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IN HIV & AIDS AND EDUCATION

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3

Educator Development and Support

SECOND EDITION



GOOD POLICY AND PRACTICE IN HIV & AIDS AND EDUCATION

Booklet 3

EDUCATOR DEVELOPMENT AND SUPPORT

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ACRONYMS

ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immune Deficiency Syndrome
AMREF	.....	African Medical and Research Foundation
ART	.....	Antiretroviral Therapy
ARV	.....	Antiretroviral
CAPNET	.....	Caribbean Publishers Network
CARICOM	.....	Caribbean Community
EDC	.....	Education Development Center, Inc.
EDUCAIDS	.....	UNAIDS Global Initiative on Education and HIV & AIDS
EFA	.....	Education for All
EI	.....	Education International
ESART	.....	EduSector AIDS Response Trust
FRESH	.....	Focusing Resources on Effective School Health
HFLE	.....	Health and Family Life Education
HIV	.....	Human Immunodeficiency Virus
HR	.....	Human Resources
IATT	.....	Inter-Agency Task Team
ICT	.....	Information and Communication Technology
IIEP	.....	International Institute for Educational Planning
ILO	.....	International Labour Organization
MoE	.....	Ministry of Education
NGO	.....	Non-Governmental Organization
PATH	.....	Program for Appropriate Technology in Health
PLHIV	.....	People/Person(s) Living with HIV
PSI	.....	Population Services International
PTA	.....	Parent-Teacher Association
RESAFAD	.....	Réseau Africain de Formation à Distance
SHAPE	.....	Strengthening HIV/AIDS Partnerships in Education
TAAG	.....	Teachers Anti-AIDS Action Group
TVET	.....	Technical and Vocational Education and Training
UNAIDS	.....	Joint United Nations Programme on HIV and AIDS
UNESCO	.....	United Nations Educational, Scientific and Cultural Organization
UNFPA	.....	United Nations Population Fund
UNICEF	.....	United Nations Children's Fund
USAID	.....	United States Agency for International Development
VCT	Voluntary Counselling and Testing
VSO	Voluntary Service Overseas
WHO	World Health Organization

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FOREWORD

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

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

Although there is a need for enhanced evidence-based information on successful HIV and AIDS education interventions, much has already been learnt about good practices and policies in the education sector's response to the epidemic. The series of booklets on *Good Policy and Practice in HIV & AIDS and Education* aims to further expand our knowledge by presenting ideas, key findings and programmatic examples. These findings and examples can be referred to by programme and policy developers and implementers as they prepare education systems to respond to the needs of learners and educators.

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

Understanding that only local solutions will solve local challenges, this series aims to pull together a variety of programmatic and policy experiences from different regions that can be drawn upon when addressing community, district or national HIV and AIDS education needs.

It is our hope that the *Good Policy and Practice in HIV & AIDS and Education* series will be used by a variety of people engaged in responding to HIV and AIDS through education. The review is by no means exhaustive, and the examples included are intended to help inspire innovative approaches that capitalise on existing resources, expertise and experience. The booklets are also meant to be 'living' documents that will be built on as new advances are established. For example, in 2008 the first three booklets in the series have been revised and updated to include new key findings and examples, while two additional booklets have been developed to provide more in-depth information and examples on other key thematic areas.

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

Mark Richmond

**Director, Division for the Coordination of UN Priorities in Education
UNESCO Global Coordinator for HIV and AIDS**

Booklet 3

EDUCATOR DEVELOPMENT AND SUPPORT

1. INTRODUCTION

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

This booklet looks at

- **Educator Development and Support**

Ministries of education, teacher training institutions and continuing professional development programmes for teachers are being called upon to address HIV and AIDS in pre- and in-service teacher training. This booklet looks at some examples of approaches to teacher formation in the area of HIV and AIDS education.

- **Educator Conduct**

The need to tackle sexual abuse and violence in schools is an important part of fostering a safe and supportive learning environment for learners, as well as a positive working environment for educators.

- **Prevention, Care, Treatment and Support for Infected and Affected Educators**

In addition to preparing educators to address HIV and AIDS in schools, the education sector is being called upon to respond to the care and support needs of teachers and education sector personnel infected and affected by HIV.

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

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

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

2. EDUCATOR DEVELOPMENT AND SUPPORT

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

The epidemic also means that educational systems and settings and educators will have to take on new responsibilities. To meet the needs of learners affected by the epidemic, schools may need to offer training in vocational and income-generating skills, to provide counselling for children with psychosocial and emotional problems and to play a wider welfare role. This could include, for example, identifying orphans and children at risk, and delivering nutritional support. These additional tasks will

require reaching out beyond the learning environment to families, communities and other sectors.

