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GOOD POLICY AND PRACTICE
IN HIV & AIDS AND EDUCATION

BOOKLET N°

4

Partnerships in Practice



GOOD POLICY AND PRACTICE IN HIV & AIDS AND EDUCATION

Booklet 4

PARTNERSHIPS IN PRACTICE

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ACRONYMS

ADEA	Association for the Development of Education in Africa	MGSCSS	Ministry of Gender, Sports, Culture and Social Services
AIDS	Acquired Immune Deficiency Syndrome	MTT	Mobile Task Team
ART	Antiretroviral Therapy	NAC	National AIDS Council
ASPnet	Associated Schools Project Network	NGO	Non-Governmental Organization
BCC	Behaviour Change Communication	OVC	Orphans and Vulnerable Children
CARICOM	Caribbean Community and Common Market	PAGE	Programme for Advancement of Girls' Education
CBO	Community-Based Organization	PALOPS	Portuguese-speaking African Countries
CHANGES	Communities supporting Health, HIV/AIDS, Nutrition and Gender Education in Schools	PATH	Program for Appropriate Technologies in Health
CHAT	Country Harmonisation and Alignment Tool	PCD	Partnership for Child Development
DEMIS	District Education Management and Monitoring Information System	PEPFAR	President's Emergency Plan for AIDS Relief
DFID	Department for International Development, UK	PESP	Preventive Education and Sexuality Programme
EAC	East African Community	PLHIV	People or Person(s) Living with HIV and AIDS
ECCAS	Economic Community of Central African States	PMTCT	Prevention of Mother-to-Child Transmission
ECOWAS	Economic Community of West African States	PRSP	Poverty Reduction Strategy Paper
EDC	Education Development Center, Inc.	PTA	Parent-Teacher Association
EDUCAIDS	Global Initiative on Education and HIV & AIDS	SADC	Southern African Development Community
EFA	Education for All	SHAPE	Strengthening HIV/AIDS Partnership in Education
EI	Education International	SRH	Sexual and Reproductive Health
EMIS	Education Management Information System	STI	Sexually Transmitted Infection
FAO	Food and Agriculture Organization	TAC	Treatment Action Campaign
FAWE	Forum for African Women Educationalists	TASO	The AIDS Support Organization
FBO	Faith-Based Organization	TTISSA	Teacher Training Initiative for sub-Saharan Africa
FLE	Family Life Education	UNAIDS	Joint United Nations Programme on HIV/AIDS
FRESH	Focusing Resources on Effective School Health	UNDAF	UN Development Assistance Framework
FTI	Fast Track Initiative	UNDP	United Nations Development Programme
GCE	Global Campaign for Education	UNESCO	United Nations Educational, Scientific and Cultural Organization
GIPA	Greater Involvement of People Living with HIV and AIDS	UNFPA	United Nations Population Fund
GNP+	Global Network of People Living with HIV	UNGASS	United Nations General Assembly Special Session on HIV/AIDS
GTU	Guyana Teachers' Union	UNHCR	Office of the UN High Commissioner for Refugees
GTZ	Gesellschaft für Technische Zusammenarbeit	UNICEF	United Nations Children's Fund
GYCA	Global Youth Coalition on HIV/AIDS	UNODC	United Nations Office on Drugs and Crime
HIV	Human Immunodeficiency Virus	USAID	United States Agency for International Development
IATT	Inter-Agency Task Team	VCT	Voluntary Counselling and Testing
ICT	Information and Communication Technology	WFP	World Food Programme
IEC	Information, Education and Communication	WHO	World Health Organization
IIEP	International Institute for Educational Planning	YAPS	Youth-Adult Partnership with Schools
ILO	International Labour Organization	ZNUT	Zambia National Union of Teachers
JASZ	Joint Assistant Strategy for Zambia		
MDG	Millennium Development Goal		
M&E	Monitoring and Evaluation		

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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. In addition, two further 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.

Mark Richmond
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Booklet 4

PARTNERSHIPS IN PRACTICE

Strategic partnerships play an important role in efforts to address HIV and AIDS in the education sector. This was reflected by the meeting of the High-Level Group on Education for All (EFA) in Cairo, Egypt in November 2006, where governments, multilateral and bilateral agencies and civil society organizations made a commitment to 'foster strategic cross-sectoral partnerships to strengthen and support a comprehensive education sector response to HIV and AIDS'.

This booklet aims to contribute to improved understanding of partnerships, including what they can achieve as well as challenges to effective partnerships. It focuses on partnerships in HIV & AIDS and education and draws on a range of global, regional and national experience to:

- Provide a brief overview of the role of partnerships and why they are important.
- Discuss the different types of partnerships that have been established.
- Highlight ways that partnerships can contribute to EFA and universal access to prevention programmes, treatment, care and support.
- Summarise lessons learned about partnerships.

Readers should bear in mind the following limitations. The booklet does not provide step-by-step guidance on how to establish and manage partnerships, as this is covered extensively in other publications. It focuses on examples of partnerships from published and grey literature, in particular partnerships in which UNESCO has been involved. There has been little rigorous evaluation of how partnerships work or of the impact of partnerships, and this makes it difficult to present a systematic analysis of the successes and failures of these partnerships.

1. THE ROLE OF PARTNERSHIPS IN HIV & AIDS AND EDUCATION

As the examples in this booklet illustrate, partnerships can:

- Advocate more effectively for HIV & AIDS and education objectives, including for changes in policy and practice and for comprehensive approaches to HIV and AIDS education.
- Secure the commitment of education ministries and build their capacity for an effective response to HIV and AIDS, including the development of national education policies on HIV and AIDS.
- Support comprehensive global and national responses, ensuring that action on HIV & AIDS and education by governments, donors, UN agencies, service providers and communities is coordinated and harmonised.
- Mobilise resources for the education sector to address HIV and AIDS and to promote more effective and efficient use of available resources.
- Ensure comprehensive coverage and consistent messages, avoiding piecemeal approaches and uneven provision of information and services.
- Strengthen HIV and AIDS education in schools, including in contexts where there is particular sensitivity around HIV and AIDS.
- Support efforts to mitigate the impact of the epidemic on the education sector and on affected educators and learners, including ensuring the provision of treatment, care and support services.
- Promote pooling of knowledge and expertise, learning from experience and sharing of lessons.

2. TYPES OF PARTNERSHIPS IN HIV & AIDS AND EDUCATION

2.1 Global partnerships

At global and regional levels, partnerships exist between multilateral organizations, UN agencies, bilateral donors, governments, international non-governmental organizations (NGOs), advocacy groups, research institutions and technical agencies.

Partnerships with the private sector can contribute to improvements in education and to efforts to strengthen HIV and AIDS education (Ingram *et al.*, 2006). Governments can benefit from business expertise and experience in management, strategic planning, problem-

solving, skills development, efficient delivery of goods and services, and logistical support. More specifically, the private sector can support scholarships, contribute resources (for example, donating teaching and learning materials to local schools), and complement the efforts of teachers and NGOs by allowing their employees to be involved in volunteering and mentoring programmes. For example, private sector firms are working together with the education sector to improve information and communication technology (ICT) skills in South Africa, and to improve education in Jordan. However, the involvement of businesses in partnerships in developing countries has been limited to date (Draxler, 2008).

Examples of global partnerships are provided below. Many of these partnerships seek to promote coordinated action by international partners and to support comprehensive education sector responses at country level. Global partnerships also play an important role in developing policy frameworks, setting standards and norms, and providing guidelines. More specifically, partnerships between UNESCO and its various institutes help to promote links between research, policy and practice and to disseminate evidence and experience.

Coordinated action by these different global partnerships is critical. UNAIDS and UNESCO have highlighted the importance of links between EDUCAIDS and other global partnerships (UNESCO 2006) such as Focusing Resources on Effective School Health (FRESH), the Accelerate Initiative, a working group of the UNAIDS Inter-Agency Task Team (IATT) on Education, and the EFAIDS programme, led by Education International (EI), the World Health Organization (WHO), and Education Development Center, Inc. (EDC).

Joint UN Programme on HIV and AIDS (UNAIDS)

EDUCAIDS

UNAIDS was established in 1994 by a resolution of the UN Economic and Social Council. It is a joint programme now involving ten Cosponsors - the International Labour Organization (ILO), the United Nations Development Programme (UNDP), UNESCO, the United Nations Population Fund (UNFPA), the Office of the UN High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the United Nations Office on Drugs and Crime (UNODC), the World Food Programme (WFP), World Health Organization (WHO) and the World Bank – and the UNAIDS

Secretariat. It has a mandate to ensure a coordinated UN response to the AIDS epidemic. UNAIDS plays a global leadership, advocacy and epidemic monitoring role. It also supports coordination within and outside the UN system at country level through the Three Ones – one national strategic plan, one national coordination body and one national monitoring and evaluation (M&E) framework. UNAIDS has also established coordination mechanisms that focus on education, including the UNAIDS IATT on Education and EDUCAIDS.

UNAIDS Inter-Agency Task Team (IATT) on Education

Inter-Agency Task Teams (IATTs) were established by UNAIDS to respond to specific challenges in 17 areas of technical support. The IATTs bring together multilateral agencies, including UNAIDS Cosponsors, bilateral and private donors and civil society organizations with an interest in specific areas.

The IATT on Education, convened by UNESCO, aims to accelerate and improve the education sector's response to HIV & AIDS and to encourage coordinated action in support of global and country action. Its objectives include promoting and supporting good practices in the education sector in relation to HIV & AIDS and encouraging alignment and harmonisation within and across agencies. It seeks to achieve these objectives through strengthening the evidence base and disseminating findings to inform decision-making and strategy development; encouraging the exchange of information and materials; and working jointly to bridge the education and HIV & AIDS communities and to ensure a stronger education sector response to HIV and AIDS. The IATT has focused on activities that include:

- Mobilising commitment to the education response among stakeholders within and beyond the sector, among others by participating in global AIDS conferences and by inviting external stakeholders to be present at IATT meetings.
- Raising awareness about the importance of a comprehensive education response to HIV and AIDS. The IATT

has sought to be present at important international and regional events such as those organized by the Association for the Development of Education in Africa (ADEA), international and regional AIDS conferences, and meetings on major education initiatives such as the Education for All Fast Track Initiative (FTI), among others.

- Supporting the mainstreaming of HIV and AIDS in education plans and approaches by, for example, providing support to education ministries through the Accelerate Initiative (see below); by ensuring that HIV and AIDS are adequately mainstreamed in the FTI endorsement process; and by developing practical tools to support the mainstreaming of HIV and AIDS in education plans by development partners.
- Strengthening M&E tools and evidence, for example, through the global survey to assess the readiness of the education sector to respond to HIV and AIDS (UNAIDS IATT on Education, 2005) and technical support to the EFA Global Monitoring Report to address HIV and AIDS issues systematically when reporting on progress.
- Producing, widely disseminating and supporting the use of technical resources on key areas of the response, including HIV and AIDS treatment education, girls' education for HIV prevention, and quality education.

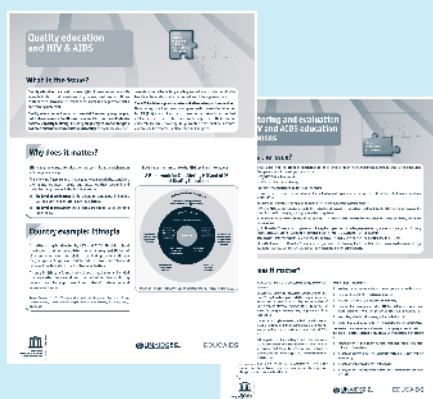
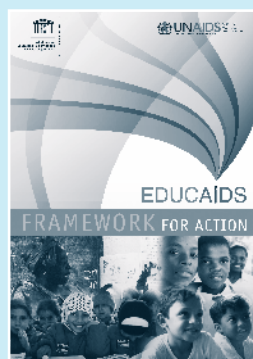
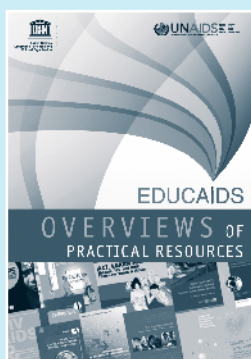
UNAIDS Global Initiative on Education and HIV & AIDS (EDUCAIDS)



EDUCAIDS is a multi-country UNAIDS initiative led by UNESCO to support the development, implementation and strengthening of comprehensive national education sector responses to HIV and AIDS. The initiative is a partnership among governments, UNAIDS Cosponsors and civil society organizations including groups of people living with HIV (PLHIV). The UNAIDS Committee of Cosponsoring Organizations launched EDUCAIDS in March 2004. The EDUCAIDS Framework for Action outlines five components of a comprehensive education sector response to HIV and AIDS:

- Quality education.
- Content, curriculum and learning materials.
- Educator training and support.
- Policy, systems and management.
- Approaches and entry points for education sector action on HIV and AIDS.

In collaboration with partners, UNESCO has developed tools to provide technical and operational guidance for EDUCAIDS country implementation including technical briefs for decision-makers and overviews of key resources for technical staff (UNESCO, 2008a; 2008b). UNESCO has also organized regional and sub-regional workshops in Africa, Asia and Latin America and the Caribbean (UNESCO, 2007b; 2007c; 2007d) to promote the Framework for Action and build the capacity of education ministries, UN agencies and civil society partners for a comprehensive national education sector response to HIV and AIDS.



Sub-regional workshops have reviewed current country action against the five components of the Framework for Action and identified priority future actions to strengthen comprehensive national education sector responses. For example: Botswana plans to conduct a study of the impact of HIV and AIDS on the education sector; strengthen use of participatory methods in HIV and AIDS education; and increase PLHIV involvement. Kenya plans to develop an institutional framework for systems management, including M&E; conduct HIV and AIDS in-service teacher training; and promote a universal access approach addressing prevention and the special needs of orphans and vulnerable children (OVC). Namibia plans to implement an HIV and AIDS workplace programme in the education sector; review the life skills curriculum to include prevention, treatment, care and support; and finalise M&E tools (UNESCO, 2007b).

EDUCAIDS is also producing a series of country snapshots, which demonstrate the value of involving a range of partners in assessing the national education sector response to HIV and AIDS, as well as describing progress with EDUCAIDS implementation and lessons learned. Highlights from recent country snapshots are summarised below:

In **Burundi**, EDUCAIDS has strengthened the partnership between UNESCO, the Ministry of Education and Culture, the Ministry of Youth and Sports, local authorities and community organizations. A comprehensive life skills and HIV module has been designed through collaboration between UNICEF, UNFPA, UNAIDS, civil society and the National AIDS Council (NAC). A regional youth workshop on HIV, gender and human rights for the Great Lakes countries of Burundi, the Democratic Republic of Congo and Rwanda in April 2007 resulted in the formation of ROADSIGN, a regional youth network.

