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WORKSHOP ON MAINSTREAMING
HIV AND AIDS IN THE EDUCATION SECTOR

REPORT

4-6 November 2009
Tunis, Tunisia

UNAIDS Inter-Agency Task Team (IATT) on Education

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Acronyms

ADB	African Development Bank
AIDS	Acquired Immune Deficiency Syndrome
EDUCAIDS	UNAIDS Initiative on Education and HIV & AIDS
EFA	Education for All
FTI	Fast Track Initiative
HIV	Human Immunodeficiency Virus
IATT	Inter-Agency Task Team
IDU	Injecting drug user
MDG	Millennium Development Goal
MSM	Men who have sex with men
NGO	Non-governmental organization
OSHD	Department for Human Development (African Development Bank)
PRSP	Poverty Reduction Strategy Paper
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
SWAp	Sector Wide Approaches
TORs	Terms of Reference
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund

Executive Summary

In collaboration with UNESCO, the Human and Social Development Department (OSHD) from the African Development Bank (ADB) has organized a workshop for ADB staff on HIV and AIDS Mainstreaming in the Education Sector.

The workshop has been organized under the general coordination of Mr. Judicaël Etienne Porgo, Lead Education Specialist (OSHD)

The workshop took place at the Afrika Hotel in Tunis, Tunisia, and included roughly 35 participants on ADB Headquarters and country offices in Burkina Faso, Gabon, Kenya, Nigeria and Senegal.

The workshop aimed to build participants' knowledge and skills related to HIV mainstreaming in the education. In particular, by the end of the workshop participants were expected to be able to:

- Describe what HIV and AIDS mainstreaming means in education and the importance of comprehensive education sector responses to HIV and AIDS.

- Identify the critical elements of successful HIV and AIDS mainstreaming in the education sector.

- Identify the key areas to be covered for an assessment of the status of mainstreaming HIV and AIDS in education at the country-level; and the key steps to conduct this type of assessment.

- Identify specific opportunities and entry points for HIV and AIDS mainstreaming in education in their respective countries.

- Identify key steps to support the mainstreaming of issues such as gender equality and children affected by AIDS in education sector responses.

Two workbooks (one in English and one in French) were developed for the workshop, with 6 modules linked to the above objectives and covering:

1. Mainstreaming HIV in the education sector – What is it and why is it important?;

2. The critical elements of successful HIV and AIDS mainstreaming in the education sector;

3. Conducting an assessment of the status of HIV and AIDS mainstreaming;

4. Identifying opportunities and entry points for HIV mainstreaming;

5. Mainstreaming issues of children affected by HIV and AIDS in education sector responses to HIV and AIDS;

6. Mainstreaming gender equality and sexual and reproductive health and rights in education sector responses to HIV and AIDS.

Each module included background information, exercises and case studies, and links to other related documentation for further information.

The workshop was facilitated by staff from UNESCO Headquarters[1], with interventions from external partners including the Secretary-General of the Association for the Development of Education in Africa (ADEA), the Secretary-General of Tunisia's National Commission for UNESCO, and the Programme Coordinator of the Association Tunisienne de Lutte contre les Maladies Sexuellement Transmissibles et le SIDA. UNICEF had also agreed to co-facilitate the workshop; however, logistical and administrative matters unfortunately made it impossible for the identified UNICEF representative from their Lesotho office to participate.

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1   Led by Justine Sass, Coordinator, IATT on Education, Team Leader, Partnerships and Communication, and Christophe Cornu, Team Leader, EDUCAIDS and Country Implementation Support

The workshop enabled lively discussions and interactions between ADB staff on the issue of HIV and AIDS mainstreaming in the education sector. Participants had the opportunity to consider the strengths and weaknesses of the ADB in different aspects of HIV and AIDS mainstreaming, and to develop action plans to further work in this area.

In the final session of the workshop, participants suggested a number of recommended actions to ensure that the ADB is better positioned to further HIV and AIDS mainstreaming in the education and other sectors of operation. These included to:

- Strengthen the capacity of ADB staff to mainstream HIV and AIDS. The mechanism for this is to be determined, but could include the establishment of:

  - An HIV and AIDS focal point (or focal points) within OSHD;
  - An HIV and AIDS unit within the cross-cutting units (such as those existing on climate change, gender and sustainable development);
  - An inter-departmental working group comprised of staff with relevant experience; or
  - A unit on HIV and AIDS within the ADB.

- Undertake a status assessment of HIV and AIDS mainstreaming in the ADB. Through this assessment, review where HIV and AIDS mainstreaming has been successful (and why) and where actions have been more difficult (and why).

- Identify opportunities whereby HIV and AIDS could be addressed through country planning and support processes. These could include:

  - Adding HIV indicators within the "quality of entry" criteria;
  - Addressing HIV through post-evaluation processes;
  - Integrating HIV in the preparation of PRSPs; and
  - Supporting workshops/trainings at country-level to ensure that ADB staff have relevant capacities to support HIV and AIDS mainstreaming.
- Establish a checklist within the planned *ADB Guidelines for HIV and AIDS Mainstreaming* that identifies actions to be undertaken to support the integration of HIV and AIDS mainstreaming in different operations of the ADB (infrastructure, health, education and construction).

- Support internal mainstreaming with the ADB by finalising the workplace policy on HIV and AIDS and operationalising the plan for ADB staff.

UNESCO remains open to continued engagement with the ADB to operationalise these recommendations, and to support the further mainstreaming of HIV and AIDS in the education sector.

Background

Sub-Saharan Africa remains the region most heavily affected by HIV. In 2008, 67% of HIV infections worldwide, 68% of new HIV infections among adults and 91% of new HIV infections among children were in this region. Sub-Saharan Africa also accounted for 72% of the world's AIDS-related deaths in 2008.[2]

The epidemic continues to have an enormous impact on individuals, households, communities, institutions, businesses and economies in the region. In sub-Saharan Africa alone, the epidemic has orphaned nearly 12 million children under the age of 18. In the countries most heavily affected, HIV has reduced life expectancy by more than 20 years, slowed economic growth, and deepened household poverty.[3]

To prevent new infections and to mitigate the impact of the epidemic, all sectors of society must be mobilised and contribute to the national AIDS response.

There is evidence of the important role that education plays in offering protection against HIV. In particular, education reduces the vulnerability of girls, and each year of schooling offers greater protective benefits.[4] Where offered, well-planned and well-implemented HIV and sexuality education has increased knowledge, developed skills, generated positive attitudes and reduced or modified sexual behaviour.[5] Finally, education offers a very cost-effective means of prevention against HIV.[6]

Recent years have seen increasing efforts on the part of stakeholders in the education sector to protect individuals and communities from HIV and AIDS[7]. Key achievements include:

- Increased enrolment and completion rates and efforts to improve the quality of education – the education sector's 'first line of response' to the epidemic.

- The development of education sector policies and strategies, including sector-specific workplace policies that address HIV and AIDS.

- The establishment of coordination structures for HIV and AIDS within education ministries.

- Increased commitment to joint funding and sector coordination.

- The integration of HIV into curricula and teacher training.

- Expanded efforts to address the HIV-related prevention, treatment and care needs of teachers and education staff and to ensure their involvement in the response.

- Increased recognition of the importance of holistic school-based approaches, particularly for children affected by HIV and AIDS.

- Increased efforts to mainstream HIV and AIDS in the education sector so that the issues are not an add-on or a separate activity, but an integral part of education sector policies, strategies and actions.

2   UNAIDS/WHO. *2009. 2009 AIDS Epidemic Update.* Geneva, UNAIDS.
3   UNAIDS. 2008. *2008 Global Report on the AIDS Epidemic.* Geneva, UNAIDS.
4   Hargreaves and Boler. 2006. *Girl Power – The Impact of Girls' Education on HIV and Sexual Behaviour*. London, ActionAid.
5   UNESCO. 2009. *International Technical Guidance on Sexuality Education*. Volume I: The Rationale for Sexuality Education. Paris, UNESCO.
6   World Bank. 2002. *Education and HIV/AIDS: A Window of Hope*. Washington, DC, World Bank.
7   UNAIDS Inter-Agency Task Team (IATT) on Education. *A Strategic Approach: HIV and Education.* Paris, UNESCO.

Introduction to the Workshop

Recognising the importance of HIV and AIDS mainstreaming in its operations, the African Development Bank (ADB) requested that UNESCO facilitate a workshop for its staff on *Mainstreaming HIV and AIDS in the Education Sector.*

UNESCO was identified as a partner in this area, as it is the lead agency in the UNAIDS division of labour for HIV prevention for young people in educational settings, and home to the Secretariat for the UNAIDS Inter-Agency Task Team (IATT) on Education.

In 2008, the UNAIDS IATT on Education issued a *Toolkit for Mainstreaming HIV and AIDS in the Education Sector: Guidelines for Development Cooperation Agencies8*. This resource was designed to help education staff from development cooperation agencies to support the process of mainstreaming HIV and AIDS into education sector planning and implementation. It provides resources and support to assess the progress countries have made with respect to HIV and AIDS mainstreaming in the education sector; to identify entry points and opportunities where development agencies can support processes; and to establish priorities for advocacy and action. It is designed to be used as a reference tool or a resource for training and discussion, depending on the local needs and context.
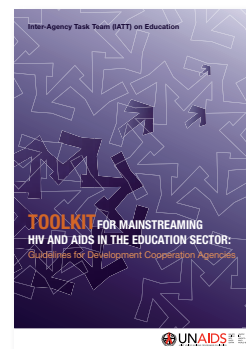
Using the IATT toolkit as a primary resource, UNESCO developed a 2.5 day training programme for the ADB.

The workshop took place in Tunis, Tunisia on 4-6 November 2009 and included roughly 35 participants from ADB Headquarters and country offices in Burkina Faso, Gabon, Kenya, Nigeria and Senegal.

The workshop aimed to build participants knowledge and skills related to HIV mainstreaming in the education. In particular, by the end of the workshop participants were expected to be able to:

- Describe what HIV and AIDS mainstreaming means in education and the importance of comprehensive education sector responses to HIV and AIDS

- Identify the critical elements of successful HIV and AIDS mainstreaming in the education sector.

- Identify the key areas to be covered for an assessment of the status of mainstreaming HIV and AIDS in education at the country-level; and the key steps to conduct this type of assessment.

- Identify specific opportunities and entry points for HIV and AIDS mainstreaming in education in their respective countries.

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Two workbooks (one in English and one in French) were developed for the workshop, with 6 modules linked to the above objectives and covering:

1. Mainstreaming HIV in the education sector – What is it and why is it important?;

2. The critical elements of successful HIV and AIDS mainstreaming in the education sector;

3. Conducting an assessment of the status of HIV and AIDS mainstreaming;

4. Identifying opportunities and entry points for HIV mainstreaming;

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8   UNAIDS Inter-Agency Task Team (IATT) on Education. 2008. *Mainstreaming HIV and AIDS in the Education Sector : Guidelines for Development Cooperation Agencies.* Paris, UNESCO.

5. Mainstreaming issues of children affected by HIV and AIDS in education sector responses to HIV and AIDS;

6. Mainstreaming gender equality and sexual and reproductive health and rights in education sector responses to HIV and AIDS.

Each module included background information, exercises and case studies, and links to other related documentation for further information.

The workshop was facilitated by staff from UNESCO Headquarters[9], with interventions from external partners including the Secretary-General of the Association for the Development of Education in Africa (ADEA), the Secretary-General of Tunisia's National Commission for UNESCO, and the Programme Coordinator of the Association Tunisienne de Lutte contre les Maladies Sexuellement Transmissibles et le SIDA. UNICEF had also agreed to co-facilitate the workshop; however, logistical and administrative matters unfortunately made it impossible for the identified UNICEF representative from their Lesotho office to participate.

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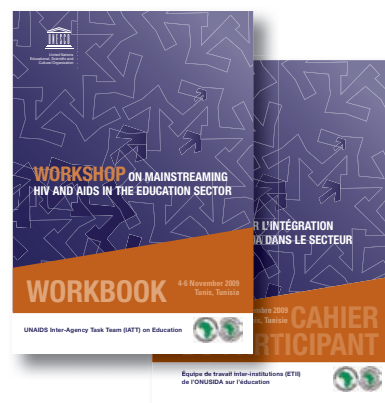
9   Led by Justine Sass, Coordinator, IATT on Education, Team Leader, Partnerships and Communication, and Christophe Cornu, Team Leader, EDUCAIDS and Country Implementation Support

Workshop Outcomes

Opening Remarks

The workshop was opened by Mr. Thomas Hurley, Director of the Department for Human Development (OSHD). In his introduction, he expressed his gratitude to the representatives of different field offices and departments who had accepted the invitation by the OSHD to participate in this workshop. He noted that the workshop had been organized to respond to the need for the ADB to better support its regional member states in their efforts to respond to HIV and AIDS, and to address HIV in sectoral interventions. He expressed the hope that the discussions over the course of the workshop would lead to recommendations that would assist the Bank in further mainstreaming HIV in its operations.

Ms. Fatima Tarounil, Secretary-General of Tunisia's National Commission for UNESCO, welcomed participants on behalf of UNESCO. She provided information on UNESCO's work in the region, highlighting in particular a review underway of education sector responses to HIV and AIDS in the Maghreb. She emphasised the key role that education can play in preventing new infections, in addressing the impact of HIV and AIDS on educators and learners, and in fighting against stigma and discrimination.

Finally, remarks made by the Secretary-General of the Association for the Development of Education in Africa (ADEA), Mr. Jean-Marie Ahlin Byll-Cataria, set the stage for the workshop. Mr. Byll-Cataria provided an overview of the state of the epidemic in sub-Saharan Africa and actions that had been undertaken to date by the education sector. He focused in particular on the role of teachers in response to the AIDS epidemic, and participants were introduced to the ADEA film, "*The Teaching Profession United Against HIV/AIDS*". ADEA had been invited by UNESCO to co-facilitate the workshop; however, the timing was not suitable for relevant staff to participate. This intervention from senior management in ADEA was critical as a core partner of the ADB in this area, and a real resource for any further actions to support the mainstreaming of HIV in the education sector.

Session 1	Learning objectives
Mainstreaming HIV in the education sector – What is it and why is it important?	Explain the importance of comprehensive education sector responses to HIV and AIDS.
	Describe what HIV and AIDS mainstreaming means in education.
	Describe the five essential components of comprehensive education sector responses to HIV and AIDS.
	List the categories of obstacles to the implementation of comprehensive education sector responses to HIV and AIDS allowing the mainstreaming of HIV in education.

The first session of the workshop provided participants with the opportunity to discuss why it is important to address HIV and AIDS through education.