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

Policies and programmes need to ensure that educators have relevant knowledge and skills, access to appropriate materials and resources, the confidence and motivation to deal with HIV and AIDS issues, as well as the support of ministries of education (MoEs), head teachers and communities. The active involvement of teachers in planning, implementing and evaluating school HIV and AIDS programmes is critical.

Weaknesses in school programmes

Weaknesses identified in school HIV and AIDS programmes include:

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

Lessons in schools-based HIV and AIDS education

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

Key challenges identified by teachers included:

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

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Building capacity for teachers

UNESCO Nairobi carried out an appraisal of a capacity-building project for teachers in Kenya. Teachers complained about the training being targeted at students and ignoring the vulnerability of teachers. They felt that there was an assumption that, as teachers, they were supposed to know about HIV and AIDS, including modes of transmission and prevention. They pointed out that many of them knew little about HIV and AIDS and urgently needed capacity-building (UNESCO Nairobi and Ministry of Education, Science and Technology, Kenya, 2004).

Focusing on educators' needs

The UNESCO International Institute for Educational Planning (IIEP) has conducted research to study the impact of and responses to HIV and AIDS in Malawi, Tanzania and Uganda. Research found that most MoEs and development agencies were focusing on learners and curricula rather than on the needs of teachers and other sector staff. Furthermore, there is evidence of little involvement of teachers' unions, lack of support for infected and affected teachers, and widespread stigma and discrimination in the education sector. HIV-

positive teachers were afraid of having their HIV status made public and being made redundant or dismissed. Teachers with HIV were almost never put on sick leave, as they would eventually lose their salaries and jobs. In the absence of clear workplace policies, responses depended on individual head teachers and district education officers who decided at their own discretion whether or not to continue to pay salaries to staff who were too sick to work.

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

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

In Cambodia, the Ministry of Education, Youth and Sports, with support from UNESCO Phnom Penh and UNICEF, recently conducted the first national youth risk behaviour survey among in- and out-of-school youth aged 11 to 18 years. The findings, which have been disseminated to education authorities and schools, showed that many young Cambodians engage in risky behaviour, although those attending school take fewer risks than those who are out

of school. Only 53% of youth have been educated about HIV and AIDS and a third of sexually active youth never use condoms. Some out-of-school young people reported having sex as early as 11, and those who use alcohol started drinking as young as 12 years old. A third of youth knew of someone who had been involved in gang rape; 59% of these were in school and 41% were out-of-school (MoEYS, UNICEF and UNESCO Cambodia, 2004).

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

Teachers need support to help them cope with increasing numbers of children with special needs, including children who have lost parents; children who have been abandoned or are living in institutions; children who have suffered exploitation and sexual abuse, and have emotional and psychological problems; children who have missed out on school; and those who are sick or

frequently absent. Educators also need support to reach beyond the learning environment, to understand how the family and community context affects learners. To address this, UNESCO is supporting the Caribbean Childhood Development Centre of the University of the West Indies to assess the implications of HIV and AIDS for early childhood schooling.

Case study – Zambia

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

in counselling and of educational materials on AIDS, as well as stresses in their own lives (Baggaley et al., 1999).

Some argue that teachers can be trained and supported to take on a rudimentary counselling role, especially in resource-poor countries where a system of accessible social workers simply does not exist. However, teachers are already overburdened and to expect them to develop a second skill-set and to take on additional responsibilities may be unrealistic. Nonetheless, teachers can and do take an active role in care and support programmes, often going far beyond the call of duty (UNESCO, 2008).

2.2 Improve training of educators

Select HIV and AIDS educators on the basis of personal qualities

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

In addition to training on the delivery of curricula, ideally educators teaching about HIV and AIDS should be willing and motivated to teach the subject; they should have strong communication skills and an ability to build rapport with young people; they should be comfortable discussing sexuality, respect confidential information, and be non-judgemental and approachable.

Why does teacher education for HIV and AIDS matter?

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

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

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

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

Educators may lack the competence and commitment to teach about HIV and AIDS in already overcrowded and exam-driven curricula. HIV and AIDS should be integrated into teacher training curricula, which should complement school curricula and in-service training and should be supported by national training guidelines and materials to ensure consistency. It is important to assess the needs of educators before developing training and teaching materials. IIEP, for example, has conducted an HIV and AIDS training needs assessment in Ethiopia,

Ghana, Kenya and Rwanda. A regional workshop brought together participants from all four countries to discuss these findings (Nzioka, 2005).

