AIDS increase teacher absenteeism and the workload of other staff. Teachers living with or affected by HIV may experience psychological stress and low morale, as a result of concerns about their health, employment and families. Stigma and discrimination in the workplace contribute to stress and have a negative impact on teaching.

Many HIV-positive teachers have limited access to HIV and AIDS information, services and support. Teachers receiving treatment have reported difficulties with taking time off to make regular hospital visits when they do not have support from their school (UNESCO and EFAIDS, 2007). See Booklet 3 in this series for more detail on the impact of HIV and AIDS on educators.

School managers and head teachers are often ill-prepared to deal with the challenges associated with HIV and AIDS. Few educators receive training or support to enable them to cope with changing learner and learning needs and to respond to the specific needs of students living with or affected by HIV.

In a study in **Botswana**, **Malawi** and **Uganda** challenges in HIV and AIDS education highlighted by teachers included: lack of adequate training, weaknesses in the curriculum, and lack of appropriate learning materials. Even where materials had been developed, e.g. in Malawi, these were poorly disseminated or not used in schools, or were not very stimulating. Teachers were keen to have access to good quality audio and visual materials as well as for students to have the opportunity to interact directly with people living with HIV (PLHIV). Another challenge was teacher embarrassment and lack of an appropriate vocabulary to discuss HIV and AIDS. This was addressed in Malawi through a popular radio programme which developed a vocabulary that enabled teachers and students to discuss sexual issues in an acceptable way.

3.3 Impact on learners

Teacher illness, absenteeism and death due to HIV and AIDS result in larger classes, missed lessons or irregular classes. HIV and AIDS contribute to the loss of experienced teachers and difficulties in attracting teachers to rural schools, which also result in poorer quality of education and larger class sizes.

A paper prepared in 2005 highlighted urban-rural differences in five countries (**Lesotho, Malawi, Mozambique, Tanzania** and **Uganda**) in teacher qualifications, with better qualified teachers generally found in urban areas. With the exception of Lesotho, female teachers were reluctant to accept postings to rural schools. For example, in Malawi, over 80% of urban teachers but only 31% of rural teachers were female. In countries where AIDS is a serious concern but few rural health facilities provide antiretroviral therapy (ART), teachers prefer to remain in urban areas (Mulkeen, 2005).

There are limited data on the impact of HIV and AIDS on children's education and learning and there is a need for a better understanding of their educational needs and

of HIV-related challenges to effective learning. However, anecdotal evidence suggests that HIV and AIDS can have an adverse impact on learners and their capacity for effective learning. For example, HIV-related poverty, illness and hunger can have a detrimental effect on attendance at school and the ability to learn. Learners who are tired, hungry, sick or worried find it harder to concentrate. Learners who have increased income-generating, domestic and caring responsibilities may attend school less regularly, fall behind with their schoolwork, fail to achieve their potential or drop out of school altogether.

Children infected or affected by HIV and AIDS may perform below their potential because of stress, grief, anxiety, trauma and other psychological and emotional problems or because of social exclusion and stigma and discrimination at school from teachers or other students. Parental illness and death can cause severe emotional distress, depression, low self-esteem and withdrawal, affecting children's attendance and performance at school. Children without parents or whose parents are very ill may lack adult support and guidance for school work. Inadequate and overcrowded homes make it difficult for children to study or to do their homework.

Table 1: The impact of HIV and AIDS on learning

Lack of family support	<ul style="list-style-type: none"> Lower prioritisation of education for orphans and vulnerable children (OVC) compared with other children in the household Lack of support for schooling and homework 	<ul style="list-style-type: none"> Increase school-home liaison to encourage families to support education Create after-school homework clubs Create mentor schemes to provide intellectual and emotional support
Chronic illness	<ul style="list-style-type: none"> Poor attention Absenteeism Difficulty in participating in school activities e.g. sports 	<ul style="list-style-type: none"> Train teachers in basic first aid and referral to local health care providers Ensure less physically able children can participate in school activities
Trauma and bereavement	<ul style="list-style-type: none"> Decreased educational performance and achievement due to stress, grief and anxiety 	<ul style="list-style-type: none"> Provide psychosocial support Encourage community psychosocial support
Poverty	<ul style="list-style-type: none"> Drop-out due to fees, other costs Stigma because of inadequate uniform or materials Low attention span due to hunger 	<ul style="list-style-type: none"> Abolish school fees or provide bursaries Establish school feeding schemes Change policies on school uniforms and learning materials
Stigma	<ul style="list-style-type: none"> Social exclusion, marginalisation of infected and affected children by peers or educators Negative learning environment Absenteeism and drop-out Differential treatment by educators and other school staff 	<ul style="list-style-type: none"> Create inclusive school policies and practices and eliminate discrimination Ensure authorities recognise children's rights to education and allocate funds Establish zero tolerance of discrimination Educate communities and parents
Living with HIV	<ul style="list-style-type: none"> Low expectations of children with HIV Fear of infection by educators and other learners Difficulties in adhering to treatment 	<ul style="list-style-type: none"> Foster inclusive education Educate communities, parents and teachers about children living with HIV Train teachers and learners about living with HIV and HIV treatment

Source: Adapted from Boler and Carroll, 2004.

3.4 Factors that contribute to effective learning

Experience indicates that effective learning, including learning about HIV and AIDS:

- Focuses on the learner – understands what the learner already knows, feels and can do, such as their health and nutritional status and ability to concentrate; addresses the risks most likely to occur among learners and that cause the most harm; ensures objectives, methods and materials are appropriate to the age, gender and culture of learners.
- Focuses on content – uses curricula and materials that: address the importance of personalising risk and information, understanding and influencing social norms, enhancing personal ability to act and, developing enabling environments; enhance attitudes and skills as well as knowledge; and are based on an understanding of social context.
- Focuses on processes – is based on research, effective teaching and learning practice and identified learner needs; is delivered by trained and supported personnel and reinforced in the wider school environment; employs a range of teaching and learning methods

with proven effects on relevant knowledge, attitudes and risk behaviours; ensures proper sequencing and duration of HIV and AIDS education; develops mechanisms to involve parents and the wider community and obtain their commitment; and places HIV prevention in the context of other related health and social issues.

- Focuses on the environment – uses advocacy to ensure political and community commitment; links with wider policies, health services and other strategies; gives consistent messages across the school environment; ensures a healthy, safe and supportive school and wider environment; addresses the needs of affected and other vulnerable children.
- Focuses on outcomes – such as learning achievement and impact on HIV risk.



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Characteristics of effective HIV education

- Focuses on life skills aimed at reducing risk behaviours, particularly encouraging delayed sexual debut and safe sex.
- Personalises risk through active participation of learners using age-appropriate discussions and activities.
- Provides clear messages on sexual activity, possible outcomes of unprotected sex and comprehensive information about how to avoid such outcomes.
- Explains where to go for information, services and support.
- Provides opportunities to practise communication, negotiation and other skills and to build self-confidence.
- Addresses peer and social pressures and reinforces values and norms that enable young people to resist these pressures.
- Provides sufficient time for classroom work and interactive teaching methods.
- Selects teachers who are committed and ensures that they receive adequate training and support.
- Starts at the earliest possible age, and before the start of sexual activity, with age-appropriate messages and teaching methods.

Source: IBE-UNESCO, 2005.

More specifically, effective learning requires a supportive environment, well-trained educators, appropriate teaching and learning methods, and support for educators and learners from education authorities, schools, communities and parents. These factors are discussed in more detail below and in Booklets 2 and 3 of this series. Appropriate and relevant teaching and learning materials, which are also essential to effective learning and HIV education, are discussed in the next section.

3.5 Establishing a supportive environment

Develop appropriate education policies and infrastructure

A supportive policy framework is necessary for an environment that is conducive to effective learning. This includes policies on access to education, inclusion and non-discrimination, and on educator and student conduct, as well as specific policies concerning HIV and AIDS education. Advocacy to encourage education ministries to develop and implement appropriate policies may be necessary.

Advocacy for policies to be disseminated and implemented may also be required, as translating policy into action at district and local level is a challenge. Policies are often in place but there is no mechanism for putting them into practice or enforcing them. A good example of this is workplace policies on HIV and AIDS, which have been developed in many countries but are not always implemented at the school level.

The International Institute for Educational Planning (IIEP) provides training for planners and managers and, together with the EduSector AIDS Response Trust (ESART), has designed 22 training modules for education sector staff. Topics include impact analysis, policy formulation and mobilisation of funds. IIEP also disseminates information through the UNESCO HIV and AIDS Education Clearinghouse, in collaboration with UNESCO Bangkok, UNESCO Santiago and the Centre for the Study of AIDS at the University of Pretoria in South Africa.

Schools also need a basic infrastructure to support effective learning. This includes adequate classrooms and furniture so that each student has sufficient space, a desk and a seat. Schools also need to have adequate water and sanitation facilities to promote good health and hygiene. This is especially important for children living with HIV who are more vulnerable to infections that cause diarrhoea. Adequate water and sanitation facilities, in particular separate toilets for girls and boys and for teachers and pupils, are also important to reduce the risk of sexual harassment of girls and to address girls' specific needs. The FRESH toolkit and website provides additional information about provision of safe water and sanitation in schools.

The Ministry of Education, Youth and Culture in **Jamaica** has set out clear directives in the National Policy for HIV/AIDS Management in Schools. The policy states that HIV and AIDS education must be implemented in all schools for all students and school personnel and that age-appropriate education on HIV and AIDS must form part of the curriculum for all students, integrated in the Health and Family Life Education programme. It also states that a holistic programme should include:

- Providing information on HIV and AIDS and developing the life skills necessary for the prevention of HIV transmission.
- Emphasising information on appropriate prevention measures including abstinence, use of condoms, faithfulness, obtaining prompt medical treatment for sexually transmitted infections STIs and, application of universal precautions with respect to first aid.
- Providing information on the role of drugs, sexual abuse and violence and STIs in HIV transmission and empowering students to deal with these issues.
- Encouraging students to make use of health, counselling and support services.
- Teaching students how to behave towards PLHIV, including raising awareness of the harmful effects of prejudice and stereotypes relating to HIV.
- Cultivating an enabling environment and culture of non-discrimination.

Educational planners and managers also need specific skills to address the impact of HIV and AIDS on the education system.



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Promote an inclusive approach to education

Effective learning, including in HIV and AIDS education, depends on an inclusive approach to education that:

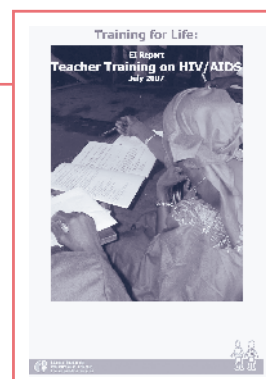
- Values all learners and staff equally and benefits all learners.
- Makes policies and practices in schools responsive to the diversity of learners.
- Acknowledges all learners' rights to education.
- Improves schools for staff as well as for learners.
- Views differences between learners as resources to support learning.
- Adapts to meet the needs of learners with difficulties e.g. disabled learners.

Inclusion means identifying and removing barriers to education and emphasising the participation and achievement of all students. An inclusive approach pays particular attention to learners at risk of marginalisation, exclusion or under-achievement – including children infected or affected by HIV. Teachers, parents, communities, school authorities, curriculum planners and training institutions all have a role to play in supporting inclusive education.

UNESCO guidelines provide a helpful checklist of questions to assess inclusion:

- Have studies been undertaken to identify and address the needs of children missing out on education or at risk of dropping out?
- Are specific strategies in place to identify out-of-school children?
- Do policies refer to excluded groups, language of instruction, competence and quality of teachers regarding inclusion?
- What stakeholders are involved? How are parents and communities expected to be involved? What social mobilisation and communication strategies and materials exist to increase community awareness of inclusion?
- Is pupil participation encouraged?

The Ministry of Education in **Thailand**, together with UNICEF, has established child-friendly schools. A recent evaluation found that this approach had improved support for children's rights to education, increased acceptance by peers of children affected by HIV and improved carers' awareness of the special needs of affected children.



A toolkit developed by UNESCO Bangkok provides practical guidance for teachers, school administrators, student teachers and teacher trainers on how to make schools and classrooms more inclusive and 'learning-friendly' or 'child-friendly' – this means placing the child at the centre of the learning process. It contains six booklets, with tools

and activities that teachers can use with students, parents and communities to ensure all children are learning to their fullest capacity and to ensure equity in the classroom as well as in learning and teaching processes:

- Booklet 1 describes an inclusive learning-friendly environment.
- Booklet 2 focuses on how to involve children, families and communities.
- Booklet 3 discusses barriers that exclude children, how to identify children not in school and how to address those barriers.
- Booklet 4 describes how to create an inclusive classroom and how to deal with the range of needs of children with diverse backgrounds and abilities.
- Booklet 5 provides guidance on how to manage an inclusive classroom, including planning for teaching and learning, managing group work and cooperative learning as well as how to assess children's learning.
- Booklet 6 explains how to make schools healthy and protective for all children.

A 'learning-friendly' school:

- Is gender sensitive for boys and girls.
- Protects children – there is no corporal punishment, no child labour and no physical, sexual or psychological harassment.
- Involves children in active and participatory learning.
- Involves all children, families and communities and is particularly sensitive to and protective of the most vulnerable children.
- Is healthy – has safe water and adequate sanitation, with separate toilet facilities for girls and boys.
- Teaches children about life skills and HIV & AIDS.

Source: UNESCO Bangkok, 2004.

Pay particular attention to the needs of girls

Girls continue to face obstacles in access to schooling. Girls are less likely to attend schools than boys because of domestic duties, pregnancy, early marriage, low value placed on female education and lack of family funds. Unequal educational access affects girls' opportunities for effective learning, including about HIV and AIDS. Access to education, and more importantly, retention in school is critical to reduce girls' HIV risk and vulnerability. Education builds girls' knowledge, self-esteem and capacity to act on HIV prevention messages and improves their economic prospects.

Although many studies have identified a link between the level of education and safe sexual behaviour, a Forum for African Women Educationalists (FAWE) review of EFA plans found that these plans mainly address gender equity in terms of access to education but do not consider actions to improve girls' retention in school.

ActionAid International reviewed the evidence on the impact of girls' education on sexual behaviour and HIV, the difference that primary and secondary education make to girls' vulnerability to HIV, and the relationship between HIV and girls' education. They found that more highly educated girls start having sex later, are better able to negotiate safer sex and have a reduced HIV risk. Across all countries reviewed, girls who had completed secondary education had a lower risk of HIV infection and were more likely to use condoms than girls who had only finished primary education. Formal education can influence vulnerability to HIV by:

- Exposing girls to HIV and AIDS education.
- Providing psychosocial benefits, building self-esteem and capacity to act.
- Leading to better economic prospects, which can reduce vulnerability to HIV.
- Influencing the level of power within sexual relationships.
- Affecting girls' social and sexual networks.

An IATT on Education review in 2004 of selected countries found that, in 11 countries, 7 of which are in **sub-Saharan Africa**, girls have 20% less chance of starting school than boys, despite overall increases in primary school enrolment and the enrolment of girls. In **Swaziland**, school enrolment is estimated to have fallen by 36% as a result of AIDS, with girls most affected. Retention rates are also lower for girls than for boys in many countries including, for example, **India, Lao PDR** and **Myanmar**.



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A study in four cities in **sub-Saharan Africa** found that a higher level of education was strongly correlated with condom use. Girls who remain in school longer and receive education on sexuality and life skills have delayed sexual debut, better HIV knowledge and higher condom use rates. Girls who attend schools where female and male students are treated equally are also less likely to engage in premarital sex.