In an interactive presentation, participants reviewed the links between HIV & AIDS and the education sector.
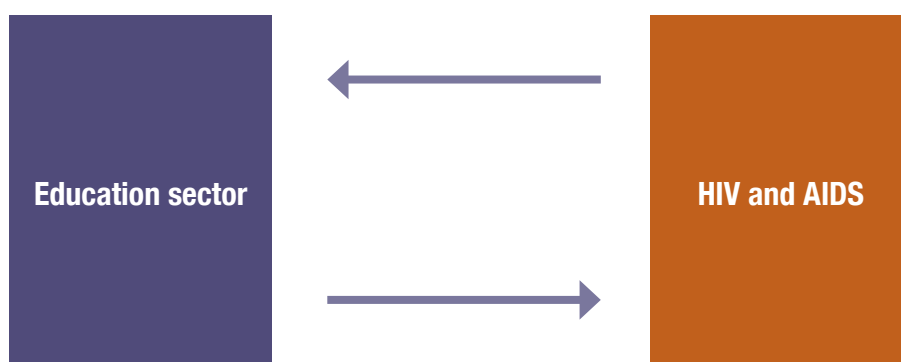
This included in particular:

- how HIV and AIDS can threaten education staff and learners, as well as the consequences on demand for education and capacity to supply education, and financial implications for the education sector; and

- how the education sector can respond to HIV and AIDS, including by preventing new infections, mitigating the impact of the AIDS epidemic on the sector, and fighting against stigma and discrimination toward people living with HIV and those affected.

Participants then considered what HIV mainstreaming meant to them, and reviewed the following definition:

Definition of HIV mainstreaming in the education sector

Mainstreaming ensures that addressing HIV and AIDS is not an add-on or isolated activity but an integral part of education sector policy and plan formulation. This includes attention to HIV in education system processes such as curriculum development, teacher training, management of human resources, and monitoring and evaluation of outcomes and impact. It also means that HIV and AIDS should not be seen as a separate issue, but as part of overall educational plans and priorities, including those related to life skills, social skills, health and nutrition.

In pairs, participants analysed activities corresponding with internal and external aspects of HIV mainstreaming in the education sector. They considered:

- how these activities can help to respond effectively to the HIV epidemic;

- why they related to internal/external aspects of mainstreaming; and

- additional examples of internal/external mainstreaming.

Discussions around the internal and external dimensions of HIV mainstreaming in the education sector demanded considerable reflection and debate among participants. Comments also emerged during the workshop evaluation that this was one aspect of the workshop which merited further reflection and clarification in future trainings.

	Definition	Examples of education sector activities
Internal mainstreaming	Involves recognising and pre-empting, reversing or mitigating the likely impacts of HIV and AIDS on the organization as a whole.	● Conducting internal advocacy to ensure that there is more money for HIV prevention within the overall education budget. ● Supporting peer education activities among educators. ● Ensuring condom distribution at teacher training institutions. ● Providing affordable and accessible voluntary testing and counselling services for HIV to education employees and their families. ● Revising health and workplace policies and services to ensure access to STI testing and antiretroviral therapy (ART).
External mainstreaming	Involves recognising and pre-empting, reversing or mitigating the likely impacts of HIV and AIDS on the clients of the sector and the communities with which it works.	● Providing scholarships or bursaries for orphans and vulnerable children. ● Adopting legislation to ensure children (including girls) stay in school. ● Involving religious leaders and other prominent community members in discussions around HIV prevention. ● Abolishing school fees so that barriers to accessing education are reduced. ● Introducing school feeding programmes. ● Introducing measures that make school hours and curricula more flexible to address the needs of working children.

Source: Adapted from UNAIDS, World Bank and UNDP (2005a)

Session 1 concluded with a discussion of the importance of mainstreaming in the context of the development and implementation of comprehensive education sector responses to HIV and AIDS. Participants reviewed a presentation which outlined the EDUCAIDS framework for comprehensive responses. EDUCAIDS, the UNAIDS initiative on Education and HIV & AIDS, led by UNESCO in collaboration with key stakeholders, considers comprehensive education sector responses to have five essential components:
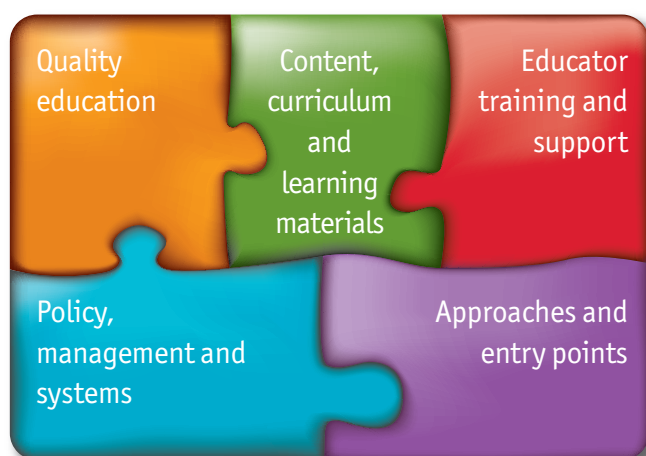
1) quality education;

2) content, curriculum and learning materials;

3) educator training and support;

4) policy, management and systems;

5) approaches and illustrative entry points.

The implementation of comprehensive education sector responses that comprise the five components described here **ensures the mainstreaming of HIV and AIDS in the education sector**.

Core learning of Session 1:

1. HIV and AIDS and the education sector are linked at two different levels:
   – In some cases the HIV epidemic is a direct risk to the education sector.
   – The education sector has a key role to play within a multi-sectoral response to HIV and AIDS

2. The education sector plays this key role at different levels
   – Prevention
   – Mitigation of the impact of the HIV epidemic on the education sector
   – Fight against stigma and discrimination towards people living with HIV and affected people, including staff education and learners.

3. The **best approach** to ensure that the education sector fully plays its role in the response to the HIV epidemic is **through mainstreaming HIV and AIDS in the education sector**. For mainstreaming to be effective, **it needs to address two closely interlinked and complementary dimensions of mainstreaming: internal and external**.

4. The implementation of comprehensive education sector responses that comprise the five components described in the EDUCAIDS framework ensures the mainstreaming of HIV and AIDS in the education sector.

5. Barriers to the implementation of comprehensive education sector responses and HIV mainstreaming in the education sector should not be underestimated.

Session 2	Learning objectives
The critical elements of successful HIV and AIDS mainstreaming in the education sector	• Identify the critical elements of successful HIV and AIDS mainstreaming in the education sector. • Identify the elements of greatest relevance to the country in which you work. • Identify the strengths and weaknesses of the ADB in advancing these areas, and how the ADB could best position itself to move these priority issues forward.

Session 2 began with a review of a checklist in the IATT Toolkit of Critical Elements of HIV Mainstreaming:

Mainstreaming elements	Critical for successful mainstreaming
Development of approach, principles and methodologies	
Participation of the target group(s)	
Role identification of key players	
Training and/or capacity-building	
Planning and budgeting	
Mapping of current situation	
Identifying entry points (e.g. high-risk situations)	
Individual personal change and or/empowerment	
Support from key leaders inside and outside of the sector	
Resources (human, financial or material)	
Skills inventory	
Identification and implementation of appropriate responses	
Advocacy to garner support	
Building awareness at the outset	
Opening the debate about HIV and AIDS	
Motivation and ownership	
Tapping existing partnerships	
Identifying and developing new partnerships	
Building on existing projects	
Networking, collaboration and consultation	
Research	
Monitoring and evaluation	
Actively developing the potential for sustainability	

In plenary, participants discussed why these elements could be seen as important. They then were asked to:

- Go through the checklist carefully and identify no more than six elements that, in their opinion, are the most important for successful mainstreaming of HIV in the education sector in the setting where they are working.

- Review their "shortlist" with another participant, discuss any differences in your respective lists, and agree on the three most critical elements.

The exercise revealed little consensus among participants of the critical aspects of HIV mainstreaming. Of the above list, most participants agreed on the three aspects as being critical:

- Mapping of the current situation

- Monitoring and evaluation

- Planning & Budgeting

Other elements which also received multiple votes included:

- Identification and implementation of appropriate responses

- Networking, collaboration and consultation

- Development of approach, principles and methodologies

Many participants felt that there was some level of overlap in the above list, which made the selection of the "top 3" difficult. The facilitators highlighted that this list aims to generate discussion on the critical aspects of mainstreaming – but that the elements themselves will vary greatly by context. The following areas were highlighted as being those most often cited as critical successful HIV and AIDS mainstreaming in the education sector:

- **Leadership and commitment** from a visionary champion – one or more persons with political clout and visibility.

- **Personalisation** – HIV & AIDS and sexual and reproductive health and rights are best addressed when understood at a personal level.

- **A clearly defined mandate** and policy directive, such as a formal/policy requirement to mainstream HIV and AIDS provide legitimacy and a broad framework for action.

- **Capacity-building** at different levels – to generate understanding of the nature of the change envisioned, to put people through a capacity awareness process (from self-awareness to activism) and ultimately to garner commitment for action.

- **Advocacy skills** – to generate greater awareness and to get other critical people on board.

- **Partnerships** – identifying those people and institutions that must be on board, contacting them and enlisting their support.

Participants then considered in small groups the following:

- If you had to draw up an action plan for HIV and AIDS mainstreaming, which elements would you start with and why?

- Once you have identified the priority elements, consider the strengths and weaknesses of the African Development Bank in terms of moving these along.

- How can the ADB best position itself to move these priority issues forward and what role could you play in the country in which you work? Who are the stakeholders that the ADB would need to engage for further progress?

The outcomes of this exercise can be seen on the following page.

Group 1: With a particular focus on Nigeria

Elements	Strengths of the ADB	Weaknesses of the ADB	Actions	Key stakeholders
Mapping the situation	• Ability to leverage partners • Economic and Sector Work (ESW)/Research capacity	Presence on the ground insufficient/ limited Limited country-level capacity	Increase presence in the field	• Civil society • Development partners • International development partners • Government/Bureaux of Statistics
Planning & Budgeting	• Country Strategic Plan (CSP) process • Ability to mobilise resources	Limited sectoral budgets	Put more efforts into co-financing partnerships	International Financial Institutions
M&E	Bank results framework			

Group 2:

Elements	Strengths of the ADB	Weaknesses of the ADB	Actions	Key stakeholders
Situation analysis	• Proximity • Statistical experience	Weakness in mainstreaming cross-cutting subjects	Reinforce mainstreaming	WHO/UNAIDS
Planning and budgeting	• Human resources of the ADB • Knowledge of the country situation	Weak coordination with other sectors at the country-level	Coordination with national stakeholders	Specialised UN agencies
Monitoring and evaluation	M&E software available	Unreliability of data at the country-level	Reinforce the sectors Training	Governments, partner beneficiaries

Group 3: "Based on the ADB project cycle"

Elements	Strengths of the ADB	Weaknesses of the ADB	Actions	Key stakeholders
Mapping the situation	• Quality at entry criteria • HIV and AIDS policy • Commitment (TORs established for mainstreaming)	• Lack of commitment from senior management • Lack of resources	Hire consultants	• ADB Staff • Regional Member Countries (RMC) policy makers • Line ministries • Project targets/ beneficiaries
Networking, collaboration and consultation	• Quality department • Paris Declaration signatory (Harmonisation, Alignment and Coordination principles) • Commitment (policy) on participation	• Inadequate time and resources • Lack of involvement of civil society organizations and NGOs	Ensure adequate time and budget for stakeholder consultations	As above + Development partners and CSOs and NGOs
Identification and implementation of appropriate responses	Vast experience in project design and implementation (lessons learned)	• Inadequate Economic Sector Work (ESW) • Inadequate skill mix in supervision • Weak M&E systems	• Ensure adequate resources and collaboration in ESW • Strengthen M&E system and personnel • Ensure adequate skill mix (budget and personnel)	As above + Bank staff, Project Implementation Units/Project Management Units

Elements	Strengths of the ADB	Weaknesses of the ADB	Actions	Key stakeholders
Situation analysis	• DSPAR • Identification and preparatory missions	• Sector capacity weak • Human resources • The length and the composition of teams	• Systematic sector studies • Ensure resources for all programmes • Improve the length and the composition of teams undertaking missions	Governments, beneficiaries, Bank
Identification and implementation of appropriate responses	• Evaluation • Partners	• Human resources • Composition of teams	• Increase the number of people in the teams	Bank, Government, Partners
Monitoring and evaluation	• Logical framework • Activity reports • Supervision missions • Purchase report	Composition of M&E teams	• Resource allocation for M&E • Stronger engagement of field offices	

This exercise demonstrated a number of structures and processes in place that could facilitate the mainstreaming of HIV and AIDS by the African Development Bank. These included:

• Existing logical and results frameworks;

• Knowledge of and involvement in country planning processes;

• Multiple partners and ability to leverage partnerships;

• Strong monitoring and evaluation experience and tools; and

• Commitment to HIV and AIDS mainstreaming (as evidenced by recent TORs established in this area).

More efforts were felt to be needed by participants to strengthen the ADB's capacity to support countries to mainstream by:

• Strengthening country-level capacity, including in the cross-sectoral mission teams;

• Improving coordination across sectors;

• Leveraging resources, including for monitoring and evaluation;

• Working through a range of partners and with key stakeholders to maximise impact.

Core learning of Session 2:

1. Mainstreaming is **a process** that requires long-term commitment to **personal and institutional change**
2. Addressing HIV and AIDS is **complex** – requiring actions at different levels that are mutually reinforcing
3. HIV and AIDS should be **contextualised** in the context of broader goals related to development, poverty reduction and gender equity
4. Mainstreaming means that HIV and AIDS are integrated in all **core functions** of the an organization
    –   **Critical elements of successful mainstreaming** include :
        –   Leadership and commitment
        –   Personalisation of the issues
        –   A clearly defined mandate
        –   Capacity-building
        –   Advocacy
        –   Partnerships
5. Advancing these areas requires an analysis of the strengths and weakness of the organization, and the identification of entry points and opportunities to advance this further (see Session 4)

Session 3	Learning objectives
Conducting an assessment of the status of HIV and AIDS mainstreaming	Identify the key areas to be covered in an assessment of the status of HIV and AIDS mainstreaming in the education sector
	Identify the key steps to conduct this kind of assessment.

As this aspect of HIV and AIDS mainstreaming was considered to be most important for the operations of the ADB, this session received the largest amount of time in the workshop programme, and included a significant number of hands-on exercises to build skills and knowledge in this area.

The session began with a discussion of when one might support a status assessment of HIV and AIDS mainstreaming. It was agreed that such an undertaking could be done as:

*   part of an overall national planning process in the education sector.

*   part of a periodic review of the progress achieved in mainstreaming HIV in the education sector, for example, as part of a monitoring and evaluation plan.

*   part of an review of specific topics such as gender equality and sexual and reproductive health and rights, or mainstreaming issues of children affected by AIDS;

*   an **internal assessment of institutional support** to different areas, i.e. an evaluation of **the work that the ADB is undertaking** to support HIV mainstreaming in the education sector.

Participants then considered what short- and long-term results one might expect out of HIV and AIDS mainstreaming, and reviewed the overall expected result from the UNAIDS guide for implementing national responses[10]:

The next part of this session focused on the review and use of a tool developed by the UNAIDS IATT on Education to support an assessment of the status of HIV and AIDS masintreaming.