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

What makes talking about HIV and AIDS easier?

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

Integrating HIV and AIDS into teacher training

In Jamaica, where training in HFLE is now mandatory in all teacher training institutions, UNESCO Kingston supported the development of advocacy materials to promote dialogue with teacher training institutions and trainers about the need to address HIV and AIDS. Activities include developing instructional materials to train lecturers in all the country's teacher education institutions, integrating HIV and AIDS into training, and publishing instructional materials for HFLE in collaboration with UNICEF, the Caribbean Community (CARICOM) and the Caribbean Publishers Network (CAPNET). The materials are intended for training lecturers throughout the Caribbean region. UNESCO's Office for the Caribbean has also been working closely with CAPNET to strengthen the skills of publishers, editors and curriculum managers in developing and appraising HIV and AIDS curricula and in producing appropriate educational materials for the region. UNESCO supported CAPNET's Third International Conference on Publishing in the Caribbean, held in Montego Bay, Jamaica, in June 2005.

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

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

UNESCO Harare has been working with the MoE on Strengthening Student Teacher Capacity in HIV and AIDS and Life Skills Education, a programme that is being implemented in all pre-service primary teachers' colleges in Zimbabwe. Teachers are targeted during pre-service training, because they are vulnerable themselves and need to be adequately trained to deliver the curriculum and to cope with the impact of the epidemic in the classroom. The programme has five components: policy development; risk reduction; coping skills, teaching skills; and care and

support. As part of this programme, UNESCO has supported the development of a facilitator's manual to help lecturers and student teachers cope with HIV personally and in the classroom, providing new materials to strengthen capacity to teach about HIV and AIDS and life skills. Challenges to the quality of teaching include inadequate resources, delivery through mass lectures, and poorly trained and over-worked lecturers.

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

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

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

Experience in many countries shows that the quality of delivery of HIV and AIDS education is equally important

to the design of curricula or materials, and that HIV and AIDS education is more effective when educators explore their own values and attitudes and establish an open and positive classroom environment. Educators share the same values, beliefs and taboos as the rest of society, and traditional teaching approaches often do not allow for open discussion of sexual issues. Training, therefore, needs to develop knowledge about HIV

and AIDS and issues such as gender, social and cultural dynamics; to encourage educators to examine their own attitudes and behaviours; to help educators learn participatory and gender-sensitive teaching methods and communication skills; and to enable educators to answer questions honestly and respond to the needs of infected and affected children of different ages.

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

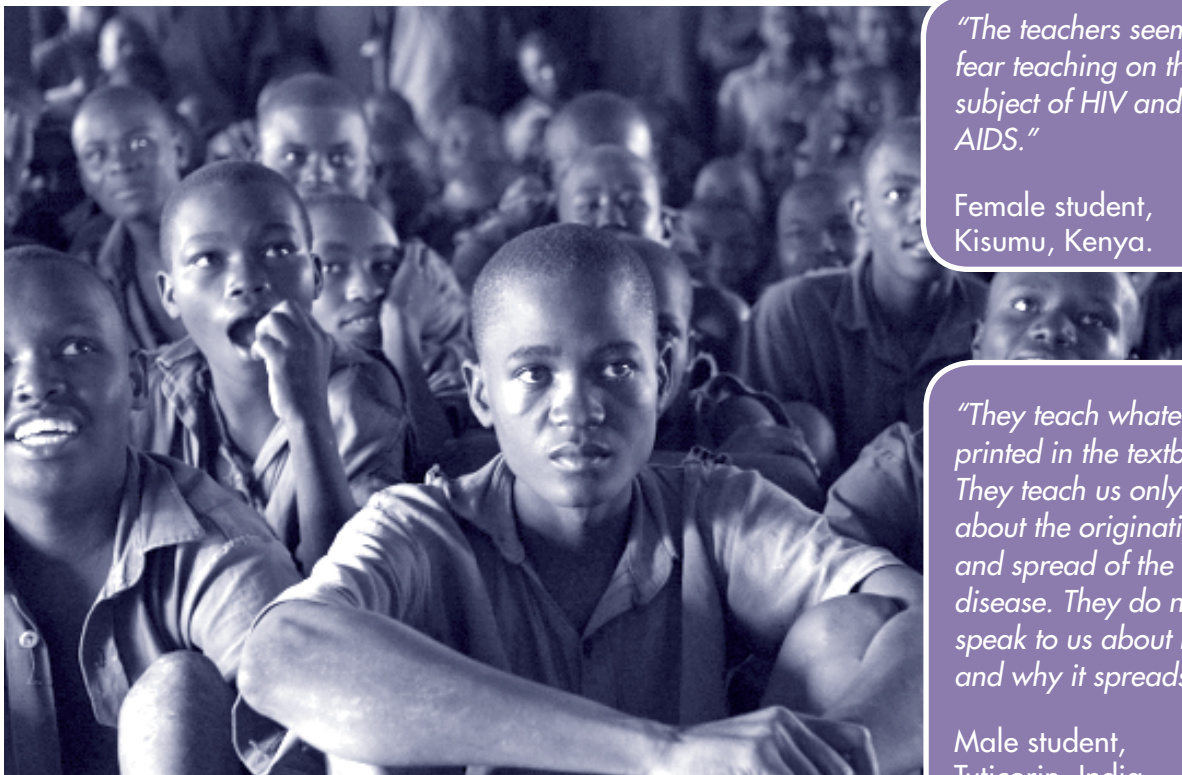
from school administrators is crucial, as educators should not be expected to achieve all of this alone.