In **Jamaica**, UNESCO is working with the Network of Caribbean Education Sector HIV Coordinators, EDC, UN agencies and bilateral donors to support a stronger education sector response. Priority activities include: developing a five-year education sector strategy; building the capacity of teacher training colleges and school administrators; and producing youth-friendly training materials for ministry officials and heads of tertiary education institutions.

In **Lesotho**, activities have focused on: bringing together a range of stakeholders to increase awareness of the need for a comprehensive education sector response to AIDS and strengthen commitment among policy-makers on training education information system staff to collect appropriate data; and on collaboration with the Lesotho College of Education to improve the training of student teachers.

In **Moldova**, EDUCAIDS has proved useful in promoting a coordinated approach among UN agencies, in particular UNICEF, and other partners and increasing recognition of the education sector's role in responding to HIV and AIDS.

In **Zimbabwe**, UNESCO has initiated discussions with the ILO on strengthening HIV and AIDS workplace programmes in the education sector. UNESCO is also exploring with the Associated Schools Project Network (ASPnet) how to scale up HIV prevention activities in schools and with the Ministry of Higher and Tertiary Education how to promote the involvement of positive young people in HIV and AIDS activities.

Accelerating the Education Sector Response to HIV and AIDS (Accelerate)

The Accelerate Initiative was initially set up in 2002 as an IATT on Education Working Group with the specific objective of accelerating the education sector response to HIV and AIDS. The working group identified as key areas for support:

- Promoting sectoral leadership.
- Sharing information among countries.
- Building capacity.

Objectives and progress

The five objectives identified by the Accelerate Initiative Working Group, along with key outcomes since 2002 and as of 2007, were:

Objective 1: To promote leadership by the education sector and create sectoral demand for a response to HIV and AIDS.

Outcome: Ministries of Education from 37 countries have participated in sub-regional workshops to better understand the role of education in their national responses to HIV and AIDS. Of these, 26 ministries went on to develop and implement actions at the national level.

Objective 2: To harmonise support among development partners, so as to better assist countries and reduce transaction costs.

Outcome: A total of 76 organizations have worked together in the Accelerate Initiative during this period. Twenty-four sub-regional and national workshops were supported by representatives from UNAIDS Cosponsors, 15 bilateral donors and 52 civil society organizations. All of these constituencies were represented at each event and between five and 21 organizations participated in each workshop.

Objective 3: To promote coordination with national AIDS authorities and enhance access to HIV and AIDS funds.

- Identifying gaps in knowledge.
- Strengthening stakeholder coordination.
- Identifying resources and building networks.

The Initiative, a partnership of 30 donor and UN agencies, has mainly provided support through sub-regional and national workshops. Since November 2002, education teams from 37 African countries have sought the assistance of the Working Group and 1,350 education sector staff have participated in training.

Outcome: All 37 participating Ministries of Education began communicating with their national AIDS authorities, and 26 subsequently received funds from NACs.

Objective 4: To share information on HIV and AIDS that has specific relevance to the education sector.

Outcome: A set of key documents on HIV & AIDS and education has been made available to educators in English, French and Portuguese. A total of 250,000 copies have been distributed at educator training sessions, and 322,000 copies have been downloaded from a dedicated website. Sub-regional Networks of HIV and AIDS Focal Points within Ministries of Education have been created within these established regional entities: West Africa (ECOWAS), Central Africa (ECCAS), East Africa (EAC) and Lusophone Africa (PALOPS).

Objective 5: To strengthen the technical content and implementation of the education sector response to HIV and AIDS.

Outcome: Analysis of the sector plans of a sample of 11 countries before and after participating in an Accelerate workshop shows that the plans were enriched in terms of policy, management, teacher training for prevention, life skills and ensuring access to education for orphans and vulnerable children, especially girls. Evidence suggests that a majority of these plans were then used to guide implementation.

Focusing Resources on Effective School Health (FRESH)

FRESH, a partnership involving UNESCO, UNICEF, WHO, the World Bank, WFP, UNDP, EI, EDC and Partnership for Child Development (PCD), promotes comprehensive approaches to school health including HIV and AIDS. The four FRESH components are:

- School health policies.
- Water, sanitation and the environment.
- Skills-based health education.
- School health and nutrition services.

These components are supported by three strategies, which emphasise partnerships between teachers and health workers and education and health sectors, between schools and communities, and with children and young people themselves.



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Education for All Fast Track Initiative (FTI)

The FTI was launched in 2002 as a global partnership between donor and developing countries to ensure accelerated progress towards the Millennium Development Goal (MDG) of universal primary education by 2015. The FTI is built on mutual commitments by donors to provide coordinated, increased and predictable financial and technical support and by developing countries to give priority to primary education and develop sound education plans. The Initiative is supported by all the major education donors, UN and multilateral agencies and the coalition of NGOs in the Global Campaign for Education (GCE). The FTI has increased disbursements to basic education. For example, disbursements for low-income countries were estimated to have increased from US\$ 0.6 billion to US\$ 3.1 billion between 2002 and 2004.

United Nations Girls' Education Initiative (UNGEI)

UNGEI, launched in 2001 by the UN Secretary-General, is a partnership for girls' education and gender equality. Linked to this is the Girl's Education Movement, a pan-African initiative that aims to empower girls and ensure their voices are heard, promote safe schools and tackle gender-based violence, and improve the educational chances of girls.

Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria

The Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria is an alliance of more than 200 companies employing more than 55 million people worldwide, which encourages its members to develop HIV and AIDS policies for the benefit of employees, their families and communities. Building on its existing relationship, UNESCO and the Global Business Coalition signed a new partnership agreement in January 2006, which aims to mobilise corporate actors to take action in the world of work on HIV and AIDS education to reduce risk and vulnerability, and to establish public-private partnerships between private companies and UNESCO partners.

EFAIDS Programme

Launched in 2006 as a partnership between EI, WHO and EDC, the EFAIDS programme aims to:

- Prevent new HIV infections in teachers and learners.
- Strengthen the capacity of teachers' unions to influence EFA policies.
- Mitigate the negative effects of HIV and AIDS on EFA goals.

EFAIDS brings together the earlier EFA and HIV & AIDS prevention programmes and builds on initial activities to train trainers and teachers, strengthen the capacity of teachers' unions and produce teacher-friendly, culturally acceptable training and resource materials. Related EFAIDS goals focus on safe school environments, counselling and testing, treatment, and stigma and discrimination. EFAIDS also emphasises that teachers' unions can support HIV-positive teachers by developing partnerships with PLHIV groups and networks involving positive teachers in unions' HIV and AIDS programmes; and providing support for groups of positive teachers. EFAIDS has produced two toolkits for educators and unions on building a gender-sensitive school environment and involving and supporting educators living with HIV (<http://www.ei-ie.org/efadays>).



2.2 Regional partnerships

Partnerships also exist at regional levels between multi-lateral organizations, UN agencies, donors, international NGOs, research institutions and technical agencies. Such regional partnerships, as the following examples illustrate, have helped to enhance national responses in a number of ways, for example, through promoting collaboration and sharing of experience, strengthening train-

ing and developing common standards for workplace programmes. Partnerships operating through regional economic and political bodies such as the Economic Community of West African States (ECOWAS) and the Southern African Development Community (SADC) can play an important role in accelerating action on HIV and AIDS including in the education sector.

UNESCO, UNICEF and UNODC jointly organized a Central Asia sub-regional workshop on HIV and education in Tashkent in May 2006, which aimed to develop a coordinated and coherent education sector response and enhance collaboration between ministries, UN agencies and NGO partners. It brought together for the first time representatives from education and health ministries in **Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan**. Given the similarities between these countries, the workshop also focused on identifying a common strategy for tackling the epidemic.

UNESCO and ILO have collaborated on the development of workplace policies for the education sector in the **Caribbean and Southern African regions**. Workshops brought together representatives from education and labour ministries, teachers' and employers' associations and national AIDS authorities to adapt the ILO Code of Practice on HIV and AIDS (ILO, 2001) in the workplace for educational settings, resulting in the publication and distribution of regional policies (ILO and UNESCO, 2006a and 2006b).

UNESCO Dakar, the UNESCO Regional Bureau for Education in Africa, together with other partners including the World Bank and UNICEF, have supported the establishment of a network of HIV and AIDS focal points in education ministries in **ECOWAS countries**, as part of a wider programme of building education sector capacity for EFA and linked to the Accelerate Initiative. Activities included developing a framework and mechanisms for exchanging information, experience and best practice between focal points and others working on HIV and AIDS education. Development partners, UNICEF and the World Bank have provided support to identify policy gaps, develop of strategic plans, mobilise resources and introduce HIV and AIDS into primary school curricula. UNESCO is also promoting care and support for educators with HIV by establishing links between education ministries and NACs.

UNESCO Beirut, the UNESCO Regional Bureau for Education for the **Arab region**, is promoting FRESH as part of its Regional Strategy on HIV/AIDS Prevention through Education. Workplans have been developed in collaboration with UNICEF, UNFPA, WHO and UNAIDS. NGOs involved in implementing FRESH activities include: Family Health International, Jordan; Caritas, Egypt; Family Planning Association, Syria; Makassed Philanthropic Islamic Association, Lebanon; and Société des Médecins Généralistes de Tunisie. Secondary school youth and university students are the target groups for activity during the current phase of the strategy. For example, a regional forum on Health Awareness and Community Development in Damascus in January 2007 involved youth and health education advisors from 13 Arab countries.



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In **Latin America and the Caribbean**, partnership with other UNAIDS Cosponsors has enabled UNESCO to provide more effective support for the response to AIDS in the region. For example, UNESCO and the World Bank jointly supported a meeting that brought together Caribbean Community and Common Market (CARICOM) education ministers and national AIDS authorities, which resulted in increased commitment to a comprehensive education sector response.



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Also in **Latin America and the Caribbean**, UNESCO supported a workshop to explore the use of theatre and audio-visual arts in culturally appropriate responses to AIDS in May 2007. The workshop, which brought together artists and representatives from UN agencies, civil society organizations and academic institutions, resulted in the establishment of the Regional Network of Cultural Experts and Creators Working Together in HIV and AIDS Prevention and Care – SIDACULT-net. The network is providing a forum for exchange of information and experiences across the region.



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UNESCO is also promoting partnerships to share experience and lessons learned through South-South cooperation between **Brazil** and **African Portuguese-speaking countries**. For example, UNESCO is drawing on experience in Brazil to support education sector planning in **Guinea-Bissau**, although the process of building and sustaining partnership has been challenging at times. Specific challenges include bringing together different partners, limited

institutional capacity in Guinea-Bissau and the complexity of working in a post-conflict context. The Mozambique-Brazil Youth Exchange, cosponsored by UNESCO, UNAIDS, UNICEF and governments, is an exchange programme between youth associations, which is helping to build the capacity of the **Mozambique** National Youth Council as well as to promote exchange of information between associations in both countries.

Regional partnerships, established through organizations such as the African Union and ADEA, can also help to build commitment among national policy-makers and establish initiatives to address common challenges.

The Association for the Development of Education in Africa (ADEA) is a partnership between African education ministries and external funding and technical partners. ADEA aims to enhance policy dialogue, strengthen institutional and technical capacity through regional exchange of information and innovative approaches, and build partnerships with civil society organizations. HIV & AIDS and education was the

theme of a recent ministerial meeting and is also the focus of an Ad Hoc Group, which shares strategies for mitigating the impact of the epidemic on the education sector. ADEA also conducts regular reviews of progress in the education sector in Africa, including a focus on effective responses to HIV and AIDS.

2.3 National and local partnerships

At the national level, there is a diverse range of partnerships involving, for example, government sector ministries, donors, UN agencies, civil society organizations and networks of PLHIV, as well as partnerships within the education sector. At the local level, partnerships encom-

pass links between schools and NGOs, health and welfare services and with communities and young people. Local partnerships are especially important to coordinate action and to ensure consistency of approaches and messages and comprehensive coverage.

2.4 Partnerships between governments and development partners

Comprehensive education sector responses to HIV and AIDS, and implementation of the Three Ones, require effective partnerships between governments, UN agencies and bilateral donors. Such partnerships can improve coordination and use of available resources, but their effective-

ness often depends on strong government leadership and ownership. Development partners, including UN agencies and bilateral donors, work with national governments in many countries through national AIDS coordination structures and education sector working groups.

In **Mozambique**, the national HIV and AIDS response is coordinated by the NAC. The main coordination forum is the Partners Forum, chaired by the NAC, which meets monthly to review progress in implementing the National Strategic Plan and includes development and implementing partners.

The Cooperating Partners Group on HIV and AIDS in **Zambia** aims to improve coordination and harmonisation among development partners, strengthen collaboration between these partners and the NAC, and enhance coordination of support to the Zambian AIDS response, including inputs to the Joint Assistance Strategy for Zambia (JASZ). The JASZ is a mechanism where bilateral donors and multilateral organizations outline how they will collectively support and coordinate their support to the National Development Plan 2006-2010, including the HIV and AIDS 'sector'.

Ethiopia has both a donor education group and a National Partners Forum, which facilitates partnership between government, donors and UN agencies on HIV and AIDS.

Bringing together the education and HIV & AIDS 'sectors' and their respective coordination mechanisms can sometimes be a challenge. One approach to forming strategic partnerships to strengthen the education sector response to AIDS is to establish a working group on HIV & AIDS and education that works closely with the national AIDS coordinating authority.

Most partnerships that aim to strengthen national coordination, whether in the field of education or HIV and AIDS, involve:

- A clear statement of intent.
- A memorandum of understanding that sets out roles and responsibilities.
- Principles that describe how partners will communicate and collaborate.
- A lead authority that coordinates all stakeholders.
- A forum for regular consultation.

The IATT on Education recently commissioned a series of case studies (IATT on Education, 2008a) to assess the quality and effectiveness of collaboration among partners in four countries – Jamaica, Kenya, Thailand and Zambia – where significant efforts have been made to support the education sector response to HIV and AIDS. The case studies sought to document how external partners coordinate their efforts at country level; identify overlaps and gaps in national education sector responses to HIV and AIDS; and make recommendations for improving coordination.

In **Cambodia**, there is an education and HIV & AIDS working group within the Ministry of Education chaired by the Secretary of State for Education or Deputy Minister and attended by Department Chiefs and technical staff. In **Indonesia**, there is a similar working group under the national AIDS authority that consists of all the relevant ministries in the education sector.

The findings showed that, while there has been significant progress in coordination between development partners and education ministries around education sector plans and through processes such as sector-wide approaches, some key donors do not participate in harmonisation and alignment efforts. Mechanisms to promote coordination between all stakeholders, collaboration between sectors, and partnerships between government and civil society organizations on HIV & AIDS and education are generally weak or absent.