10   UNAIDS. August 2005a. *Intensifying HIV Prevention: UNAIDS Policy Position Paper*. Geneva: UNAIDS. Accessed online 28 September 2007 at: http://data.unaids.org/publications/irc-pub06/jc1165-intensif_hiv-newstyle_en.pdf

This tool[11] contains a table that is structured along a ten-point plan for effective mainstreaming, with the ten areas being:

1. HIV structures
2. Enabling legal and policy framework
3. Planning & budgeting
4. Human resources
5. Workplace HIV & AIDS programmes
6. Curricula
7. Support for infected and affected staff & learners
8. Training and capacity-building on HIV & AIDS
9. Partnerships and coordination
10. Research implemented to enhance the response

Those using the tool can make a judgement for each of the ten areas whether, and to what extent, this area is being addressed, and its importance. Users place a tick in the relevant column choosing between 'yes', 'no', 'not applicable (N/A)', 'on-going' and 'planned'. Finally, there is space in the last column 'possible action to be taken' to identify what could be done (by ADB or others) to move this issue along.

The tool assumes that – in an ideal situation, with HIV & AIDS perfectly mainstreamed in education – we would expect all of these ten areas to be comprehensively addressed. The specific priority actions may vary by country, depending on the state of the epidemic, among others, but ideally most of these would be in place.

Participants then broke into group work to use the tool to judge progress in "Goldstar State." "Goldstar State" is a hypothetical country, described as a developing nation, with a decentralised system of government. Socio-demongraphic information, education indicators, HIV prevalence and other information on the status of the education sector response was provided to participants for them to consider the response of the country.

Participants were asked to:

- Read the information on Goldstar State provided in the workbook (pages 33-34), and the additional information provided on cards.

- Consider how well Goldstar is doing in each of the 10 response areas of the tool.

- Allocate a % score **for each response area**:

    0-33%   Long way to go!

    33-66%   More-or-less average!

    66-100% Doing well!

- Allocate and present in plenary a final overall score for Goldstar State.

This exercise generated considerable discussion among the two groups, and there was consensus among the two groups that Goldstar State was not doing such a good job!

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11   See tool on pages 30-31 in the UNAIDS Inter-Agency Task Team (IATT) on Education. 2008. *Mainstreaming HIV and AIDS in the Education Sector : Guidelines for Development Cooperation Agencies.* Paris, UNESCO

Both groups scored Goldstar State very poorly, at around 43%. The groups felt that weak areas of the response included:

- Supporting an enabling legal and policy framework

- Implementing research to enhance the response

- Ensuring holistic support for infected and affected staff and learners

- Building capacity on HIV and AIDS

The next part of Session 3 considered **methods and steps for conducting an assessment**. Different methods to produce a situation analysis of the status of HIV mainstreaming in the education sector or to conduct periodic reviews to monitor the progress made towards achieving HIV mainstreaming were considered by participants and included:

- **Commissioning an organization or individuals**, for example consultants to conduct a study using different data collection methods such as literature review, in-depth interviews, the administration of questionnaires, and focus group discussions (FGDs).

- **Participatory processes** whereby you organize meetings or workshops where key stakeholders involved in the education sector and other sectors participate and analyse the situation together using participatory methods.

- **Some mix of the two methods**.

Participants then broke into four small groups. Each group focused on one country – Kenya, Malawi, Senegal and Tunisia. Each group received epidemiological information on the country, as well as relevant data on the status of education and the education sector's response to HIV and AIDS.

They were asked to develop an action plan that describes the methods and steps that they recommend to conduct an assessment of HIV mainstreaming in the education sector. The outcomes of this exercise can be found below.

Suggested methodology for an assessment of the status of HIV mainstreaming in the education sector

Main steps / Activities	Objectives / Expected products	Stakeholders involved (external to the ADB)	Stakeholders involved (internal)
Determine objectives of the assessment	To determine the status of HIV and AIDS Mainstreaming in the Educational Sector (what is there and whether it is functioning); and to recommend actions for interventions to address the gaps	Ministries	KEFO
Develop TORs		Donors (Bi- and multilateral)	Kenya country team
Hire consultant (with experience on mainstreaming of HIV and AIDS in the education sector)		UN agencies	All operations departments
Literature review		Civil society organizations	EADI
Field work (consultative process involving all stakeholders)		ADEA	
Validation of results			
Dissemination of results (county and HQ levels)			

NB: Methodology designed taking into account the manager's instructions.

MALAWI GROUP:

Main steps / Activities	Objectives / Expected products	Stakeholders involved (external to the ADB)	Stakeholders involved (internal)
Draft concept note	Objectives Outcomes Impact TOR Methodology	Ministry of Education (MoE) Ministry of Health (MoH)	OSHD MWFO ORSB OSVP/FO OPEV OSUS EDRE
Stakeholders consultations	Feedback from stakeholders Identify key partners Validate data	MoE/ MoH National AIDS Committee Development partners Private sector CSO/ NGO	OSHD MWFO
SWOT analysis	Identify strengthens and weaknesses Sharpen focus Define TOR for consultants		As above
Recruit consultants Set up stakeholder group			

Specific aspects of HIV mainstreaming in the education sector that might be the focus of the assessment:

- Decentralisation: assessment of the level of decentralisation of the national strategic plan

- School based counselling assessment

- Knowledge gaps in response to HIV and AIDS

- Status of the awareness programme

- Status of policy development

SENEGAL GROUP:

Main steps / Activities	Objectives / Expected products	Stakeholders involved (external to the ADB)	Stakeholders involved (internal)
Elaboration of TORs for the mission	Status assessment and analysis of the current situation	Government (sectoral ministry and finance ministry)	OSHD
Evaluation of policies, management and systems	Evaluation of systems in the education Analysis of situation and the evaluation of needs	Government PTF Civil society	OSHD
Data collection	Content, programmes and learning materials Strengthening knowledge and techniques around indicators on HIV & AIDS Quality education	Units within ministries in charge of HIV, health and education	Multi-sectoral mission team
Aide mémoire and development of a report	Aide mémoire Report	Government	Mission team

TUNISIA GROUP:

Main steps / Activities	Objectives / Expected products	Stakeholders involved (external to the ADB)	Stakeholders involved (internal)
Draw up TORs for the consultant (see issues to cover below) Verify if the content of the programme includes some awareness-raising on HIV, and injecting drug use Fight against stigma and discrimination	Address the context of target group Situation analysis	Consultants Financial partners Tunisian government (including the ministries of education, health, youth) NGOs/Tunisian associations	OSHD2 OSHD3 EADI OSHS
Evaluation of policies, management and systems	Identify entry points Elaborate an action plan and strategies to follow	Same partners	Same partners
Meeting to review and validate findings	Share and agree on recommendations	ADEA	Multi-sectoral mission team
Development of an action plan	Raise awareness Mitigate impact Prevention Care and support	Financial partners Institutions and associations part of the plan	OSHD 2 et 3
Development of a monitoring and evaluation plan	Measure progress accomplished in the implementation of the plan, and correct as necessary	Financial partners Institutions and associations part of the plan	ORNA ORQR OPEV OSHD

Specific aspects of HIV mainstreaming in the education sector that might be the focus of the assessment:

The areas that analysis should focus on should include:

- Building knowledge and skills to adopt protective behaviours and address vulnerabilities
- Prevention, treatment, care and support
- Addressing stigma and discrimination, gender inequalities and other structural drivers of the epidemic
- Community involvement in curriculum development
- Communications and media
- Community-based learning and outreach
- Life skills education
- Adult education and literacy

Other issues to consider:

- People living with HIV
- Men who have sex with men
- Integration of sexuality education in school curricula
- Religion is an important obstacle

The above exercise enabled participants to consider the importance of "knowing your epidemic" in order to formulate an appropriate response. For example, it is appropriate that the group formulating the action plan for Tunisia considered populations most-at-risk as the epidemic in Tunisia is currently largely driven through injecting drug use and unsafe sex among men who have sex with men.

Other strong points emerging from this exercise included:

- The identification of appropriate partnerships and stakeholders to engage in different aspects of the assessment;
- Consideration given to the importance of stakeholder consultations and engaging the "target group" from the outset;
- A focus on both in and out of school activities to reach children and young people; and
- Consideration of aspects related to monitoring and evaluation to determine progress, outcomes and impact.

Core learning of session 3

- In order to plan and implement effectively HIV mainstreaming in the education sector it is **important to start by assessing the status of HIV mainstreaming**, through an initial assessment where needed and through a periodic monitoring of the progress made towards mainstreaming.
- It is also **important to know what is expected from HIV mainstreaming**.
- The **epidemiological context is a key element** in the assessment of HIV mainstreaming even if it is not the only one.
- There are a **number of key areas where the assessment** of HIV mainstreaming in the education sector **has to be conducted**.
- There are **different methods** and steps to conduct an assessment:
  - **Commission an organization or individuals**, for example consultants to conduct a study using different data collection methods such as literature review, in-depth interviews, the administration of questionnaires, and focus group discussions.
  - Organize a **participatory process including meetings and workshops** where you involved the key stakeholders involved in the education sector.
  - **A mix of both approaches**.

Session 4	Learning objectives
Identifying opportunities and entry points for HIV mainstreaming	Identify specific opportunities and entry points for HIV and AIDS mainstreaming in education in their respective countries.

During session 4, participants were invited to consider different opportunities and entry points for HIV and AIDS mainstreaming in the education sector.

Five types of entry points were considered:

1. existing processes

2. existing partnerships

3. thematic issues

4. specific vulnerable populations

5. development platforms and policy directives.

Participants provided examples of different entry points and opportunities within the five areas above. Examples included:

1. **existing processes**

   – Sector Wide Approaches (SWAps)
   – Poverty Reduction Strategy Papers (PRSPs)
   – Annual reviews of the education sector plan
   – Other sectoral planning processes, such as midterm reviews in which specific questions on HIV and AIDS can be included.
   – Major reforms in education (curriculum reforms, civil service reform, legislation etc.).
   – In-country endorsement process for the EFA Fast Track Initiative.

2. **existing partnerships**

   – Local education sector donor groups
   – Thematic groups coordinated by the Ministry of Education
   – MDG Working Groups
   – Working groups or thematic groups under the National AIDS programme
   – Civil society coordination or working groups.

3. **thematic issues**

   – Gender
   – Vulnerability
   – Higher education
   – Teacher training reform or human resource development
   – Educational quality.

4. **specific vulnerable populations**

   – people located on migration routes or border areas and people in areas of conflict, especially young people
   – orphans and vulnerable children
   – sex workers, especially young female and male sex workers
   – men who have sex with men, especially young men
   – injecting drug users (IDUs), especially young IDUs

5. **development platforms and policy directives.**

   – Workplace policies
   – Institutional mainstreaming policy.

Participants agreed that these entry points and opportunities will be specific to the situation and the country in which they are focusing support and that no one single activity would lead to the successful mainstreaming of HIV and AIDS in the education sector.

There was general agreement that there multiple opportunities within the ADB planning cycle to address HIV and AIDS mainstreaming. The integration of HIV and AIDS into planning, budgeting, implementing and monitoring ADB support will ensure that the education sector responds to HIV and AIDS based on its comparative advantage.

Core learning of session 4

There are five types of entry points for mainstreaming HIV and AIDS in the education sector:

1. existing processes
2. existing partnerships
3. thematic issues
4. specific vulnerable populations
5. development platforms and policy directives.

    –   Efforts for mainstreaming HIV in the education sector need to be built on what already exists.
    –   It is important to sensitise all stakeholders and to build their capacities.
    –   Both the internal and external dimensions of HIV mainstreaming should be promoted.
    –   Collaboration is essential. Partnerships should be based on the comparative advantages of the various stakeholders.

Session 5	Learning objectives
Mainstreaming issues of children affected by HIV and AIDS in education sector responses to HIV and AIDS	• Identify the disadvantages and challenges children affected by AIDS may face and the impact on their educational opportunities. • Identify key steps to support the mainstreaming of issues of children affected by AIDS in education sector responses.

Session 5 considered special measures that may be required to mainstreaming issue of children affected by HIV and AIDS in education sector responses to HIV and AIDS.

This session began with a presentation on the status of children affected by HIV and AIDS including a review of the magnitude of the problem, and in particular a review of available data on children in sub-Saharan Africa:

*   orphaned by AIDS
*   living with HIV
*   in families caring for orphans or other affected family members
*   in child-headed households
*   with parents living with HIV

Participants then considered the links between the disadvantages and vulnerabilities of children affected by AIDS and the implications for education. In particular, participants considered the following table:

Potential disadvantages	Potential impact on educational outcomes
• Poverty (lack of livelihoods) • Physical health (HIV status, health and nutrition status) • Emotional well-being (trauma, bereavement) • Gender inequalities in social structures and support systems (stigma, social exclusion, stereotypes, violence, lack of family support and structure, etc.)	• Drop-outs due to inability to pay school fees • Participation (absenteeism and erratic attendance) due to inability to pay indirect fees, additional responsibilities outside school, gender discrimination, stigma and health status, vulnerability to sexual harassment and abuse • Achievement and outcomes due to lowered attention span and motivation, psycho-social problems and perceived irrelevance of education

A rich discussion was had in particular on the issue of school fees. The participant from Kenya shared the example of what measures have been put in place in Kenya to support the abolishment of school fees (for everyone) in primary education and to establish special measures to address the indirect fees for children affected by AIDS. The participants from Kenya was able to provide detailed information on the process and outcome of this experience.

The discussion at this stage also focused on the needs of children infected by HIV and how the school can provide a safe and secure environment for these children. The issue of stigma and discrimination was raised, and participants agreed that measures must be in place to protect these children, as well as to ensure safety measures within school to prevent accidents which may put other children at risk of infection.

Participants then considered what the education sector could do to support children affected by AIDS with a focus on three aspects:

Examples of actions that can be taken in each area include:

Rights to education

- Abolishing school fees
- Addressing opportunity costs of attending school
- Supporting community networks
- Expanding flexible access + alternatives
- Providing early childhood care and education

Rights within education

- Establishing school policies
- Ensuring enabling and protective learning environments
- Providing child-centred, participatory learning that builds skills
- Providing or linking to health/social services

Rights through education

- Providing comprehensive and correct information
- Addressing psycho-social factors
- Linking to norms of surrounding communities
- Monitoring effectiveness

Participants then broke into two groups to review case studies provided of care and support efforts in place in Southern Africa for children affected by AIDS. They were asked to review the actions undertaken in the case study and identify:

- What 'critical elements' (see Session 2) are addressed in these examples?
- What "rights" are being addressed and how?
- What other actions would you suggest be put in place to maximise the impact of these efforts?

One group examined a case study of the 'Circles of Support' programme that was piloted in 36 schools across Botswana, Namibia and Swaziland. The overall purpose of the programme is to ensure that the basic needs of children are met, to provide psychosocial support for children affected by HIV and AIDS, to ensure that children remain in school and that those dropping out of school can return to their studies. Schools deliver a range of activities that are needed to support a vulnerable child, with a number of actors intervening with schools to support children.

The group examining this case study identified the following critical elements and rights being addressed through this example, and additional actions to be undertaken to maximise the impact of these efforts:

Critical elements included	Rights addressed	Additional actions required
• Policy • Partnership • Capacity-building • Personalization • Advocacy • Leadership	• Rights to education: access and retention • Rights within education: psycho-social support, policies, child-centred education • Rights through education: life skills through the community participation	• M&E • Documentation • Partnership • Institutionalization • Scaling-up

Two groups reviewed a second case study of the Schools as Centres of Care and Support (SCCS) model in KwaZulu-Natal province of South Africa. In this model, various actors come together to identify the multiple barriers children face to learning, and develop a care and support system to address these barriers.