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

The government of **Botswana** has introduced policies to improve girls' access to education and retention in schools, with varying degrees of success. The country's policy on schoolgirl pregnancy now allows girls to continue their education until the birth of their child and to resume school afterwards (DFID, 2005). Male students implicated in schoolgirl pregnancy are excluded from school. However, in practice, few girls return to school because of: limited knowledge by school management and staff of policy and procedures to follow; community resistance; and reluctance of girls to return to school for fear of being ridiculed or bullied. Quality school counselling initiatives made a difference, but in schools where counsellors were poorly trained and counselling mainly took the form of reprimands, it did not. Other actions included: appointing outreach teachers to visit the homes of absentee students to find out why they are not attending school; and introducing suggestion boxes and school councils to enable students to raise issues privately or publicly. However, there are ongoing concerns about sexual harassment, failure to punish abuse by teachers, stereotyped views about subjects appropriate for boys and girls and lack of awareness of gender bias in the teaching and learning environment. Addressing these issues requires: integrating gender issues in the teacher training curriculum, school curriculum and textbooks; raising awareness of gender among head teachers and other educators; and better training, support and status for school guidance and counselling teachers.

Strategies to improve girls' educational access and retention and to improve girls' opportunities for effective learning (see Ensure HIV education is gender responsive in the following section) include:

- Policies – monitor and evaluate implementation of education policy from a gender equality perspective; develop policies on sexual harassment and violence and continuing education for schoolgirls who become pregnant; and provide bursaries or financial incentives for families to send girls to school.
- Skills-based education – ensure girls receive adequate, relevant life-skills education (see Ensure curriculum content supports effective learning about HIV and AIDS in the following section); remove gender stereotyping and gender bias from the curriculum; address gender and power dynamics in HIV education; and help teachers to make the classroom a more positive environment for girls.
- Safety and empowerment – tackle sexual harassment and gender-based violence in schools; work with communities to ensure girls are safe at school and on their way to and from school; encourage positive female role models and empower girls through clubs, guidance and counselling in schools.

Countries with the highest gender disparities in access to education are also those with the fewest women teachers. Women teachers are essential in cultures where parents do not allow their daughters to be taught by men. They can have a positive impact on girls' retention and encourage girls to complete their education. They can also help to protect girls from sexual abuse and act as advocates for girls. Steps to increase the number and status of female teachers include:

- Recruitment – for example, putting in place: specific quotas for women teachers; scholarships and other incentives for women to enter teaching; flexible entry requirements; provision of child care facilities for women teachers with children.
- Deployment – for example, establishing incentives to encourage well-qualified women teachers to work in rural schools.
- Professional development and promotion – for example, ensuring equal access for women to training opportunities including distance learning; establishing networks of women teachers to provide mutual support; mentoring for newly qualified women teachers.

Reduce stigma and discrimination, sexual harassment and violence in schools

Schools should be safe places. Physical abuse, sexual harassment and violence have an adverse impact on learning in general, as well as on HIV education.

Findings from interviews with children in the last three years of primary school in **Togo** showed that 88% of girls and 87% of boys had experienced physical violence; 50% of children had experienced psychological violence or threatening behaviour, while 4% of girls had experienced sexual violence. Secondary schoolchildren believed that the marks they receive at the end of term or year reflect trade offs – e.g. agreeing or refusing to have sex with a teacher, offering or not offering money or gifts to a teacher, working in a teacher's fields – rather than their school work. Despite the fact that sexual relations between teachers and students are forbidden by Togolese law, teachers who sexually abuse students are rarely prosecuted. Teachers therefore believe that they can act with impunity, and take refuge in the age of consent which is 14 years of age. Although student committees have

been set up in schools to enable students to report violence or sexual abuse committed by teachers, not all are effective or empowered.

Violence, abuse and trade offs had a detrimental effect on school performance and encouraged school drop out. Sexual harassment and gender-based violence were significant barriers to girls' attendance in school and worsened gender relations between students, as boys resent the fact that girls can get better marks in exchange for sex with teachers. In response to these findings, Plan Togo is encouraging girls' support groups, which aim to combat sexual harassment in school, reduce the spread of HIV and provide a setting where girls and young women can share their stories and learn to defend their own interests (Plan Togo, 2006).

A 2002 World Health Organization (WHO) report on violence and health stated that 'for many young women the most common place where sexual coercion and harassment are experienced is in school'. The academic attainment of girls in particular is compromised by sexual harassment and gender-based violence. Girls may avoid

classes, feel too scared to talk in class or find it difficult to concentrate. The effects are worse when no action is taken and a female student has to encounter the teacher or student who is harassing them at school. While some countries have taken steps to address teacher misconduct, others have been less active.

Anecdotal reports from Rakai district in **Uganda** found that parents withdrew girls from school because of concerns about sexual abuse by teachers (Boler and Carroll, 2003).

In **South Africa**, the 1998 Demographic and Health Survey found that 1.6% of 11,000 women had been raped before the age of 15. Of these, 33% named their teacher as the rapist (Jewkes *et al.*, 2002).

In a study in **Zimbabwe** of 73 girls aged 13-17 years interviewed in four schools, 14 reported being propositioned by a teacher for sex (Leach and Machakanja, 2000).

A 2001 **Botswana** survey of 560 secondary students found that 67% of girls reported sexual harassment from teachers. It also suggested that sexual abuse in schools may contribute to drop out; 11% of girls said they wanted to leave school because a teacher had asked for sexual favours (Rosetti, 2001).

Strategies to tackle violence and sexual harassment in schools include working with head teachers, teachers' unions and communities to:

- Develop and implement policies that protect the rights of students and staff.
- Monitor classroom performance to eliminate violent and abusive behaviour.
- Enforce codes of conduct for educators that prohibit sexual relations between staff and students and punish sexual abuse of students by teachers and other education staff.

Well-managed schools are also a critical factor. A study of schools in Ghana and Botswana found that a common feature of safe and high-achieving schools was strong management. There is also good evidence of the links between good classroom management and reduced peer

violence. In addition, the curriculum should promote values of tolerance and non-violent means of resolving conflict. Teaching environments that put children at the centre of the learning experience, where teachers listen to their concerns and needs, are more likely to address violence effectively than other schools. Parental and community involvement is also vital in tackling violence and sexual abuse in schools.

Schools should also be places that encourage positive behaviour and attitudes towards others, including students and staff living with or affected by HIV. Effective learning is not possible in an environment where stigma and discrimination are tolerated. Inconsistencies between HIV and AIDS messages and the attitudes and behaviours of students and staff can undermine the effectiveness of HIV education.

The **Ghana** Education Service has revised its Code of Professional Conduct to deter sexual misconduct by teaching and non-teaching staff. Sanctions include deferment of salary increments, reduction in rank or salary and suspension for up to two years. Sexual offences can result in dismissal, depending on the severity of the misconduct.

In **South Africa**, the Department of Education has issued guidelines explaining the law relating to sexual abuse of students by teachers and the consequences of violating the law.

The **Zimbabwe** Teachers Association and the American Federation of Teachers are implementing a project, in partnership with the education, health and social welfare ministries and NGOs, to encourage head teachers to take responsibility for reducing HIV risk in schools and ensuring that schools are safe environments.

The UNESCO-supported Making Room project in **Brazil** aims to reduce violence, alcohol, drug and other problems in schools by using school premises for leisure activities during weekends and increasing the involvement of the community. The project improved learning conditions in the classroom and had a positive impact on the quality of education.

Concern Worldwide has used the Circles of Support approach in **Mozambique** to encourage greater community commitment to the safety and security of children, particularly in schools. The approach has resulted in increased visibility of abuse of children's rights by teachers and increased action by school councils to ensure that school facilities support the safety and security of children.

Education International (EI), Education Development Center, Inc. (EDC) and WHO have produced a toolkit for gender-friendly learning environments that includes practical steps teachers' unions can take to support gender-responsive education, including dealing with gender-based violence in schools.



3.6 Using appropriate teaching and learning content and methods

Ensure the curriculum supports effective learning about HIV and AIDS

Effective learning about HIV and AIDS depends on what schools teach and should encompass knowledge, values, attitudes and skills. Effective learning should help children and young people to: understand vulnerability and risks, including peer pressure; identify and avoid risky situations; discuss the possible outcomes of risky behaviours and how to avoid these outcomes; develop assertiveness, negotiation and communication skills; support positive social norms and question negative social norms; and explain where and how to get help.

Students need information about a range of topics including the body and how it functions, sexuality, reproductive health, HIV transmission through unsafe sex and injecting drug use, HIV prevention, care and treatment, and rights of PLHIV. Students also need the skills to make healthy and responsible life and relationship decisions and positive attitudes and values, including tolerance, compassion and respect for others.

In addition to providing facts about HIV transmission and HIV prevention methods, HIV and AIDS education also needs to give young people the opportunity to discuss sexual relationships, emotions and feelings as well as issues such as consent and coercion, power and violence, respect and responsibility in relationships.

The first systematic review of what works to prevent HIV infection among young people in developing countries reviewed evidence from 80 studies (UNAIDS IATT on Young People, 2006). School curricula led by adults was one of the interventions where there was judged to be sufficient evidence of impact on knowledge, skills and behaviours. In addition, available evidence indicates that curriculum-based sex and HIV education does not increase sexual activity and that comprehensive and effective programmes can delay initiation of sex, increase condom use, and reduce the number of sexual partners or the frequency of sex.

Curriculum development is an area that has received considerable attention from education ministries, often with the support of UNESCO and UNICEF. Most curricula take either a scientific or a life skills approach.

- Scientific approaches tend to focus on providing knowledge and do not address the values, attitudes and skills that are an essential component of changing behaviour related to HIV and AIDS.
- Life skills approaches can work well in HIV and AIDS education, provided that: they have a clear focus on building the skills needed to reduce risk behaviours and to promote protective behaviours rather than generic life skills; are delivered by teachers who have

UNESCO developed the toolkit *Living and Learning in a World with HIV/AIDS: HIV/AIDS at school* for teachers, students and parents, to promote a supportive school environment for those infected or affected by HIV and AIDS and to tackle stigma and discrimination.

Schools belonging to the UNESCO Associated Schools Network (ASPnet) in **Gambia, South Africa and Uganda**, and SchoolNet Uganda, participated in developing the toolkit. Selected schools and their students drafted guidelines to promote healthy and supportive attitudes towards people living with HIV. Students were also invited to draw pictures of how a healthy and supportive school might look. This process enabled teachers and students to reflect on their attitudes towards HIV and AIDS and to play an active role in developing the main messages of the toolkit. Ensuring that students developed messages based on accurate information was a challenge in schools where teachers had limited knowledge about HIV and AIDS. The toolkit summarises the following actions that young people, parents and teachers can take to promote a supportive school environment that does not discriminate against people infected and affected by HIV and AIDS:

What can young people do?

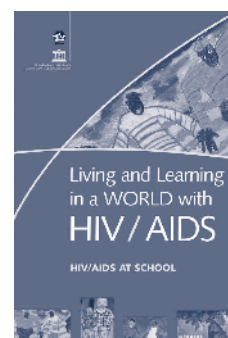
- Be informed and act responsibly.
- Respect others.
- Show care and support.

What can parents do?

- Support learning at school.
- Get involved in school activities e.g. attend Parent-Teacher Association (PTA) meetings.
- Encourage other parents to keep their children in school.
- Respect others, to show a good example to children.
- Show care and support e.g. encourage children to feel free to be friends with children infected or affected by HIV and to invite them home.

What can teachers do?

- Provide young people with information and skills.
- Respect others.
- Show care and support e.g. for infected or affected students, and those who have lost parents or other family members.
- Help those who have missed school to catch up.
- Listen to young people and their concerns.



been trained to teach in a child-centred, interactive and participatory way; and are supported with adequate and appropriate materials. In addition, life skills education needs to be complemented by efforts to create a supportive environment that enables young people to use these skills and to make safe, healthy and informed choices about relationships and sexual behaviour.

Although many countries include HIV and AIDS education in their curricula and coverage with HIV education in schools is high (IATT on Education, 2005) – the quality of school-based education is variable. Evaluations have identified the following challenges and shortcomings:

- HIV and AIDS are always addressed as a compulsory part of the school syllabus and receive little attention and inadequate time in already crowded curricula. HIV and AIDS education may not be given priority where teachers are already overloaded and where there is no support from head teachers, school administrators, school inspectors and education sector supervisory staff.
- Educators are often not involved in developing the curriculum or sufficiently trained to deliver it. Teachers often receive no training to address their own values and attitudes as well as their own vulnerability and risk, and are not provided with appropriate teaching and learning materials.
- HIV education is not comprehensive. It often focuses on knowledge and facts and does not adequately address attitudes, values, skills and behaviour. Selective teaching, which only covers some topics and does not address sexual relationships, gender, condoms or drug use, is common. Such selective teaching is often the response to resistance or perceived resistance from community and religious leaders, school management committees and parents, but provides poor quality, ineffective HIV education that is unlikely to have a positive impact on behaviour.
- HIV education is often not relevant to the real life situation of children and young people and teaching methods do not adequately engage them in discussion of their concerns.

A review of 11 evaluated school-based HIV prevention programmes for youth in **sub-Saharan Africa** found that programme objectives vary, with some targeting only knowledge, others attitudes and others behaviour change. Ten of the 11 evaluations that assessed knowledge reported significant improvements. All seven that assessed attitudes reported some positive changes in attitudes towards risk reduction. In one of the three programmes that targeted sexual behaviours, sexual debut was delayed and

the number of sexual partners decreased. Characteristics of the more successful programmes included: targeting younger (primary or lower secondary school) students; longer programme duration; use of a wide range of participatory activities; and use of peer educators as well as teachers. Challenges included community resistance to including the topic of condoms; lack of supporting materials; and inadequate training for teachers

Source: Gallant and Maticka-Tyndale, 2004.

These shortcomings are reflected in low levels of comprehensive knowledge among young people. In sub-Saharan Africa, less than one in three young people has accurate knowledge about HIV and AIDS or about how to avoid HIV infection. Rwanda is the only country in the region where more than half of young people aged 15-24 have accurate knowledge. In most countries, young women knew significantly less about HIV than young men. In Benin, Chad and Mali, fewer than 10% of young women know how to protect themselves from HIV infection.

- For curricula to support effective learning about HIV and AIDS (see also Booklet 2 in this series), education ministries need to do the following:
- HIV and AIDS must be incorporated into the official curriculum as an examinable subject to ensure that it is taught.
- HIV and AIDS curricula must provide accurate, comprehensive information and cover core topics – sexual and reproductive health (SRH); HIV and AIDS; prevention, care and treatment; human rights, stigma and discrimination; relationships; gender; risk behaviours and risk reduction.
- HIV and AIDS curricula must be age-appropriate, and begin early in primary school. Young people are more likely to adopt safer sexual practices if they receive HIV

education before sexual debut. Most children in countries severely affected by the epidemic do not attend secondary school and many children of secondary school age are enrolled in primary school because of high repetition rates. Primary school is therefore often the best opportunity to reach children with HIV and AIDS education.

- HIV and AIDS curricula should include life skills-based approaches that assist learners to adopt safe and healthy behaviours. They should provide learners with positive examples of communication, negotiation and decision-making skills to enable them to protect themselves and opportunities to practise these skills.
- HIV and AIDS curricula should be gender responsive and culturally sensitive and take into consideration the specific vulnerabilities of children affected by HIV and AIDS.



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The UNESCO Cluster Office for the Caribbean has worked in partnership with the Ministry of Education in **Jamaica** to develop curriculum materials for HIV and AIDS education and has pilot-tested combined literacy and HIV instructional materials, including stories, comic strips and novels, for upper primary and lower secondary students. The HIV and AIDS literacy materials were published for sub-Saharan Africa and were tested in several Jamaican teacher training colleges, as well as by a sample of primary school teachers, to assess their usefulness in the classroom. Although some of the material required adaptation to the Caribbean context, several resources were considered to be useful to supplement classroom teaching and were purchased by the MOE, with support from the World Bank, for the 21 mobile library units of the Jamaica Library Service, which serves schools and communities. The availability of these resources has facilitated new opportunities for students to learn about HIV and AIDS and has encouraged additional partners to support the Ministry of Education's contribution to the national response. For example, the MOE partnered with the Scotia Bank Jamaica to organise a national primary schools debating competition on its national policy for management of HIV and AIDS in schools. Each participating school received a resource pack, which included print and audio CD versions of the original and adapted materials.