UNAIDS has also developed the Country Harmonisation and Alignment Tool (CHAT), to assist national AIDS authorities to assess the engagement of all development partners in the national response and the extent of harmonisation and alignment among these partners. Findings from CHAT pilots in Botswana, Brazil, Democratic Republic of Congo, Indonesia, Nigeria, Somalia and Zambia indicate that adherence to commitments on harmonisation and alignment is still limited.

2.5 Partnerships between UN agencies

UN agencies are increasingly working in partnership at the country level. Mechanisms to promote partnerships within the UN system include:

- UN Theme Groups on HIV and AIDS – which bring together country representatives of UNAIDS Cosponsors and other UN agencies to plan a coordinated UN response.
- UNAIDS division of labour – which outlines 17 technical areas with one UN agency acting as the lead organization in each technical area and other agencies as main partners (see Table 1, next page), based on their respective areas of expertise and comparative advantage.
- UN joint teams and programmes of support on AIDS – which bring together UNAIDS Cosponsors to coordinate UN agency support for the national HIV and AIDS response, based on the division of labour. Joint teams are beginning to develop joint programmes of support on AIDS, which are reflected in a common UN HIV & AIDS plan and budget and, where there is a UN Development Assistance Framework (UNDAF) and this includes HIV and AIDS, in the UNDAF.
- UN reform – which emphasises ‘Delivering as One’, with one UN plan, one programme and one budget, and is being piloted in eight countries.

There has been significant progress in establishing joint UN teams and programmes of support on AIDS. The UNAIDS Secretariat reports that joint teams have been established in 83 countries and joint programmes of support developed in 47 countries.

In **Viet Nam**, the UN Theme Group on AIDS includes heads of agency from 11 UN organizations. A joint team on AIDS, comprised of technical staff from these UN agencies, has been established. To support the national response to HIV and AIDS, in line with the National Socio-Economic Development Plan 2006-2010, UN efforts will concentrate on four strategic areas, one of which is comprehensive youth and HIV programming, which emphasises integrating HIV and AIDS into the secondary school curriculum. Work on developing this component of the joint programme has involved collaboration between members of the UN education group, which includes UNESCO, UNICEF, UNFPA and WHO.

India established a joint UN team on AIDS in January 2006. Chaired by the UNAIDS Country Coordinator, the team comprises technical staff from

the 10 UNAIDS Cosponsors operating in India. A common fundraising mechanism for the Team, coordinated by UNAIDS, has been established.

In **Nigeria**, UN agencies have agreed new roles and terms of reference for the UN Theme Group and the joint UN team on AIDS, and a framework for accountability and reporting. Joint team members have been identified and agreed with their Head of Agency. Technical Working Groups have reformed into four groups in line with Universal Access commitments.

UN agencies in **Russia** have formed a UN Theme Group on AIDS. Joint efforts have succeeded in mobilising funds from a range of donors for UN programmes to strengthen the Three Ones and to promote HIV prevention among youth.

Findings of a recent independent assessment indicate that joint teams can promote dialogue and coordination among UN agencies, provide a forum for planning and monitoring joint programmes of support on AIDS, mobilise resources and enable the UN to speak and act as one on HIV and AIDS (Attawell and Dickinson, 2007). The review also highlighted challenges for UN agency partnerships, which are equally applicable to other types of partnerships and include:

- Additional workload, including time required for meetings and communication, which places significant demands on smaller organizations.
- Differences in understanding and expectations of partnership.
- Differences in planning cycles and financial, operational and administrative procedures between organizations.
- Lack of clarity about roles and responsibilities of partners.

In **Tanzania**, the One UN programme, endorsed by the Government and the UN and aligned to national strategies, has six pillars, one of which is HIV and AIDS. The Joint Team on AIDS has developed a joint programme on AIDS which started in January 2008. Donor funds are being sought for a One UN fund, under joint UN-Government management, to support mobilisation, allocation and disbursement of new donor resources to unfunded elements of the One UN programme. UNAIDS has signed up to the One UN Fund and a joint memorandum of understanding.

- Balancing individual agency priorities and partnership priorities.
- Managing potential competition and overlapping mandates.

While it is too early to assess the benefits of joint programmes of support on AIDS, a study synthesising reviews of other joint UN programmes in 14 countries between 1997 and 2005 found that these had built understanding between ministries, contributed to more comprehensive programming, reduced duplication of activities and strengthened knowledge-sharing between UN agencies.

In the UN pilot reform countries, agencies are working in partnership within the UN as well as with national governments to incorporate HIV and AIDS into One UN programmes, which can also offer an opportunity to mobilise resources for under-funded areas of activity, as the following examples illustrate.

In **Pakistan**, mechanisms for the One UN programme are being put in place, including Thematic Working Groups responsible for the five areas of UN joint programming. HIV and AIDS fall under the Thematic Working Group for Health and Population. UNAIDS had initiated joint UN agency planning around HIV and AIDS prior to UN reform; plans will now be included under health and population. Plans for the five areas were finalised in 2008. Agencies will put 80% of their funds through joint programmes. The UN is also considering a pooled fund or MDG Fund to support implementation of the One UN programme.

UNAIDS Technical Support Division of Labour

Technical support areas	Lead Organization(s)	Main Partners
1. STRATEGIC PLANNING, GOVERNANCE AND FINANCIAL MANAGEMENT		
HIV and AIDS, development, governance and mainstreaming, including instruments such as Poverty Reduction Strategy Papers (PRSPs), and enabling legislation, human rights and gender equality	UNDP	ILO, UNAIDS Secretariat, UNESCO, UNICEF, WHO, World Bank, UNFPA, UNHCR
Support to strategic, prioritised and costed national plans; financial management; human resources; capacity and infrastructure development; impact alleviation and sectoral work	World Bank	ILO, UNAIDS Secretariat, UNDP, UNESCO, UNICEF, WHO
Procurement and supply management, including training	UNICEF	UNDP, UNFPA, WHO, World Bank
HIV and AIDS workplace policy and programmes, private-sector mobilisation	ILO	UNESCO, UNDP
2. SCALING UP INTERVENTIONS		
Prevention		
Prevention of HIV transmission in healthcare settings, blood safety, counselling and testing, sexually-transmitted infection diagnosis and treatment, and linkage of HIV prevention with AIDS treatment services	WHO	UNICEF, UNFPA, ILO
Provision of information and education, condom programming, prevention for young people outside schools and prevention efforts targeting vulnerable groups (except injecting drug users, prisoners and refugee populations)	UNFPA	ILO, UNAIDS Secretariat, UNESCO, UNICEF, UNODC, WHO
Prevention of mother-to-child transmission (PMTCT)	UNICEF, WHO	UNFPA, WFP
Prevention for young people in education institutions	UNESCO	ILO, UNFPA, UNICEF, WHO, WFP
Prevention of transmission of HIV among injecting drug users and in prisons	UNODC	UNDP, UNICEF, WHO, ILO
Overall policy, monitoring and coordination on prevention	UNAIDS Secretariat	All Cosponsors
Treatment, care and support		
Antiretroviral treatment and monitoring, prophylaxis and treatment for opportunistic infections (adults and children)	WHO	UNICEF
Care and support for people living with HIV, OVC and affected households.	UNICEF	WFP, WHO, ILO
Dietary/nutrition support	WFP	UNESCO, UNICEF, WHO
Addressing HIV in emergency, reconstruction and security settings		
Strengthening HIV and AIDS response in context of security, uniformed services and humanitarian crises	UNAIDS Secretariat	UNHCR, UNICEF, WFP, WHO, UNFPA
Addressing HIV among displaced populations (refugees and internally displaced people)	UNHCR	UNESCO, UNFPA, UNICEF, WFP, WHO, UNDP
3. MONITORING AND EVALUATION, STRATEGIC INFORMATION, KNOWLEDGE SHARING AND ACCOUNTABILITY		
Strategic information, knowledge sharing and accountability, coordination of national efforts, partnership building, advocacy, and monitoring and evaluation, including estimation of national prevalence and projection of demographic impact	UNAIDS Secretariat	ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WFP, WHO, World Bank
Establishment and implementation of surveillance for HIV, through sentinel/population-based surveys	WHO	UNAIDS Secretariat

See: UNAIDS.2005. *UNAIDS Technical Support Division of Labour: Summary and Rationale*. Geneva, UNAIDS;

'Bilateral' UN agency partnerships can also strengthen specific aspects of the education sector's response to HIV and AIDS by drawing on the respective expertise and experience of each partner. For example:

- UNESCO and WHO are working closely on HIV and AIDS treatment education. The two agencies jointly organized a technical consultation in November 2005, which brought together practitioners with experience of treatment education from government agencies, international and local NGOs, UN agencies and net-

works of PLHIV. The consultation highlighted the importance of partnerships between all relevant sectors, in particular education and health, civil society, communities and PLHIV in scaling up treatment literacy and community preparedness.

- As noted earlier, ILO and UNESCO have collaborated to adapt the *ILO Code of Practice on HIV/AIDS and the World of Work* (ILO, 2001) in order to develop HIV and AIDS workplace policies for the education sector in Southern Africa and the Caribbean.

2.6 Partnerships between sector ministries

Education sector policies and plans for HIV and AIDS provide the basis for a comprehensive sector response, including coordination with other sector ministries. For example, good collaboration between education and health ministries can help to ensure that training and educational materials are technically up-to-date and that educators and learners have access to HIV and AIDS services.

Education ministries also need to establish partnerships with other sector ministries to ensure provision of HIV and AIDS education and services for educators and learners. For example, although the education ministry is ultimately responsible for the welfare of educators and learners in

school, a comprehensive response requires the involvement of the social welfare ministry in provision of care and support, and the labour ministry in the development and implementation of workplace policies.

Strategic partnerships with other sectors need to be encouraged and supported by other actors in the education sector including teachers' unions, training institutions, district education authorities and school management.

There are few documented examples of partnerships between different sector ministries to strengthen the education sector response to HIV and AIDS. The IATT

In the **Democratic Republic of the Congo**, the education and health ministries, together with UNDP and the private sector, are working in partnership to provide voluntary counselling and testing (VCT) and free medical care for teachers and students.

UNESCO and UNICEF have worked in partnership with the federal ministries of health and education and state health and education secretariats in **Brazil** to address lack of coherence in HIV preventive education and of integration between health and education, and to ensure that HIV preventive education is implemented in all public schools. A Federal Management Group, with representatives from the Ministry of Health, Ministry of Education, UNESCO and UNICEF, was established. State and municipal education managers were sensitised and encouraged to create State and Municipal Management Groups. Implementation is adapted to local needs by the state health and education secretariats. The participation of teachers, students and parents is encouraged. Securing the involvement of both the health and education sectors, in particular mobilising the education sector, has contributed to success. Previously, only state and municipal health secretariat AIDS Coordinators were advocating for HIV preventive education for young people. UNESCO and UNICEF played an important role in facilitating collaboration between the two ministries. A UNESCO evaluation found that, in schools participating in the programme, teachers from all disciplines provide HIV preventive education, whereas in

non-programme schools only science teachers do, and that parents are supportive once the programme is explained to them. Challenges have included institutionalising preventive education in schools in a country where states define their own priorities and ensuring preventive education addresses the issue of HIV and drugs adequately.

The **Kenya** Adolescent Reproductive Health Project, which piloted innovative approaches to address the adolescent reproductive health and HIV prevention in two districts, involved a partnership between international agencies, ministries, communities and young people. The Program for Appropriate Technologies in Health (PATH) and the Population Council worked with the Ministry of Education, Science and Technology, Ministry of Health and Ministry of Gender, Sports, Culture and Social Services (MGSCSS) to develop a curriculum for primary and secondary schools; to train guidance and counselling teachers and student peer educators in schools; to train health care providers to offer youth-friendly services; and to train social development assistants from the MGSCSS to work with community and religious leaders and out-of-school youth peer educators to promote community discussion and support.

Nigeria has taken steps to build partnerships between the education sector and other government ministries, as well as with civil society and the private sector, to deliver more effective HIV and AIDS education in schools. Initially, the response

on Education Sector Global HIV & AIDS Readiness Survey 2004 (UNAIDS IATT on Education, 2005) found that nearly all education ministries had made efforts to identify possible partners to respond to HIV and AIDS in the educator sector, with 99% reporting that they had made efforts to involve other government agencies or ministries, most often national AIDS commissions and ministries of health. Despite this, a concurrent review of the education sector response to HIV and AIDS in 18 countries identified lack of consultation and coordination between education ministries and other sector ministries as a major obstacle to effective education sector policy development and programming (Boler and Jellema, 2005).

Partnerships are also critical to mobilising resources for the education sector. Education ministries need to be active participants in NACs to ensure that education is integrated into national AIDS plans, and in Country Coordinating Mechanisms, which determine access to grants from the Global Fund to fight AIDS, Tuberculosis and Malaria. Working in partnership with the Ministry of Health is especially important in countries where the health sector is the primary recipient of donor funding for HIV and AIDS.



to AIDS in Nigeria was led by the health sector. Early school-based HIV programmes were driven mainly by NGOs, implementing primarily peer interventions outside the school curriculum. Lack of involvement of local education departments, teachers and parents contributed to opposition to introducing HIV education in schools. Expansion of HIV and AIDS education in schools was the result of expanded partnerships. An early example was the Expanded Life Planning Education Partnership in Oyo State, supported by the UK Department for International Development (DFID), which involved the health and education ministries, the Teaching Service Commission, the Association for Reproductive and Family Health and civil society and faith-based organizations (Idogho, 2007). This provided a model for partnerships between government ministries and between government and civil society. Project interventions included: advocacy with religious and traditional institutions, capacity building for education departments and agencies, and activities promoting community participation and support.

Strengthened partnership between government and civil society resulted, among other outcomes, in the adoption of the National Strategic Framework for the Implementation of Adolescent Reproductive Health Programmes. Advocacy by civil society HIV & AIDS and EFA coalitions for integration of sexuality education into the school curriculum, and partnership between civil society and government, resulted in the adoption of the National Family Life and HIV Education Policy and

Curriculum. Implementing the curriculum in schools required further partnerships, including engagement with religious organizations to address resistance to comprehensive school-based HIV and AIDS education, and DFID support for the Capacity for Universal Basic Education project, which was implemented by the British Council and ActionAid Nigeria, to produce text books in partnership with the education ministry.

Challenges and lessons learned included:

- The need to manage the relationship between NGOs working on HIV & AIDS and NGOs working on education that had not worked together before.
- The importance of partnership between the two groups of NGOs, which proved more effective than working alone. NGOs involved in responses to HIV and AIDS did not understand the education sector and how to manage 'education gatekeepers' and education NGOs lacked technical understanding of HIV and AIDS.
- The need to build the skills of the public sector to work with civil society and to recognise that government often works more slowly than civil society.
- The need to ensure that there is consensus about the objectives and content of HIV education within civil society before engaging in wider partnerships.