Below are two tables (one per group) identifying critical elements and rights being addressed through this example, and additional actions to be undertaken to maximise the impact of these efforts:

Group 1:

Critical elements included	Rights addressed	Additional actions required
• Leadership and commitment • Personalisation of the issues • Partnerships (although fragile) • Mandate, but no policy framework	• Rights to education: care and support, teams at different levels • Rights within education: team within school to care for children, and care through traditional activities within the school setting • Rights through education: engagement of the community (drawing on diverse skills)	• Policy framework • Clear definition of objectives and milestones • Capacity-building

Group 2:

Critical elements included	Rights addressed	Additional actions required
• Centre and care for children • Intersectoral team	• Rights to education: teams at different levels to improve access to care and to education • Rights within education: health, education and protection services	• Build capacity of the centre and the teams • Improve multisectoral coordination • Planning

All groups agreed at the end of the session that while the interventions undertook different approaches, they both were interesting examples of countries that were taking a variety of initiatives to mainstreaming the needs of children affected by HIV and AIDS in the education sector.

Core learning of session 5

1. **Children affected by AIDS** are those children under 18 with additional vulnerabilities and disadvantages due to HIV and AIDS. This can include children with parents who are ill, those who may have lost one or both parents to AIDS, those leading or living in child-headed households, or living in families and/or in communities that have been severely affected by the epidemic. They may/may not themselves be living with HIV.

2. The links are **complex** between the disadvantages and vulnerabilities of children affected by AIDS and the implications for their education outcomes.

3. Mainstreaming implies that the concerns of children affected by AIDS are **part of education sector plans and policies** for HIV and AIDS and **other sector reform documents and strategies**.

4. The education sector can take measures to ensure children's **right to education (access)**, **rights within education (provision of services)** and **rights through education (outcomes)**.

5. Schools can play an important role in **minimising the impact of the epidemic** on children, and on provided affected children with the skills to **reduce their vulnerabilities and risk and increase their coping abilities and psycho-social well-being**.

Session 6	Learning objectives
Mainstreaming gender equality and sexual and reproductive health and rights in education sector responses to HIV and AIDS	• Identify key steps to support the mainstreaming of issues such as gender equality as well as sexual and reproductive health and rights (SRHR) in education sector responses to HIV and AIDS.

The final session of the workshop considered what additional measures may be required to mainstream gender equality and sexual and reproductive health and rights in education sector responses to HIV and AIDS:

The session began with an interactive exercise looking at the links between gender, HIV and sexual and reproductive health and rights. Participants were invited to contribute to how they understood these links, and why the education sector would be implicated in furthering discussions around gender and sexual and reproductive health and rights.

Participants then reviewed different definitions including those for:

• Gender (as opposed to sex)
• Reproductive health
• Sexual health and rights

Participants considered why it is important to address gender and SRHR in education sector responses, with the following reasons highlighted as critical:

• Well over 75% of all HIV infections are acquired through sexual activity, during pregnancy, in labour or through breastfeeding.

• The presence of STIs (other than HIV) increases the risk of HIV infection.

• The lack of understanding and respect for the SRHR of women enhances vulnerability to HIV infection. In many countries, particularly in Africa women are the most affected by HIV and AIDS. They have a greater biological vulnerability of women and traditional gender roles reinforce the subordinate role for women in all matters – including in sexual relations.

• Stigma and discrimination and marginalisation of sexual minorities such as men who sex with men (MSM) and transgenders also enhance vulnerability of those populations to HIV infection. In many countries in the world MSM are still one of the most-at-risk-populations. In Africa, sex between men remains a taboo even if an increasing number of studies and SRHR programmes reveal that it exists and that African MSM are particularly at risk.

• The same root causes affecting SRHR also affect HIV, including gender inequality and gender-related discriminations as well as poverty.

Education was seen to have the power to influence attitudes and behaviours of young people as well as social norms in the area of SRHR by:

• Highlighting gender stereotypes affecting men and women.

• Challenging damaging notions of masculinity which reinforce the subordinate role of women and other gender stereotypes.

• Enhancing knowledge, self-efficacy, self- esteem, and developing key skills, including those that strengthen the ability of girls and women to decide when, where and whether sex occurs.

• Encouraging both young men and women to discuss and address issues related to sex and sexuality and other factors that enhance vulnerability.

• Supporting efforts to reduce violence including sexual and gender-based violence.

The second presentation in this session aimed to bring to life how the education sector can address these aspects by presenting a programme in Tunisia addressing HIV particularly through efforts for those most at risk.

This presentation was delivered by Mr. Bilel Mahjoubi, Programme Coordinator, for the Association Tunisienne de Lutte contre les Maladies Sexuellement Transmissibles et le SIDA, in collaboration with two peer educators from the programme. His presentation focused on the context of Tunisia (where HIV prevalence is low, and driven largely by injecting drug use).

A lively discussion followed this presentation, with questions addressing:

• How to engage young people in programming in a meaningful and productive way;

• The role of the education sector in addressing behaviours that are often "hidden" and which may be illegal in some countries (such as injecting drug use);

• How to engage religious leaders and others that may be opposed to interventions for most-at-risk groups;

• How to engage people living with HIV in countries where it is difficult for people to disclose their HIV status openly.

This intervention was well-received by participants, many of whom voiced afterwards that this was a rich example of efforts being taken in the country which is currently home to the ADB.

Core learning of session 6

• **Definitions of the different concepts related to SRHR** : difference between sex and gender, difference between reproductive health and sexual health, rights linked to reproductive health and sexual health.

• The **lack of understanding and respect for the SRHR of women enhances vulnerability to HIV infection**.

• **Stigma and discrimination and marginalisation of sexual minorities** such as men who have sex with men (MSM) and transgenders also **enhance vulnerability of those populations to HIV infection**.

• **Education has the power to influence attitudes and behaviours of young people as well as social norms in the area of SRHR.**

• **SRHR needs to be mainstreamed in education sector responses to HIV and AIDS** through the following strategies:

  – Promoting access to quality education for both boys AND girls.

  – Policies and legislation that guarantee safe and healthy learning environments for all boys and girls, and encourage respect for SRHR.

  – **Programmes adapted to the needs of young people that enhance** knowledge, self-efficacy, self- esteem, and develop key skills.

• The African Bank for Development can play a role to promote the mainstreaming of gender equality and SRHR in education sector responses to HIV and AIDS through the following strategies:

  – **Work in partnership with other organizations and with specialists** who have experience working on issues related to gender equality and SRHR.

  – Participate in thematic groups.

  – Critically review the projects it supports in relation to SHRH.

  – Promote best practice in relation to SHRH.

Recommendations and Next Steps

In the final session of the workshop, participants suggested a number of recommended actions to ensure that the ADB is better positioned to further HIV and AIDS mainstreaming in the education and other sectors of operation. These included to:

- Strengthen the capacity of ADB staff to mainstream HIV and AIDS. The mechanism for this is to be determined, but could include the establishment of:

  – An HIV and AIDS focal point (or focal points) within OSHD;

  – An HIV and AIDS unit within the cross-cutting units (such as those existing on climate change, gender and sustainable development);

  – An inter-departmental working group comprised of staff with relevant experience; or

  – A unit on HIV and AIDS within the ADB.

- Undertake a status assessment of HIV and AIDS mainstreaming in the ADB. Through this assessment, review where HIV and AIDS mainstreaming has been successful (and why) and where actions have been more difficult (and why).

- Identify opportunities whereby HIV and AIDS country be addressed through country planning and support processes. These could include:

  – Adding HIV indicators within the "quality of entry" criteria;

  – Addressing HIV through post-evaluation processes;

  – Integrating HIV in the preparation of PRSPs; and

  – Supporting workshops/trainings at country-level to ensure that ADB staff have relevant capacities to support HIV and AIDS mainstreaming.

- Establish a checklist within the planned *ADB Guidelines for HIV and AIDS Mainstreaming* that identifies actions to be undertaken to support the integration of HIV and AIDS mainstreaming in different operations of the ADB (infrastructure, health, education and construction).

- Support internal mainstreaming with the ADB by finalising the workplace policy on HIV and AIDS and operationalising the plan for ADB staff.

Closing remarks

During the closing remarks, Mr. Thomas Hurley, Director of the Department for Human Development (OSHD), agreed to review these recommendations further with other partners in the ADB to agree the best way to institutionalise HIV and AIDS mainstreaming within the Bank.

He encouraged all of the participants in the workshop to be "champions" for HIV and AIDS mainstreaming, and to encourage the integration and consideration of these issues in their own work.

He voiced appreciation to participants for formulating these concrete recommendations, and to UNESCO for supporting this workshop for ADB staff. UNESCO, in turn, thanked the ADB for providing the financial resources to hold the workshop and agreed to further support the ADB in this area, as required, in the future.

Annex 1: Final Agenda

Wednesday 4 November 2009					
Time	**Minutes**	**Session Name and Description**	**Session Objectives**	**Person Responsible**	**Moderator / Rapporteur**
8.30	30'	Registration	To record participants' contact information for follow-up communication and UNESCO mailing list		Moderator: Mr. A. Younis, Education Expert Rapporteur: Ms. J. N'Zeimana, Microfinance Expert
9.00	30'	Opening remarks	To "set the stage" for the workshop and demonstrate an identified need for training in this subject matter	Mr. Tom Hurley, Director, Human Development Department, African Development Bank Ms. Fatima Tarhouni, Secretary General of the UNESCO National Commission for Tunisia	
9.30	15'	Introductions	To get to know one another's background, interest and job responsibilities	Mr. Etienne Porgo, Lead Education Specialist, African Development Bank	
9.45	30'	Workshop introduction and overview	• To review the proposed content and methodology of the workshop • To review the workshop objectives and expected outcomes • To agree on "ground rules" for the workshop	Ms. Justine Sass, Team Leader, Partnerships and Communication / Coordinator UNAIDS Inter-Agency Task Team on Education, UNESCO	
10.15	15'	Mainstreaming – what is it and why is it important? (Part 1) • Why HIV should be mainstreamed	• Understand the importance of mainstreaming & a comprehensive education sector response to HIV & AIDS	Mr. Christophe Cornu, Team Leader for EDUCAIDS and Country Implementation Support, UNESCO	
10.30	30'	Coffee / Tea break			
11.00	90'	Mainstreaming – what is it and why is it important? (Part 2) • How HIV can affect the education sector • Role of the education sector in the response to HIV • Definitions of HIV mainstreaming in the education sector • Internal and external dimensions of HIV mainstreaming • Comprehensive education sector responses	• Understand the importance of mainstreaming & a comprehensive education sector response to HIV & AIDS. • Describe what HIV and AIDS mainstreaming means in education. • Describe the five essential components of comprehensive education sector responses to HIV and AIDS. • List the categories of obstacles to the implementation of comprehensive education sector responses to HIV and AIDS allowing the mainstreaming of HIV in education.	Mr. Christophe Cornu, Team Leader for EDUCAIDS and Country Implementation Support, UNESCO	Moderator: Mr. A. Younis, Education Expert Rapporteur: Ms. J. N'Zeimana, Microfinance Expert
12.30	90'	Lunch			

Wednesday 4 November 2009

Time	Minutes	Session Name and Description	Session Objectives	Person Responsible	Moderator / Rapporteur
14.00	90'	Critical elements of mainstreaming	• Identify the critical elements of successful HIV and AIDS mainstreaming in the education sector. • Identify the elements of greatest relevance to the country in which you work. • Identify the strengths and weaknesses of the ADB in advancing these areas, and how the ADB could best position itself to move these priority issues forward.	Ms. Justine Sass, Team Leader, Partnerships and Communication / Coordinator UNAIDS Inter-Agency Task Team on Education, UNESCO	Moderator: Ms. S . Pitanber, Chief of the Division on Poverty Reduction and Social Action Rapporteur: Ms. S. Ilboudo, Burkina Faso Field Office
15.30	30'	Coffee/tea break			
16.00	75'	Conducting a mainstreaming assessment (Part 1)	Identify the key areas to be covered in an assessment of the status of HIV and AIDS mainstreaming in the education sector	Ms. Justine Sass, Team Leader, Partnerships and Communication / Coordinator UNAIDS Inter-Agency Task Team on Education, UNESCO	
17.15	15	Closing of the day	To address any outstanding questions/concerns		
17.30	15'	End-day evaluation	To elicit feedback from participants about what they liked / didn't like about the day		

Thursday 5 November 2009

Time	Minutes	Session Name and Description	Session Objectives	Person Responsible	Rapporteur/ Moderator
9.00	15'	Recap previous day and review day	To review the previous day and today's agenda	Rapporteur	Moderator: Mr. B. Sawadogo, Chief of the Education Division Rapporteur: Ms. R. Traore, Senegal Field Office
9.15	75'	Conducting a mainstreaming assessment (Part 2)	• Identify the key areas to be covered in an assessment of the status of HIV and AIDS mainstreaming in the education sector • Identify the key steps to conduct this kind of assessment.	Mr. Christophe Cornu, Team Leader for EDUCAIDS and Country Implementation Support, UNESCO	
10.30	30'				
10.30	100'	Conducting a mainstreaming assessment (Part 3)	• Identify the key areas to be covered in an assessment of the status of HIV and AIDS mainstreaming in the education sector • Identify the key steps to conduct this kind of assessment. • To test the user's guide for the Mainstreaming Toolkit	Mr. Christophe Cornu, Team Leader for EDUCAIDS and Country Implementation Support, UNESCO	Moderator: M. B. Sawadogo, Chief of the Education Division Rapporteur: Ms. R. Traore, Senegal Field Office
12.10	20'	Specific opportunities and entry points for HIV and AIDS mainstreaming (Part 1)	To identify specific entry points for HIV and AIDS mainstreaming in education in their respective countries		

Thursday 5 November 2009

Time	Minutes	Session Name and Description	Session Objectives	Person Responsible	Rapporteur/ Moderator
12.30	90'	Lunch			
14.00	60'	Specific opportunities and entry points for HIV and AIDS mainstreaming (Part 2)	To identify specific entry points for HIV and AIDS mainstreaming in education in their respective countries	Mr. Christophe Cornu, Team Leader for EDUCAIDS and Country Implementation Support, UNESCO	Moderator: Mr. M. Youssouf, Lead Health Specialist Rapporteur: Ms. L. Oyoubi, Gabon Field Office
15.00	30	Mainstreaming children affected by AIDS in education sector responses to HIV and AIDS (Part 1)	To identify key steps to mainstreaming issues on children affected by AIDS in education sector responses	Ms. Justine Sass, Team Leader, Partnerships and Communication / Coordinator UNAIDS Inter-Agency Task Team on Education, UNESCO	Moderator: Mr. M. Youssouf, Lead Health Specialist Rapporteur: Ms. L. Oyoubi, Gabon Field Office
15.30	30'	Lunch			
15.00	105'	Mainstreaming children affected by AIDS in education sector responses to HIV and AIDS (Part 2)	To identify key steps to mainstreaming issues on children affected by AIDS in education sector responses	Ms. Justine Sass, Team Leader, Partnerships and Communication / Coordinator UNAIDS Inter-Agency Task Team on Education, UNESCO	Moderator: Mr. M. Youssouf, Lead Health Specialist Rapporteur: Ms. L. Oyoubi, Gabon Field Office
17.15	15	Closing of the day	To address any outstanding questions/concerns		
17.30	15'	End-day evaluation	To elicit feedback from participants about what they liked / didn't like about the day		