The Population Council's Horizons Project studies of school HIV and AIDS programmes in **Mexico, South Africa and Thailand** found that effective learning requires teachers to be aware that some students have sex at an early age and to be prepared to offer advice and referral. The studies also highlighted the need for classroom exercises to help learners

develop strategies to negotiate or refuse sex and peer pressure; to assess their personal risk by being able to identify the circumstances or behaviours that put them at risk; and to develop skills to be able to use condoms properly.

In **Cameroon**, UNESCO, the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) worked with the Ministry of Education to integrate HIV and AIDS education into the official curriculum. Following a needs assessment, the MOE convened an expert group, which included teachers and sector ministry HIV and AIDS focal points, to revise the curriculum. The International Bureau of Education (IBE) provided inputs into a technical workshop, as well as ongoing technical support, including reviewing the draft curriculum. Teachers' unions and parent associations were consulted on a regular basis throughout the process. Factors that contributed to success included strong political support, effective partnerships and the commitment of the members of the expert group.

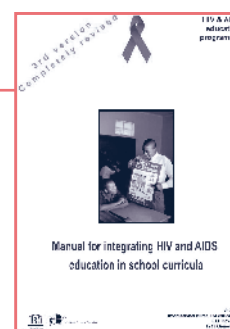
In **Nigeria**, the NGO Action Health International has been working with the government to develop age-appropriate guidelines for introducing sexuality and reproductive health curricula into primary and secondary schools. The first level, designed for children aged 6-8 years, includes discussion of what body parts are called and what they do, what makes a person biologically male or female and physical differences between men and women. Lessons for children aged 9-12 cover how bodies change physically during puberty. Pupils in secondary school are taught more explicitly about healthy sexual behaviours and how to avoid unwanted pregnancies and sexually transmitted infections.



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The UNESCO and IBE Manual for integrating HIV and AIDS education in school curricula consists of ten practical tools to support integration:

- Raising awareness and advocating for HIV and AIDS education in schools.
- Assessment of the situation.
- Context analysis, including resources, opportunities and obstacles.
- Issues to consider in integrating HIV and AIDS education into the official curriculum.
- Learning objectives, essential themes and time allocation.
- Teaching approaches and methods.
- Assessment of learning outcomes.
- Teacher training and support to school staff.
- HIV education and school management.
- Appraisal criteria for HIV and AIDS teaching and learning materials.



Include issues related to children and young people living with HIV in curricula

Most school-based HIV and AIDS curricula have focused on HIV prevention and assume that all learners are uninfected with HIV. However, students may have family members or friends living with HIV, or they may be living with HIV themselves. This, together with the increasing availability of ART, means that HIV education needs to also cover treatment as well as to be sensitive to issues of care and support for children and young people living with HIV.

There is likely to be a need to develop or adapt curricula to include treatment education issues. Treatment education should provide learners with clear information about ART and drug regimens, how to access treatment and how to take medicines, the limitations of treatment, potential side effects and adverse reactions. Inputs from health professionals can help to ensure that curriculum content

is accurate and consistent with national policies. Involving children and young people living with HIV in curriculum development is also critical, as is making information available in local languages. In South Africa, the Treatment Action Campaign (TAC) has translated treatment literacy materials into 11 local languages. Treatment is a rapidly changing area and curriculum content and materials will need to be reviewed regularly to ensure that they provide accurate, up-to-date information.

Treatment education needs to be linked to efforts to tackle stigma and discrimination, since HIV and AIDS-related stigma and discrimination, or fear of it, is often a barrier to seeking treatment. It also needs to be linked to treatment, care and support services for children and young people.

Involve teachers, learners, PLHIV and communities in curriculum development

If learning is to be effective, the curriculum for HIV and AIDS education must be developed by people with relevant expertise, for example, in planning, needs assessment, participatory and didactic techniques, and communicating about sexuality (see Booklet 2 in this series for more information). Consultation with other key stakeholders during curriculum development is critical to obtain support.

Although it is the Ministry of Education that determines what is taught in schools, consultation with local education authorities, head teachers, teachers' unions and educators is essential to build ownership and commitment and to ensure that the curriculum is delivered.

HIV and AIDS curriculum development should also involve parents and community leaders. It is important to address

the concerns of the wider community and to ensure that the curriculum is appropriate for the local context and culture. In many countries, lack of consultation has resulted in opposition to teaching about HIV and sex in schools from parents, community and religious leaders, and it has been difficult to reach agreement about what subjects should be taught.

Involving PLHIV in curriculum design, as well as in delivering HIV education, can give students an insight into the experiences of those affected by the epidemic and can make HIV education more meaningful. It can also ensure that curricula address issues such as stigma and discrimination and living positively. Involving children and young people affected by HIV can help to ensure that the curriculum, as well as the learning process, takes account of their situation and is responsive and relevant to their needs.

A literature review looked at programmes in developing countries that had a positive effect on youth sexual behaviours (delayed sexual debut, increased abstinence, increased condom use, reduced number of sexual partners) or sexual health outcomes (decreased incidence of STIs and pregnancy). One factor that contributed to success was involving young people and the community in programme design, planning and implementation and ensuring communities support young people to make healthy decisions about sex.

Source: Alford *et al.*, 2005.

The IIEP HIV/AIDS Impact on Education Clearinghouse has merged its content with HIV and AIDS resource centres from other UNESCO Offices and Insitutes.

The Organization's existing resources centres on HIV, AIDS and education in seven offices and institutes have been brought together to form, in a single technical platform, the UNESCO HIV and AIDS Education Clearinghouse. With an interface in English, French and Spanish and currently over 4,000 resources, users can access the Clearinghouse.

CHECKLIST for sex education curriculum development, content and delivery**Curriculum development and adaptation**

- Involve professionals, stakeholders and those with relevant experience, as well as children and young people, in the development process.
- Conduct assessments of the target group's needs.
- Use a planning framework that relates health goals, desired behaviour change and activities.
- Consider community values and norms in designing activities.
- Consider availability of resources.
- Pilot test and revise as needed.

Curriculum content and approach

- Incorporate guidelines to ensure a safe environment for participation and learning.
- Focus on clear health goals in curriculum content, approach and activities.
- Focus on specific behaviours that lead to or prevent unintended pregnancy, STIs and HIV.
- Address multiple risk and protective factors affecting sexual behaviours.
- Include multiple activities to influence each of the targeted risk and protective factors.
- Incorporate instructionally sound and participatory approaches.

- Use activities, messages and methods that are appropriate to the age, culture and sexual experience of the target group.
- Address gender issues and sensitivities in both content and teaching approach.
- Cover topics in a logical sequence.
- Present information that is scientifically and medically accurate.

Curriculum implementation

- Make sure relevant authorities and gatekeepers are aware of the curriculum content and timetable, keep them informed of significant developments, and encourage them to support curriculum implementation.
- Establish a process for selecting appropriate and motivated educators.
- Provide quality training to educators.
- Put in place management and supervision.
- Recruit youth participants where appropriate, and implement activities to retain and motivate them.
- Establish monitoring and assessment systems.
- Implement activities to address all key topics in the curriculum.

Source: IBE-UNESCO, 2005.

In **Belize**, the proposed HIV education curriculum for primary and secondary schools was adapted from a manual developed in the United States. To ensure the content and approach were relevant and appropriate, an advisory board was convened to review the manual and recommend revisions. Advisors included government officials, teachers, health workers, NGOs, church representatives, peer educators and PLHIV.

In **Nigeria**, the Association for Reproductive and Family Health used focus groups, interviews, meetings with community leaders, head teachers and teachers, and participatory methods such as on-site walks, mapping, calendars and sexuality lifelines to understand the school environment and the situation of young people. This process informed the content, language and implementation of the curriculum and fostered significant community involvement and support.



UNAIDS/P. Viot

In **Botswana**, the Ministry of Education and the EDC developed materials for HIV education based on the Botswana principle of Botho or humanness, which teaches respect for oneself and others and social responsibility. Interactive skills-building activities for learners emphasise how individual actions have consequences for the family and community.

The Islamic Medical Association of **Uganda** developed an AIDS curriculum for children and young people. Parents were involved and are encouraged to talk to their children. Dialogue with imams and sheikhs resulted in their agreement to inclusion of teaching about condoms in the curriculum.

Ensure HIV education is culturally sensitive

HIV education needs to be understood and accepted by learners and the wider community. It is important, therefore, that HIV education is based on a good understanding of cultural beliefs about health and cultural concepts about, for example, causes of disease, illness and death. Much HIV education has relied on a biomedical approach and this may not necessarily fit with people's beliefs.

Since HIV education involves sensitive and potentially taboo subjects such as sex and gender, illness and death, it is important that it is in keeping with cultural norms, traditions and religious beliefs. HIV education that conflicts with cultural norms may be rejected, create conflict or be seen as irrelevant.

Culture and social norms also have a significant influence on the ability of individuals to change their behaviour, so culturally appropriate prevention messages are more meaningful. Cultural beliefs and practices can be used as a resource to engage communities in addressing sensitive issues. However, HIV education should also provide opportunities to discuss cultural norms and practices that increase HIV risk such as early marriage and wife inheritance. Culturally sensitive education can challenge these practices and involve communities in developing safer alternatives. Steps in ensuring that HIV education is culturally sensitive include:

- Identifying cultural resources that can play a positive role in HIV prevention, as well as cultural factors that increase HIV vulnerability and risk.
- Identifying culturally specific ideas and perceptions about health and, where possible, discussing how these relate to HIV and AIDS.
- Incorporating culture and HIV in pre- and in-service training.
- Strengthening school-community links to secure support from community, traditional and religious leaders, and identifying and sensitising opinion leaders.
- Using local language and dialect and using culturally appropriate words and terms.
- Using creative approaches that draw on cultural traditions and practices such as drama, music, games.

UNFPA has developed the following tips for culturally sensitive programming:

- Hear what the community has to say to foster local acceptance and ownership.
- Demonstrate respect for community leaders.
- Show patience and invest adequate time to clarify issues and address concerns.
- Gain the support of local power structures.
- Be inclusive and involve all parties in consultation and negotiation.
- Provide solid evidence especially when issues are controversial.
- Use scientific perspectives to diffuse strong views about sensitive issues.
- Avoid value judgements about people's beliefs or behaviours.
- Use language sensitively and avoid terms that may cause offence.
- Work through local partners who know what local people will find acceptable.
- Assume the role of facilitator and allow people to come up with their own plans.
- Honour commitments to build confidence and trust.
- Know your adversaries and understand their thinking.
- Find common ground and objectives that all parties support.
- Emphasise and build on positive cultural practices.
- Build community capacity and let people do what they do best.
- Use popular culture.
- Invest adequate energy and time in developing partnerships.
- Celebrate achievements.

In the **Greater Mekong** Sub-Region, UNESCO developed a series of educational radio programmes, audio tapes and CDs in local languages on HIV risk behaviours, trafficking of girls and women and drug abuse. The radio programme takes the form of a soap opera, a medium that is familiar and acceptable to the audience, especially young people. The content is based on actual experience and real life stories collected through participatory group discussions so that listeners can identify with the characters and their situations. The script is developed in the local language by local writers to ensure that it is culturally and linguistically appropriate. Programmes are pre-tested before they are broadcast to check that messages are clearly understood and acceptable. Audience research is conducted in villages to evaluate the appropriateness and impact of the messages. The radio programmes are reported to have increased awareness of HIV and other risks among ethnic minority communities and youth. A key lesson learned is the importance of conducting community research to ensure that materials are culturally and linguistically appropriate.

Ensure HIV education is gender-responsive

Gender describes the roles of women and men that are determined by economic, social and cultural factors rather than by biology. Girls and boys learn about gendered attitudes, roles, expectations and behaviours at school as well as at home. Educators, and those who train them, need to understand how gender interacts with HIV and AIDS and to apply a gender-sensitive approach to classroom methods and materials. Teacher training should therefore cover gender issues, including gender relations in the classroom and gender-sensitive approaches to teaching.

Gender-responsive approaches to HIV education can confront stereotypes, tackle gender-based violence and enable learners to understand their individual and social vulnerability to HIV as well as to develop the communication, negotiation and critical thinking skills they need to challenge gender norms, resist peer pressure and make healthy decisions about sexual behaviour.

HIV education needs to consider the situation and needs of girls. Education that just focuses on the ABC (Abstinence/ Be faithful/ Use a Condom) of prevention may not help girls unless gender inequalities that prevent young women from making informed choices about sexual behaviour are addressed. It is also important to be aware that HIV education has different effects on girls and boys. A review of evaluations of sex education found that differences included at least one behavioural outcome. This was because girls and boys give different reasons for having sex, and gender roles affect sexual behaviour and sexual and reproductive health outcomes,

for example, condom use, age of sexual debut, contraceptive use and multiple sexual partners. The review concluded that curriculum content may not adequately address these issues.

However, it is essential that HIV education also considers the needs of boys. Gender norms put pressure on boys to behave in certain ways. Masculinity for boys, produced by UNESCO New Delhi (2006), highlights how men are expected to behave – reinforced through male role models, peer pressure and the media – and how this can increase HIV vulnerability. For example, gender roles mean that men are not supposed to show their emotions or discuss their feelings, and sexual roles mean that male status is associated with having many sexual partners.

HIV education needs to challenge gender norms and relations that increase vulnerability. Girls and boys need to be allowed the space to discuss gender issues and power dynamics in relationships. While some issues may be better discussed in single sex groups than in mixed groups, girls and boys need to learn to communicate openly with the opposite sex.

Life skills education using participatory methods can be an entry point for introducing topics such as gender roles and relationships and for promoting mutually respectful relationships. Teachers and students can collect negative and positive messages and images in daily lives and media and incorporate these into future trainings and classroom activities.

In **Nigeria**, the non-formal education programme *Conscientising Male Adolescents*, delivered by teachers in secondary schools, educates boys about gender issues and fosters critical thinking on issues such as sexual and reproductive health. Boys who participated in the programme reported increased confidence, better communication and improved attitudes towards women and girls.

Source: Barker and Girad, 2003.

Gender and ways in which male and female teachers interact with male and female students was explored in **Eastern and Southern Africa**. Many male teachers did not reinforce positive role models for boys. Students commonly viewed them as bullies who abused students physically and emotionally, beating boys more than girls and on occasions

sexually abusing girls. The behaviour of male teachers worsened gender relations between boys and girls. Girls who had been subjected to sexual harassment by teachers were more vulnerable to sexual abuse by male students inside and outside the classroom (Chege, 2006).

Source: Chege, 2006.

In **Namibia**, the curriculum *My Future is My Choice*, developed by the Namibian government with support from UNICEF, addresses gender-specific activities through discussion activities. In separate groups, boys and girls discuss how puberty affects their bodies, relationships with family and friends, and the way they relate to the opposite sex. The groups are brought together and the teacher facilitates a discussion of gender roles, including questions such as why boys and girls are told different things about sex and relationships.

Lessons learned from experience of using drama to explore gender perspectives in schools in **Mozambique** and **South Africa** (Thorpe, 2005), where adolescent assumptions and beliefs about gender, male and female sexual behaviour, sexual and physical violence, and use of condoms were strongly entrenched, included:

- Drama is more effective than didactic methods, which do not encourage students to think for themselves or interact with other students.
- Skilled facilitation is critical to move groups from awareness of gender dynamics to challenging these dynamics and exploring gender-related dimensions of risk by asking questions such as: Do boys take risks less seriously than girls? Who is responsible in a relationship for making sure you don't take risks?
- Girls are less willing to participate or challenge in mixed groups during short sessions, but this can be overcome if sessions are continued over a longer period of time allowing girls to develop confidence and to speak directly to boys about their attitudes and behaviour.