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

What makes educator development on HIV and AIDS effective?

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

Source: YouthNet, 2004.



"The teachers seem to fear teaching on the subject of HIV and AIDS."

Female student,
Kisumu, Kenya.

"They teach whatever is printed in the textbook. They teach us only about the origination and spread of the disease. They do not speak to us about how and why it spreads."

Male student,
Tuticorin, India.

Effective approaches to HIV and AIDS training for teachers

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

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

In Brazil, low self-esteem was identified as a key factor in teacher unwillingness to teach about sexual and reproductive health issues. To address this, UNESCO Brasilia and the United Nations Population Fund (UNFPA) collaborated on a project to build teachers' confidence. Teachers received 140 hours of training covering issues including sexuality and participatory methodologies and, at the end of the course, designed a school programme that was evaluated. One of the programmes developed has been adopted by several schools and won a national prize. The success of this programme, and the recognition that educator confidence is a critical factor in HIV

education, has prompted the UNESCO Maputo office to support the replication of the programme in Mozambique. To motivate schools and teachers, the Brazilian Ministries of Health and Education have also established a prize for school prevention programmes on HIV and drug use. An independent committee reviews submissions and the winner receives a computer.

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

In Liberia, as part of its contribution to the reconstruction of the education sector, UNESCO has developed a course on quality education, peace, human rights and HIV & AIDS in collaboration with the MoE and local education stakeholders. The course was piloted during a one-week session in 2005, which brought together 30 participants from the MoE and other education professionals. The success of the course has led to the manual being developed in a generic version, which will be adaptable to other contexts (UNESCO, 2006).

Provide educators with ongoing support and information

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

has been integrated into teacher training, educators are guided on use of specific instruction units through regular classroom visits by experts.

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

Continuing education

In Senegal, the Réseau Africain de Formation à Distance (RESAFAD) network, which operates across Francophone Africa, helps to provide continuing education and to tackle teacher isolation. Teachers can share information and ideas

via the internet and the Professional Development Centre in Dakar, where tutors provide guidance on teaching approaches and materials (see <http://www.resafad.net>).

Training several teachers in a school helps educators to provide mutual support. Peer support networks are valuable for educators working in isolation in small or remote schools, and to provide mentoring and support for less experienced teachers, as well as to reduce stress and burnout. In countries that are particularly affected

by the HIV and AIDS epidemic, experienced educators may be replaced by staff who are less well trained and qualified, and who need more support and supervision. Education authorities can encourage the formation of mobile resource groups that visit schools and use creative methods such as drama, storytelling and dance.

Supporting single-teacher schools

A UNESCO IIEP study conducted with educational planners in seven sub-Saharan African countries in 2002 looked at ways of supporting single-teacher schools. The most effective strategy is clustering small schools in the same area. A hub school is identified in each area, with links to affiliate schools some distance away. The head teacher at the hub school also acts as the head teacher for branch schools, and is trained

to monitor teachers. Resources and equipment such as books and science equipment are shared, resulting in more efficient management and use of resources. This approach also provides teachers working in isolation with support and offers the potential for teachers to cover for colleagues who fall ill (Brunswick and Valérian, 2003).

2.3 Establish a supportive environment for educators to do their work

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

National and school policies are essential to help teachers to address challenges in HIV and AIDS education, including dealing with community objections to teaching about sexuality and to young people's access to information and services. It is also essential that, where poli-

cies exist, they are well communicated and are enforced by ministries and schools. Without clear policies or the implementation of policies, educators may ignore sensitive topics, such as safer sex and condoms.