2.7 Partnerships within the education sector

Coordination structures for HIV and AIDS within education ministries are critical. The IATT on Education Sector Global HIV & AIDS Readiness Survey 2004 (UNAIDS IATT on Education, 2005) found that 72% of ministries participating in the survey had management structures or committees to direct, guide and monitor the sector's response. While many of these structures were found to be weak and overburdened, their establishment still represents an important benchmark.

UNESCO places particular emphasis on building partnerships between education ministries and other actors in the education sector, including teachers' service commissions, teachers' unions and professional associations, teacher training institutions, school authorities and head teachers. Such partnerships can encourage greater commitment from government decision-makers to the development and implementation of policies and plans to address HIV and AIDS including, for example, inclusion of HIV and AIDS education in school curricula.



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The **Guyana** Teachers' Union (GTU) aims to train at least one teacher as an HIV focal point in every school and in one year trained 600 teachers, covering about 70% of schools in the country. The GTU has worked with the government to ensure that HIV and AIDS education is fully integrated into the curriculum and adequate time is allocated to teach about HIV and AIDS.

In **Kenya**, the 2005 Education Sector Policy on HIV and AIDS was developed by the education ministry in partnership with the Ministry of Home Affairs, Kenya National Union of Teachers and the Teacher's Service Commission. Development and printing of the policy was funded by UNESCO with support from UNAIDS.

In **India**, the National Coalition for Education found much effort had been invested in developing HIV curriculum and training packages with close partnership between health and education bodies at the national level. However, implementation at the state level and use of materials in schools depended on priority being given to HIV and AIDS by state education departments. In practice, only a minority of states with more developed epidemics – Andhra Pradesh, Karnataka, Maharashtra, and Tamil Nadu – decided to use the materials. In contrast, **Ghana**, which has established local focal points, has been more successful in implementing HIV and AIDS policies developed at the central level by the Ministry of Education.

In **Latin America** and the **Caribbean**, the Kipus Project established a network of 16 teacher training institutes with support from UNESCO Santiago, to strengthen integration of HIV and AIDS education into training curricula. The project began by reviewing curriculum content at the training institutes. Curriculum content was then introduced into training and the institutes were encouraged to conduct research on effective curricula and methods, working in partnership with schools.

The UNESCO-led Teacher Training Initiative for sub-Saharan Africa (TTISSA) aims to increase the quantity and quality of the teaching force in sub-Saharan Africa. TTISSA is working in partnership with education ministries to improve the status and working conditions of teachers, improve management of the teaching workforce, develop appropriate policies and enhance professional development. UNESCO and education ministries are also working in collaboration with regional organizations including the African Union, ADEA, the African Development Bank and regional economic communities, as well as with the Commonwealth Secretariat, Commonwealth of Learning and multilateral and bilateral donors.

Partnerships within education ministries, for example, between different departments responsible for recruitment and deployment, teacher training, curriculum development, production of educator and learner materials, are essential to a comprehensive and coordinated education sector response. Partnerships between different levels of the education sector – national, district and local – are also essential if policies and plans are to be put into practice.

Partnerships between education ministries and educational institutions, including research and training institutions and educational publishers, can contribute to the development of appropriate training and learning materials on HIV and AIDS as well as help to ensure that policy and programming is informed by sound evidence. Partnerships between educational institutions, for example, through regional research networks, also play an important role in exchange of experience and good practice. In some countries, academic institutions participate in NACs and help to inform policy develop-

ment. However, there is limited evidence of universities actively working with PLHIV organizations or of partnerships between faculties working in different sectors, such as health and education (UNESCO, 2006).

Dialogue between government and teachers' unions is critical to ensure that teachers are aware of and support national policy and plans. However, workshops held by EI found that union leaders and teachers were often unaware of national HIV and AIDS plans and had not been involved in the development of education ministry plans to address HIV and AIDS in the sector.

Education ministries also need to work together with teachers' unions on issues such as workplace policies on HIV and AIDS, in-service training and the introduction of curriculum changes and new teaching and learning materials. Experience indicates that the active involvement of head teachers and teachers in planning, implementing and evaluating school HIV and AIDS activities, is especially important.

In **Indonesia**, UNESCO has been working with the Ministry of Education, the National AIDS Commission and teacher training institutions to strengthen teacher education on HIV prevention, including providing support for revision of the pre-service teacher education manual and for development of national guidelines on in-service teacher education. Other partners involved include UNAIDS, UNICEF, WHO and international and local NGOs. The revised approach will be piloted in selected pre-service teacher education institutions before being scaled up nationally.

In **Rwanda**, the education ministry is using trade union regional trainers in the government's training programme on HIV and AIDS education, and the education ministry provided study leave for all teachers to attend training seminars organized by the unions. In Lesotho, the education ministry is working with the teachers' association to publish a handbook on HIV and AIDS for teachers.

Partnerships between educators, through school and teacher networks and teachers' unions can promote sharing of experience and help to improve the quality of HIV and AIDS education. The EI Africa Regional Conference, which focused on HIV and AIDS, provided representatives of teachers' unions from 47 countries with the opportunity to share experience in HIV and AIDS education.

Partnerships between teacher networks, unions and organizations of educators living with HIV and AIDS are also playing an important role in addressing the needs of teachers and in promoting awareness and treatment, care and support for teachers affected by the epidemic (Education International, 2007).

Teachers' unions in **Namibia** and **Kenya** are implementing HIV prevention programmes. The Cameroon Teachers' Trade Union has produced and disseminated 'HIV/AIDS: A wake up call' outlining what teachers can do to tackle HIV and AIDS (Simon, 2002). Teachers' unions are active in HIV prevention

initiatives with teachers in countries such as **Burundi**, **Mali** and **Sudan**, organizing workshops for teachers to raise awareness of their own HIV risk. The National Council of the Tanzania Teachers' Union, for example, allocates 1% of its membership fees to HIV and AIDS training activities.

2.8 Partnerships with civil society

Civil society partners include NGOs, faith-based organizations (FBOs), community-based organizations (CBOs), professional associations and teachers' unions, parents' associations and committees. Effective education sector responses to HIV and AIDS need to involve civil society. For example, civil society organizations can help to secure wider commitment to HIV and AIDS education, improve understanding of the local social and cultural context, and engage and mobilise communities.

However, education ministries have generally failed to engage systematically with civil society. Partnerships between governments and NGOs are often informal and one-sided, with education ministries reluctant to consult civil society or involve civil society organizations in policy-making. There is limited collaboration between education ministries and HIV & AIDS or education NGOs. Education ministries are reported to prefer partnering with larger international NGOs rather than with national organizations. The quality and depth of partnerships vary considerably from country-to-country and civil society often has stronger relationships with district education departments. Exceptions include involvement of civil society partners in formulating the education sector HIV and AIDS strategy

and developing the curriculum in Zambia, in data collection in Sudan, and in pre-testing learning materials in Ghana (Boler and Jellema, 2005; UNAIDS IATT on Education, 2005), as well as the examples below.

Lack of information about civil society organizations and the work they are doing in HIV & AIDS and in education is often a barrier. Lack of collaboration between HIV and AIDS NGOs and education NGOs is also a challenge to coordinated efforts and effective partnerships with government.

Teachers and schools can benefit greatly from working in partnership with NGOs and CBOs, which are often key providers of local HIV and AIDS prevention and care services. They can also help to raise awareness among teachers, as well as to ensure that HIV and AIDS education for learners is acceptable to communities. Partnerships can help to ensure these organizations work in collaboration with education authorities and with each other. Coordination is crucial to ensure that all partners delivering HIV and AIDS education in schools provide consistent information and messages to children and young people.



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In **Mali**, there is a strong partnership between the Ministry of Education, UNICEF, Save the Children/US and Plan International. These organizations are working together to develop school health policy, strengthen health education, and design tools for data collection and analysis on HIV and AIDS.

In **Ghana**, the Ministry of Education, Science and Sports, development partners and civil society organizations worked together to review the education sector response to HIV and AIDS. The review found that there were more than 120 NGOs working on HIV and AIDS in public sector schools. The Ministry was unaware

of much of this activity and has now established an HIV and AIDS secretariat to strengthen partnerships with NGOs and to harmonise HIV prevention education in the sector. This, together with a greater understanding of what different organizations are doing, will contribute to better coordination of the response in future.

In **Zambia**, the Ministry of Education collaborates closely with the Catholic Diocese of Ndola's home-based care programme, as well as with the Copperbelt Health Education Programme, to draw on the skills and expertise of these NGOs and to ensure that action in schools complements action in the community. In addition, the National Union of

Teachers (ZNUT) is working with two NGOs, Family Health Trust and the Teachers Against AIDS Network, to strengthen HIV and AIDS education in schools. ZNUT has also worked with the government to ensure that the school curriculum includes HIV prevention and that teachers affected by HIV and AIDS can continue working.



In **Tanzania**, the NGO TENMET is working with HIV and AIDS organizations to encourage them to address teachers in their HIV and AIDS prevention and awareness-raising activities.

The Strengthening HIV/AIDS Partnerships in Education (SHAPE) project in **Ghana** helped to foster collaboration between schools and NGOs on implementing school-based HIV and AIDS activities. World Education worked with nine NGOs to deliver HIV and AIDS education to in-school youth through a peer education programme. Activities included training to strengthen the capacity of NGOs, support for joint action planning between NGOs and school health coordinators, and financial and technical assistance for implementation.

Straight Talk, which involves partnership between schools, NGOs, community organizations and churches in **Uganda** and **other African countries**, distributes the Straight Talk newsletter to schools and supports the establishment of school Straight Talk clubs. Lessons learned suggest that successful partnerships depend on:

- Involvement of national and local education officials in planning from the start.
- Good communication and shared understanding between education officials, school authorities and NGOs.
- Adequate training and support for NGOs to conduct research and develop action plans for school-based activities.
- Effective coordination to avoid delivery of conflicting and multiple messages by different organizations.

Civil society is also an important partner for UN agencies working on HIV & AIDS and education, in particular in the area of non-formal education. UNESCO, for example, is working in partnership with a diverse range of organizations including theatre groups and media organizations in West Africa and youth associations in Brazil and with teachers' unions through EFAIDS.

UNDP has developed a toolkit for strengthening partnerships with civil society organizations, which provides guidance on how to build partnerships and examples of

successful UNDP engagement with civil society (UNDP, 2006). The toolkit notes that civil society can play a range of roles including: advocacy, research, representation, service delivery and monitoring progress towards commitments made by governments and donor agencies. UNDP engages with civil society organizations as programme implementing partners, contractors and grant recipients, and highlights the importance of assessing the capacity of civil society organizations before entering into partnership arrangements.

In 2006, UNESCO and its EFAIDS partners held a consultation to consider how to strengthen support for HIV-positive teachers in **East and Southern Africa** (UNESCO and EFAIDS, 2007). The meeting brought together education ministries, teachers' unions and networks of HIV-positive teachers from **Kenya, Namibia, Tanzania, Uganda, Zambia** and **Zimbabwe** as well as representatives from UN agencies, EDC, EI, bilateral donors and civil society. The objectives included: identifying the potential to develop and maintain HIV-positive teacher networks within teachers' unions and partnerships between these networks and other actors at regional and national levels, as well as improving links between existing initiatives.

The consultation highlighted the pivotal role of unions and networks of HIV-positive teachers in addressing the problems that HIV-positive teachers face in the workplace, in particular stigma and discrimination. Teachers' unions, which often have membership levels of over 90% in the region, are the largest and most powerful bodies promoting the interests and welfare of teachers. However, few teachers' unions, with the exception of the South African Democratic Teachers' Union and the Zimbabwe Teachers Association, have been active in support of the rights of HIV-positive teachers. There are also few formal partnerships between unions and groups of teachers living with HIV. Uganda was unique in this respect having established an official partnership between the national teachers' union and the Teachers Anti-AIDS Group. Reasons include lack of resources and capacity within unions and lack of trust between unions and positive teachers'

organizations, in particular where union commitment to support positive teachers has yet to translate into action or involvement of HIV-positive union members in decision-making structures and processes.

The consultation recommended a range of actions for union support to HIV-positive teachers including:

- Creating a union policy that: protects HIV-positive teachers from stigma and discrimination; involves PLHIV at all levels in union HIV-related activities; addresses issues of confidentiality and disclosure of HIV status; creates a safe space within the union for PLHIV to meet; and builds the capacity of PLHIV.
- Developing partnerships with organizations of PLHIV and advocating with the government and the public for the rights and interests of infected and affected teachers.
- Formalising relationships between teachers' unions and positive teacher groups.
- Providing assistance to support groups for teachers living with HIV.
- Involving HIV-positive teachers in union HIV and AIDS programmes.
- Serving as mediators between education ministries and teachers.
- Ensuring teachers have information about where and how to access services.
- Ensuring that teachers' rights are assured and their needs are met.

2.9 Partnerships with PLHIV

Greater Involvement of People Living with HIV and AIDS (GIPA) in the response to the epidemic has been accepted as a principle since 1994. Partnerships with PLHIV and organizations of PLHIV can greatly enhance the relevance and impact of HIV and AIDS education. Involving PLHIV in school-based HIV programmes can help to tackle myths and reduce stigma and discrimi-

nation, educate students about living positively and the needs of PLHIV, promote awareness of services and help with referrals, for example to HIV counselling and testing services and support groups. PLHIV can also play an important role in providing psychosocial support to children infected or affected by HIV and AIDS.

In **South Africa**, treatment literacy in schools is a key area of work for the Treatment Action Campaign (TAC), which was initiated by PLHIV. TAC works with teachers, peer educators and HIV-positive students, training teachers to provide treatment education to their students, peer educators to share information about treatment, and encouraging learners living with HIV to form AIDS Action Committees, which campaign for supportive school policies, HIV prevention and treatment education.

In **Uganda**, the education ministry works in partnership with PLHIV groups, including Uganda Young Positives, and NGOs such as: The AIDS Support Organization (TASO), which trains teacher counsellors; the AIDS Information Centre, which provides support for school information and services; and the Uganda Counsellors' Association, which provides support for training teacher counsellors. In Mozambique, with support from UNICEF, a group of PLHIV called Kindlimuka is conducting participatory learning programmes on HIV in schools.

HIV-positive teachers' groups not only contribute to improving the quality of life of teachers living with HIV but can also reduce stigma and discrimination in schools and communities, giving a human face to HIV and providing role models of living positively. The UNESCO and EFAIDS consultation on support for HIV-positive teachers, described above, highlighted the pivotal role of unions and networks

of HIV-positive teachers in addressing the problems that positive teachers face in the workplace. Teachers' unions, such as the South African Democratic Teachers' Union and the Zimbabwe Teachers Association, have been active in support of the rights of HIV-positive teachers. In Uganda, there is an official partnership between the national teachers' union and the Teachers Anti-AIDS Group.