Steps in creating a gender-responsive school environment and gender-responsive HIV education include:

- Examining the behaviours and attitudes of teachers in their relationships with students, especially girls. Girls are often less valued and teachers may inadvertently pay them less attention. Educators need to evaluate routine practices such as lining up students by gender or seating girls and boys separately.
- Ensuring that curriculum content, language, methodology and materials address gender inequalities and discrimination, meet the needs of girls and recognise women's contribution to society. This applies to the curriculum overall as well as to the HIV and AIDS curriculum.
- Developing quantitative as well as qualitative indicators to measure progress in reducing gender inequalities, including the quality of materials, teaching and learning methods, school environment and teacher performance.

CHECKLIST for monitoring gender sensitivity



In the classroom and the school environment

- Do teachers examine their assumptions about the classroom behaviour, skills and achievements, future employment and life options of boys and girls?
- Are the contributions and achievements of females and males equally valued?
- Do curriculum resources reflect gender equity?
- Do teachers have accurate information and materials about HIV and gender?
- How much teacher time do girls receive in comparison with boys?
- Are there positive female role models in the school structure, environment, curriculum and education materials?
- Are approaches designed to improve girls' self-image and self-esteem?
- Are strategies in place to help boys develop more positive attitudes towards girls?
- Do subject areas give equal recognition to the contributions made by women?
- Does the curriculum include exploring gender images portrayed by the media?

In teaching and learning materials

- Assess the use of non-sexist words and phrases.
- Count the total number of leading characters, and the number who are men and who are women.
- Count the total number of people in illustrations, and the number who are men and who are women.
- Count the number of empowering references or illustrations of women and girls at home, in the workplace, in the community; as independent, self-confident, assertive; in leadership positions; as decision-makers.
- Look at the use of non-traditional references or illustrations of men in the home, workplace and community; as nurturing, sharing, respectful partners and parents; in caring roles; in promoting positive change among their peers

Consider how HIV and AIDS education will be delivered

Commonly used models to deliver HIV and AIDS education include:

- Integration across the curriculum – HIV & AIDS and related issues are addressed in all subject areas and are examinable as parts of these subjects.
- Separate subject – HIV & AIDS and related issues are designed as a separate examinable subject.
- Carrier subject – HIV & AIDS and related issues are integrated into an existing subject such as health, life skills or family life education.
- Co-curricular – HIV & AIDS and related issues are not included in the formal curriculum but are addressed in, for example, assemblies, drama, clubs and other extra-curricula activities.

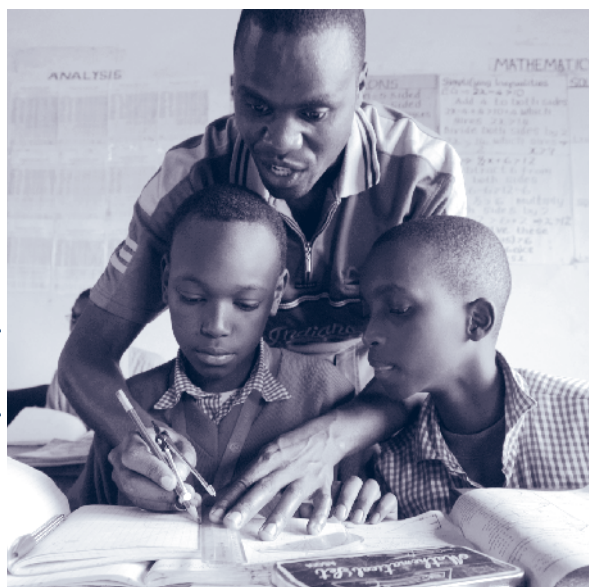
Integration across the curriculum is the most commonly used approach, although elements of the co-curricular approach are found in many schools. Integration ensures all learners are exposed to HIV and AIDS education, and is one way of dealing with a crowded curriculum and the lack of teachers with the competencies required to teach HIV and AIDS as a stand-alone subject.

Voluntary Service Overseas (VSO) developed a guide for integrating HIV education into mathematics teaching in a secondary school in **Zambia**. Designed to be flexible and easy to use by teachers, it consists of a series of maths questions related to HIV and AIDS. Experience showed that using an issue like HIV and AIDS helped pupils to engage with mathematics and at the same time taught them about HIV and AIDS. For example, drawing a histogram to show the age distribution of AIDS cases helps pupils to learn about statistics and also that young people are at risk of HIV. The draft guide was circulated to Zambian and international volunteer maths teachers and their feedback was used to produce a final version, which has been approved by the Ministry of Education for distribution and use in Zambian schools.

In **Mozambique**, VSO teacher trainers working with the in-service English language teacher training programme Secondary and Tertiary English Project, in partnership with the Ministry of Education and Provincial English Advisors, incorporated HIV and AIDS into training courses and encouraged teacher trainees to develop English language teaching materials with an HIV and AIDS theme. Quizzes, videos and role plays were included in English proficiency, listening comprehension and discussion skills modules. Students responded well and particularly liked videos of PLHIV talking about their experience. Introducing HIV and AIDS into English language training was a challenge initially, as teachers had low awareness of HIV and were self-conscious.

Monitoring to check that HIV and AIDS education is being implemented is essential, especially in contexts where the subject is not compulsory and educators perceive communities to be resistant to teaching about HIV and AIDS or view teaching life skills as of lower status and

value than teaching more academic subjects. Monitoring can also identify factors that influence teachers' implementation of HIV and AIDS education and the effectiveness of learning.



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A survey of teachers responsible for HIV education in public secondary schools in Cape Town, **South Africa**, investigated factors that influenced whether teachers actually taught about HIV and AIDS. Most teachers who responded had implemented HIV education; female teachers were more likely to have done so than male teachers. Teacher characteristics associated with implementing HIV education included: training, self efficacy, student focus, belief in the positive outcome of HIV education, and sense of responsibility. School characteristics associated with teaching about HIV included: the existence of a school HIV and AIDS policy, a fair and equitable school environment, and good school-community relations. Findings demonstrate the importance of effective teacher training and school policies and the value of interventions to create a supportive school environment and community support (Mathews *et al.*, 2006).

Use appropriate methods for HIV and AIDS education

Effective learning in HIV and AIDS education also depends on how schools teach about HIV and AIDS. Delivering HIV and AIDS education requires a balance of teacher-led and learner-centred methodologies. Traditional 'chalk and talk' teacher lectures and media such as posters and leaflets can convey facts and increase learner knowledge. Interactive and participatory teaching methods, such as song, drama, storytelling and role play, are more effective in addressing attitudes and behaviours and in

helping learners to develop the skills they need to resist negative pressures and make healthy life choices. Participatory methods that allow learners to play an active role in the learning process can be interesting and enjoyable; promote critical thinking and learning through experience; and enable students to learn from each other. However, participatory methods are time-consuming and require skilled facilitation to ensure that the learning objectives are clear and the focus is not lost.

Another way to learn, supported by UNESCO, is a programme that uses innovative and creative methods to improve literacy and livelihoods in vulnerable communities in **Latin America, Africa, Asia** and the **Caribbean**. Education about HIV & AIDS and drugs is integrated into programme activities such as livelihoods and skills development for marginalised youth in **Uganda**. In **Cambodia**, the programme has supported a range of innovative approaches to reach vulnerable young people including producing a film, shadow puppet theatre, and circus and drama performances on trains and railway platforms.

Interactive theatre can be a very powerful tool for conveying information about HIV and AIDS and for encouraging social and behavioural change. UNESCO's project *AIDS and Theatre: How to Use Theatre to Respond to HIV/AIDS* has developed a manual, which provides guidelines on how theatre groups and communities can develop and use drama to address HIV and AIDS. The manual, which was originally developed in French in **West Africa**, has been adapted and translated into Arabic in **North Africa**, Spanish in **Latin America** and English in **East and Southern Africa**.

Teachers are using participatory methods to improve knowledge and build skills in a range of settings. In **Burkina Faso**, teachers use quizzes to test students' knowledge, and in **Malawi** teachers run anti-AIDS clubs where children can ask questions, talk about their problems and seek advice. In **Zambia**, the national 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 participatory learning activities to address the issue of gender and AIDS using role play and group methods.



From left to right and top to the bottom:
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Evaluate the effectiveness of curricula and teaching and learning methods

While many countries have introduced HIV education into the school curriculum, there is limited evidence about effectiveness. This reflects a lack of monitoring and evaluation of HIV education interventions, an emphasis on evaluating self-reported knowledge and behaviour rather than behavioural outcomes, and difficulties in measuring the impact of life skills education using tradi-

tional assessment methods and in measuring skills acquisition. Learning outcomes and behaviour change need to be assessed more rigorously to measure the impact of HIV and AIDS education. This will require establishing baselines, clear indicators and processes to monitor and evaluate change.

Evaluation of the Department of Education's life skills programme on HIV prevention among Grade 9 students in schools in KwaZulu-Natal, **South Africa**, found a significant increase in student knowledge in the intervention group compared with the control group, but no effects on attitudes or safe sex practices. Some teachers had implemented the programme fully and some partially. Students who received the full intervention were more positive in their perceptions about sexual behaviour and reported less sex and more condom use than students in the partial and control groups. The evaluation concluded that there was a need for more analysis of content and approaches used in the classroom (Shamagonam *et al.*, 2006).

3.7 Providing support for educators

Implement HIV prevention and workplace policies

Support for educators should include development and implementation of workplace policies that include HIV prevention, treatment, care and support for staff infected or affected by HIV and protection from discrimination. It is important to ensure that HIV prevention programmes for educators address the role that gender plays in teachers' vulnerability to HIV.

Flexible approaches to part-time working and job sharing, as well as innovative strategies to provide quality and trained substitute or relief teachers, are also required both to support educators and effective learning.

UNESCO and the International Labour Organization (ILO) have collaborated on the development of workplace policies for the education sector in the **Caribbean** and **Southern African** regions. Workshops have brought together representatives from education and labour ministries, teachers' and employers' associations, and national AIDS authorities and resulted in the publication and distribution of regional policies.



In **Zambia**, the Ministry of Education introduced an HIV and AIDS workplace programme in 2003 and workplace policy in 2006. The programme promotes HIV prevention, access to counselling and testing, care and support services including HIV treatment for educators. Treatment is funded initially by the MOE and the teacher is gradually integrated into the public treatment access system. In 2006, 4,500 teachers were tested for HIV and 4,065 were accessing ART through private hospitals and clinics. Ministry assessment shows improved quality of life and life expectancy for positive teachers. While

initiating treatment through private clinics has had a positive impact on uptake of treatment, phasing into public sector treatment programmes is a challenge.

In **South Africa**, the Eastern Cape Department of Education Employee Assistance Programme includes provision of counselling for staff infected and affected by HIV, support to establish support groups, referral to external psychologists and awareness raising workshops for school managers.

The report of a technical consultation on supporting HIV-positive teachers in East and Southern Africa (UNESCO and EFAIDS, 2007) brought together education ministries, teachers' unions and networks of HIV-positive teachers. The consultation highlighted the importance of identifying and addressing the varying needs of HIV-positive teachers, tackling stigma and discrimination, ensuring access to prevention

programmes and to treatment, care and support, and building links between teacher unions and networks of HIV-positive teachers. Other important actions include strategic partnerships with school administrators and other sector ministries including health, labour, and planning and community interventions to reduce stigma and discrimination towards HIV-positive teachers.



The EFAIDS toolkit *Inclusion is the Answer* (Education International) provides practical ideas about what teachers' unions can do to support educators living with HIV in five priority areas: research, union policy, advocacy, publicity and training. Research is an essential first step to understand the needs of educators living with HIV; to assess available support and services; and to identify what actions unions need to take.

In **Malawi**, the loss of qualified teachers is having a direct impact on the quality of education. For example, in one district the number of teachers declined from 1,300 to 790 between 2001 and 2006. As a result, class sizes have increased with some teachers teaching classes with as many as 240 pupils. The Tiwoloke Project, supported by DFID, the National AIDS Commission and ActionAid, is a behaviour change initiative for primary school teachers, which aims to give them the knowledge and skills to reduce their vulnerability to HIV. The project incorporates Stepping Stones training in HIV, gender, communication, life skills and relationships.

Provide appropriate pre-service and in-service training

Quality education and effective learning depend on adequate numbers of well-trained, experienced and motivated teachers. However, despite the fact that the quality and impact of HIV education is significantly affected by the capacity and skills of educators, efforts to develop HIV and AIDS curricula have not been matched by efforts to train teachers to deliver curricula.

Even where training has been introduced, it often concentrates on subject knowledge, does not address teachers' beliefs, values or attitudes about HIV and AIDS, and pays limited attention to dealing with HIV and AIDS in the school environment. As a result, many educators feel uncomfortable talking about HIV, sex and other sensitive issues.

Few teachers have been trained in the use of participatory methods, although there are some notable excep-

tions. For example, the education ministry in Botswana is taking steps to enable teachers to use interactive methods in life skills education. The resource list at the end of this booklet includes practical manuals and guidelines on using participatory and interactive classroom methods.

Many countries have concentrated on providing in-service training and have yet to include HIV and AIDS education in pre-service training. In-service training needs to be of sufficient duration and reinforced by refresher training if it is to enable teachers to deliver the HIV and AIDS curriculum effectively. Pre-service training can cover higher numbers of future teachers and is more efficient than running separate in-service training workshops. It may also be easier to introduce new ideas and ways of teaching to trainee teachers than to teachers who have been teaching for many years and may find it difficult to change their approach.

The EI 2007 report *Training for life* provides an update of progress in pre- and in-service training for teachers on HIV and AIDS. Responses to a questionnaire sent to all EI-affiliated teachers' unions indicate that inadequate resources and time are allocated to pre- and in-service training to prepare educators to teach about HIV and AIDS; initiatives are often small-scale and training of insufficient duration; and teachers' unions are not consulted by governments on training, curricula or materials. However, the situation varies from country to country. For example:

- In **Kenya**, the Ministry of Education has produced a syllabus and materials for teaching about HIV in teacher training colleges and about 17% of teachers have received in-service training on HIV and AIDS. While HIV and AIDS are integrated into different subjects in the school curriculum and exams include questions about HIV and AIDS, it is reported that many teachers opt out of teaching the subject because of inadequate training.
- In **Malawi**, no training on HIV and AIDS took place at teacher training colleges and no teachers received in-service training on the issue in 2007.

- In **Namibia**, the Ministry of Education has taken the decision to integrate HIV and AIDS in the school curriculum, increasing numbers of teachers are receiving training on HIV and AIDS, and the ILO Code of Practice has been integrated into the Namibian employee wellness programme. The government has also established an Education and Training Sector Improvement Programme (ETSIP). HIV and AIDS is one the nine ETSIP sub-programmes.
- In **Uganda**, all teacher trainees received training on HIV and AIDS in 2007, although the training focuses on knowledge rather than life skills, and in-service training for primary and secondary teachers was extremely limited in scale. The issue of HIV and AIDS is not included in the formal school curriculum.

The report recommends that governments institutionalise pre- and in-service training on HIV and AIDS; integrate HIV and AIDS into teacher training and school curricula; and include unions in developing policy and training programmes.

Evaluation of a 6-day in-service teacher training programme in **South Africa**, which aims to equip educators to teach a life skills curriculum to 14 year olds, found that the training increased teachers' confidence in teaching the curriculum. However, many teachers experienced difficulties with applying new knowledge and participatory teaching methods in the classroom. The findings highlight the need to integrate HIV and AIDS education into pre-service training and to provide teachers with ongoing support for use of alternative teaching methods (Ahmed *et al*, 2006).