Friday 5 November 2009

Time	Minutes	Session Name and Description	Session Objectives	Person Responsible	Moderator / Rapporteur
9.00	15'	Recap previous day and review day		Rapporteur	Moderator: Ms. Babinata, Lead Health Expert / M. F. Boahene, Lead Education Expert Rapporteur: Mr. H. Massissou, Education Economist
9.15	75'	Mainstreaming gender equality in education sector responses to HIV and AIDS	To identify specific entry points for HIV and AIDS mainstreaming in education in their respective countries	Mr. Christophe Cornu, Team Leader for EDUCAIDS and Country Implementation Support, UNESCO Mr. Bilel Mahjoubi, Programme Coordinator, Association Tunisienne de Lutte contre les Maladies Sexuellement Transmissibles et le SIDA	Moderator: Ms. Babinata, Lead Health Expert / M. F. Boahene, Lead Education Expert Rapporteur: Mr. H. Massissou, Education Economist
10.30	30'	Coffee / Tea break			
11.00	45'	Review outcomes of the workshop and agree on next steps		Ms. Justine Sass, Team Leader, Partnerships and Communication / Coordinator UNAIDS Inter-Agency Task Team on Education, UNESCO	Moderator: Ms. Babinata, Lead Health Expert / M. F. Boahene, Lead Education Expert Rapporteur: Mr. H. Massissou, Education Economist
11.45	15'	Evaluation	To elicit feedback from the participants on the workshop		
12.00	30'	Closing ceremony		Mr. Tom Hurley, Director, Human Development Department, African Development Bank and Mr. Etienne Porgo, Lead Education Specialist, African Development Bank	
12.30	30'	Lunch			

Annex 2: Participant List

Mr. HURLEY TOM	DIRECTOR	OSHD.0
Ms. BABIKER MAY	GENDER SPECIALIST	OSHD.0
Mr. BRONSELAER DIRK	PROCUREMENT OFFICER	OSHD.0
Mr. PORGO ETIENNE J.	LEAD EDUCATION OFFICER	OSHD.0
Mr. YOUSSOUF MOHAMED	LEAD HEALTH OFFICER	OSHD.0
Mme NZEYIMANA JEANNE	MICRO FINANCE EXPERT	OSHD.1
Mme AKA BEATRICE	SECRETARY	OSHD.1
CUNHA JOAO DUARTE	YPP	OSHD.1
Mr. SAVADOGO BOUKARY	DIVISION MANAGER	OSHD.2
Mr. N'GUIA ASSI SEKA	OPERATIONS ASSISTANT	OSHD.2
Mr. BOAHENE-AGBO FRANK	EDUCATION ANALYST	OSHD.2
Mr. GUEDEGBE CORBIN M.C	EDUCATION ANALYST	OSHD.2
Mr. NYIRINKWAYA EMMANUEL	ARCHITECTE	OSHD.2
Mr. SARR BABOUCARR	EDUCATION ANALYST	OSHD.2
Mr. YOUNIS ABDI	EDUCATION ANALYST	OSHD.2
Mr. MASSISSOU HATHOURA	EDUCATION ECONOMIST	OSHD.2
Ms. TAKEI KEIKO	YPP	OSHD.2
Ms. MANSOURI HENDA	Secretary	OSHD.2
Ms. BA-DIAGNE BINETA	HEALTH ANALYST	OSHD.3
Mr. SANOGO IBRAHIM	HEALTH ANALYST	OSHD.3
Mr. WILLIAMS PAP JOHN		OSHD.3
Ms. CHARO RUTH KARIMI	SOCIAL DEVELOPMENT SPECIALIST	KEFO
Mme ILBOUDO SALAMATA	SOCIAL DEVELOPMENT SPECIALIST	BFFO
Mme TRAORE ROKHAYA	SOCIO-ECONOMIST	SNFO
Mme OYOUBI LUCETTE	SOCIO-ECONOMIST	GAFO
Ms. EKO PATIENCE UGONMA	EDUCATION EXPERT	NGFO
M. DIALLO DJIBRIL	COOPERATION OFFICER	ORRU
Mme RAMI MINA	SECRETARY	BDIR.04
Mme GIELEN LAURENCE	TRAINING OFFICER	EADI
Dr. ITEBA NELLY	MEDICAL DOCTOR	CHRM.4
Ms. GEILSLER GISELA	GENDER SPECIALIST	OSUS
NDOUNDO NIGAMBAYE	POWER ENGINEER	OINF.3
NEGASH ENGEDASEW	POWER ENGINEER	OINF.3
M. DJAIGBE PIERRE	FINANCIAL ANALYST	OINF.3
Mme. BA NAYE RITA	GENDER SPECIALIST	OSAN.2

Annex 3: Powerpoint presentations

Workshop on mainstreaming HIV and AIDS in the education sector

A training course held for the African Development Bank

UNAIDS Inter-Agency Task Team (IATT) on Education

Objectives of the workshop

By the end of this workshop, participants will be able to:
- Describe what HIV and AIDS mainstreaming means in education and the importance of compre-hensive education sector responses to HIV and AIDS
- Identify the critical elements of successful HIV and AIDS mainstreaming in the education sector.
- Identify the key areas to be covered for an assessment of the status of mainstreaming HIV and AIDS in education at the country-level; and the key steps to conduct this type of assessment.

Objectives of the workshop (2)

- Identify specific opportunities and entry points for HIV and AIDS mainstreaming in education in their respective countries.
- Identify key steps to support the mainstreaming of issues such as gender equality and children affected by AIDS in education sector responses.

Expected outcomes

- Increased awareness of the importance of HIV mainstreaming in the education sector.
- Increased knowledge on issues related to HIV mainstreaming in the education sector.
- Increased capacity to manage, or participate in, processes to assess the status of mainstreaming HIV and AIDS in education at the country-level.

Expected outcomes (2)

- Increased capacity to select quality education and/or health projects/grants that encourage the mainstreaming of HIV in the education sector.
- Increased capacity to manage, monitor and evaluate education and/or health projects/grants with a focus on HIV mainstreaming in the education sector.

Mainstreaming HIV & AIDS in the education sector: What is it and why is it important?

UNAIDS Inter-Agency Task Team (IATT) on Education

You don't have to take notes. Pas besoin de prendre des notes.

→ Workbook
→ Cahier du participant

Learning objectives

By the end of this session you will be able to:

- Explain the importance of comprehensive education sector responses to HIV and AIDS.
- Describe what HIV and AIDS mainstreaming means in education.
- Describe the five essential components of comprehensive education sector responses to HIV and AIDS.
- List the categories of obstacles to the implementation of comprehensive education sector responses to HIV and AIDS allowing the mainstreaming of HIV in education.

What are the links between education and HIV and AIDS?

Education sector   HIV and AIDS
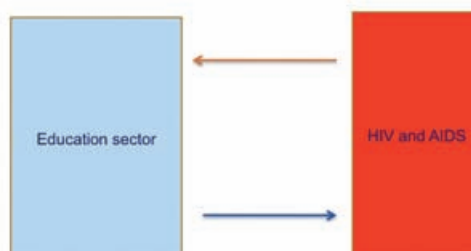
Mainstreaming HIV and AIDS in the education sector: why is it important? (2)

HIV and AIDS and the education sector are linked at two different levels:

- In some cases the HIV epidemic is a direct risk to the education sector. This is the case in high prevalence countries, most of them being in Africa.

- The education sector has a key role to play within a multi-sectoral response to HIV and AIDS

When does the HIV epidemic threaten the education sector?
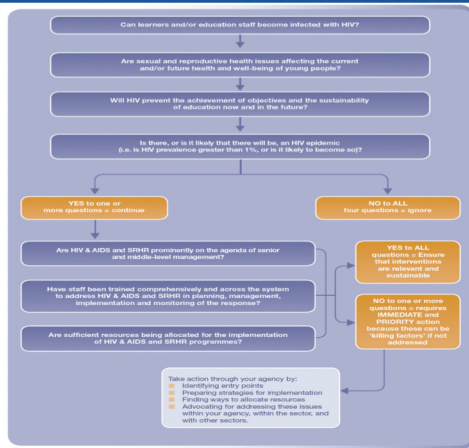
Exercise 1.1

- Discuss the four questions at the top of the flow chart: for each question please describe the possible implications for the education sector if the answer to the question is 'yes'.

- Finally discuss what strategies should be put in place if HIV prevalence is low in the countries where you work and if a relatively limited number of education staff and learners are HIV-positive. Does it mean that nothing should be done in the education sector in relation to HIV?

Risks for education staff and learners	Risks that affect demand for education and the capacity to supply quality education	Financial risks for the education sector
Risks for education staff who may be HIV-positive	Risks that the **capacity of the education system to supply quality education** as a result of: • **High level of absenteeism** amongst education staff who are HIV-positive and have not been tested and/or do not have access to treatment. • **High mortality rate** amongst education staff who are HIV-positive and have not been tested and/or do not have access to treatment. • **Need to contract substitute teachers** who are not properly trained to cover for teachers who are absent or prematurely deceased.	• **Additional costs** linked to the **substitution of absent personnel**. • **Additional costs** linked to the **training of new teachers** to cover for teachers who are absent or prematurely deceased.
Risks for learners who may be HIV-positive	Risks that affect demand for education from learners who may be HIV-positive and/or whose relatives are HIV-positive as a result of: • **High level of absenteeism** • **Drop-out of school** as a result of lack of sufficient resources in the household; or to take care of relatives who are HIV-positive; or because of stigma and discrimination against children who are infected with or affected by HIV. = Impossibility to meet the EFA targets.	Additional costs related to **measures put in place to ensure access to education for orphans and vulnerable children** (bursaries, scholarships, etc.)

The role of the education sector in the response to HIV and AIDS

- Prevention: Sexuality education and HIV education can delay the initiation of sex, decrease the number of sexual partners and promote condom use.

- Mitigation of the impact of the HIV epidemic on the education sector:
  - Increased awareness of HIV-related issues amongst education staff.
  - Improved access to care and treatment for education staff who are living with HIV.
  - Improved access to care and treatment for learners who are living with HIV in order to improve access to education.

- Fight against stigma and discrimination towards people living with HIV and affected people, including staff education and learners.

The best approach to ensure that the education sector fully plays its role in the response to the HIV epidemic is through mainstreaming HIV and AIDS in the education sector.

Mainstreaming HIV and AIDS in the education sector: what is it?

Definition of HIV mainstreaming in the education sector

Mainstreaming ensures that addressing HIV and AIDS is not an add-on or isolated activity but an integral part of education sector policy and plan formulation. This includes attention to HIV in education system processes such as curriculum development, teacher training, management of human resources, and monitoring and evaluation of outcomes and impact. It also means that HIV and AIDS should not be seen as a separate issue, but as part of overall educational plans and priorities, including those related to life skills, social skills, health and nutrition.

Some practical examples?

Mainstreaming in practice (1)

- Ensuring that attention to HIV and AIDS is comprehensively included in the overall education policy and in mechanisms for reviewing the implementation of this policy.
- Including HIV prevention and SRHR for learners in the curriculum at all levels, including in pre-service and in-service teacher training.
- Introducing practices that improve access to education and reduce vulnerability to HIV infection, for example, by abolishing school fees and by ensuring that both girls and boys attend and complete school.

Mainstreaming in practice (2)

- Putting in place policies and practices that promote a safe and inclusive work environment for education sector staff, for example, through prevention education and by adopting a workplace policy that supports all staff, including those who are living with HIV and AIDS, and addresses issues of stigma and discrimination.

- Putting in place policies and systems that ensure access to treatment, services and referral for learners and employees who are affected and infected.

Mainstreaming in practice (3)

- Ensuring policy and implementation with respect to training and recruitment which takes into consideration future staff depletion rates, and possible disruption caused by increased absenteeism and attrition to other sectors, and in later stages by morbidity and mortality.

- Refocusing the work of the organization to ensure those infected and affected by the epidemic are meaningfully included in the analysis, planning, implementation and evaluation of programmes and are able to benefit from their activities.

- Ensuring that sector activities do not increase the vulnerability of the communities they work with to HIV and to other sexually transmitted infections (STIs), or undermine their options for coping with the effects of the pandemic.

2 dimensions of HIV mainstreaming:
- Internal
- External

Internal and external dimensions of HIV mainstreaming in the education sector

Exercise 1.2

- Analyse in the table each example of activities that correspond to the internal dimension of HIV mainstreaming in the education sector and briefly explain how these activities can help to respond effectively to the HIV epidemic.

- Give some additional examples of internal activities that can contribute to an effective response of the education sector to HIV and AIDS.

- Conduct the same analysis with the examples of external mainstreaming.

Mainstreaming HIV through comprehensive education sector responses to HIV and AIDS: the EDUCAIDS Initiative (1)

- Global Initiative on Education and HIV & AIDS (March 2004). A UNAIDS initiative led by UNESCO with the collaboration of key stakeholders.

- EDUCAIDS seeks to promote, develop and support comprehensive education sector responses to HIV and AIDS.

Mainstreaming HIV through comprehensive education sector responses to HIV and AIDS: the EDUCAIDS Initiative (2)

According to the EDUCAIDS framework comprehensive education sector responses comprise five essential components:

1) quality education
2) content, curriculum and learning materials
3) educator training and support
4) policy, management and systems
5) approaches and illustrative entry points

Exercise 1.3

- Pick randomly one card from the envelope. On each card is written down one of the elements related to one of the five components of comprehensive education sector responses as described by the EDUCAIDS framework.

- Explain to which of the five components the elements you have selected are related and why.