2.10 Partnerships with communities

Communities are key partners, as well as being an important resource, in efforts to increase access to education and improve the quality of education (Castle, 2004). Partnerships between education authorities and communities can promote awareness of policies concerning free education and the rights of all children to education and build parents' commitment to education. Working in partnership with communities can help to ensure that children affected by HIV and AIDS have the same rights to education as other children and identify children who are not in school.

A technical consultation organized by UNESCO in Southern Africa in May 2007 highlighted the important role that partnerships between schools and communities can play in supporting access to HIV prevention, treatment, care and support. It is especially critical to obtain the support of parents and communities for the provision of information and services for young people and to allay fears that this will increase youth sexual activity.

A systematic review of the effectiveness of community interventions targeting HIV prevention at young people in developing countries reviewed evaluations of 22 interventions and classified these as: interventions targeting youth delivered through existing organizations or centres serving young people; interventions targeting youth not affiliated with existing organizations; interventions targeting all community members delivered through traditional networks; interventions targeting communities as a whole delivered through community-wide events. There was reasonably good evidence that the first type of intervention produced positive results; conclusions could not be drawn about the effectiveness of the other three types of interventions. The review concluded that community interventions that are explicitly directed to young people and work through existing structures can increase knowledge and skills (Maticka-Tyndale and Brouillard-Coyle, 2006).

A UNFPA-supported project in **Ecuador** used participatory methods to educate children about gender equality, sexuality and reproductive health. A key project component was a 'school for parents' to improve their understanding of issues such as physiological changes during adolescence, conflict resolution and self-esteem.

In **China**, UNESCO is working with the Chinese Adult Education Association to integrate HIV and AIDS awareness into community learning centers, in order to strengthen community-based responses to HIV and AIDS. Learning centres will conduct community assessment of vulnerability and participatory planning, and adapt, develop and pilot methods and materials for community-based responses.

Basic education projects supported by the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) in **Chad, Guinea** and **Mali** aim to develop social and citizenship skills that lead to responsible behaviour through active learning methods centred on learners themselves. The projects, which are integrated within national education sector programmes, established close cooperation between the education and health sectors and involved communities in the local AIDS response. Project approaches focus on improving knowledge about sexuality and HIV prevention; promoting better communication between parents and children and between teachers and pupils; involving young people and adults in their social and cultural environment; and encouraging community initiatives to tackle AIDS. Particular attention is given to informing and involving mothers, who are traditionally responsible for educating girls, through the formation of mothers' associations and provision of training and support.



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In **Guinea**, girls in difficult situations receive extra support classes taught by specially selected and trained women teachers. The courses include school subjects, practical activities and sex education and involve mothers to ensure their support for their daughters' education. Initial results are encouraging: girls who received project support attend school longer and obtain better grades; cases of unwanted pregnancy are decreasing among young girls; parents and teachers are discussing sexuality more freely; and education administrators have recognised their obligation to provide HIV education.

In 2002, UNDP started a project with the Ministry of Education in **Angola** to strengthen the education system to address HIV and AIDS. The project focused on: training social actors, including teachers, community leaders, the armed forces, church and media in human rights, peace, gender equality and HIV & AIDS; building and strengthening community networks for dialogue and providing services to adolescent mothers, OVC and PLHIV; and strengthening capacity for designing culturally sensitive educational materials for schools and the media. The Angolan education system was in the process of reforming the school curriculum, which gave the project the opportunity to integrate HIV and AIDS. The project established a national coordination team and

decentralised 'units', based in provincial health delegations, composed of teachers, representatives from organizations directly involved with PLHIV, the military, the media and community and religious leaders. These were responsible for identifying communities and social actors and for coordinating and monitoring implementation. The decentralised approach contributed to greater coordination, capacity-building and community participation. Social actors received two weeks of training which covered basic facts, how to use participatory methods and the planning of prevention activities. Additional awareness-raising activities were also conducted in communities, schools, military bases, religious institutions and NGOs.

Community interventions that address social and cultural norms and help to create a supportive environment for safer sexual behaviour are also important. A 2006 literature review by YouthNet and CARE (Information & Knowledge for Optimal Health (INFO) Project, 2006) found that interventions that included significant community involvement did report positive changes in community context, changes in adult perceptions of youth and increased status of youth. The Mema kwa Vijana AIDS education project in rural communities in Tanzania resulted in increased knowledge and reported condom use among young people. One of the factors that contributed to success was changing community norms and beliefs, particularly those of adult men. However, YouthNet notes that few research projects

have explicitly examined whether or not community involvement results in better HIV outcomes for youth and that there are unanswered questions about how to design and evaluate interventions that use community involvement to enhance youth HIV prevention.

Partnerships between communities and schools that engage the community in school management can also play an important role. Mechanisms used to promote partnerships between schools and communities include parents' associations, parent-teacher associations (PTAs), community and parental representation on school management and HIV & AIDS committees, and community involvement in school health clubs (Magome and Prew, 2004).

In **Mexico**, decentralising management to schools and involving parents in school management was shown to reduce the number of learners who dropped out of school or had to repeat a year's schooling. School-based management with parental participation improved the accountability of school directors and teachers to parents; enabled decisions to be made based on local needs, which resulted in more effective use of available resources; allowed parents to use resources to improve school infrastructure and purchase school materials, which helped to create better learning environments; improved communication between parents, teachers and school directors; and generated more active community involvement including expression of expectations concerning their children's education (Gertler *et al.*, 2006).

Experience shows that head teachers and teachers need to be sensitised to the role and contribution of communities, and that community representatives need capacity-building to enable them to participate in a meaningful way in school management. There are examples of both education authorities and parents' associations taking

steps to do this. A shared understanding of roles and responsibilities is also important. For example, ADEA reports that the African Federation of Parents Associations has developed a Parents' Charter, which provides a framework for partnerships between parents' associations and education authorities.

In **Malawi**, training for head teachers has included how to organize PTA meetings about young people and HIV & AIDS.

In **Tanzania**, a pilot programme introduced HIV-and AIDS-related topics into the agendas of PTA meetings and ensured that local communities were represented on school HIV and AIDS committees. More active parental involvement strengthened school-based HIV and AIDS programmes and parents were more supportive of teachers responsible for guidance and counselling.

In **Mali**, members of school management committees or parents' associations are educated on HIV and AIDS issues and are jointly responsible with local AIDS control committees for developing, implementing and monitoring HIV and AIDS school programmes.

The Ministry of Education in **South Africa** developed three resource guides: 1) 'What parents need to know', which provides practical guidance on how parents can work with schools to protect their children; 2) 'Develop an HIV/AIDS plan for your school', for school governing bodies and school management teams; and 3) 'Manage HIV/AIDS in your district and province' for education planners. In a pilot programme, parents and school governing boards from more than 80 schools were trained to use the guides (Hartell and Maile, 2004).

School-community links can be strengthened by using schools as community resource centres. Such resource centres can offer adult literacy and learning opportunities, provide community education about HIV and AIDS, train caregivers, and act as centres of care and support for families and children affected by HIV and AIDS. Partnerships between schools and communities participat-

ing in activities such as school gardens to improve nutrition or training to develop income-generating skills can enhance support for children affected by HIV and AIDS. School events such as sports days, drama, dance and music shows can also be a powerful tool for involving the community and addressing HIV and AIDS.

The Communities supporting Health, HIV/AIDS, Nutrition and Gender Education in Schools (CHANGES) project in **Zambia** provided communities and CBOs with small grants for innovative activities designed to increase access to education, support school activities to improve learning, health and nutritional status, and integrate HIV and AIDS awareness and prevention messages into school and community activities for girls and other vulnerable children. Managed by CARE International as part of the larger Basic Education Sub-Sector Investment Programme, the project provided proposal development training and capacity-building for good financial management of grants. It also took steps to raise community

awareness of health and HIV & AIDS issues and to mobilise communities to plan activities. Drama was used to promote community discussions about health and education problems. District and community health and education personnel were trained to work with communities and schools and, together with community leaders, developed participatory strategies to address the problems identified by communities. Positive impacts included strong demand from parents, community leaders and local government authorities for school health and nutrition activities, with provincial and district education and health ministries requesting extension of project coverage.

Education ministries and schools also need to work in partnership with communities to tackle stigma and discrimination towards HIV-positive educators and learners. Such partnerships are most effective where head

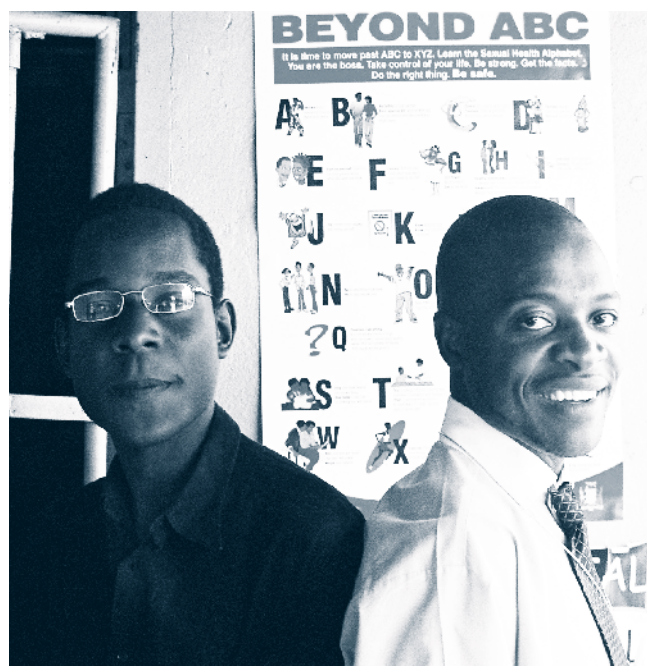
teachers, school governing bodies and community leaders are actively engaged and provide support for teachers living with HIV.

2.11 Partnerships with children and young people

The active participation of children and young people in the design, planning and implementation of HIV and AIDS activities in schools is essential. Active participation can help to ensure that HIV education takes account of the realities of children's lives and incorporates their knowledge, experience and concerns.

Involving children and young people as partners, including in awareness and education programmes, peer education and counselling, can make activities more meaningful and enable children and young people to become agents of positive action and change. In addition, allowing the voices of children and young people to be heard carries a very strong message and can have a tremendous impact on mobilising communities (DFID, 2004).

Partnerships involving school students and partnerships between youth groups and associations can build confidence, self-esteem and skills. Youth-adult partnerships can build the capacity of young people and mobilise parents, teachers and school administrators.



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UNESCO Montevideo is supporting a programme called 'Rescue yourself: Let's break the silence and talk about AIDS', which uses peer education to reach vulnerable young people in poor urban areas of **Argentina** and **Uruguay**. The programme, which involves a partnership between academic institutions, municipal health and education authorities and civil society organizations, provides coordinated training and support for educators and health and community workers to deliver preventive education as well as to highlight the school environment and workplace issues. Although achieving good links between diverse stakeholders from different contexts was challenging, technical assistance helped to overcome difficulties related to different understandings of and approaches to the issues.

UNESCO supports Entre Jóvenes – Between Youth – a 'virtual' network in **Latin America** that aims to promote the exchange of information between young people's organizations, and to build the capacity of organizations working with young people, including government authorities and NGOs. The network hosts a website and virtual workshops, provides training modules, manuals, audiovisual materials and technical support on HIV & AIDS and communication issues, so that groups can organize their own activities, as well as news and information updates. It also acts as a forum for dialogue and sharing of resources and experiences. Process evaluations have found that the network is especially valued by organizations that are located a long way from urban centres, since they have the least access to information, but that a key challenge is sustaining active communication and dialogue between organizations. To address this, efforts are being made to complement electronic communication with meetings, to encourage groups to share information about their activities.

Student Partnership Worldwide works in collaboration with schools and students in **Tanzania**. The NGO trains 18-25 year olds to use participatory techniques in and outside the classroom to educate school students about sexual and reproductive health. Monitoring showed that young people trained as peer educators can exert a positive influence on their younger peers and challenge stigma and denial in the community. Peer activities helped to increase knowledge, enable girls to be more assertive and willing to discuss issues such as gender and sexual and reproductive health, and contributed to a decrease in teenage pregnancy rates.

The Youth-Adult Partnership with Schools (YAPS) programme – based on the principle that involvement of all key stakeholders from the start is essential for successful behaviour change programmes – was developed and implemented in collaboration with ten schools in Chiang Mai Province in **Thailand**. The YAPS approach included use of participatory learning activities, edutainment and skills-building strategies for youth leaders. Results showed that the approach was effective in preparing youth for leadership roles, undertaking activities on their own and sharing HIV prevention messages in schools (Fongkaew *et al*, 2006).

In **Mozambique**, the Kuhluvuka Project included a school-based peer education component, which was supported by partnership between peer educators and teachers. Teachers were trained to reinforce peer education activities, through teaching about HIV and AIDS and developing classroom activities jointly with peer educators. Particular efforts were made to recruit female peer educators, and to secure parental support for the role of girls in educating their peers on HIV & AIDS and sexuality. Each school was encouraged to establish a Nucleus for Preventing and Combating HIV/AIDS, comprising teachers and peer educators, to plan and monitor activities and to ensure that activities could be sustained independently beyond the project timeframe. Partnerships were established with community educators and health facilities to provide peer educators with advice and support and meet demand for services created by peer education activities.

A project in KwaZulu-Natal province in **South Africa** trained primary schoolchildren aged between 9-13 years to talk about HIV and AIDS on the radio. The project involved a partnership between the University of Cape Town Children's Institute, Zisize Educational Trust and Okhayeni primary school in Ingwavuma. Pupils were trained in radio workshops and interviewed adults and other children about HIV & AIDS and how AIDS has affected their families. Combining recorded interviews with family histories and descriptions of their lives and surroundings, the children have produced radio autobiographies in Zulu and English. AIDS is not always mentioned directly when children talk about the death of parents and relatives, but the radio programmes show how it affects their lives when they talk about issues such as what makes them sad, people they have lost and going to funerals.

Young people, working in partnership across countries and with organizations such as UNAIDS and UNFPA, are playing an increasingly important role in advocating for appropriate HIV and AIDS interventions for young people and for the rights and needs of young people living with HIV, as the examples on the next page illustrate.

However, achieving genuine youth participation in global forums or national decision-making bodies or in the planning, design, implementation and evaluation of programmes is not easy. Experience shows that it is essential to build the capacity and skills of young people so that they can participate in a meaningful way.

Supported by UNAIDS and UNFPA, the Global Youth Coalition on HIV/AIDS (GYCA) is a youth-led alliance of over 3,500 young leaders working on HIV and AIDS in 150 countries. It aims to give young leaders knowledge, skills, resources and opportunities to scale up youth HIV and AIDS interventions. Activities focus on advocacy, including participation in international conferences, capacity-building, networking and sharing best practices. The Coalition advocates for a human-rights based approach that includes full and accurate information, education and services for young people, and focuses in particular on the needs of marginalised youth.