Educator training should:

- Address educators' own vulnerability to HIV infection and the effect of HIV and AIDS on educators, education systems and learners.
- Help teachers to explore their own attitudes, for example towards sexually active students and PLHIV, and behaviours.
- Give teachers the knowledge and confidence they need to teach about HIV and AIDS and to answer pupils' questions openly and honestly.
- Address concerns about fear of offending parents or doubts about whether this is their role when HIV and AIDS is not an academic subject.
- Provide guidance on establishing an open, inclusive and positive classroom environment and coping with the impact of HIV and AIDS in the classroom, including stigma and discrimination.
- Provide practical skills on using interactive and participatory methodologies.
- Provide training on child rights and inclusion, gender-sensitive and child-centred teaching and learning, psychosocial support and protection for vulnerable children, and how to act as a positive role model for male and female students.
- Develop skills for educators to enable them to support colleagues and students.

Key issues to consider include:

- Improving the quality of pre- and in-service teacher training to ensure teachers can deliver quality HIV and AIDS education.
- Ensuring there is sufficient time for training to instil competence and confidence.
- Including compulsory HIV and AIDS components, which are examinable or certifiable, in pre- and in-service training.
- Increasing coordination between pre- and in-service training so that both newly qualified and employed teachers can benefit from new methods and content.
- Taking a 'whole school' approach that includes orienting school administrators and head teachers, as well as training more than one teacher in each school.

In **Zambia**, the VSO SOLTECH HIV Awareness Resource Project piloted an eight session workshop based on materials from Stepping Stones for pupils at a secondary school in North Western Province. The approach was then introduced into other schools through a series of demonstration workshops for teachers so that they could see how to run the workshop with their pupils. The most enthusiastic participants have been identified to train teachers in other districts of North Western Province.

In **Uganda**, students whose teachers had received appropriate training on HIV and AIDS reported a significant decline in the number of sexual partners and sexual activity. The quality of delivery of education was more important than the curriculum content or supporting materials.

A Caribbean Community and Common Market (CARICOM) multi-agency health and family life education (HFLE) teacher training initiative in **Trinidad and Tobago** is supporting teachers to increase their awareness of HFLE, examine their own understanding of the issues and practise relevant skills. Teachers taking part in the training are assessed and passing this component is a requirement for obtaining a teaching diploma or certificate.

The **Ghana** Strengthening HIV/AIDS Partnerships in Education (SHAPE) programme included teacher training as a key component of improving HIV education in schools. A curriculum called Window of Hope was integrated into the existing national pre-service curriculum for teachers. A baseline survey found that teacher trainees had incorrect beliefs about HIV transmission and stigmatising attitudes and lacked confidence in discussing HIV with learners. Monitoring visits found that younger tutors embraced an experiential approach but older ones still relied on lectures and didactic methods. Lack of resources for training was a problem, as was failure to take the curriculum seriously, as HIV and AIDS was not an examinable subject. Trainers needed time to become comfortable with new teaching methods and HIV content.

In **Kenya**, the Program for Appropriate Technologies in Health (PATH) and the Population Council collaborated with the government to build teacher capacity to teach sex education. Over 100 teachers and head teachers from around 30 schools were trained in content and participatory methods. Refresher courses were offered once a year. The Ministry of Education provided supervision and support for teachers once a term using a monitoring checklist. Although changes in teacher attitudes and teaching methods were not analysed, teachers reported that training enabled them to fulfil their mandate of providing students with information on HIV and AIDS.

In **Uganda** in Soroti district, the African Medical Relief Foundation (AMREF) has trained around 5,900 teachers and head teachers, and each school has established a core team to mobilise other teachers. Head teachers and local leaders received a one-day orientation and teachers received one week of training in the use of the life skills curriculum developed by PATH and supplementary materials adapted from other sources. Support was sought from school health committees and parents' meetings.

Provide teachers with supporting materials and supervision

Teaching and learning about HIV and AIDS is more effective when educators have access to high quality teaching and learning materials that are appropriate to the age, gender and culture of learners. However, lack of qual-

ity materials, or up-to-date and appropriate materials, is a common problem. As noted earlier, there are many useful resources available for educators and learners (see resource list).

UNESCO Kingston Cluster Office for the Caribbean and the Ministry of Education collaborated to develop and publish instructional materials for pre-and in-service training for teacher trainers and classroom teachers in **Jamaica**. In collaboration with the Jamaica Joint Board of Teacher Education and the University of the West Indies, funding from the Global Fund to fight AIDS, Tuberculosis and Malaria through the Ministry of Health has been used to support the development of a teaching module on HIV and AIDS for use in teacher training colleges.

UNESCO Phnom Penh and UNICEF assisted the Ministry of Education, Youth and Sports in **Cambodia** to develop educational

materials, including text books and games for primary students, as well as a module on distance education, which teachers are being trained to use at regional teacher training centres.

As part of the OPEC-funded UNESCO HIV and AIDS project, the University of **Jordan** established a website of educational resource materials for educators that are available in Arabic. The project is also translating the HIV and AIDS resource pack for teachers, counsellors, parents and community workers, and distributing the WHO/UNESCO resource manual on reproductive health and HIV/AIDS in Arabic to educational institutions.

Educators also need support from the education ministry, school management, head teachers and the community for HIV and AIDS education. Refresher training, updates and integration of HIV & AIDS into professional development and supportive supervision are critical. Education ministries could also consider providing incentives or motivation through continuing education credits or certification or support for peer coaching and mentoring.

School-based HIV education needs to be reinforced by community education, to ensure that there is support for HIV education and those who teach it. However, in response to the EI 2007 survey of teachers' unions, 84% of unions responding reported that they received little or no support to deal with objections to HIV and AIDS education from community or religious leaders. As a result, educators may ignore issues considered to be sensitive when teaching about HIV and AIDS.

3.8 Providing support for learners

Put children at the centre of initiatives to support them

Efforts to support effective learning by children infected or affected by HIV and AIDS should be based on needs identified by children themselves. Based on its experience, the International HIV/AIDS Alliance highlights the importance of child-centred approaches to working with children infected and affected by HIV. Using a child-centred approach implies working with rather than for children.

Children living with and affected by HIV and AIDS have knowledge and skills that should be respected and built upon. This helps children to develop their self-esteem, learn about cooperation and social responsibility, and

to prepare them for adult life. Children's resilience and capacity to cope is strengthened by initiatives that enable them to participate actively and to express themselves and to advocate for their rights.

Strategies include supporting organisations of children and young people, involving children in school governance, raising children's awareness of their rights, including their right to education and other services, and promoting dialogue and more effective communication between parents and children, and educators and students.

Evaluation of Child-Centred Approaches to HIV and AIDS (CCATH) in **Kenya** and **Uganda**, which places children at the centre of communication about HIV and AIDS, indicated that the project had reduced the impact of HIV and AIDS on children and their families. School authorities reported that: formation of peer counselling clubs enabled children to discuss HIV and AIDS more freely in school; children affected are more accepted

by their peers, and play and eat together; orphans and children whose parents are ill are now supported by their peers and the school administration; teachers have a better understanding of the problems of affected children; children are better aware of how they can avoid risky situations; teacher-pupil relations have improved and children feel more able to confide in teachers (Healthlink Worldwide, 2007).

Take steps to promote access and retention

Children learn effectively when they are at a good quality school. Accurate data about children who are not in school and the factors that prevent them from attending school are essential to inform policies and programmes

that aim to improve access and retention. Specific actions may be necessary to meet the needs of educationally marginalised children.

Interviews with children and their caregivers in **Kenya, South Africa** and **Uganda** highlighted neglect and abuse within families and communities and by schools and governments as a barrier to children's ability to enrol, remain or advance in school. Although official government policy in all three countries states that education should not be denied to any child who could not afford to pay school fees or other expenses, affected children reported that head teachers or

teachers had prevented them from enrolling or attending school because they were unable to pay fees or other costs or were unable to provide documentation proving that they were eligible for free tuition. The report recommends that national, provincial and local governments enact and enforce legal rights to education and take action to address discrimination in access to education, including review of school policies and practices (Chen *et al.*, 2005).

Strategies used to address problems of access and retention include: improving the quality of teaching and the status of teachers; ensuring safe and supportive learning environments; and providing school-based nutrition programmes. Social protection measures, for example, provision of bursaries, child support or family welfare

grants, are increasingly being used to support education access and retention. Examples of social protection interventions are highlighted below.

A review identified interventions at child, household and community, school and education sector level to improve education access and retention for educationally marginalised children. Most fell into one of two categories: interventions with educational benefits as a primary outcome (e.g. targeting educationally marginalised children through assistance with or exemption from school fees) and interventions with educational benefits as a secondary outcome (e.g. targeting households).

Examples of interventions at the child level:

- Alternative learning e.g. **Namibia's** Ondao mobile education school project and **Zambia's** Interactive Radio Instruction Programme for out-of-school children.
- Use of new curricula e.g. The AIDS Support Organisation (TASO) survival skills and apprenticeship interventions for vulnerable children in **Uganda** and the UN farming skills programme.
- Specific interventions to address language or cultural barriers e.g. **Ethiopian** Afar Pastoralist Development Association education interventions for pastoralist communities.
- Girls' education e.g. the **Malawi** and **Tanzania** Girls' Secondary Education Support Programmes that provide bursaries to girls for secondary education.
- School feeding programmes e.g. World Food Programme (WFP) programmes in Malawi and Zambia.
- Subsidising the cost of schooling e.g. Evangelical Lutheran Church support for school fees and uniforms in Namibia, government bursaries in **Zimbabwe** through the Basic Education Assistance Module.

Examples of interventions at household and community levels:

- Integrated support to households caring for orphans, e.g. Academy for Educational Development (AED) Orphan Pack Project in **Kenya**.
- Promoting the importance of education in the community e.g. CARE's orphans and vulnerable children initiative in **Mozambique**.
- Subsidising the cost of schooling e.g. Mozambique's Minimum Income for School Attendance programme that provides subsidies to households.

Examples of interventions at the school level:

- Support for school infrastructure development e.g. Tanzania's Community Education Fund and Malawi's Social Action Fund.
- Assistance to schools to access resources for vulnerable children e.g. Circles of Support projects in Namibia and **Swaziland**.
- Grants to schools to cover increased enrolment e.g. Kenya's programme to roll out free primary education, support for fee payment through direct block grants to schools by the Red Cross in **Angola**.

Examples at the education sector level:

- Partnerships between government and civil society to improve education e.g. the Partnerships in Capacity Building in Education project in Malawi.
- Building the capacity of education sector managers to understand issues affecting orphans and vulnerable children e.g. UNESCO's programme in **Lesotho**, Namibia and Swaziland.

Source: MTT/HEARD, 2005.

Strengthen the role of schools in providing care and support

Care and support at school, including efforts to tackle stigma and discrimination and to promote a caring school environment, can help children affected by HIV to learn. Schools provide affected children with structure and routine in their lives, the opportunity to participate in normal daily activities and to mix with their peers and with other adults, and the potential to build their self-esteem and sense of achievement. Schools can play a role in monitoring and protection of vulnerable children and in providing services or referring children to services.

Schools can also play a role in treatment, care and support for learners living with HIV but, until recently, most efforts have focused on the needs of HIV-affected learners, such as orphans. More than 2 million children under the age of 15 are living with HIV and the need for schools to play a role in providing support for learners living with HIV, including those who are on treatment, is increasing. Schools also have a responsibility to ensure that HIV education is appropriate to the needs of HIV-positive students, including those who are sexually active.



© Treatment Action Campaign

In **South Africa**, TAC trains teachers to provide treatment education to their students and peer educators to share information about treatment, and encourages learners living with HIV to form AIDS Action Committees, which campaign for supportive school policies, HIV prevention and treatment education.

In 2005, Southern African Ministers of Education signed a commitment to broaden the role of schools into centres of care and support for vulnerable children. In 2007, UNESCO followed this up with a technical consultation, which reviewed different models of school provision of care and support and identified challenges to scaling up programmes in the region. The consultation highlighted the following as key elements of an integrated treatment, care and support programme in schools:

UNESCO is undertaking a qualitative study to improve understanding of the educational needs of learners living with HIV and to develop recommendations for education sector support for positive learners. Issues that are being considered include (UNESCO, 2008a):

- How can schools strengthen links with communities to ensure HIV-positive children and young people have access to education?
- What skills do teachers need to support HIV-positive learners and provide them with quality education?
- What are the education needs of young people living with HIV who are absent because of illness or clinic attendance and how can schools be more flexible in education provision?
- How can schools promote inclusion and a caring environment that is free from HIV-related stigma and discrimination?
- When and how does a young person living with HIV disclose their status to peers and others and what coping skills do they need?
- How can schools support the treatment and treatment management and adherence needs of HIV-positive learners?
- Ensure continuation of education for children living with or affected by HIV e.g. monitoring attendance, conducting home visits to encourage school enrolment, waiving school fees, providing support for supplies, making lessons more flexible for children who have domestic responsibilities, school feeding programmes.
- Develop a caring school environment, free from stigma, discrimination and violence.
- Develop schools as centres for integrated service delivery including linking with other sectors and service providers outside the school and building on existing services and community resources and support structures.
- Provide psychosocial support to children living with or affected by HIV e.g. through school counsellors or referral to counselling services.
- Support treatment including teaching about treatment, explaining how to access and take medications, supporting students to follow their treatment regimens, understanding how treatment may affect a child's ability to learn.
- Facilitate home-based care and education including teachers providing home-based education to sick students, although this places an additional burden on teachers and may not be feasible when teachers do not live in the community.

- Develop livelihood skills e.g. through initiatives such as the Junior Farmer Field and Life Schools programme, which involves community members in teaching agricultural and life skills to young people who have lost their parents.
- Ensure policies and procedures, known as universal precautions, are in place to prevent and manage accidents and injuries.

The consultation concluded that schools are unclear about how to move to provision of more comprehensive care and support and identified an urgent need to ensure

that policies are in place and are implemented in schools and supported by appropriate tools and capacity building. Growing emphasis on schools as centres of care and support also means that educators will require additional skills to enable them to understand the impact of HIV and AIDS on children, provide appropriate support and make referrals. These include the ability to work effectively with local providers of nutrition, home-based care, counselling, legal, health and social welfare services. However, few countries have trained teachers to identify or address children's care and support needs or in the skills required to meet these needs.

The Schools as Centres of Care and Support (SCCS) programme is an initiative of the Media in Education Trust (MiET), an NGO in **South Africa** that works with the national and provincial departments of education to improve the quality of education, reduce the impact of HIV and AIDS on school communities and create an inclusive, safe, healthy and gender-sensitive learning environment. It aims to:

- Establish self-reliant school and community structures to deal with gender, poverty, HIV and AIDS.
- Assist schools to develop and implement gender-sensitive HIV and AIDS policies, encourage schools and communities to promote gender equality and protect the right of girls to live and study without harassment or violence.
- Enable teachers to integrate gender and HIV & AIDS into the school curricula.
- Empower school communities to care for children, teachers and families affected by HIV and poverty by encouraging them to develop a vision for their school as a centre of care and support.
- Involve learners in developing and managing their own learning.
- Ensure activities are managed and sustained by school and community structures and the education department at all levels.