Quality education

- Rights-based, learner-centred and inclusive
- Gender-responsive
- Scientifically accurate
- Culturally sensitive
- Age-specific
- Delivered in safe and secure learning environments
- Focused on and tailored to various groups, including vulnerable populations
- Promoting the involvement of people living with HIV and AIDS

Content, curriculum and learning materials

- Adapted and appropriate for various ages, levels and settings (including formal and non-formal)
- Integrated into the national curriculum
- Beginning early, before the onset of sexual activity
- Building knowledge and skills to adopt protective behaviours (i.e. delaying the onset of sexual activity, reducing the number of sexual partners, and increasing condom use) and reduce vulnerabilities
- Focused on prevention, while also including relevant care, treatment and support issues
- Addressing stigma and discrimination, gender inequality and other structural drivers of the epidemic
- Involving communities in curriculum development and revision to ensure ownership and support

Policy, management and systems

- Inclusion of the education sector response in the national HIV and AIDS strategy
- Sectoral policies and strategies on HIV and AIDS integrated into the national education plan
- HIV and AIDS workplace policies that ensure supportive and safe environments for educators and learners
- HIV and AIDS management structures or committees to guide and monitor the sector's response
- Education management information systems, situation analyses and needs assessments
- Planning for human capacity, impact assessment and projection models
- Strategic partnerships for coordination, advocacy and resource mobilisation
- Monitoring, evaluating and assessing outcomes and impact

Educator training and support

- Pre- and in-service programmes for teachers and support for non-formal educators
- Deepening educators' technical knowledge on HIV and AIDS, confidence and experience in interactive and participatory learning methodologies
- Addressing educators' own vulnerability to HIV infection and the impact of HIV and AIDS
- Complemented by appropriate learning and teaching materials and aids
- Reinforced through supervision, peer coaching and mentoring by experienced teachers
- Involving communities to share knowledge, build support and encourage dialogue
- Support for HIV-positive educators through teachers unions' and positive teacher networks

Approaches and illustrative entry points

- Sex, HIV and relationships education
- School health and school feeding programmes
- Peer education
- Communications and media
- Community-based learning and outreach, including for out-of-school young people
- Life skills education
- Adult education and literacy
- HIV and AIDS treatment education

The implementation of comprehensive education sector responses that comprise the five components described here ensures the mainstreaming of HIV and AIDS in the education sector.

Barriers to HIV mainstreaming in the education sector

Is it easy to mainstream HIV in the education sector?

You may face a series of barriers when trying to support HIV mainstreaming in the education sector in the countries where you work. Those barriers are usually classified in eight categories called the eight Cs.

Exercise 1.4

THE EIGHT Cs

Barriers to mainstreaming usually relate to:

Capacity
Commitment
Coverage
Cost
Culture and Context
Competition
Collaboration

For each one of the eight Cs give some concrete examples of barriers to HIV mainstreaming in the education sector, particularly those based on your experience.

Examples of barriers (1)

The eight categories of barriers (the eight C)	Examples of barriers
Capacity	o Limited capacity and poor conditions of service. o Lack of knowledge about HIV and AIDS. o Assignment of HIV and AIDS to a single person who may also be responsible for other tasks and is therefore not able to devote sufficient time to the topic.
Commitment	o Denial in the face of the current and/or future impact of the epidemic. o Lack of commitment from senior leadership. o The perception that HIV and AIDS are health issues only and that other sectors need not take responsibility.
Coverage	Poor infrastructure and inadequate administrative systems that prevent the decentralisation of education policies at district level, in particular in rural areas

Examples of barriers (1)

Cost	Reluctance to take on unfunded mandates since it may take time to advocate for and obtain a budget.
Culture et Context	o Stigma and discrimination which impede access to HIV testing, prevention, treatment and care. o Cultural and moral barriers to addressing issues of sexuality and reproductive health.
Competition	The perception that other development issues are competing with HIV prevention and HIV & AIDS impact mitigation. This applies to issues such as poverty, gender and school health.
Collaboration	The perception that HIV and AIDS are health issues only and that other sectors need not take responsibility.

Quiz

1. At what levels are HIV and AIDS and the education sector linked?
2. What role can the education sector play in the response to the HIV epidemic?
3. What is the best approach to ensure that the education sector fully plays its role in the response to the HIV epidemic?
4. How would you define HIV mainstreaming?
5. What is the internal dimension of HIV mainstreaming?
6. What is the EDUCAIDS initiative? What are the five essential components of a comprehensive education sector response?

Core learning of the session

1. HIV and AIDS and the education sector are linked at two different levels:
   - In some cases the HIV epidemic is a direct risk to the education sector.
   - The education sector has a key role to play within a multi-sectoral response to HIV and AIDS

2. The education sector plays this key role at different levels
   - **Prevention**
   - **Mitigation of the impact of the HIV epidemic on the education sector**
   - **Fight against stigma and discrimination** towards people living with HIV and affected people, including staff education and learners.

3. The **best approach** to ensure that the education sector fully plays its role in the response to the HIV epidemic is **through mainstreaming HIV and AIDS in the education sector**. For mainstreaming to be effective, **it needs to address two closely interlinked and complementary dimensions of mainstreaming: internal and external**.

4. The **implementation of comprehensive education sector responses** that comprise the five components described in the EDUCAIDS framework **ensures the mainstreaming of HIV and AIDS in the education sector.**

5. **Barriers to the implementation of comprehensive education sector responses** and HIV mainstreaming in the education sector **should not be underestimated**.

Slide 1

Critical elements of successful HIV & AIDS mainstreaming in the education sector

United Nations Educational, Scientific and Cultural Organization

UNAIDS Inter-Agency Task Team (IATT) on Education

Slide 2 — Learning objectives

By the end of this session you will be able to:
- Identify the critical elements of successful HIV and AIDS mainstreaming in the education sector.
- Identify the elements of greatest relevance to the country in which you work.
- Identify the strengths and weaknesses of the ADB in advancing these areas, and how the ADB could best position itself to move these priority issues forward.

Slide 3 — Elements of mainstreaming

Development of approach, principles and methodologies	Advocacy to garner support
Participation of the target group(s)	Building awareness at the outset
Role identification of key players	Opening the debate about HIV and AIDS
Training and/or capacity-building	Motivation and ownership
Planning and budgeting	Tapping existing partnerships
Mapping of current situation	Identifying and developing new partnerships
Identifying entry points (e.g. high-risk situations)	Building on existing projects
Individual personal change and or/ empowerment	Networking, collaboration and consultation
Support from key leaders inside and outside of the sector	Research
Resources (human, financial or material)	Monitoring and evaluation
Skills inventory	Actively developing the potential for sustainability
Identification and implementation of appropriate responses	

Slide 4 — Exercise – Prioritising the elements

- Go through the checklist carefully and identify no more than six elements that, in your opinion, are the most important for successful mainstreaming of HIV in the education sector in the country where you are working. (5 minutes)

- Review your "shortlist" with another participant, discuss any differences in your respective lists, and agree on 3 most critical (15 minutes)

Exercise – Prioritising the elements

- In small groups consider (30 minutes):
  - Which elements would you start with and why to advance HIV mainstreaming in the education sector?
  - The strengths and weakness of the ADB in these areas
  - Key actions and stakeholders to move this forward

  For peer review process identify:
  - Timekeeper
  - Facilitator
  - Rapporteur

Exercise – Prioritising the elements

Element	Strengths of the ADB	Weaknesses of the ADB	Actions	Key stakeholders

Critical elements

- Leadership and commitment - a visionary champion/s with political clout and visibility

- Personalisation - understanding at a personal level that HIV affects us all

- A clearly defined mandate and policy directive to mainstream HIV

- Capacity-building at different levels to move from self-awareness to action

- Advocacy to generate awareness & engagement

- Partnerships – strengthening the old & building the new

These elements demonstrate that:

- Mainstreaming is a process – not an event or a series of events

- HIV & AIDS is a complex issue that requires complementary actions

- HIV & AIDS need to be contextualised within the broader context of development

- Mainstreaming means HIV & AIDS are integrated into in all core functions of an organization

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Conducting an assessment of the status of HIV & AIDS mainstreaming

UNAIDS Inter-Agency Task Team (IATT) on Education

At what point might one conduct an assessment?

- As part of an overall planning process in the education sector

- During a periodic review of progress achieved in mainstreaming HIV i.e. as part of an M&E plan

- To review specific topics such as gender equality and sexual and reproductive health and rights, or issues linked to children affected by AIDS

- As part of an institutional assessment (i.e. internal mainstreaming)

For what result(s)?

"In any sector, HIV and AIDS mainstreaming should result in the epidemic becoming part and parcel of the routine functions and functioning of a sector. In other words we would expect mainstreaming to result in the provision of prevention services, in support for people living with AIDS, and in the mitigation of the impact on the clients of the sector as an integral part of the planning, budgeting, implementation and monitoring activities of the sector."

UNAIDS. 2005. Intensifying HIV Prevention: UNAIDS Policy Position Paper. Geneva, UNAIDS.

Short- & long-term results - examples

Short-term results (outcomes)	Long-term results (impact)
Content on HIV and AIDS, on SRHR, on life skills and other key areas included in the curriculum	School-going children and young people equipped with knowledge and skills to prevent HIV infection
Increased awareness of HIV and AIDS among learners, staff and education managers	Reduced STI and HIV prevalence among young people
Referral mechanisms for treatment or pilot projects for infected staff and spouses in place	Reduced STI and HIV prevalence among learners and staff
Policy for non-discrimination on the basis of HIV status adopted	Staff living with HIV employed at all levels of the organization, including in senior posts

IATT assessment tool

Matrix to assess the status of mainstreaming:

- Ten strategic areas

- Assessment of status
  - Yes
  - No
  - Not applicable (N/A)
  - On-going
  - Planned

- Possible action to be taken

Ten strategic areas

1. HIV structures

2. Enabling legal and policy framework

3. Planning & budgeting

4. Human resources

5. Workplace HIV & AIDS programmes

Ten strategic areas - 2

6. Curricula

7. Support for infected and affected staff & learners

8. Training and capacity-building on HIV & AIDS

9. Partnerships and coordination

10. Research implemented to enhance the response

1. HIV structures - examples

- Senior HIV & AIDS team

- Operational management unit (led by senior, dedicated staff)

- HIV & AIDS Focal Points in key departments

- Sub-committees at provincial/district levels

2. Enabling legal/policy environment - examples

- Education sector HIV & AIDS policy

- Workplace policy

- School-level policies

- Communication & monitoring mechanisms linked to policies

3. Planning & budgeting- examples

- Baseline impact assessment

- HIV & AIDS plan

- Indicators to measure progress

- Education Management Information System (EMIS) sensitive to HIV & AIDS

4. HIV & AIDS mainstreamed into human resources - examples

- Human resource policies

- Succession planning

- Guidelines on HIV & AIDS prevention and management

- Codes of conduct

5. HIV & AIDS workplace programme - examples

- National awareness programme

- Peer education

- Counselling

- Infection control guidelines

6. Curriculum - examples

- Teaching materials updated

- Learning materials updated

- M&E systems established to measure learning outcomes

7. Programmes for affected learners & staff - examples

- School feeding

- Identification of OVC, other affected learners

- Counselling services

8. Training and capacity-building – examples

- Establishment of targets for training

- Educators trained as counsellors

- Mentoring systems

- Training of educators

9. Partnerships and coordination – examples

- Partners database

- Sector mobilisation strategy

- Orientation sessions for parents

10. Research – examples

- Research agenda developed

- Funding for research

- Strategy for research dissemination and use

Exercise – Using the assessment tool

See pages 30-31 in your workbook

Exercise – Goldstar State
In small groups: (45 minutes)

- Read the information on Goldstar State in your workbook (pages 33-34), and the additional information provided on cards

- Consider how well Goldstar is doing in each of the 10 response areas of the tool

- Allocate a % score for each response area:
  0-33%   Long way to go!
  33-66%   More-or-less average!
  66-100%   Doing well!

Exercise – Goldstar State - 2

- Identify the 5 top priorities for urgent action, and consider possible actions to be taken.

- Give Goldstar state an overall final score

- Present in plenary the overall final score and the top priority areas for action (5 minutes/ group)

Conducting an assessment of
the status of HIV & AIDS
mainstreaming – Group work

UNAIDS Inter-Agency Task Team (IATT) on Education

Methods and steps for conducting an assessment

Different methods to produce a situation analysis of the status of HIV mainstreaming in the education sector or to conduct periodic reviews to monitor the progress made towards achieving HIV mainstreaming:

- You can commission an organization or individuals, for example consultants to conduct a study using different data collection methods such as literature review, in-depth interviews, the administration of questionnaires, and focus group discussions (FGDs).
- Participatory process: You can organize meetings or workshops where key stakeholders involved in the education sector and other sectors participate and analyse the situation together using participatory methods
- Mix of the two methods

Exercise 3.2

Several small groups/pairs (by countries or according to other criteria).

- Half the groups should develop a concept note that describes the methods and steps that they recommend to conduct an assessment of HIV mainstreaming in the education sector in the country where they work, or in another country of their choice.

- The other groups should develop the Terms of Reference (TORs) for the consultants who will conduct an assessment of HIV mainstreaming in the education sector in the country where they work, or in another country of their choice.

Documents

1. UNAIDS Inter-Agency Task Team (IATT) on Education. 2008. Toolkit on Mainstreaming HIV in the Education Sector: Guidelines for Development Cooperation Agencies. User's Guide. Paris, UNESCO.

2. UNAIDS Inter-Agency Task Team (IATT) on Education. 2008. Toolkit on Mainstreaming HIV in the Education Sector: Guidelines for Development Cooperation Agencies. Paris, UNESCO.

Instructions (1)

- Read the User's Guide (Document No1) and look for practical advice on how the Toolkit on Mainstreaming HIV in the Education Sector (Document No2) can be used to help to conduct an assessment of HIV mainstreaming in the education sector. The sections that include this practical advice are also included in the workbook.

- NB: Please note that the User's Guide is a pilot version that is currently field-tested and therefore feedback from participants on this document will be solicited.

- Consult the relevant tools in the Toolkit on Mainstreaming HIV in the Education Sector (Document No2) as mentioned in the User's Guide.

Instructions (2)

For groups who will draft a concept note:

- Draft the concept note using the two documents. The concept note should include at least the following sections:
  - ☒ List of activities that will be carried out for the assessment
  - ☒ Suggested methods for each activity
  - ☒ Objectives / Expected results and/or expected outputs
  - ☒ Areas that should be covered by the assessment
  - ☒ People/Organisations involved in each activity
- Maximum three-page long.

Instructions (3)

For groups who will draft TORs:

- Draft the TORs using the two documents. The TORs should include at least the following sections:
  - ☒ Objectives / Expected results and/or expected outputs
  - ☒ Areas that should be covered by the assessment
  - ☒ List of activities that will be carried out for the assessment
  - ☒ People/Organisations involved in each activity

- Maximum three-page long.

Slide 1

Identifying opportunities and entry points for HIV Mainstreaming in the education sector

United Nations Educational, Scientific and Cultural Organization

UNAIDS Inter-Agency Task Team (IATT) on Education

Slide 2

Learning objectives

By the end of this session you will be able to:
- Identify specific opportunities and entry points for HIV and AIDS mainstreaming in education in their respective countries.

Slide 3

The five types of entry points for mainstreaming HIV and AIDS in the education sector

1) existing processes

2) existing partnerships

3) thematic issues

4) specific vulnerable populations

5) development platforms and policy directives.

Slide 4

Existing processes (1)

Regular planning processes of agencies and government organizations (such as the Ministry of Education) can be used as a starting point.

Any examples?

Slide 5

Existing processes (2)

- Annual review of the education plan or of major initiatives.
- Other sectoral planning processes, such as midterm reviews in which specific questions on HIV and AIDS can be included.
- Media events, for example, for the launching of new initiatives.
- Discussion of major reforms in education (curriculum reforms, civil service reform, legislation etc.).
- Major international initiatives such as the in-country endorsement process for FTI and the review of progress towards the MDGs.
- Studies and other research projects.
- Training events
- Specific initiatives e.g. the establishment of an HIV and AIDS unit in the Ministry of Education, or the review of legislation regarding school inspection.