YouthForce was established in 2002 at the International AIDS Conference in Barcelona, to strengthen the involvement of

young people in future international conferences. YouthForce had a significant impact at the subsequent Bangkok and Toronto conferences, ensuring that youth issues were on the agenda, increasing recognition that young people can make a meaningful contribution, and promoting youth-adult partnerships. Working in partnership with GYCA, Advocates for Youth and UNFPA, among others, YouthForce is currently planning for youth participation in the 2008 International AIDS Conference in Mexico City.

Youth Incentives, a Dutch initiative that works on young people's sexual and reproductive health and rights, pays particular attention to involving young people in needs assessments, decision-making and management of programmes and services.

3. HOW PARTNERSHIPS CAN SUPPORT EFA AND UNIVERSAL ACCESS

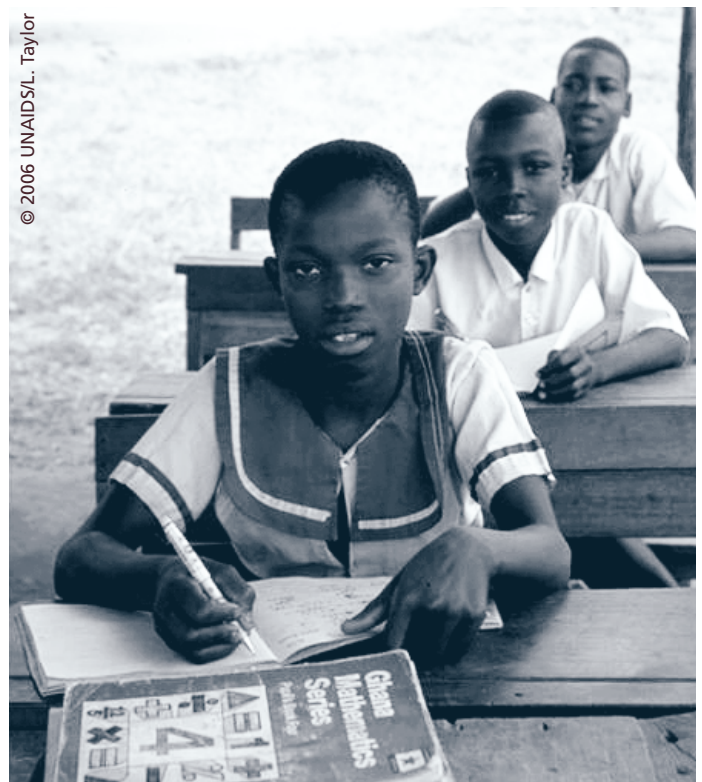
This section highlights examples of some of the ways in which partnerships in HIV & AIDS and education can contribute to the achievement of the EFA goals and efforts to achieve universal access to HIV and AIDS prevention programmes, treatment, care and support.

3.1 Increasing education access and quality

Increasing access to education is an important goal in its own right, as well as in efforts to respond to HIV and AIDS. Education also plays a critical role in providing learners with access to information about HIV & AIDS and there is good evidence to show that education, especially for girls, can reduce vulnerability to HIV.

ActionAid International reviewed the evidence on the impact of girls' education on sexual behaviour and HIV, the difference that primary and secondary education can make to girls' vulnerability to HIV, and possible mechanisms underlying the relationship between HIV and girls' education (Hargreaves, J. and Boler, T., 2006). They found that, while early in the epidemic more highly educated women were more vulnerable to HIV than women who were less well educated, as the epidemic has evolved, the relationship between HIV and education has also changed. More highly educated girls start having sex later and are better able to negotiate safer sex and reduce HIV risk. Across all the 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 in five ways:

- Expose girls to HIV and AIDS education.
- Provide psychosocial benefits for young women, building their self-esteem and capacity to act.
- Lead to better economic prospects, which in turn lead to lifestyle changes that can influence HIV vulnerability.
- Influence the level of power within sexual relationships.
- Affect girls' social and sexual networks.



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Global and national partnerships and coalitions have played an important role in advocating for access to education by all children. These partnerships have campaigned for changes in policies that influence access to education, for example, the elimination of school fees, and for legislation that protects the right of all children, including those from marginalised communities, to education.

At a global level, the GCE brings together major NGOs and teachers' unions in over 150 countries to lobby for free compulsory basic education for all. Other GCE campaign areas that are relevant to the educational

response to HIV and AIDS include girls' education and quality education. The IATT on Education and the IATT on Children Affected by HIV/AIDS are working together, using lobbying, research, situation analyses and information dissemination to advocate for key shared objectives including abolition of school fees, schools as centres of care and support, and quality education.

National partnerships involving government, civil society organizations and communities can contribute to efforts to improve education access and quality, as the following examples show:

In **Indonesia**, a partnership between the National AIDS Commission, government ministries (education, health, law and human rights), UNAIDS Cosponsors (UNAIDS, UNESCO, UNICEF, the World Bank), bilateral donors (Norway and Australia), and international and local NGOs (Plan International, Save the Children/UK) are working to ensure that all children have equal access and rights to education.

Support has been provided to develop a compendium of agreements, laws and regulations that guarantee all children the right to quality education, as a component of the education sector response to HIV and AIDS. Future activities will include promoting use of the compendium in pre-and in-service training curricula for teachers.

Improving access to education also requires efforts to identify children who are not enrolled in school or who have dropped out of formal education. Children affected by HIV and AIDS are disproportionately more likely to have dropped out of school. Effective monitoring systems need to be in place which can register

and monitor vulnerable children. Partnerships between education authorities, schools and communities can play an important role in collecting data on school attendance and identifying the factors that prevent children from accessing education.

In **Nepal**, a community education management information system (C-EMIS), which collected data for planning and for developing community- and child-centred indicators, helped to increase access to education and improve educational quality. Communities collected data using tools to measure inclusiveness and learning achievements and to identify gaps in the primary education system, in particular schools that were not meeting the needs of children from poor and marginalised communities. C-EMIS data were collected for the whole community to ensure that they did not only reflect issues affecting the school-going population. Data were collected by community committees and reported to community authorities, including school management boards, ward and village development committees, before reporting to the district education officer. The involvement of communities and parents in the C-EMIS increased local ownership of education and parental willingness to take responsibility

for school management. As a result, school implementation plans prepared by school management boards became more community focused and had a stronger emphasis on motivating educationally marginalised children and their parents and on accessing government assistance, for example, additional teachers and scholarships. Improved plans, together with more government resources for schools, resulted in increased enrolment and attendance of girls and ethnic minority and lower caste children. In addition, school management boards reported that links with communities and with ward, village and district stakeholders improved. Disadvantaged families were more aware of available opportunities and were more likely to demand educational access, quality and accountability. Head teachers reported improved retention and pass rates. The Ministry of Education has requested all districts to adopt the C-EMIS process and has agreed a standard national format for C-EMIS data collection.

Partnerships are also campaigning for girls' education. Global partnerships include the UNICEF-led UNGEI, described earlier. The GCE also has regional coalitions of partners campaigning for girls' education, and works

closely with the Forum for African Women Educationalists (FAWE), a network with over 30 national chapters in Africa, which seeks to ensure that girls have access to school and complete their studies.

The government and NGOs are working in partnership in **Bangladesh** in non-formal education and the state education sector. The partnership has enabled NGOs to advocate for changes to increase girls' access to education, such as recruiting more female teachers, improving facilities for girls in schools, and reviewing curricula and teaching materials to eliminate gender bias.

Partnerships with communities are critical to increasing girls' access to education. Working with community leaders, parents and girls can raise awareness of the equal right of girls to go to school and build commitment to girls' education.

The Campaign for Female Education (Camfed), which works with rural communities to enable girls to go to school, is currently focusing its efforts in **Ghana, Tanzania, Zambia** and **Zimbabwe**. Partnerships with those who influence girls' lives – families, communities, schools, policy-makers and young women who have completed school – are critical to success. The underlying premise is that it is poverty rather than unwillingness that prevents parents from sending their daughters to school. Providing financial resources to support girls' school attendance is vital. Camfed starts by establishing district committees to mobilise and distribute resources and build alliances. These committees include representatives of local government authorities, traditional leaders, parents, police, schools, health services and NGOs, and also include girls who have successfully graduated from school.

Camfed works with communities to identify those girls in greatest need, to make a commitment to support these girls to attend school (including providing school fees, school uniforms, stationery, etc.), and to determine ways in which the community can support them, for example, by offering psychosocial support by local women, including teacher mentors in schools.

Camfed tries to ensure that those who are traditionally marginalised, for example, poor women and young girls, are included in decision-making bodies and receive support to build their capacity for meaningful participation. This takes time but there is evidence of progress, for example, women are increasingly represented on school governance bodies and some chiefs have started to invite girls to speak at community gatherings. The participation of young women who have completed school as a result of community efforts is critical, as they provide powerful role models for younger girls and illustrate the benefits of girls' education to other communities. Partnerships have helped to address the issue of girls' safety when they travel to and from distant schools. Some communities have mobilised local resources to establish community hostels where girls can stay in safety near their school during term time. Partnerships have also enabled parents to approach school authorities with concerns about sexual abuse in schools. Chiefs are cooperating with the judiciary and education authorities to ensure that perpetrators are punished and to introduce by-laws that protect girls more effectively.



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3.2 Strengthening capacity in HIV and AIDS policy and planning

HIV and AIDS need to be mainstreamed into wider education plans and processes, in order to develop a comprehensive education sector response. Experience shows that the involvement of a range of partners can result in better policies and plans and in wider commitment to their implementation.

UNESCO's EDUCAIDS team organized a series of African sub-regional capacity-building workshops in 2007 to promote dialogue between key actors in the education sector and to build capacity to plan and implement comprehensive education sector responses to HIV and AIDS. These workshops brought together representatives from education ministries, UN agencies and civil society organizations, including groups of PLHIV, and provided a forum for participants to strengthen partnerships and share experiences and lessons with other countries, as well as with others working in the education sector in their own country.

At the African Anglophone sub-regional workshop, countries identified several common challenges: lack of funding; difficulties in coordinating and harmonising activities; streamlining HIV and AIDS in curricula; educators' training and support; policy development and implementation; and monitoring and evaluation

of the impact of HIV & AIDS and education sector responses. Participants also highlighted areas where partnerships had contributed to progress. For example, in Kenya, UNESCO has provided support to the education ministry to develop the Education Sector Policy on HIV & AIDS and Education Workplace Policy Guidelines. In Tanzania, UNESCO has supported activities to build the capacity of teachers to deliver life skills education.

A review of 18 countries' education sector responses to HIV and AIDS highlighted the importance of effective partnerships in addressing the problem of education sector HIV and AIDS plans being developed without reference to other policy and budgetary processes and the related issue of HIV and AIDS units within education ministries that are isolated from the rest of the ministry and from other sector ministries (Boyer and Jellema, 2005). It emphasised the need for partnerships with education ministries, to build their capacity to understand the implications of HIV and AIDS for the sector and to develop and implement appropriate responses, with departments within education ministries that are responsible for policy, planning, human resources, training and curriculum development, for example, and with other actors in the education sector.

In **Jamaica**, the Ministry of Education, Youth and Culture established an HIV/AIDS Response Team, with support from UNESCO, UNICEF and donors including the World Bank and Japan. The Response Team was intended to strengthen the ministry's capacity to plan, implement and monitor an integrated HIV and AIDS response involving NGOs and donors, to develop teacher education materials, to develop a cadre of HIV and AIDS trainers and to pilot school instruction materials (Chambers, 2005).

In **Namibia**, the National Policy on HIV/AIDS for the Education Sector, published in 2003, was developed as a collaborative effort involving a wide range of actors. The education sector, through the Policy Working Group of the Joint HIV/AIDS Committee for Education and under the leadership of the Legal Assistance Centre, conducted focus group discussions at all levels of the education system as well as regional consultations and a national conference. The policy formalises the roles of educators, parents, administrators and planners.

In **Ethiopia**, UNESCO works with other development partners in the education donor group to support the Ministry of Education in education sector policy and strategy development on HIV and AIDS. UNESCO provided seed money and education donors have funded policy mapping and

policy development. Partners involved in policy development include regional education bureaux, district education offices, teacher training institutions, PLHIV organizations, networks of education NGOs and communities. Reflecting the consultative process, partnerships are emphasised throughout the November 2006 Draft Ethiopian National Education Sector Policy for Responding to HIV and AIDS Challenges. For example, the policy highlights the involvement of communities in HIV prevention, integrated efforts between schools and communities to tackle stigma and discrimination and enhance OVC well-being, partnership between the education and health ministries to enable education sector staff to access VCT, antiretroviral therapy (ART) and other services, joint planning involving PTAs, school management and community organizations, and using the national M&E system to track the contribution of all partners.

The Mobile Task Team on the Impact of HIV/AIDS on Education (MTT), now called the EduSector AIDS Response Trust, (ESART) established a rapid response team, which worked in partnership with education ministries and UNESCO's International Institute for Educational Planning (IIEP). The partnership aimed to train senior managers and planners in Africa to manage the impact of HIV and AIDS on the education sector and also produced more than 20 training modules on education and AIDS.

3.3 Mobilising funding for the education sector to respond to HIV and AIDS

Despite significant increases in global AIDS resources, funding for the education sector response has been given relatively low priority and the majority of funds are channelled to the health sector. Education ministries and other actors in the education sector are often unaware that they are eligible for funds or of how to access available funds for HIV and AIDS.

Partnerships, for example, with UN agencies and donors through education sector working groups or donor groups, can assist education ministries to mobilise resources for HIV and AIDS activities. Development partners have also provided support to ministries to develop plans and budgets for HIV and AIDS activities within education sector budgets; to develop fundraising strategies; and to submit proposals to international funding sources.

As noted earlier, partnerships with national AIDS authorities are critical to ensuring that the education sector plan is aligned with the overall national response to HIV & AIDS and to securing support for efforts to mobilise resources. In many countries, including, for example, Burundi, Cameroon, The Gambia and Sierra Leone, NACs have provided support to education ministries for the education sector response to HIV and AIDS. Participation in Country Coordination Mechanisms, which coordinate Global Fund activities at the national level, can provide opportunities for the education sector to submit proposals to the Global Fund.

In **Namibia**, the Ministry of Education submitted a joint proposal together with the Ministry of Health to the Global Fund. Funding secured has enabled the education sector to mainstream HIV & AIDS and, more specifically, to strengthen its regulatory frameworks, its response to the needs of OVC and its HIV and AIDS Management Unit.

3.4 Enhancing HIV prevention education

Partnerships can bring in technical expertise and support for activities intended to strengthen HIV prevention in schools, including policy development and building the capacity and skills of education sector personnel to plan and manage HIV and AIDS prevention education programmes.