The programme was piloted in 100 schools in two provinces in South Africa in 2003-04, implemented in 1,500 schools in three provinces in 2005-08, and will be scaled up to all schools in 2008. In 2006-07, the programme also piloted an 'essential package' of care and support for children. The SCCS approach is now being implemented in Swaziland and Zambia in partnership with national education ministries

Activities include: supporting schools to develop and implement a school HIV and AIDS policy and a code of conduct; setting up child-to-child and peer education programmes; equipping teachers with counselling skills; and encouraging schools and communities to identify children in need of support and available services and resources. The programme establishes committees with representatives from the departments of

health, social development, education, home affairs and local government and from local communities, to ensure an integrated approach to provision of care and support. Committee functions include supporting implementing structures, helping communities to access available resources, and monitoring care and support activities. For each cluster of schools, the programme establishes a management team, comprising head teachers and representatives from school governing bodies, to manage implementation, and a cluster child care coordinator to coordinate care and support for children and link schools to services in the community. Each school has a support team, which plans and implements school strategies. The support team includes teachers and community members, called school-based carers, who implement outreach activities in the community e.g. holding parent meetings; conducting HIV and AIDS education; providing psychosocial support; helping families to get documentation and grants.

The programme has: increased access to documents such as birth and death certificates, which are required to obtain grants, scholarships and government health and social services; improved school attendance; changed teacher attitudes towards children and improved their awareness of children's home situation; and increased financial resources in the form of conditional cash grants to schools for care and support activities. Programme strengths include political support, community involvement and engagement of different sectors. Programme challenges include coordinating planning and budgeting by different government departments, mainstreaming care and support into government policy, and lack of capacity, especially leadership skills. Lessons learned include:

- School-based care and support programmes will only be scaled up and sustained if they are integrated into government policy and allocated adequate resources.
- Securing the support of all sectors from the start is crucial.
- Mobilising and strengthening school communities, including using of participatory approaches to identify needs and developing strategies tailored to meet these needs, is central to any school-based intervention.

Involve communities in supporting effective learning

Communities play a crucial role in support for effective learning by ensuring that messages delivered in schools are reinforced. More generally the community has a critical role to play in ensuring that children attend school regularly and in monitoring the quality of education provided by schools. Communities need to be aware that children's psychological and emotional health plays as important a role in learning as their physical health and of the adverse effects of violence and abuse on children's learning and development.

Children affected by or living with HIV may need extra help to enable them to attend school and to make the most of educational opportunities. Children living with HIV and children without parents, or whose parents are too ill to encourage them with their school work, need psychosocial and emotional support as well as practical help from the community to enable them to attend school and to learn. More than 20 sub-Saharan African countries have developed national Plans of Action for Orphans and Vulnerable Children, which include strengthening family capacity to protect and care for children and mobilising and supporting community responses.

The Africa KidSAFE intervention in **Zambia** has shown the importance of integrated support, including psychosocial support, to address underlying causes of school drop out and educational challenges that children face as a result of HIV and AIDS (Boler and Carroll, 2004).

In **Zimbabwe**, the Chief Charumbira Community Orphan Care Programme uses volunteers identified by village committees to help vulnerable children with household chores to enable them to attend and remain in school. In Zambia, community advocacy campaigns played an important role in the decision to waive school enrolment fees for orphans. Primary schools in Durban, **South Africa** are using grandmothers as a resource to develop children's reading abilities. Grandmothers have been trained to listen to children read and come to the school to work with groups of children.

Approaches used to involve communities in support for effective learning include parent and community representation on school management bodies, parent-teacher associations and school-home liaison. Involvement of community members in developing school improvement plans, which set out a long-term vision of a school that provides quality education, can also strengthen support for effective learning.



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In **Namibia**, the School Board Project was initiated by Concern in 1999 to enhance the involvement of school boards in school management. School boards are a bridge between the school and the community and can support vulnerable children in the community and at school. In 2003, the project expanded to respond to educational challenges posed by HIV and AIDS. Training for board members covered school board roles and responsibilities; HIV & AIDS and its impact in the community; the needs of children and how to help them access their rights; developing and implementing a school development plan; and support for vulnerable children. As a result, schools have developed HIV and AIDS plans and taken steps to identify and support vulnerable children e.g. establishing Kids Clubs, requesting school feeding programmes and starting home-based care services that include children. Lessons learned included: the importance of children's participation; promoting community ownership and awareness of children's rights; and involving PLHIV. Challenges included: identifying and training individuals to monitor activities; sustaining activities; and providing incentives for those taking on support roles.

The Circles of Support approach, used in **Botswana**, **Mozambique**, Namibia and **Swaziland**, promotes community involvement in support for vulnerable and affected children. The first circle of support is family, friends and neighbours; the second is the school and its staff, local professionals and community members; the third is the national

and local social sector policy framework. Circles of Support encourages schools and communities to work together to identify children affected by HIV and other vulnerable children, to ensure that these children have access to education and stay in school, to protect children from risk, and to provide material and psychosocial support to enable them to learn effectively when they are in school. The approach involves three phases of activity:

- Supporting the establishment or building the capacity of school councils and providing them with HIV and AIDS information.
- Encouraging school councils to roll out school development plans that address HIV and AIDS and the needs of orphans and other vulnerable children and that include existing community actions to provide support to these children.
- Supporting joint school-community initiatives and networks for the protection of vulnerable children, including encouraging school councils to link vulnerable children to government and NGO services and programmes.

Circles of Support is reported to have had a range of positive outcomes including: greater representation of women, marginalised community members and children in school councils; improved community awareness of the importance of girls' education and of protecting children from risk; and increased identification of children in need and mobilisation of community resources to support these children.

Take steps to improve children's nutrition

Good nutrition is essential for effective learning. Inadequate nutrition is an important factor in low school enrolment, absenteeism, poor performance and early drop out. Deficiencies in important nutrients, for example, iron, vitamin A and iodine, also affect learning. Children affected by HIV are often at a greater nutritional disadvantage, because of poverty or lack of adult labour in the household to grow food.

Strategies used to improve nutrition include school feeding schemes that provide meals for children at school, school gardens that help to supplement school meals, and provision of nutritional supplementation or take-home rations. Some home-based care programmes also provide nutritional support for affected households.



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A UNICEF intervention in **Swaziland** estimated that an additional 44,000 children were kept in school as a result of a school feeding programme. In **Lesotho**, school feeding contributed to keeping children in school although it did not succeed in increasing enrolment among children who were out of school.

School feeding programmes are also a critical entry point for integrating HIV and AIDS awareness and prevention education. WFP has produced practical guidelines for integrating HIV awareness and prevention education into school feeding programmes, through partnerships with

government, UN agencies and NGOs. Programmes that distribute food to communities can improve children's nutrition and provide an entry point for community education about HIV and AIDS.

4. DEVELOPING EFFECTIVE HIV AND AIDS EDUCATIONAL MATERIALS

Educators and learners need materials to support effective teaching and learning about HIV and AIDS. While educational materials alone cannot change students' attitudes and behaviours, clear, accurate and relevant materials can help them to learn about HIV & AIDS and deepen their understanding. HIV and AIDS education materials should be:

- Rights-based.
- Scientifically accurate.
- Culturally appropriate and context specific.
- Gender responsive.
- Appropriate to the age of the learner.
- Based on the realities of children's and young people's lives.
- Short and easy to understand.
- Clear with simple messages.
- Carefully targeted to the audience.
- Locally adapted and available in the local language.
- Attractive and engaging, with pictures and real life examples.
- Developed in a participatory way.

The following summarises issues to consider in developing and adapting HIV and AIDS educational materials. It does not provide detailed guidelines on how to produce teaching and learning materials, as this information is available in other publications.

4.1 Assessing needs

Identify the issue and the target audience

A needs assessment is the process of identifying and analysing an issue or situation to decide what to do to address it. Needs assessments are critical to determine what information is required, what type of material is needed and what format would be most appropriate. They help to clarify that there is really a need for the material and that what is produced will meet its objectives. A needs assessment for developing teaching or learning materials involves finding out about the:

- Target audience.
- Issue the material is intended to address.
- Type and level of information required.

To ensure that HIV and AIDS materials are responsive and relevant to learners' needs, it is essential to identify the target audience, for example, the age, sex and literacy level of learners, and to have a clear understanding of their current knowledge, attitudes and skills and the local context. For example, materials development needs to consider local cultural beliefs and practices, how educators or learners currently access information, and how ideas and information are currently shared.

Methods for conducting a needs assessment can include: consultation with key stakeholders; interviews; focus group discussions; review of local research; review of relevant literature; and learning from the strengths and weaknesses of existing materials and the process of producing them. Key questions to consider are:

- Who has identified the need? What evidence is there that there is a need?
- Who is the material for? What do they already know about the subject?
- What is the material for? What gap in information is it intended to address?
- How will the material be used?
- Where and when will the material be used?
- What material is already available? Is it suitable? Can it be adapted?
- Where will you obtain information to produce new material if this is necessary?

Decide what type of material is needed

Teaching and learning materials include print (for example, brochures, leaflets, textbooks, manuals, comics) and audiovisual (for example, videos, audio tapes). The type or format of material needed should be determined by the target audience and the way in which the material will be used. Key issues to consider are:

- What is the purpose of the material?
- What type or format of material will best meet the needs of the target audience?
- Will the material be used by educators or learners or both?
- How will the material be used?
- What time and resources are available to support the use of the material?
- What type of material will be most cost-effective to produce and distribute?

Review available materials

Producing educational resources is time-consuming and expensive and it is not always necessary to develop new materials. So an important step is to review existing HIV and AIDS materials to see if these meet the needs that have been identified and are available in an appropriate format or could be adapted.

Materials should be reviewed systematically to see if they are useful and relevant, or could be adapted to make them useful and relevant. It is important to decide what criteria will be used to decide whether or not existing materials can be used as they are or adapted. Key questions to consider are:

- Does the material state clearly who it is for? Who are the users?
- Why was the material produced? What problem is it trying to solve? Does this relate to the issue that needs to be addressed?
- When was the material produced? Is it still relevant and up-to-date?
- What is the purpose of the material? Is it for reference, teaching, instruction?
- Is the content relevant and at the right level for the target audience? Is the quality of the content good?
- Does the content help users to take action? If needed, does it explain how to teach the material to others?
- Is the information well-structured and easy to find? Is the text easy to read and follow? Are illustrations and layout used well?
- Could the material be used locally if it is adapted or translated?
- If existing materials are appropriate, what can be done to make sure they are distributed and used?



UNESCO's International Bureau of Education (IBE) has developed a rating format with criteria that can be used to assess HIV prevention curriculum materials and teaching and learning resources. It aims to help organizations to evaluate their own material, identify useful material, adapt existing material or develop new material. Using these criteria, resources are rated on scale of 0 to 2, with 0 meaning that an issue is poorly addressed and 2 that it is well covered.

UNESCO has developed a range of tools, including practical handbooks, to support the development of culturally appropriate materials. UNESCO has also developed guidelines for language and content in HIV and AIDS materials, to guide appropriate and sensitive use of HIV and AIDS terminology in teaching and learning materials.

UNESCO Kingston Cluster Office for the Caribbean funded the education ministries of **Guyana** and **Jamaica** to assess the suitability of HIV and AIDS instructional materials for primary and lower secondary school students from sub-Saharan Africa for the Caribbean context. UNESCO Kingston also partnered with the Caribbean Publishers Network to organize a conference on publishing on HIV and AIDS, exploring the link between school curricula and publishing and showcasing existing teaching and learning resources, mainly from sub-Saharan Africa. A direct outcome of this conference, as well as of the assessment in Guyana and Jamaica, was that MacMillan Publishers adapted an existing text to produce a teaching resource called *Teaching about HIV and AIDS in the Caribbean*. The process involved a writing workshop with curriculum developers, educators and writers from several Caribbean countries. UNESCO and the World Bank have supported the Ministry of Education in Guyana to provide copies of this resource to all primary school teachers in the

country, with MacMillan providing training for teachers in use of the text. This initiative has led to further African-Caribbean adaptation projects, including a series of student readers for upper primary and lower secondary level, as well as the development of a teacher's guide to support implementation of a recent Caribbean-wide life skills-based curriculum.

UNESCO Islamabad is implementing *A Cultural Approach to HIV/AIDS Preventive Education* in **Pakistan** including the development of a guidebook for teachers on HIV preventive education. Steps taken included: collection of relevant source material and curricula; involvement of the Ministry of Education, National AIDS Control Programme, UNAIDS, UNICEF and educationalists in developing an outline and drafting the guidebook; review of the draft by stakeholders including provincial institutes of teacher education and UNESCO; dissemination to university education departments, teacher training institutes, provincial Curriculum Bureaux, and schools.

5. PLANNING AND IMPLEMENTATION

Planning involves considering the different stages of producing new material or adapting or translating existing material. Important steps in planning include identifying activities and tasks and the expertise and resources required at each stage, and deciding which stakeholders need to be involved and when.

5.1 Identify and implement activities and tasks

Key activities and tasks in developing, adapting or translating materials include:

- Developing a budget and timetable.
- Developing a draft.
- Pre-testing and revising the draft.
- Printing and distribution.
- Monitoring and evaluation.

The process of developing a budget and timetable should include identifying financial and human resources and allocating responsibilities. It is important to reach clear agreement about who will be responsible for managing and coordinating the development, adaptation or translation of material.

The process of developing new material or adapting existing material includes developing an outline, deciding on content, researching content and writing text. Key issues to consider when researching content are what informa-

tion is needed, what information is available and what new information is needed. Review of available material, conducted as part of assessing needs, should provide background and source information. This should have identified materials and resources already available from government, NGO and other sources in country as well as from international sources. Possible sources of existing materials, and of source information for new materials, include education ministries, UN agencies (for example, UNESCO, UNICEF, WHO), publications lists, resource centres and libraries, and websites and databases (for example, UNESCO IBE and IIEP).

Design and layout is an important aspect of developing draft material. This involves the use of different typefaces, headings and illustrations to make the words on the page have more meaning and interest. Good design and layout can increase the impact and clarity of materials, making them attractive and interesting and helping to communicate key messages and information. Illustrations need to be culturally appropriate and gender-sensitive.

Specific issues to consider in adaptation include:

- Does the text need to be changed? For example, the material may use words and concepts that are not familiar to the intended audience.
- Do any of the illustrations need to be changed? For example, pictures may need to be altered or redrawn to show local clothes, houses or crops. The audience may not think the material is relevant to them if the illustrations show people and scenes from another country. Rural audiences may not relate to material showing urban scenes and, equally, urban audiences may not see material that depicts village scenes as relevant to them.
- Is the material relevant to the local context? For example, content may need to be changed to reflect local customs and beliefs or national treatment guidelines.

Draft materials should be edited and checked carefully, then pre-tested and, if necessary, revised. Pre-testing means asking some of the target audience what they think of the material before it is produced in its final form. Pre-testing is essential to check that the content is appropriate and relevant for the intended audience and

that materials are clear and easy to understand and use by educators and learners. Key issues to consider are:

- Usability – Is the information relevant and accurate? Is the level of language and information right for the user?
- Acceptability – Is the material, both text and illustrations, culturally appropriate?
- Applicability – Can the user apply or act on the content? Does the material help them to develop knowledge and skills? Does it take account of time and resources available to them?
- Accessibility – Is the information well-structured? Are the text and illustrations clear? Is the information easy to understand?

Pre-testing requires deciding what to test, what questions to ask, what methods to use to obtain information and how to record and use the information collected. It also requires a good team, careful selection of places to visit, and a strategy for introducing the team and its task. If the findings from pre-testing suggest that the material needs to be changed significantly, then the revised draft should be pre-tested again.

The UNESCO Bangkok teacher training manual has been adapted and translated in a number of African countries – **Chad, Democratic Republic of Congo (DRC), Gambia, Mozambique, Namibia, Senegal and Sierra Leone** – with support from UNESCO country or regional offices. UNESCO Dakar supported the participation of more than 100 teacher trainers from Chad, DRC and Sierra Leone in national workshops designed to introduce the manual to teacher trainers, experts from education ministries and national AIDS authorities. Teacher trainers reviewed the manual and made suggestions for adaptation to local contexts. UNESCO also supported provincial workshops where teacher trainers tested the manual, which were followed by national workshops to collect comments and finalise the manual. The validated manual is being used by teacher trainers in pre-service and in-service training. Further action will include collaboration with teachers' unions and civil society organisations and follow up to ensure that the manual is disseminated and used as widely as possible. In **Angola**, UNESCO is collaborating with the Ministry of Education and an education NGO to adapt and translate the manual. The adaptation process has involved organising national and provincial workshops for education ministry, teacher training institute and teacher representatives, and field testing the adapted manual in different provinces.