Slide 6

Existing partnerships (1)

In many countries, there will be partnerships in place between different organizations and ministries that can be used as an entry point for addressing HIV and AIDS. In other countries, there are strong links that can be built upon between agriculture and industry and education because of vocational education. In some cases, partnering with the private sector may be a useful way to learn about effective workplace policies

Any examples?

Existing partnerships (2)

- Multisectoral ministerial working groups around specific issues and themes.
- Working groups or thematic groups that fall under the National AIDS programme or its equivalent and bring together stakeholders from a variety of sectors.
- Task teams or thematic groups coordinated by the Ministry of Education.
- Donor coordination groups for the education sector specifically or for development aid in general.
- Regional networks and meetings.
- Civil society coordination or working groups.
- PRSP Working Groups.
- MDG Working Groups.
- Working groups established in the context of the FTI approval process.

Thematic issues (1)

In general, poverty reduction, gender, population movements and food security are good examples of development issues that provide opportunities for integrating HIV & AIDS and SRHR. It may not always be obvious to all parties why it is important to include a focus on HIV & AIDS and SRHR in approaches towards these issues

Any examples?

Thematic issues (2)

- In the education sector, examples of thematic issues can include such issues as:
- access and equity,
- education quality,
- teacher training reform or human resource development.

- Teacher training reform: What is the impact of HIV and AIDS on the teaching force? Which educators are most vulnerable to HIV infection? How can the teacher training and human resource policies be strengthened to reduce vulnerability to HIV? Etc.

Vulnerable populations (1)

Vulnerable populations, also known as key populations, are important entry points, particularly in low prevalence settings when the epidemic is still restricted to specific groups within the population.

Any examples?

Vulnerable populations (2)

- people located on migration routes or border areas and people in areas of conflict, especially young people
- orphans and vulnerable children
- sex workers, especially young female and male sex workers
- men who have sex with men, especially young men
- injecting drug users (IDUs), especially young IDUs

Development platforms and policy directives

It is critical to ensure that mainstreaming has legitimacy. There are various ways of doing this.

- One way is to relate mainstreaming to specific development platforms, for example, to the constitutional objectives of local government or to the MDGs.
- Another option is specific policy directives. Some of these may exist – either at sectoral or government level – but they are not well disseminated, used, or operational. Often what is missing is support to the dissemination and enforcement of these policy directives.

Guiding principles for identifying entry points

- Mainstreaming efforts should be located within existing frameworks and institutional structures.

- Advocacy, continuous education and capacity-building are required to place people in a better position to undertake mainstreaming.

- Internal and external mainstreaming need to be clearly distinguished and it is essential to ensure that both are addressed.

- Strategic partnerships based upon comparative advantages and collaboration must be developed for effective implementation.

Exercise 4.1

- Form small groups or pairs (by countries if possible)

- In each group list the existing opportunities and entry points for mainstreaming HIV and AIDS in the education sector in the countries where you work in reference to the five types of entry points. Examples should be concrete.

- If participants in your group do not work in the same country, each participant should list the existing opportunities and entry points in the country where they work. Then participants should share their lists and comment them.

Quiz

- What are the five types of entry points for mainstreaming HIV in the education sector?

- What are some guiding principles for identifying entry points?

Core learning of the session

- There are five types of entry points for mainstreaming HIV and AIDS in the education sector:
  1) existing processes
  2) existing partnerships
  3) thematic issues
  4) specific vulnerable populations
  5) development platforms and policy directives.

- Efforts for mainstreaming HIV in the education sector need to be built on what already exists.

- It is important to sensitise all stakeholders and to build their capacities.

- Both the internal and external dimensions of HIV mainstreaming should be promoted.

- Collaboration is essential. Partnerships should be based on the comparative advantages of the various stakeholders.

Mainstreaming issues of children affected by HIV and AIDS in education sector responses to HIV and AIDS

UNAIDS Inter-Agency Task Team (IATT) on Education

Learning objectives

By the end of this session, participants will be able to:
- Identify the disadvantages and challenges children affected by AIDS may face and the impact on their educational opportunities.
- Identify key steps to support the mainstreaming of issues of children affected by AIDS in education sector responses

Who are children affected by AIDS?
- Orphans (maternal/paternal/both)
- Children with parents living with HIV
- Children living with HIV including those:
  - infected since birth
  - newly infected
- Children in:
  - families caring for orphans or other affected family members
  - child-headed households
- Those particularly vulnerable to infection

What's the magnitude of the problem?

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L. Taylor

Number of orphans under 18 orphaned by AIDS in Sub-Saharan Africa (1990-2007)

15 Mill. total
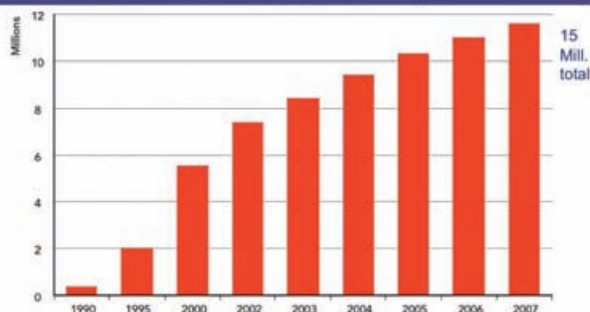
Source: UNAIDS, WHO. 2008. 2008 Report on the Global AIDS Epidemic. Geneva, UNAIDS.

Orphans due to AIDS in Sub-Saharan Africa, from 2006 projected to 2015

- AIDS orphans_base
- AIDS orphans scaled phase-up
- AIDS orphans Universal Access 2010
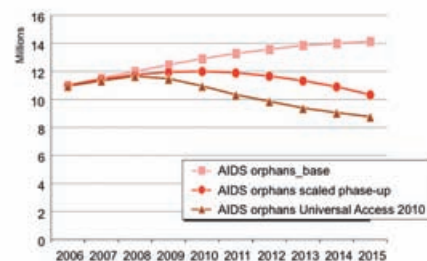
Source: UNAIDS, WHO. 2008. 2008 Report on the Global AIDS Epidemic. Geneva, UNAIDS.

% children under 18 who lost one or both parents, 2007

Country	Value
Lesotho	28
Zimbabwe	24
Swaziland	23
Rwanda	21
Burundi	19
Uganda	15
Malawi	12
Mozambique	12
Ethiopia	12
Cameroon	10
Togo	10
U. Rep. Tanzania	10
Côte d'Ivoire	9
Congo	9
Chad	8
Ghana	8
Benin	7
Senegal	7
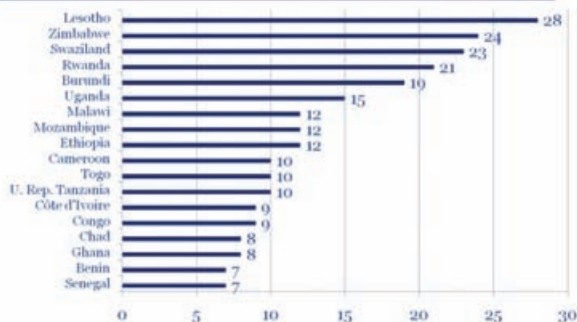
Source: UNICEF, UNAIDS, WHO, UNFPA. Children Affected by AIDS. Third Stocktaking Report. New York, UNICEF.

Children living with HIV globally, 1990–2007
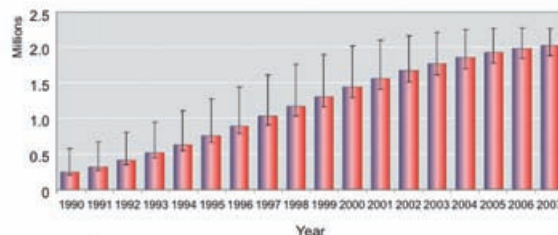
I This bar indicates the range around the estimate

Source: UNAIDS, WHO. 2008. 2008 Report on the Global AIDS Epidemic. Geneva, UNAIDS.

Children (<15 years) estimated to be living with HIV, 2007

North America 4400 [2800 – 7300]

Western & Central Europe 1300 [<1000 – 1800]

Eastern Europe & Central Asia 12 000 [9100 – 15 000]

East Asia 7800 [5300 – 11 000]

Caribbean 11 000 [9400 – 12 000]

Middle East & North Africa 26 000 [18 000 – 34 000]

South & South-East Asia 140 000 [110 000 – 180 000]

Latin America 44 000 [37 000 – 58 000]

Sub-Saharan Africa 1.8 million [1.7 – 2.0 million]

Oceania 1100 [1200]

Total: 2.0 million (1.9 – 2.3 million)

Source: UNAIDS, WHO. 2008. 2008 Report on the Global AIDS Epidemic. Geneva, UNAIDS.

Data less accessible regarding:

- Children in:
  - families caring for orphans or other affected family members
  - child-headed households
- Children with parents living with HIV

How can HIV affect their education?

Potential disadvantages	Potential impact on educational outcomes
• Poverty	• Drop-outs
• Physical health	• Absenteeism and erratic attendance
• Emotional well-being	• Achievement and outcomes due to lowered attention span and motivation, psycho-social problems and perceived irrelevance of education
• Gender inequalities in social structures and support systems	

What can the education sector do?

RIGHT TO EDUCATION –
A strong commitment to getting all children to school and keeping them there

RIGHTS WITHIN EDUCATION –
Protecting and keeping children safe and healthy whilst at school

RIGHTS THROUGH EDUCATION –
Ensuring that children leave school empowered with life skills

Rights to education – examples of key actions

- Abolishing school fees

- Addressing opportunity costs of attending school

- Supporting community networks

- Expanding flexible access + alternatives

- Providing early childhood care and education

Rights within education – examples of key actions

- Establishing school policies

- Ensuring enabling and protective learning environments

- Providing child-centred, participatory learning that builds skills

- Providing or linking to health/social services

Rights through education – examples of key actions

- Providing comprehensive and correct information

- Addressing psycho-social factors

- Linking to norms of surrounding communities

- Monitoring effectiveness

Case study exercise

- Review the actions undertaken in the case study and identify:
  - What 'critical elements' (see Session 2) are addressed in these examples?
  - What "rights" are being addressed and how?
  - What other actions would you suggest be put in place to maximise the impact of these efforts?

Present in plenary

Elements addressed in the case study	Rights and actions	What else is required?

Slide 1

Mainstreaming gender equality and sexual and reproductive health and rights in education sector responses to HIV and AIDS

UNAIDS Inter-Agency Task Team (IATT) on Education

Slide 2

Learning objectives

By the end of this session, you will be able to:

- Identify key steps to support the mainstreaming of issues such as gender equality as well as sexual and reproductive health and rights (SRHR) in education sector responses to HIV and AIDS.

Slide 3

Some definitions: sex and gender

What is the difference between sex and gender?

Gender: unlike sex – male or female – that is biological and defined at birth, gender refers to the roles assigned to men and women by societies and cultures where they live. Masculine and feminine roles are social constructions that can evolve.

Slide 4

Some definitions: reproductive health

Reproductive health: It implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

Slide 5

Some definitions: sexual health and rights

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

SRHR / Rights: For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

SRHR is based on the assumption of an equal relationship between men and women in matters of sexual relations and reproduction, including full and mutual respect, consent and shared responsibility for sexual behaviour and its consequences.

Slide 6

Why it is important to mainstream gender equality and SRHR in education sector responses to HIV and AIDS?

Why is it important?

- Well over 75% of all HIV infections are acquired through sexual activity, during pregnancy, in labour or through breastfeeding.

- The presence of STIs (other than HIV) increases the risk of HIV infection.

- The lack of understanding and respect for the SRHR of women enhances vulnerability to HIV infection. In many countries, particularly in Africa women are the most affected by HIV and AIDS. They have a greater biological vulnerability of women and traditional gender roles reinforce the subordinate role for women in all matters – including in sexual relations.

Why is it important? (2)

- Stigma and discrimination and marginalisation of sexual minorities such as men who sex with men (MSM) and transgenders also enhance vulnerability of those populations to HIV infection. In many countries in the world MSM are still one of the most-at-risk-populations. In Africa sex between men remains a taboo even if an increasing number of studies and SRHR programmes reveal that it exists and that African MSM are particularly at risk.

- The same root causes affecting SRHR also affect HIV, including gender inequality and gender-related discriminations as well as poverty.

What is the role of education? (1)

Education has the power to influence attitudes and behaviours of young people as well as social norms in the area of SRHR.

HOW?

- Highlighting gender stereotypes affecting men and women.

- Challenging damaging notions of masculinity which reinforce the subordinate role of women and other gender stereotypes.

What is the role of education? (2)

- Enhancing knowledge, self-efficacy, self- esteem, and developing key skills, including those that strengthen the ability of girls and women to decide when, where and whether sex occurs.

- Encouraging both young men and women to discuss and address issues related to sex and sexuality and other factors that enhance vulnerability.

- Supporting efforts to reduce violence including sexual and gender-based violence.

Strategies for mainstreaming SRHR in education sector responses to HIV and AIDS

- Systemic level
- Level of learning outcomes
- Level of teaching-learning process
- Level of learning environments
- Level of assessment

Exercise 6.1

- Three groups (by countries or according to other criteria).

- Use the above grid to analyse to what extent SRHR is already mainstreamed in the education sector in the countries where they work. Each group should analyse different levels:
- Group 1 – Systemic level
- Group 2 – Level of learning outcomes and level of teaching-learning process
- Group 3 – Level of learning environments and level of assessment

Instructions:
- Step 1 – Within each group, look at each element of the grid corresponding to the level(s) you have to analyse. For each element discuss whether this element has already been put in place and how in the countries where you work. Tick the corresponding box in front of the element 'yes', 'no', 'partly' or 'N/A'. If you don't know do not tick any box.

- Step 2 – After the analysis of each element, please summarise all measures that have been put in place or that should be put in place in the countries where you work in order to ensure effective mainstreaming of SRHR in the response of the education sector to HIV and AIDS.

- Step 3 – Each group will present the results of their analysis in plenary.

Summary of effective strategies (1)

- Efforts to attract girls and boys to school and retain them in quality education programmes.

- Policies and legislation for schools that affirm and protect the rights of girls and boys and that promote safe and healthy learning environments and encourage respect for SRHR.

- Curricula and learning outcomes that empower girls and boys including the information, skills and services on HIV & AIDS and SRHR.

Summary of effective strategies (2)

- Measures to fight against discriminations that affect young MSM and transgenders and to provide them with psychological support, in accordance with the cultural context and the local legislation.

- Strong and effective links with services across sectors to ensure that those in need and at risk get the support they need.

Potential strategies for the African Development Bank (1)

- Establish alliances – look for other agencies that have gender and SRHR high on their agenda and discuss with them ways to move these issues forward.

- Identify organizations that have experience working on issues of gender equality and SRHR (e.g. universities, research institutes, NGOs and human rights groups).

- Work with people who have expertise in the field.

Potential strategies for the African Development Bank (2)

- Identify thematic groups that function in the education sector – for example, on education quality or on curriculum reform – and volunteer to participate.

- Critically review the initiatives, programmes and projects your agency is supporting and identify opportunities for integrating gender equality, HIV & AIDS and SRHR.