In **Nigeria**, the UNESCO HIV preventive education programme, implemented during 2003-2004, aimed to generate support among policy-makers for HIV preventive education in the education sector. The programme, which involved UNESCO, UNAIDS, federal and state ministries of education, Colleges of Education and NGOs in developing a framework for action by the education sector in response to HIV and AIDS, has also resulted in more effective coordination of public and private sector and civil society actions. Further workshops have been held to build the capacity of policy-makers, head teachers and teachers; materials have been developed for teachers; and the curriculum on school health has been revised to include HIV and AIDS education in all levels of the education system. UNESCO worked closely from the start with the Office of the President, the Federal Ministry of Education and civil society organizations involved in education, and this helped to bring all stakeholders together and to create ownership within the education sector. One of the main challenges is inadequate funding of the education sector, resulting in slow implementation of HIV and AIDS education programmes. However, HIV and AIDS education units have been established in all 36 states to lead capacity-building workshops for teachers at basic and secondary levels.

Through the OPEC Fund's Strengthening Education Sector Response to HIV and AIDS project, UNESCO has worked in **China** in partnership with the Ministry of Education's Department of Physical, Health and Art Education in a number of areas. These include: advocacy for education officials; capacity-building for educators; and support for the scale-up of HIV prevention at the local level. UNESCO advocated for and supported the integration of HIV and AIDS training in the National Academy for Education Administration, a training institute for senior education officials and heads of universities and schools. UNESCO has also supported pilot testing, documentation and dissemination of different models of pre-service teacher training. As the project has progressed, more emphasis has been placed on building the capacity of the education sector at the provincial level. This has focused on improving HIV and AIDS prevention education planning, coordination and M&E, and supporting action in pilot or demonstration schools in Guangxi and Hainan provinces.

Partnerships can also provide technical and financial support to strengthen training for educators and curriculum and materials development.

In **Cambodia**, UNESCO and UNICEF are working with the Ministry of Education, Youth and Sports to develop a policy on HIV & AIDS and education as well as to prepare educational materials on HIV and AIDS for primary school students.

In **Jordan**, the Ministry of Education lacks the capacity to mainstream HIV and AIDS into the sector and into the school curriculum. UNESCO, WHO, UNICEF and UNFPA are collaborating within the framework of joint UN country programming to support the ministry to update and strengthen the school health curriculum.

An OPEC Fund UNESCO project in **Lebanon** involves a partnership between the Lebanon National AIDS Control Programme and the American University of Beirut Health Education Resource Unit. The project has conducted awareness training for teachers and school students aged 14 to 18 on HIV and AIDS, sexually transmitted infections (STIs) and drug abuse. It has also run workshops, in collaboration with the Ministry of Education's Department of Health Guidance and Counselling, for school health supervisors and coordinators, to sensitise them to HIV and AIDS issues and to provide them with communication and other skills for behaviour change activities. Also in Lebanon, UNESCO is disseminating HIV information in schools through partnerships with ASPNet and UNESCO school clubs.

In **Southern Africa**, the HIV/AIDS Peer Education Project, which ended in 2005, involved collaboration between the University of the Western Cape in South Africa and the University of Zambia. Formal links were established between the two institutions to promote joint training, exchange of ideas and experiences, and joint monitoring and evaluation of peer education programmes aimed at changing students' attitudes and perceptions. Trained students used methods including interactive drama and quizzes. These peer-led activities were very popular and resulted in demand for the services of peer educators from surrounding communities.

UNESCO has worked closely with the Ministry of Education and Science in **Russia** since 2004. The concept of HIV preventive education has been adopted by the education authorities and the ministry has started to develop an HIV and AIDS prevention education training course. Workshops involving local authorities, teachers, scientists and NGOs in four of Russia's seven federal districts have played an important role in obtaining support for the proposed training and the development of related materials. UNESCO supported these workshops and the development of materials on HIV prevention education for trainers, student teachers, teachers and parents. UNESCO is also collaborating with UNFPA to review existing HIV prevention education efforts in Russia, including analysis of legislation regulating HIV prevention education, the school curriculum, and information available from a range of sources on HIV prevention, including mass and electronic media, in order to develop recommendations on the promotion of HIV prevention education in schools. UNESCO, UNICEF and the ministry organized the first national conference on HIV prevention education in November 2006, bringing together regional and federal authorities, teachers, universities and NGOs to explore the most urgent issues.

In **Lao PDR**, UNESCO has conducted workshops to build the capacity of teachers for HIV and AIDS prevention education. Bringing together teachers, provincial medical doctors, senior education ministry officials and provincial, district and school education officers at these workshops has helped to build partnerships. It is hoped that creating a network of concerned professionals will help to sustain HIV prevention education efforts.

In the **Caribbean**, UNESCO and education ministries have worked in partnership with the University of the West Indies, the Caribbean publishers network and commercial publishers to develop learning materials for Family Life Education in schools. In **Jamaica**, UNESCO and UNICEF are collaborating to strengthen the Ministry of Education, with UNICEF focusing on support for life skills education and UNESCO on development of related teaching and training materials.

3.5 Securing commitment to and support for HIV and AIDS education

Education ministries may be reluctant to introduce HIV and AIDS education in schools in countries where HIV & AIDS and sex education are controversial issues because of concerns about negative public reaction. Strategic partnerships that promote collaboration between sector ministries and bring external technical guidance can

encourage education ministries to address HIV & AIDS and can help to overcome resistance among policy-makers to introduce HIV prevention education in schools or to teaching about specific topics such as condoms. Partnerships can also play a role in advocacy and help to increase public support for HIV education in schools.

In **Brazil**, strong resistance from the Catholic Church to condoms was addressed through partnerships between government and civil society. Specific actions included: involving local church representatives on local programme management committees; providing evidence to demonstrate

that making condoms available does not lead to early sexual debut; involving communities and families in preventive activities; and helping them to understand the epidemic and risks to young people.

In **Bolivia**, a GCE project generated a multi-organization campaign to include HIV and AIDS in the school curriculum. Workshops brought together government departments, donors, international and national NGOs working in AIDS and education, PLHIV networks and universities, resulting in a strong inter-agency commitment to work towards immediate inclusion of HIV and AIDS education in the state curriculum. Actions taken included: creation of working groups; collection of best practice examples from civil society experience to feed into the curriculum; submission of a proposal for inclusion of HIV and AIDS in the curriculum and pre- and in-service teacher training; and the establishment of a Ministry of Health and Ministry of Education coordination mechanism.

In **Mozambique**, the Biz Generation project conducts HIV preventive education in schools. Young volunteers coordinated by the pupil-friendly teacher programme discuss and advise schoolchildren and make information and condoms available. This is complemented by seminars for parents that explain that the programme is not encouraging sexual activity. The project is cited as a highly successful response to HIV and AIDS by young people working in partnership with the ministries of education, health, youth and sport, with the support of UNFPA and technical advice from Pathfinder International. The goal is to promote universal access of young people to knowledge and life skills and treatment, care and support. Activities include establishing counselling corners in schools and youth associations, making condoms and contraceptives available, and providing youth-friendly services to adolescents.



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Inter-ministerial structures can help to secure high-level political commitment and education ministry approval for specific programmes and activities. In some countries, successful development of education sector policy

on HIV and AIDS education and introduction of HIV and AIDS education in schools has resulted from the establishment of such inter-ministerial committees or task forces.

UNESCO Amman has used strategic partnerships in **Jordan**, a country where it is difficult for educational institutions to address sexual health and where the Ministry of Education school health policy did not include HIV and AIDS. Health issues, including STIs, are the responsibility of the Ministry of Health, which has developed a national AIDS strategy and policy. UNESCO established an inter-ministerial task force, comprising representatives from the Ministry of Health, Ministry of Education, National AIDS Council and University of Jordan Medical School, to oversee implementation of the OPEC-funded HIV and AIDS Education Programme. The task force, which meets regularly and is chaired by the Ministry of Health, has helped to secure support for the programme and to facilitate approval of programme activities by relevant ministries. A brief evaluation conducted by UNESCO found that there was support from all participating institutions for the partnership and recognition that the inter-ministerial task force had helped to take forward the education sector response and to improve coordination of this response.

As a result of this collaboration, the Ministry of Health and Ministry of Education have jointly conducted training workshops on HIV and AIDS for educational supervisors, teachers, counsellors, head teachers and curriculum planners. A core team of master trainers has been established at the University of Jordan, comprising experts in education counselling, curriculum development, medicine and sociology, to train education and health ministry staff in using the life skills and teacher training manuals developed by the programme. The task force selected the institutions and experts to develop these manuals and other resource materials for educators and learners, and UNESCO supported the involvement of curriculum experts, teachers, supervisors and health workers in review of draft materials, including organizing seminars where a range of stakeholders tested the materials prior to finalisation. This was an extremely lengthy process and the materials had to be redrafted a number of times.

The support of school administrators, teachers, community leaders and parents must be secured before HIV and AIDS education is introduced in schools. Partnerships can allow educators and communities to express their concerns, discuss the role of schools in educating children and young people about HIV and AIDS, and ensure that parents are aware of what their children are taught. Parents are not always as resistant to HIV

and AIDS education in schools as education authorities and teachers sometimes suppose, especially if they are involved in planning and decision-making and education uses culturally appropriate approaches. Partnerships with NGOs that have experience in advocacy and public education can also help to mobilise community support for HIV and AIDS education in schools.

In **Viet Nam**, there was initial resistance from communities when the government decided to include reproductive health and HIV & AIDS education in the curricula for grades 10-12. Following extensive dialogue, parents accepted the teaching of these subjects in the classroom.

The YAPS programme in **Thailand** used participatory processes to mobilise parents, teachers and school administrators to play a more active role in sexuality education and HIV prevention for young adolescents in schools. This approach reduced opposition to teaching sex education, ensured that activities and messages were consistent with Thai culture and values, and resulted in integration of the programme into the school system.

The SHAPE project focus group discussions with parents in **Ghana** found that the majority supported school-based education that provides their children with accurate information about HIV & AIDS and that many parents would like more knowledge and skills to enable them to discuss HIV and AIDS with their children (Adamchak, 2005).

The Mema Kwa Vijana Programme in **Tanzania**, which aimed to improve sexual and reproductive health (SRH) knowledge among 12-19 year olds and reduce HIV, STIs and unwanted pregnancies, established partnerships between education and health authorities and between teachers, parents and school students. The programme involved educational authorities, head teachers and religious leaders from the start to ensure that SRH teaching was accepted and to overcome resistance to teaching about condoms. Each school had three MEMA teachers trained to deliver participatory SRH education in class, assisted by peer educators and complemented by out-of-school activities such as drama and debates. Health workers were trained in provision of youth-friendly SRH services, condom distribution and community mobilisation. The programme was overseen by school committees, which included community members, ward or village executive officers, education officers, health workers and teachers. A key lesson learned is the importance of a comprehensive approach that combines education with provision of services and community support.

The Sao Paulo Preventive Education and Sexuality Programme (PESP) in **Brazil**, implemented by the Federal Ministry of Justice, National AIDS Unit and two civil society organizations, targets school students and staff, parents and school neighbourhoods. The pilot phase focused on training, skills development and negotiating individual school preventive education plans. However, the PESP also faced opposition from some head teachers and parents, and was re-launched in 2003 as Let's Make a Deal. The 'new' programme was

situated within the City Council's Secretariat for Education and integrated with existing programmes in Sao Paulo, such as UNESCO's Open School, Young Agents programme for youth outside the school system. Responsibility for condom distribution in schools was shifted from individual teachers to a joint committee of students, parents and school authorities. So far, parent associations linked to the programme have been created in 12 schools, student peer groups in 36 schools, and condom distribution committees in 60 schools.

The Group for Study and Teaching of Population Issues launched a programme to promote family life education (FLE) in schools in **Senegal** in 1994, with support from the education, health and finance ministries, UNICEF, UNESCO, UNFPA and NGOs. The programme established FLE clubs, led by peer educators and school Youth Information and Advice Centres, to deal with reproductive health and HIV & AIDS issues, developed integrated and specific curricula and materials on SRH, and implemented outreach activities. Materials were produced by peer educators on adolescent SRH and for trainers of peer educators.

Critical to success was early engagement of the Ministry of Education and parents and teachers in programme design. A 2000 follow-up study showed increased SRH knowledge and more responsible behaviours among adolescents who had attended FLE clubs, and this finding was confirmed by head teachers and participants. Good practice features of the programme included: involving young people in materials development and running peer clubs; focusing on the concerns of young people e.g. pregnancy, STIs and HIV & AIDS; challenging harmful gender roles and attitudes; using interactive and participatory methods e.g. role play, drama, debates; reaching the wider community through community events and involvement of parents.

Save the Children's work in **Pakistan** has demonstrated the importance of obtaining the support of a broad cross-section of the community and ensuring that values being promoted in the curriculum are consistent with positive community values. It also shows that integrating sexual health education activities into existing community activities can increase their impact. For example, the Aware for Life curriculum was better attended when it was integrated into youth clubs, after-school clubs and other gatherings of young people than when it was a stand-alone activity (Save the Children/UK, 2001).

It is also important to secure the support of religious leaders. The Global Readiness Survey found that nearly two-thirds of education ministries reported having made efforts to ensure that religious leaders supported the HIV prevention approach adopted by the education sector including messages and materials. Over 70% of education ministries reported involving FBOs in the education sector response (IATT on Education, 2005).



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3.6 Mitigating the impact of HIV and AIDS

Partnerships can help to mitigate the impact of HIV and AIDS on learners and on educators. Through partnerships with other sector ministries, civil society organizations and communities and effective referral networks, the education sector can help to ensure that educators and learners have access to HIV and AIDS treatment, care and support and that schools provide a safe and supportive learning environment. Effective care and support for learners and teachers can enhance opportunities for HIV prevention and is also an essential element of quality education.

Also in **South Africa**, a study of schools in two provinces identified a range of partnerships between schools and service providers. For example, teachers in a number of schools had established links with social services and were referring needy children to these services. Referral for support was also being supplemented by support from school governing bodies for children in the form of exemptions from fees, fundraising and donations of uniforms, clothes and books.

To quantify vulnerability and the need for local services, KwaZulu-Natal province in **South Africa** has established a database that includes information on children in school and the provision of OVC services. The database reflects the inter-sectoral approach that is increasingly being taken – involving education, home affairs and justice ministries, as well as schools and communities – to providing school and community level support to enable children to enrol and remain in school. Teachers use a simple tool to collect data on children in school and the home situation of all learners and this has increased their awareness of the situation of the children they teach. The information collected is used to help children obtain the legal documents required to receive social assistance. This has resulted in improved links between schools and the ministry responsible for issuing these documents. This is important, since many affected families are unaware of or lack the necessary documents to access the grants system. For example, in the area where the database was developed, only 58% of children eligible for grants were receiving them. To further improve access, a 'one stop shop' for social service provision has been established.