Once the material is finalised and printed or produced, the next step is to develop a dissemination strategy. This involves developing a distribution plan to ensure that the material reaches the intended audience, and making sure that educators know in advance that they will be receiving teaching or learning materials. It is also important to complement distribution of material with orientation or training to support its use.

All too often, material is distributed but there is no follow up to assess the extent to which it is used or how it is used. Initial planning should include setting up a system to obtain feedback from educators and learners about the quality, relevance and value of the materials. Feedback is also critical to monitor changing needs and to ensure that materials are updated and revised to meet these needs. Equally important is evaluating the impact of use of educational materials.

5.2 Involve relevant stakeholders

The process used to develop and adapt educational materials determines whether or not materials are relevant and useful for educators and learners. It should therefore involve those who will use the materials – educators and learners – as well as those with an interest in what children and young people are learning about HIV and AIDS (e.g. education ministries and local education authorities, head teachers, teachers, parents and community leaders). Decide at the start which stakeholders need to be involved and how and when they will be involved.

In most countries, government approval is required before materials can be used in schools by educators or learners. Involvement of key education ministry officials in developing or adapting materials is therefore critical, helping to build ownership and commitment as well as to overcome cultural and political sensitivities.

In **Nepal**, UNESCO Kathmandu adapted and translated *HIV/AIDS and Education: A Toolkit for Ministries of Education*. Following a two-day workshop to pre-test the adapted toolkit, UNESCO organized training for participants from the Ministry of Education. The toolkit was launched in March 2007 by the Joint Secretary, Planning Division, who had participated in the training. Crucial to the success of the adaptation process were the nomination of an HIV and AIDS focal point in the MOE, which facilitated collaboration and follow up, close cooperation with the Ministry Working Group on Life Skills Based Education, and partnership with UNICEF and a local NGO with extensive experience in HIV & AIDS and life skills.

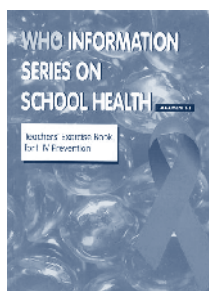
UNESCO Islamabad has supported the translation, adaptation, printing and dissemination of advocacy, teaching and learning materials on HIV and AIDS in **Pakistan**. Materials produced include adapted versions of the UNESCO Bangkok manual *Reducing HIV/AIDS Vulnerability among Students in the School Setting: A Teacher Training Manual* and the advocacy toolkit for education ministries, both of which have been translated into Urdu. In addition, UNESCO has assisted the Ministry of Education to develop and produce advocacy material on the importance of HIV prevention education for policy-makers and curriculum developers. The process of adapting these materials involved a range of stakeholders. Although some content and illustrations were taken out in response to local cultural sensitivities, key messages about modes of transmission and preventive measures were retained. Factors that contributed to the success of the process included financial and technical support from UNESCO Bangkok and good working relationships between the UNESCO Islamabad office and the Ministry of Education. The main challenge was negotiating the inclusion of messages on HIV prevention that were accurate and considered to be culturally appropriate.

UNESCO Amman has supported the adaptation and translation of a range of UNESCO materials including the teacher

training manual, life skills manual and an HIV and AIDS resource package for counsellors, teachers, head teachers and school health educators. Support included convening a national workshop to bring together stakeholders to review and finalise the materials. Given the sensitivities of HIV and AIDS in **Jordan**, adapting materials for teachers and learners has required careful consultation and negotiation. Curriculum experts at the Ministry of Education were involved in modifying the resources, to ensure they were culturally appropriate, and several drafts of the manuals were produced before they were considered acceptable. An inter-ministerial task force, established by UNESCO, helped facilitate approval and the involvement of the Ministry of Health played an important role in taking forward the process and securing the commitment of the Ministry of Education.

UNESCO Almaty collaborated with the Ministry of Education and Science, National AIDS Centre, National Healthy Lifestyle Centre, teacher training institutes, UNFPA and UNICEF to adapt the teacher training manual on HIV prevention education for **Kazakhstan**. Participation in a workshop held in Thailand to review the manual enabled the ministry to evaluate the content of the manual and its relevance for Kazakhstan. UNESCO then provided support for the ministry to organize a workshop for national stakeholders and to establish a working group for adaptation of the manual. The working group was responsible for developing the adapted version, peer review, translation into Kazakh and Russian, and obtaining ministry approval. The ministry has integrated training in use of the manual into teacher training institutes and supported its distribution. Evaluation indicates that trained teachers have increased awareness of HIV & AIDS and improved communication and teaching skills. Factors that contributed to the success of the adaptation process included: ownership by the ministry and identification of a focal person to oversee activities, joint planning and implementation by the ministry and UNESCO, and ministry funding for the working group and training.

It is especially important to actively involve teachers in developing teacher training materials and resources intended to support HIV and AIDS education in schools. Teachers, curriculum planners, writers and illustrators can, for example, work together to develop messages, write text and design illustrations.



The Teachers' Exercise Book for HIV Prevention is based on a manual developed jointly by teachers' unions and health and education experts in **Southern Africa**. The Exercise Book contains participatory skills-based learning activities for children and adolescents, and 80,000 copies have been distributed through teachers' unions to teachers in 17 countries to complement training for teachers.

Involving other stakeholders, including parents, community and religious leaders, and young people can help to ensure that content is culturally appropriate and acceptable. The active participation of children and young people in adapting or developing their own learning materials, such as maps, calendars, posters, comics and

magazines, can increase interest and improve the effectiveness of HIV and AIDS educational materials. Civil society and PLHIV organizations can contribute valuable expertise and experience to the process of developing and adapting material.

UNESCO Tashkent used the teacher training manual developed by UNESCO Bangkok as a model for a manual for teachers in **Uzbekistan**. The new manual was developed to support prevention education in schools and, specifically, the introduction of Healthy Lifestyle and Family as a compulsory subject in the school curriculum in 2003. Complementary activities, also implemented with UNESCO support, included the development of a Healthy Lifestyle and Family textbook for secondary school students and a series of training of trainers' workshops for teachers. Lessons learned include the importance of:

- Involving all stakeholders – education officials, school administrators, teachers, parents, religious leaders and students – to ensure that teaching and learning materials respect traditions and cultural norms.
- Using local technical expertise.
- Field testing and piloting materials before they are finalised and more widely disseminated.

UNESCO Moscow has supported the adaptation of the UNESCO-UNAIDS *HIV and Human Rights: Young People in Action Toolkit*, which was launched in **Russia** on World AIDS Day in 2006. The decision to adapt the toolkit resulted from a UN Theme Group on AIDS meeting, which identified stigma and discrimination, involving young people, and conducting advocacy and education with young people in the Russian Federation as priority issues. The Theme Group established a working group to review and adapt the toolkit. Adaptation was carried out by UNESCO and UNAIDS Moscow offices in collaboration with the Community of People Living with HIV and AIDS, the Moscow Helsinki group, Central and Eastern Europe Harm Reduction Network, Transatlantic Partners Against AIDS and AIDS service organizations.

UNESCO **Mozambique** has also adapted the toolkit for use by community radio, young activists and providers of counselling and testing services. The process took a participatory approach using workshops and group discussions with young activists, providers of HIV testing, counselling and treatment services, PLHIV representatives and men and women from selected communities.

The UNFPA training manual, *Theatre Based Techniques for Youth Peer Education*, has been adapted for the **Maghreb** region and translated into French and Arabic. A regional consultation in December 2006 brought together experts in theatre from Algeria, Mauritania, Morocco and Tunisia to validate the adaptation proposal for the Arabic version and ensure its relevance to youth needs and behaviours and the cultural context. A new section was added on forum theatre techniques, a method where a play is followed by audience discussion of the issues raised. This was followed by a workshop to train youth as theatre-based peer educators and test the preliminary version of the adapted manual. The French version was adapted using the same approach. The manual is complemented by a CD-Rom, which includes theatre exercise worksheets and videos. Lessons learned include:

- The need to gather feedback from a larger number of experts than initially planned, as the manual required expertise in HIV prevention, the specific needs of youth and the use of theatre techniques in the sensitive area of HIV and AIDS.
- The importance of involving young people in reviewing and testing the material.
- The challenge of working on the same project with UN partners with different geographical mandates e.g. the UNFPA country office in Morocco, UNFPA Division for Arab States, Europe and Central Asia, and UNESCO Maghreb office.

UNESCO Santiago supported young people in **Chile** to produce comic magazines for youth on HIV and AIDS prevention and, based on their success, plans to support youth to produce additional comics and soap opera videos. In **Brazil**, annual awards are given to schools for the best posters produced by primary and secondary school students on themes of STIs, HIV, AIDS and drug use.

In **Uganda**, young people produce *Straight Talk*, a monthly magazine about HIV and AIDS. The magazine targets youth aged 15-24 years and is distributed to secondary schools, universities, NGOs and churches. As a result of its popularity, young people have established over 200 *Straight Talk* clubs in schools and communities, to promote discussion of adolescent and HIV and AIDS issues.

6. CONCLUSION

Factors that contribute to quality education and effective learning in the context of HIV and AIDS include:

- National and district plans and programmes that are costed and have adequate budgets allocated to them for implementation.
- Policies that promote access to education, inclusion and non-discrimination, appropriate educator and student conduct, as well as policies concerning HIV and AIDS education. Specific measures to promote an inclusive approach to education and to ensure access to education and retention in school for girls and for HIV-positive learners and learners affected by HIV are essential.
- Policies and measures to reduce stigma and discrimination, sexual harassment and violence in schools and to ensure that schools are safe places that encourage and support positive behaviours and attitudes towards others.
- Adequate school infrastructure, including water and sanitation facilities.
- Support for educators including workplace policies that cover HIV prevention, treatment, care and support for staff and protection from discrimination.
- Support for learners living with or affected by HIV, based on needs identified by learners themselves, including involving communities and strengthening the role of schools as centres of care and support.

Factors that contribute to effective HIV and AIDS education include:

- Political support for integration of HIV and AIDS education in the official curriculum at primary and secondary school and allocation of adequate time for HIV and AIDS education.
- Curricula that cover knowledge, attitudes, skills and behaviours and provide clear, comprehensive, consistent information that is age appropriate, gender responsive, culturally sensitive and reflects the needs of learners living with or affected by HIV.
- Political and community support, as well as support from head teachers and school administrators, for HIV education.
- Involvement of educators, parents, learners and PLHIV in the design, planning and implementation of curricula and other HIV education activities.
- Support for positive social norms and values and development of skills to deal with social pressures to engage in unsafe sex and other risk behaviours.
- Delivery of HIV and AIDS education using a mix of teacher-led and learner-centred methodologies including participatory learning activities.
- Pre-service and in-service training that addresses teachers' beliefs, values and attitudes and provides them with the knowledge and skills to teach about HIV and AIDS, use participatory methods and deal with HIV in the classroom.
- Adequate supervision and support for teachers.
- Access for educators and learners to high quality teaching and learning materials that are appropriate to the age, gender and culture of learners.

Factors that contribute to development of effective HIV and AIDS educational materials include:

- Conducting a needs assessment to find out what information and what type of material is needed and to develop a clear understanding of the target audience.
- Reviewing existing materials to see if these are appropriate or could be adapted to the needs of the target audience.
- Developing a clear plan, including identifying activities and tasks and the expertise and resources required at each stage of the process.
- Involving key stakeholders in the process of developing materials, to secure support and address concerns and sensitivities.

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RESOURCES

Curriculum, training, teaching and lesson planning guidelines and manuals

From policy to practice: An HIV and AIDS training kit for education sector professionals. 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, available in English and French, is organized 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.

HIV/AIDS education: A gender perspective. Tips and tools. UNICEF, 2002. Primarily aimed at UNICEF staff working with educators, curriculum designers, and policy-makers, it provides a set of training materials and tools for educators in formal and non-formal settings. The aim is 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 mobilising community support and approaches to instituting gender sensitive goals, curricula and teacher training; and a question and answer section on the curriculum and school environment and teacher training and practices.

HIV/AIDS education module: Virtual Institute for Higher Education in Africa. UNESCO Harare and National Universities Commission of Nigeria, 2004. An online 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. The module can be accessed at www.viheaf.net/hiv.cfm

HIV/AIDS and life skills education. UNESCO New Delhi and Delhi State AIDS Control Society. Manual for teacher educators from the College of Education and Institute of Advanced Studies in Education.

HIV and AIDS preventive education: A training programme for teacher educators in sub-Saharan Africa. UNESCO Namibia and Gamsberg Macmillan, 2004. Provides advice to facilitators for conducting training for teacher educators and includes a series of modules that cover protecting oneself from HIV infection; the impact of HIV & AIDS and living positively; working together in the community; care and safety in educational institutions; HIV preventive education as part of the curriculum for teacher education; use of participatory teaching strategies and assessment in HIV preventive education; and resource materials. Modules contain practical learning activities e.g. exercises to encourage participants to think about how, in their professional lives, they can provide care and support for people living with HIV including children, how to identify and establish links with community groups and agencies that can contribute to HIV preventive education and provide care and support and other services.

Learning and teaching about AIDS at school. UNAIDS, 1997. Highlights challenges and ways to address these challenges.

Learning for life: A guide to family life and life skills education for teachers and students. UNESCO, UNICEF and NACO, GOI, 2000.

Lesson plans. Advocates for Youth. Part of Life Planning Education programme that includes components on sexuality, relationships, violence prevention, health, values, skills building, self-esteem, reducing sexual risk.

Lesson plans on HIV and AIDS education for teacher training curriculum. UNESCO and National Council for Teacher Education, 2002.

Manual for integrating HIV and AIDS education in school curricula. International Bureau of Education - UNESCO, 2006. This third version of the manual contains ten tools: 1. Raising awareness and advocating for HIV and AIDS education in schools; 2. Assessment of the current situation regarding the integration of HIV and AIDS education into the official curriculum; 3. Context analysis – resources, obstacles and opportunities; 4. Issues regarding integration of HIV and AIDS education into the official curriculum; 5. Learning objectives, essential thematic areas, allocation of time, and an example of

a cross-curricular approach; 6. Pedagogical approaches and teaching methods; 7. Assessment of learning outcomes; 8. Teacher training and support to school staff; 9. HIV and AIDS education and management of schools; and 10. Appraisal criteria for HIV & AIDS and SRH teaching and learning materials.

Our future: Sexuality and life skills education for young people. International HIV/AIDS Alliance, 2007. A series of age-appropriate practical materials developed for use with grades 4-9 in Zambia, accompanied by a teachers' guide. Provides clear, factual information about puberty, friendship, gender, sexuality, pregnancy, STIs, HIV and AIDS, and drug use, and includes practical learning activities. Topics and activities designed to fit into the national curriculum or to be used in extra-curricula activities or out of school. For example, grade 4 covers working together safely, children's rights, growing up, and understanding ourselves. Grade 5 covers gender, sexuality, reproductive health, STIs, HIV and AIDS, and drugs.

Practical tips for teaching large classes: A teacher's guide. UNESCO Bangkok, 2006. Provides practical guidance on creating a well-managed classroom and an environment for effective learning, with tips on making the best use of available space, involving all students, using positive discipline techniques, planning lessons, using a variety of teaching methods including active learning strategies, and evaluating learning and teaching.

Reducing HIV/AIDS vulnerability among students in the school setting. A teacher training manual. UNESCO Bangkok, 2005. Training of teacher educators manual developed by UNESCO with SEAMEO-TROPED under 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 STIs, HIV and AIDS, drugs and substance abuse, human rights, stigma and discrimination, care and support for PLHIV, community involvement, integrating HIV prevention education into the curriculum, use of learner-centred strategies and life skills techniques, and assessment tools.