- Find out about successful experiences and examples from other countries and ensure that these become known in the country where you work.

Quiz

- What is the difference between sex and gender?

- Why are gender-related issues so important when it comes to HIV?

- What is the role of education in relation to SRHR and HIV?

- What are some of the main strategies to mainstream SHRH in the education sector response to HIV?

Core learning of the session

- Definitions of the different concepts related to SRHR : difference between sex and gender, difference between reproductive health and sexual health, rights linked to reproductive health and sexual health.

- The lack of understanding and respect for the SRHR of women enhances vulnerability to HIV infection.

- Stigma and discrimination and marginalisation of sexual minorities such as men who sex with men (MSM) and transgenders also enhance vulnerability of those populations to HIV infection.

- Education has the power to influence attitudes and behaviours of young people as well as social norms in the area of SRHR

- SRHR needs to be mainstreamed in education sector responses to HIV and AIDS through the following strategies:
  - Promoting access to quality education for both boys AND girls.
  - Policies and legislation that guarantee safe and healthy learning environments for all boys and girls, and encourage respect for SRHR.
  - Programmes adapted to the needs of young people that enhance knowledge, self-efficacy, self- esteem, and develop key skills.

- The African Bank for Development can play a role to promote the mainstreaming of gender equality and SRHR in education sector responses to HIV and AIDS through the following strategies:
  - Work in partnership with other organizations and with specialists who have experience working on issues related to gender equality and SRHR.
  - Participate in thematic groups.
  - Critically review the projects it supports in relation to SHRH.
  - Promote best practice in relation to SHRH.

ASSOCIATION TUNISIENNE DE LUTTE CONTRE LES MST ET LE SIDA

SECTION DE TUNIS

Jeunes et comportements à Haut risque

Bilel Mahjoubi — Hôtel Africa le 06 Novembre 2009

Présentation de l'association

☑ Crée en 1991 à Sfax
☑ En 1992, création de la section de Tunis

Mission:

Lutter contre la propagation du VIH/SIDA en Tunisie et réduire son impact à tous les niveaux contribuant ainsi aux efforts nationaux et globaux de lutte contre cette épidémie.

Bilel Mahjoubi Coordinateur de programmes ATL MST Sida
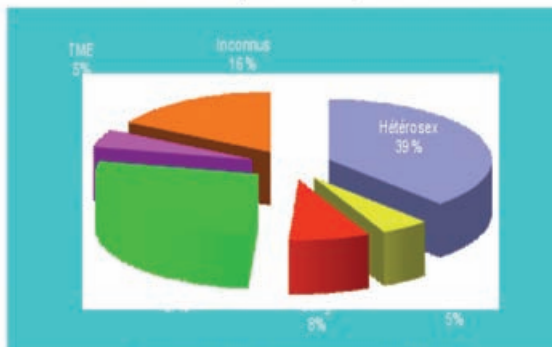Section Tunis

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Principes d'intervention

☑ Une structure travaillant par et pour les jeunes et s'évertue à promouvoir et œuvre à concrétiser l'habilitation (empowerment) des jeunes

☑ Les jeunes constituent le pilier fondamental de notre association et participent démocratiquement à toute prise de décision la concernant

☑ Une approche communautaire participative qui s'exprime par la formation et l'implication des bénéficiaires.

☑ Le travail en partenariat avec les acteurs locaux, régionaux et internationaux de lutte contre le VIH/SIDA ainsi que les structures non spécialisées
Bilel Mahjoubi Coordinateur de programmes ATL MST Sida
Section Tunis

Les jeunes économiquement démunis et ceux vivant dans des milieux moins stables sont plus susceptibles que les autres d'adopter des comportements à risque leur faisant courir le risque de contracter les IST et le Sida.

Bilel Mahjoubi Coordinateur de programmes ATL MST Sida
Section Tunis

MODES DE TRANSMISSION CHEZ LES DEUX SEXES (1446 cas) 1985-2007

TME 5%
Inconnus 16%
Hétérosex 39%

Bilel Mahjoubi Coordinateur de programmes ATL MST Sida
Section Tunis

☑ On estime que le matériel d'injection de drogues non stérile est la principale voie de transmission en Tunisie, où plus de 80% des 186 personnes séropositives au VIH participant à une étude dans un hôpital de Tunis étaient des consommateurs de drogues injectables

Bilel Mahjoubi Coordinateur de programmes ATL MST Sida
Section Tunis

Interventions de l'ATL auprès des jeunes

- Séances de sensibilisation et d'éducation depuis 1990 et cela via:
  - Des séances dans les lycées, foyers universitaires, écoles, facultés, écoles de formation professionnelle
  - Dans les casernes militaires
  - Les ouvriers et les ouvrières
  - Les festivals
  - Regroupement des jeunes
  - Les jeunes étrangers
  - Les CDIS
  - Club santé des lycées

Éducation sexuelle

- L'éducation sexuelle s'adresse à tout le monde, de l'adolescence à la vieillesse. Des problèmes de santé sexuelle, il y en a à tous les paliers de la vie.
  « L'éducation sexuelle précoce n'incite pas à la pratique sexuelle précoce », c'est l'OMS qui l'a dit, après de nombreuses études dans plusieurs pays.

- Une bonne éducation sexuelle évite les grossesses non désirées, les interruptions volontaires de grossesse, les maladies sexuellement transmissibles dont le sida, les risques de stérilité, les traumatismes psychoaffectifs, les violences sexuelles, les violences de genre, les drames familiaux, les infanticides, les suicides

  L'abstinence ne peut pas résoudre la question de l'éducation sexuelle. Car l'éducation sexuelle ne se résume pas à la sexualité, mais contribue à

Le passage vers une prévention plus spécifique

Le travail avec et pour les populations clés

- Programme de prévention répondant aux besoins en santé sexuelle auprès des HSH (Alliance Internationale de lutte contre le Sida) depuis 2004

- Élargissement des interventions pour atteindre les autres populations clés: TSF, TSH et UDI

Méthodologie :

- Mobilisation communautaire
- Cartographie
- DCP: analyse de la situation de la population cible te de leurs besoins en matière de santé et de PEC psychosociale, récolte d'informations
- Élaboration des stratégies basées sur les résultats du DCP
- Approche participative: bénéficiaires sont parties prenantes du processus

Concordance entre les besoins/attentes des bénéficiaires et les interventions menées

Spécificité du travail avec les MSM

- L'homosexualité est pénalisée en Tunisie.

- L'homosexualité est réprimandée par la culture, par les raisonnements traditionnels véhiculés et enseignés de génération en génération et par la religion.

- Le Tunisien est plus disposé à condamner l'homosexualité qu'à la comprendre comme une orientation sexuelle.

- Mobilisation communautaire par le biais des réseaux de connaissances
- Travail de proximité et éducation par les pairs
- Réalisation de 2 enquêtes nationales, le 1ére en 2006 comportementale (400HSH), la 2éme en 2009 sérocomportementale (1200 HSH)
- Élaboration de matériels d'information et de formation (module spécifique), d'éducation et de communication
- Distribution de préservatifs et lubrifiants
- Référence vers les services médicaux et sociaux
- Services de soutien au niveau de l'ATL (lignes d'écoute et espaces d'accueil)
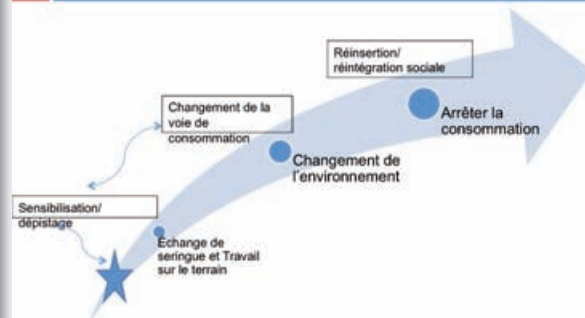
- Plaidoyer

Adoption de l'approche RdR

- Renforcement des capacités de l'ATL :
- stage en RdR – AIDES France,
- plusieurs formations portant sur la RdR- MENHARA Maroc, partenariat avec la MAAS (Belgique)
- Application de l'approche RdR (formations des travailleurs de proximité, orientation vers le dépistage sur 134, 49 UDI dépistés VHC positif (Décembre 2007- décembre 2008)
- Échange de seringues (distribution des KITS: condom, seringues, compresse,…) et collecteurs

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Principes des 3 échelles

Soutien aux PvVIH

- Soutien alimentaire
- Soutien psychologique
- Visite à domicile
- Aide au logement
- Accompagnement pour les projet (MASSTE)
- Éducation thérapeutique
- Réinsertion socioprofessionnelle
- Assistance scolaire
- Soutien juridique
- Prothèse dentaire
- médiation et de prévention des risques d'exclusion des PVVIH

Conclusion

l'éducation en matière de SSR et VIH/sida auprès des groupes cibles reste parmi les solutions incontournables pour lutter contre ce virus, des efforts sont à faire pour développer certains axes comme la RdR (incluant la prévention de la consommation des drogues) et la prévention positive

MST SIDA
s e c t i o n   T u n i s

Merci..........

Evaluation / Wednesday (1)

What you liked:

- Participatory and interactive methodology including group work (8)
- Group dynamic (1)
- Presentations (2)
- Contents (4)
- Materials (2)

Evaluation / Wednesday (2)

What you would like us to improve:

- Reduce the number of exercises and increase the number of presentations (4)
- Stop earlier (3)
- Clarify instructions for group work (2)
- More sharing of experiences (1)
- Project the full movie from Kenya (1°

Evaluation / Wednesday (3)

Actions:

- We will try to improve the balance between group work and presentations but a majority of participants prefer interactive methods. The rationale for the choice of those methods is that the training should be practical.
- We cannot stop before 5.30.
- We will clarify instructions for group work.
- We will do our best to encourage the sharing of experiences. You should also use group work to use examples based on your experience.
- The movie from Kenya (ADEA) can be projected only during lunch time. We will also provide you with the link.

Evaluation / Thursday (1)

What you particularly liked:
- Methodology in general (2)
- Participatory and interactive methodology including group work, practical exercises, case studies (6)
- Better balance between exercises and presentations (1)
- Contents: session on orphans (1) and session on entry points (1)
- Presentations (2)
- Instructions for exercises were clearer (1)
- Facilitation (1)
- We finished earlier (1)

Evaluation / Thursday (2)

What you would like us to improve:

- Translation: technical issues, some people missed bits of the discussions (3)
- Time management for case study, i.e. interventions of participants

Evaluation / Thursday (3)

Actions:

- Facilitators and moderators to be very strict with participants who tend to speak too often and for too long
- The technician will check headsets for translation

Quiz

- How would you define HIV mainstreaming in the education sector?

- Please list some of the main critical elements of successful HIV mainstreaming in the education sector?

- Please list five strategic areas where the status of HIV mainstreaming has to be assessed?

Quiz / Questions pour des champions

- Please give four types of entry points for mainstreaming HIV and AIDS in the education sector, and one example for each type of entry point

- What are the three types of rights related to education that should be ensured for children affected by HIV and AIDS (including HIV-positive children)?

- Merci de citer quatre catégories de points d'entrée pour l'intégration du VIH dans le secteur de l'éducation, et de donner un exemple pour chaque catégorie

- Quels sont les trois catégories de droits en lien avec l'éducation qui devraient être garantis pour les enfants affectés par le VIH et le SIDA (y compris les enfants séropositifs) ?

Annex 4: Evaluation Results

1. Do you think that the objectives announced at the beginning of the workshop were achieved?

   1.1 Describe what HIV and AIDS mainstreaming means in education and the importance of comprehensive education sector responses to HIV and AIDS.

   Yes=91%   More or less=9%   No=0%

   1.2 Identify the critical elements of successful HIV and AIDS mainstreaming in the education sector.

   Yes=81%   More or less=14%   No=0% No response=5%

   1.3 Identify the key areas to be covered for an assessment of the status of mainstreaming HIV and AIDS in education at the country-level; and the key steps to conduct this type of assessment.

   Yes=71%   More or less=24%   No=0% No response=5%

   1.4 Identify specific opportunities and entry points for HIV and AIDS mainstreaming in education in their respective countries.

   Yes=71%   More or less=29%   No=0%

   1.5 Identify key steps to support the mainstreaming of issues such as gender equality and children affected by AIDS in education sector responses.

   Yes=71%   More or less=29%   No=0%

Comments on the objectives:

- Were practical and achieved.
- Well managed and appropriate for participants. More focus on higher education next time.
- Perfect
- As a whole the goals have been achieved. However, the part having to do with the identification of critical elements and key steps have yet to be realised.
- The objectives have been achieved at 75%.
- To be further completed so that we can follow up on the task day after day

METHODOLOGY

1. Did you actively participate in the workshop?
   Yes=95%   More or less=5%   No=0%

2. Was the setting a good working environment?
   Yes=86%   More or less=14%   No=0%

3. Were the instructions for the exercises clear?
   Yes=24%   More or less=67%   No=9% No response=9%

4. Were the responses given by the workshop facilitators to questions clear?
   Yes=81%   More or less=9%   No=0% No response=10%

5. Were the exercises relevant?
   Yes=67%   More or less=33%   No=0%

6. Were the documents distributed useful?
   Very useful=71%   Useful=29%   No=0%

Comments on the methodology:

- Need practical "live" case studies of existing Bank projects and presentations based on experience.
- Next time should send tools/info so that real project experiences and data can be shared instead of fictitious and old data.
- The exercises were critical for the learning process.
- Sometimes the instructions were not well-understood by participants
- Reduce the number of exercises.
- Good workbook. But stand back from it a little and take a critical look at it. There is room for improvement.
- Very good methodology.

CONTENT

7. Were the themes addressed during the workshop interesting for you?

    Yes=86%   More or less=14%   No=0%

8. Do you think that the workshop was useful for you?

    Very useful=81%   Useful=14%   Not useful=0%   No response=5%

9. Do you think that the workshop was useful for the ADB?

    Very useful=52%   Useful=43%   Not useful=0%   No response=5%

Comments on the content:

- It was excellent. However, there is a need to think further about internal and external aspects of HIV mainstreaming.
- Very relevant.
- Very good content for the subject matter and the Useful for ADB but since AIDS is not a priority, will there be any financing?expected needs.
- Not being a sector specialist, I can however note a distance to the problematic of the projects and to the training of the adults.

LOGISTICAL ASPECTS

10. Evaluation of the logistical aspects of the workshop

	Very good	Good	Not good	No response	Comments
Time	14%	67%	0%	19%	To be improved all the same.
Duration of the workshop	10%	52%	15%	13%	Perhaps too long; Should have been shortened. Perhaps more compact or part-time over one week. Too long. Make it two days.
Food	24%	52%	5%	19%	Boring.
Venue	33%	48%	0%	19%	

Other comments

- Need for a follow-up workshop.
- I liked the concrete recommendations at the end
- Facilitators were competent. Good time management. Non-judgemental and respected all opinions. Good show. Bravo!
- Two days were adequate.
- As a whole the seminar was successful.
- To work over a year on practical/concrete cases and wonder why it doesn't work (i.e. to work on case which did not work).