The Ministry of Education in **Zambia** is encouraging district education authorities to establish links with the Ministry of Community Development and Social Services and with NGOs to improve identification of OVC. The intention is to build on existing school-community links, for example, the Programme for Advancement of Girls' Education (PAGE) and programmes to educate parents and mobilise communities.

School feeding programmes are a specific example of partnership between the education sector and other agencies that can help to mitigate the impact of HIV and AIDS on children. HIV and AIDS education is a component of "the essential package", a joint WFP and UNICEF programme that aims to improve the health and nutrition of school-age children. The HIV and AIDS education component promotes life skills training to foster and sustain behaviour that reduces risk and includes inter-

ventions to lessen the impact of HIV and AIDS on children. WFP school feeding programme partners implement HIV prevention activities in WFP-assisted schools and WFP has developed guidelines for country offices on establishing partnerships, including with other UN programmes and organizations such as UNAIDS, UNICEF and UNESCO, national and local governments and education departments, NGOs, communities, PTAs and local OVC committees.

In **Uganda**, WFP and UNHCR are working together. UNHCR distributes food to schools with school feeding programmes and WFP provides food to UNHCR-funded adult literacy programmes, which incorporate HIV and AIDS awareness.

WFP is working with schools and civil society partners in **Benin** to link HIV and AIDS education and school feeding programmes. Activities support the national curriculum for AIDS education in primary school, which was introduced by the education ministry in 2005 following a training programme for teachers in 2004. With funding from Canada, WFP implemented an HIV/AIDS Behaviour Change Communication (BCC) programme during the 2005-2006

school year. Orphanages assisted by WFP were also included in the programme. At the start, WFP identified NGOs with BCC expertise, conducted a baseline study of HIV and AIDS awareness among schoolchildren and trained community workers, NGOs and PLHIV to train peer educators in schools.

In **Lesotho**, WFP is working in partnership with education offices in all districts to implement school feeding programmes, and is also a partner in the government's nationwide bursary scheme for grades 5 and above (education from grades 1 to 4 is free). Local committees comprising head teachers, local chiefs and representatives of parents and the church identify students to receive bursaries.

Partnerships can also mobilise community care and support for children affected by HIV and AIDS. (For more information on care and support for affected learners, see Booklets 3 and 5 in this series.)

UNESCO Beijing, in partnership with the American Chamber of Commerce and the Høglund Foundation, has piloted two projects in **China** to enable rural communities to provide educational and psychological support to children affected by HIV and AIDS. Project activities include: assessing children's needs; developing partnerships between government, NGOs and community organizations; training parents, teachers and health workers; providing financial support for children's schooling and subsistence; and organizing community campaigns to address stigma and discrimination, as well as activities such as summer camps and art therapy.

Also in China, Save the Children/UK started working with communities and local government authorities to build community capacity to reduce HIV risk and strengthen HIV prevention and care for children and young people in Yunnan Province in 1995. Activities included peer education with children and young people in schools and community care for children who had lost their parents to HIV and AIDS. Save the Children worked in partnership with county and prefecture governments and local communities to conduct baseline research, provide health education and distribute condoms. The programme included developing an HIV prevention project in middle schools, together with the Yunnan Provincial Education Commission, which has since been scaled up to more than 2,000 schools in four provinces.

Partnerships can play an important role in mitigating the impact of HIV and AIDS on teachers. Working together, teachers' unions and groups and networks of HIV-positive teachers can advocate more effectively for action by education ministries to, for example, introduce HIV and AIDS workplace policies, address stigma and discrimination towards positive educators, and provide care and

support for infected and affected teachers (Education International, 2007). Collaboration between education authorities, schools and teachers' unions is critical to the implementation of policies intended to protect the rights of positive teachers and provide them with access to treatment, care and support.

Development of an HIV and AIDS workplace policy for the education sector in Kenya involved collaboration between the education ministry and a range of stakeholders. A policy framework was developed in consultation with teachers' unions, universities, student organizations and NGOs. KENEPOTE, the **Kenya** Network of Positive Teachers, was established in 2003 by two teachers who had experienced stigma and discrimination from parents and colleagues and now has a membership of over 3,000. The network, which aims to empower positive teachers and provide them with

psychosocial and economic support, is working in partnership with the Ministry of Education, Science and Technology, Teacher's Service Commission and Kenya National Union of Teachers to highlight the needs and rights of HIV-positive teachers. Public support for KENEPOTE from the ministry has played an important role in reducing stigma. The combination of KENEPOTE's actions and the ministry's HIV and AIDS workplace policy has started to change the attitudes of teachers, parents and communities towards HIV-positive teachers.



As noted earlier in this booklet, stronger partnerships between teachers' unions and networks of HIV-positive teachers are needed to reach the teaching workforce with interventions to reduce vulnerability to HIV and to support positive teachers. Most groups of HIV-positive teachers are formed of volunteers and have limited resources, whereas teachers' unions have the infrastructure and capacity to reach large numbers of teachers. The involvement of positive teachers in teachers' unions can also contribute to reducing stigma and discrimination within unions and the teaching profession. However, mobilising HIV-positive teachers is a challenge. While countries such as Kenya, Tanzania, Uganda and Zambia have groups and networks of teachers living with HIV, these are the exception. In other countries, such as Namibia and Zimbabwe, groups of positive teachers are only just starting to come together.

In **South Africa**, an estimated 45,000 educators are HIV positive. The Prevention, Care and Treatment Access project, a partnership between four national teachers' unions – the South African Medical Association and the Tshepang Trust, schools and NGOs – is supported by the National and Provincial Departments of Education (AED *et al*, 2007). The project aims to: redress the effects of HIV and AIDS on educators and, specifically, to equip school managers and educators with knowledge about prevention of transmission, high risk behaviour and problems faced by those living with or affected by HIV and AIDS; to mobilise managers and educators to receive counselling and testing; to increase access to treatment and care; and to empower school managers and educators with information to protect the human rights of fellow teachers and children. The project is running a pilot programme in the three provinces most affected by HIV and AIDS (Eastern Cape, KwaZulu-Natal and Mpumalanga), covering 100,000 educators in 15,000 schools. It takes an integrated approach to HIV prevention, treatment of AIDS and associated conditions, and care and support for educators living with or affected by HIV and AIDS.

Doctors provide counselling, testing and treatment for educators and their spouses under the auspices of the Tshepang Trust. The project has produced a series of posters and brochures to promote testing and treatment. Another partner, the Solidarity Centre, has trained master trainers recruited by unions in each province on issues including legal aspects of HIV and AIDS, prevention, counselling and testing, treatment, keeping healthy, disclosure, care and support in the workplace. Over 15,000 school representatives have been trained as peer educators for teachers and the project has developed a peer educators' manual for teachers. The project has also produced a School Managers' Handbook. School managers are encouraged to establish a peer education programme, support and monitor teacher peer educators in their schools, recruit teacher peer educators to school management teams, ensure workplace policies are developed and implemented, refer teachers to the Tshepang Teachers Treatment Hotline, and encourage counselling and testing campaigns in schools. The handbook also encourages school managers to involve the wider school community, including religious and traditional leaders, health workers and traditional healers, in developing a school HIV and AIDS implementation plan.

4. CONCLUSION

This section summarises lessons learned, including challenges and factors contributing to effective partnerships in HIV & AIDS and education.

4.1 Lessons learned

- There is no universal model of partnership and there are many different types of partnerships in HIV & AIDS and education, that work in a range of different ways, function at different levels, and involve different actors.
- Global partnerships can promote coordinated, scaled-up, harmonised and sustained action by international partners and support comprehensive education sector responses at country level. Global partnerships also play an important role in developing policy frameworks, setting standards and norms, and providing guidelines. However, it is critical that global partnerships and initiatives are well-coordinated.
- Regional partnerships can help to build commitment among national policy-makers, establish initiatives to address common challenges, and help to enhance national responses by promoting collaboration and sharing of experience.
- Comprehensive national education sector responses to HIV and AIDS require strong partnerships between governments, UN agencies and bilateral donors. Such partnerships can improve coordination, resource mobilisation and use of available resources, but their effectiveness often depends on government leadership and ownership.
- Partnerships between education ministries and other actors in the education sector, including teachers' service commissions, teachers' unions and professional associations, teacher training institutions, school authorities and head teachers can encourage greater commitment from government decision-makers to the development and implementation of policies and plans to address HIV and AIDS, such as inclusion of HIV and AIDS education in school curricula, for example.
- Partnerships with civil society organizations can help to secure wider commitment to HIV and AIDS education, improve understanding of the local social and cultural context, and engage and mobilise communities.
- Working in partnership with communities can overcome resistance, build commitment and support and ensure that HIV & AIDS and education activities are appropriate and relevant.
- Wherever possible, children and young people, including those affected by HIV and AIDS, should be involved as partners in HIV & AIDS and education activities.
- The involvement of PLHIV as partners, including HIV-positive educators, and the use of their knowledge, skills and experience can enhance policy and programming.

4.2 Challenges

- HIV and AIDS are often still seen as a health problem that does not require the involvement of other sectors.
- Education ministries have limited experience of working with other sector ministries. There are few documented examples of partnerships established between different sector ministries to strengthen the education sector response to HIV and AIDS.
- Bringing together the education and HIV & AIDS 'sectors' and their respective coordination mechanisms can sometimes be a challenge.
- Education ministries have generally failed to engage systematically with civil society and lack experience of working in partnership with civil society. Lack of information about civil society organizations and the work they are doing in HIV & AIDS and in education can be a barrier. Lack of collaboration between HIV and AIDS NGOs and education NGOs is also a challenge to coordinated efforts and effective partnerships with government.
- Establishing partnerships and managing a wide range of stakeholders with different objectives, interests and approaches can be very time-consuming.
- Reaching consensus among all stakeholders, including, for example, government officials, religious leaders, unions and teachers about priorities and how to tackle problems is not always easy. Partnerships often involve unequal power relations and these need to be acknowledged and managed.
- Partnerships create an additional workload, including the time required for meetings and communication, which places significant demands on smaller organizations.
- Differences in understanding and expectations of partnership and lack of clarity about the respective roles and responsibilities of partners can create difficulties. Balancing individual organizational priorities and partnership priorities, and managing potential competition are also challenges.
- There is little evaluation of partnerships and their impact, and tools and indicators to measure the effectiveness and outcomes of partnerships need to be developed.

4.3 Factors that contribute to effective partnerships

- Agree on the objectives of the partnership, and ensure that all stakeholders have a shared understanding of these objectives. Focus on opportunities for collaboration on specific practical activities rather than on collaboration in theory.
- Agree on the structure of partnership, and the roles and responsibilities of each partner. Ensure that all partners understand the respective comparative advantage and contribution of others in the partnership.
- Allow adequate time for building trust and relationships and for dialogue to address concerns. Establish clear communication mechanisms and transparent decision-making and mutual accountability processes. Decide how the partnership will manage situations where partners cannot reach consensus.
- Monitor the way the partnership is working and progress towards objectives on a regular basis using agreed indicators, and conduct shared analysis of monitoring findings. Review the role of and need for the partnership on a regular basis, and adjust objectives, roles and add partners as necessary.
- Involve key stakeholders from the start, in particular partners whose decisions can determine the success or otherwise of proposed activities, as this helps to generate ownership and commitment. Ensure that all partners participate in planning, implementation and monitoring and evaluation.
- Find the right mix of partners, based on competencies and contributions. Select individuals from partner organizations who will champion the issue and have the authority to influence their organizations.
- Identify the knowledge and skills required for meaningful participation in partnerships and allocate adequate time and resources to build the capacity of partners. For example, community and youth representatives may need training to develop the skills and confidence to participate in partnerships and training and practical guidance for parents can increase the effectiveness of school governing bodies and management committees.

No single sector is capable of delivering the scope or scale of the response needed to deal with HIV & AIDS and education. Experience suggests that global, regional, national and local responses are more effective when different actors and sectors work together rather than alone. Strategic partnerships can support the achievement of EFA and universal access goals and, more specifically: secure political commitment, mobilise resources and build capacity for effective national education sector responses to HIV and AIDS; promote coordinated efforts, comprehensive coverage and consistent approaches; strengthen efforts to provide HIV and AIDS education in schools; and contribute to mitigating the impact of the epidemic on educators and learners.

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UNESCO'S RESPONSE TO HIV AND AIDS

As the UN agency with a mandate in education and a founding member and co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNESCO takes a comprehensive approach to HIV and AIDS. It recognises that education can play a critical role in HIV prevention and that one of its primary roles is to help learners and educators in formal and non-formal education systems to avoid infection. It also recognises its responsibility to address and respond to the impact of the epidemic on education systems, and the need to expand efforts to address issues related to care, treatment and support of those infected and affected by HIV.

UNESCO's global strategy for responding to HIV and AIDS was revised in 2007 and is guided by five key principles (UNESCO, 2007):

- **Coherence and focus:** UNESCO coordinates and focuses its efforts in areas where it has a comparative advantage and can provide added value, in keeping with the UNAIDS division of labour and other recommendations to improve coordination;
- **Ownership and partnership:** UNESCO supports country-led, multi-stakeholder processes aiming to achieve internationally agreed goals;
- **Effectiveness:** To promote efficient and effective responses, UNESCO supports approaches grounded upon available and emerging evidence, approaches that are holistic, rights-based, culturally appropriate, age-specific and scientifically accurate, and seek to involve people living with HIV and other key stakeholders in a meaningful way, promote gender quality, and build on the strengths of all UNESCO sectors;
- **Flexibility:** To meet different needs in different contexts, UNESCO promotes 'knowing your epidemic';
- **Sustained action:** AIDS must be recognised as a long-term emergency that will require decades of sustained strategic intervention.

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

- Advocacy and Support for Evidenced-Informed Policies and Practices;
- Policy and Programmatic Guidance;
- Technical Support and Capacity Enhancement;
- Coordination and Harmonisation;
- Monitoring, Assessing and Evaluating Progress.

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

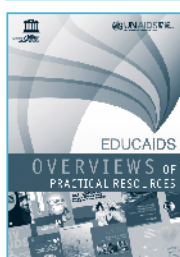
More information on UNESCO's response to HIV and AIDS can be found at <http://www.unesco.org/en/aids>

EDUCAIDS IMPLEMENTATION SUPPORT TOOLS



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

These are 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

These 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	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	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	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	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	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://educaids.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, Haiti, 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

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

BOOKLET N°

4

GOOD POLICY AND PRACTICE IN HIV & AIDS AND EDUCATION

Partnerships in Practice

This booklet is the fourth in a series of publications that address key themes of UNESCO's work on HIV & AIDS and education. This booklet concentrates on the role and importance of strategic partnerships in developing education sector responses to HIV and AIDS.

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 5 focuses on the topic of effective learning using illustrative examples.

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 AIDS epidemic.

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