Resource package for school health education to prevent AIDS and STD. UNESCO, WHO, UNAIDS, 1994. Contains a handbook for curriculum planners including sample curricula and training materials; teachers' guide with information on teaching methods, creating a supportive learning environment, working with families and measuring learning outcomes; students' activities designed to increase knowledge, develop skills and positive attitudes. 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. Available at www.unesco.org/education/educprog/pead/GB/AIDSGB

Teacher training manual on HIV/AIDS preventive education in the school setting. UNESCO Bangkok, 2005. Generic manual intended to be adapted, translated and modified to suit different needs and cultural contexts, it is aimed at teachers and teacher educators involved in pre- and in-service training, and is designed to help teachers analyse basic information values and practices, sharpen teachers' skills in using life skills techniques and learner-centred methods, and support integration of HIV/AIDS preventive education within school curricula. It includes useful resources, lesson plans, and tests to measure learning outcomes. Available from UNESCO Bangkok.

Teaching about AIDS made easy: A manual for teachers. Ministry of Basic Education and Culture, Namibia. Includes general information, discusses qualities of a good HIV teacher and teaching methodologies, and gives three sample lessons.

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

Training and resource manual on school health and HIV/AIDS prevention. EI and WHO, 2001. Explains how teacher training fits into the broader framework of teachers' lives and can be used to train teachers to gain skills to protect themselves, advocate for HIV prevention in schools and teach age-appropriate curricula. Includes resources (fact sheets, information and data about HIV and AIDS) and examples of participatory learning activities to provide teachers' 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.

Teacher training manual on HIV/AIDS preventive education in the school setting. UNESCO Bangkok, 2005. Generic manual intended to be adapted, translated

and modified to suit different needs and cultural contexts, it is aimed at teachers and teacher educators involved in pre- and in-service training, and is designed to help teachers analyse basic information values and practices, sharpen teachers' skills in using life skills techniques and learner-centred methods, and support integration of HIV and AIDS education within school curricula. It includes useful resources, lesson plans, and tests to measure learning outcomes.

Toolkit of materials on HIV prevention. American Federation of Teachers and Zimbabwe Teachers Association.

Sexually transmitted infections: Briefing kit for teachers. WHO WPRO, 2001. 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 STIs. It contains basic information, suggestions for teaching about STI and HIV using participatory methods, and a useful resource list. Available at www.wpro.who.int/pdf/wteach2.doc

YouthNet Briefs. FHI, 2005. 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. Available at www.fhi.org/en/Youth/YouthNet/Publications/Ynbriefs.htm

Teaching and learning methods and activities

A parrot on your shoulder: A guide for people starting to work with OVC. International HIV/AIDS Alliance, 2004. Includes practical guidance on group work, role play, drama and other techniques for working with young adolescents.

Act, Learn and Teach: Theatre, HIV and AIDS Toolkit for Youth in Africa. UNESCO-CCIVS, September 2006. A practical toolkit that explains how theatre can be used as an educational tool, and takes readers through a step-by-step approach to using theatre, including the Forum Theatre approach, to raise awareness on different issues. It discusses issues to consider in planning use of drama, e.g. avoiding use of stigmatising language, how to create a drama including e.g. developing storylines and how to put on a play, how to get the audience interested and involved, and how to assess the performance.

Education and HIV/AIDS: Ensuring education access for OVC. UNICEF, 2005. Aims to assist decision-makers to reflect on the difficulties faced by children orphaned by AIDS and other vulnerable children and policy options available within the education system. Can be used to train education sector planners to develop plans to respond to HIV and address OVC access to education.

HIV/AIDS and human rights: Young people in action. A kit of ideas for youth organisations. UNESCO. Includes a series of brochures with background information about HIV & AIDS and human rights and practical ideas for planning activities, public education to fight discrimination in the community and peer education; advocacy; and care and support.

Living and learning in a world with HIV/AIDS. HIV/AIDS at school. Toolkit. UNESCO and ASPnet, 2004. 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.

Me, you and AIDS. UNESCO and DANIDA. A series of booklets produced in Kenya for use with out-of-school girls and literacy programmes for women, but could also be used in school setting as messages in the stories and radio programme scripts are relevant to girls and boys in schools. Topics, identified as priorities by African women and girls, include HIV and AIDS, domestic violence, lack of positive role models for women and girls, economic potential of women, need for more equal division of domestic labour between men and women.

Participatory learning activities from the EI/WHO training and resource manual on school health and HIV and AIDS prevention. EI, WHO and EDC, Inc., 2004. Drawn from the EI/WHO Training and Resource Manual on School Health and HIV/AIDS Prevention, it is intended for teachers' 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, learning activities to help adults and young people advocate for effective HIV prevention efforts in schools, and learning activi-

ties to help children and adolescents acquire skills to prevent HIV infection and related discrimination, and answers to common questions and fact sheets. Available at www.who.int/school_youth_health/resources/en/sch_document6-1_HIV_prevention_en.pdf

Safe Passages to Adulthood Programme. A collaboration between various academic institutions in the UK, which aims to promote young people's sexual and reproductive health in developing countries, has produced good practice guides, focusing on the role of education in promoting sexual and reproductive health, preventing HIV among especially vulnerable young people, and addressing stigma, discrimination and human rights; and research tools for contextual analysis and learning from what young people say. Available to download from www.safepassages.soton.ac.uk/research01.htm

School AIDS Resource Pack. VSO. Includes basic information on AIDS and examples of simple classroom activities.

Skills for health. WHO, 2003. WHO information series on school health No. 9. Designed to support national implementation of quality skills-based health education. Covers principles, priority actions for quality and scale, lessons learned and evaluation evidence.

Speaking books. Books of Hope and the South African Depression and Anxiety Group. A tool for conveying

essential health information to low literacy audiences and pre-school children. Each book comprises 16 pages of illustrated, simple text. By pushing a button the reader can hear a sound track of the text read by well known local personalities. The series includes a speaking book focusing on HIV and AIDS, which has been produced in English and local languages including Zulu, Pedi and Sotho. Free distribution of speaking books to rural communities is supported by the South African Department of Health, World Bank, corporations, foundations and NGOs.

Teachers' exercise book for HIV prevention. EI, WHO and EDC, Inc. Exercises that teachers can use in unions and in schools to support acquisition of essential skills for HIV prevention. For example, teachers have found exercises such as 'adopting a constructive attitude towards those infected/affected' useful in raising issue of stigma and discrimination with their colleagues and students. Available at www.ei-ie.org/aids.htm

Teachers Talking about Learning. Available at www.unicef.org/teachers/build.htm

Understanding and challenging HIV stigma: Toolkit for action. Trainers Guide. Kidd, R. and Clay, S. 2003, CHANGE and ICRW. Includes practical activities and useful exercises on understanding stigma faced by children, including how adults perceive children and how adult behaviour affects children, the causes and consequences of stigma against children.

Materials development

Developing Materials on HIV/AIDS/STIs for Low-Literate Audiences. PATH, FHI and USAID, 2002. Practical guidelines on identifying target audience, audience research, message design and development, materials production, pre-testing and revision, printing and distribution. It also highlights challenges, based on experience, in using pictures and symbols to convey messages to low-literate audiences.

Education in the context of HIV/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 FLE and HIV & AIDS national curriculum, non-formal education activities, language issues, research agenda and data collection needs, counselling and psychological tips for counsellors and teachers.

Inform, inspire, encourage: A guide to producing effective HIV/AIDS materials. Wallace, T. ActionAid International, 2004. Based on experience in Africa of production, distribution and use of HIV & AIDS informa-

tion and communication materials, the guide is intended for those working in HIV and AIDS communication.

UNESCO guidelines on language and content in HIV- and AIDS-related materials. UNESCO, 2006. Provides useful guidance on use of language and terminology that is culturally and gender sensitive and inclusive and avoids stigmatisation, especially of marginalised groups. The guidelines highlight examples of problematic terms and suggest alternative wording.

A cultural approach to HIV/AIDS prevention and care. Methodological handbooks: 1. Appropriate communication for behaviour change; 2. Strategy and policy building; 3. Field work: building local response; 4. Project design, implementation and evaluation. UNESCO, 2001. Developed as part of the joint UNESCO-UNAIDS project A cultural approach to HIV/AIDS prevention and care, handbook 1 provides guidance on developing culturally appropriate IEC material.

Learning materials

Literacy, gender and HIV/AIDS series. UNESCO and DANIDA. Series of easy to read cartoon story booklets produced at UNESCO workshops, which aimed 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. Examples include: Namibia: Don't play with your life, Educate a woman, educate a nation, Breaking the silence, The wicked healer, Open your eyes or be blind forever, Still ravaging after death, Who is the

chicken; Zimbabwe: Home, the best medicine, Inherit me, inherit my HIV, Positively living; Malawi: Real men take responsibility, Sugar daddy, sweet or deadly, Should I know my HIV status; Kenya: Me, you and AIDS.

Choose a future! Issues and options for adolescent girls and Choose a future! Issues and options for adolescent boys. CEDPA. www.cedpa.org

Other resources for educators

Building resistance in children affected by HIV/AIDS.

Mallmann, SA; 2003. Catholic AIDS Action Namibia. Maskew Miller Longman. 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 recognising severe problems that require more specialist help.

Coping skills: A facilitators' manual.

UNESCO Harare and Zimbabwe Ministry of Higher and Tertiary Education, 2004. Practical manual to help teachers to cope with HIV and AIDS at an individual level and to support the school community in coping; seeks to help teachers acquire skills to understand the impact of HIV on children, deliver new roles as care-givers and guardians of children's rights as well as educators.

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

UNESCO Bangkok, 2004. Intended to sensitise teachers and education

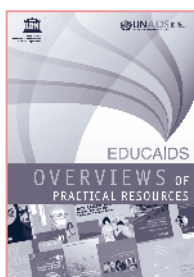
administrators about the importance of inclusive education and to provide them with the practical tools to analyse the situation and ensure all children are learning to their fullest capacity, as well as ensuring equity in the classroom, learning and teaching processes, and school policies. Draws on 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 shows how to manage an inclusive classroom, including planning and assessing teaching and learning; and Booklet 6 describes how to make a school healthy and protective for all children.

EDUCAIDS IMPLEMENTATION SUPPORT TOOLS



Technical Briefs (for a complete list of the technical briefs, see the next page).

Two-page summaries of key issues related to the essential components of a comprehensive education sector response to HIV and AIDS. Grouped into one of the five essential components of the comprehensive response, each brief is intended to reach high-level officials in ministries of education and other organizations that are charged with supporting the development and implementation of policies, determining resource allocations, and implementing programmes for education sector staff and learners. Each brief can be used as a stand-alone reference. Together they offer comprehensive and flexible guidelines on the continuum of activities required to respond to the epidemic at the country level.



Overviews of Practical Resources

They provide a summary of some of the key resources on different components of education sector policy and programmatic responses to HIV and AIDS. Each Overview includes a brief synopsis of each resource, its aim and content, and how to access it.

For more information and to access the above resources see <http://www.educaids.org>

Complete list of Technical Briefs:

Component of a Comprehensive Response	Brief Title
Quality education	<ul style="list-style-type: none"> Quality education and HIV & AIDS A rights-based approach to the education sector response to HIV and AIDS Gender-responsive approaches in education sector responses Providing culturally sensitive education on HIV and AIDS Girls' education and HIV prevention Education for orphans and children made vulnerable by HIV and AIDS HIV and AIDS education for minorities HIV and AIDS education for refugees and internally displaced persons Focused HIV prevention for key populations Promoting the greater involvement of people living with HIV in education sector responses
Content, curriculum and learning materials	<ul style="list-style-type: none"> Curricula for HIV and AIDS education Addressing HIV-related stigma and discrimination HIV and AIDS education in primary school HIV and AIDS education in secondary school Tertiary education responses to HIV and AIDS
Educator training and support	<ul style="list-style-type: none"> Educator training on HIV and AIDS Creating supportive environments for teachers in the context of HIV and AIDS Psychosocial support for students affected or infected by HIV Strengthening school and community linkages
Policy, management and systems	<ul style="list-style-type: none"> HIV and AIDS workplace policies for the education sector Situation analysis and effective education sector responses to HIV and AIDS Projection models for HIV and AIDS in the education sector Addressing human capacity in education in the context of HIV and AIDS Coordination and strategic partnerships in HIV and AIDS education International funding for the education sector responses to HIV and AIDS Advocacy for a comprehensive education sector response Monitoring and evaluation of HIV and AIDS education responses
Approaches and illustrative entry points	<ul style="list-style-type: none"> Life skills-based education for HIV prevention School health and HIV prevention HIV and AIDS education for out-of-school young people Drug use prevention in the context of HIV and AIDS education School feeding and HIV and AIDS HIV and AIDS treatment education Communications and media in the education sector response to HIV and AIDS HIV prevention with and for people living with HIV

Please visit the EDUCAIDS website, <http://educ aids.org>, for updated editions and additional briefs as well as other EDUCAIDS Implementation Support Tools. All resources are available in the six UN languages (Arabic, Chinese, English, French, Russian and Spanish) and Portuguese, and on CD-Rom.

USEFUL WEBSITES

- **UNESCO's response to HIV and AIDS**
<http://www.unesco.org/aids>
- **EDUCAIDS**
<http://www.educaids.org>
- **UNAIDS IATT on Education**
<http://www.unesco.org/aids/iatt>
- **UNESCO Clearinghouse on HIV & AIDS and Education**
<http://hivaidsclearinghouse.unesco.org/>

List of UNESCO Field Offices

UNESCO has field offices based in the following cities, some of which act as regional bureaux, cluster offices or national offices:

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

For more information on the UNESCO field offices, see the webpage: http://portal.unesco.org/en/ev.php-URL_ID=34016&URL_DO=DO_TOPIC&URL_SECTION=201.html

UNAIDS Cosponsors

- ILO - International Labour Organization
<http://www.ilo.org/public/english/protection/trav/aids/>
- UNDP - United Nations Development Programme
<http://www.undp.org/hiv/>
- UNESCO - United Nations Educational, Scientific and Cultural Organization
<http://www.unesco.org/aids>
- UNFPA - United Nations Population Fund
<http://www.unfpa.org/hiv/index.htm>
- UNHCR - The Office of the United Nations High Commissioner for Refugees
<http://www.unhcr.org/cgi-bin/texis/vtx/protect?id=401915744>
- UNICEF - United Nations Children's Fund
<http://www.unicef.org/aids/>
- UNODC - United Nations Office on Drugs and Crime
http://www.unodc.org/unodc/drug_demand_hiv_aids.html
- WFP - World Food Programme
http://www.wfp.org/food_aid/food_for_hiv/index.asp?section=12&sub_section=1
- WHO - World Health Organization
<http://www.who.int/hiv/en/>
- The World Bank
<http://www.worldbank.org/aids>
- UNAIDS Secretariat
<http://www.unaids.org>

BOOKLET N°

5

**GOOD POLICY AND
PRACTICE IN HIV & AIDS
AND EDUCATION**

Effective Learning

This booklet is the fifth in a series of publications that address key themes of UNESCO's work on HIV & AIDS and the education sector and it focuses on the topic of effective learning using illustrative examples.

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. Booklet 3 addresses issues affecting educators in the context of HIV and AIDS, including training, conduct, and care and support, while Booklet 4 concentrates on the role and importance of strategic partnerships in developing education sector responses to HIV and AIDS.

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, head teachers, teachers and other educators who are tackling some of the challenges presented by the HIV and AIDS pandemic.

For more information
on UNESCO's work on HIV and AIDS,
visit the website: <http://www.unesco.org/aids>
or contact: aids@unesco.org