In a 2006 survey, almost one-third (32%) of 71 MoEs claimed to have an education sector HIV and AIDS policy. This included 40% of high-prevalence countries, 27% of medium-prevalence countries, and 30% of low-prevalence countries. The lack of sector-specific policy in most countries is an issue of major concern, as the specific needs of the education sector cannot be adequately dealt with by a national policy framework or set of guidelines. On the other hand, 59% of MoEs with no sector-specific policy claim to address HIV

and AIDS in other policies governing the education sector, reflecting 36% in high-, 42% in medium- and 77% in low-prevalence countries (UNAIDS IATT on Education, 2006).

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

Ensure support from head teachers

Without the support of head teachers and administrators, educators may be limited in what they can do and teach about HIV and AIDS. Experience in countries such as Brazil and South Africa suggests that a 'whole school' approach

to sensitisation is more effective than training one or two teachers from a school, as it results in greater commitment and support from school management. It is especially important to sensitise head teachers and governing bodies.

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

Female teacher, Chennai, India.

"I can't say that teachers have enough knowledge. The head teacher must be sensitised first and thereby the information will be disseminated to the teachers..."

Head teacher, Tuticorin, India.

Importance of leadership and support from school directors

UNESCO Bangkok identified the following reasons why school directors need to be targeted:

1. School directors are often influential people in the community.
2. School directors and teachers have an important say in defining parts of the curriculum, especially in countries where HIV and AIDS is not, or not sufficiently, integrated in the curriculum.
3. In countries where sex education is culturally sensitive, school directors may need to deal with community resistance (including from religious groups). They need to be armed with strong advocacy skills and the necessary basic information to argue for the value and need of sex education.
4. School directors can be instrumental facilitators in the establishment of 'youth clubs' or other extra-curricular activities.
5. School directors can ease fear-based resistance of parents against allowing infected or affected pupils to share a classroom with their children.
6. School directors are often responsible for following up on policies and guidelines from the central or provincial level.
7. School directors can play a major role in mobilising resources in under-resourced environments.

Source: UNESCO Bangkok, 2005b

Ensure support from and to parents

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

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

Provide suitable curricula and supporting materials

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

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

Community leader, Kisumu, Kenya.

Developing suitable materials

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

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

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

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

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



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Teaching in a world with AIDS

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

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

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

Exercises for teachers

The Education International (EI), World Health Organization (WHO) and Education Development Center, Inc. (EDC) Teachers' Exercise Book for HIV Prevention, developed by teacher unions in southern Africa with health and education experts, contains participatory skills based learning activities for children and adolescents. Copies in English and French have been distributed to teachers through unions in 17 countries, mostly in sub-Saharan Africa. The aim is to have a trained focal person in every school (Education International, World Health Organization and Education Development Center, Inc., 2004).

UNESCO IIEP and the EduSector AIDS Response Trust (ESART) have developed a series of 22 self-guided training modules focusing on HIV and AIDS education. The modules are designed to:

- increase access for a wide community of practitioners to information concerning HIV & AIDS and educational planning and management;
- expand the capacity and skills of educational planners and managers to conceptualise and analyse the impact of the epidemic on the education sector; and
- plan and develop strategies to mitigate its impact.

The modules are available in CD-ROM format and can also be downloaded from:

http://www.unesco.org/iiep/eng/focus/hiv/hiv_4.htm

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

Teachers' unions and HIV

Teachers' unions action on HIV and AIDS increased significantly between 1995 and 2000, focusing mainly on working in partnership with MoEs and national AIDS programmes to develop school policies, curricula and teaching materials. In addition, teachers' unions focused on training, and on developing HIV and AIDS policies or integrating HIV and AIDS into existing policies.

However, responses from a survey of teachers unions conducted in 2005 indicated that pre-service and in-service education remains inadequate, with key barriers including a lack of information about HIV and AIDS, a lack of confidence and skills to deliver HIV and AIDS education in the classroom, and a lack of adequate and culturally appropriate materials. Teachers also highlighted the unequal distribution of materials between urban and rural areas, the lack of coordination and diverse sources of materials, and challenges related to cultural and religious taboos (Education International, 2000; Education International, 2007).

What teachers' unions are doing

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

In Lesotho, the MoE worked with the teachers' union to publish a handbook for teachers, while in Rwanda the MoE has been using trade union regional trainers since 2003.

Building skills

In 2001 EI, together with WHO, UNESCO, UNICEF, EDC and other organizations, launched an HIV and AIDS programme that worked with teachers' unions in 17 countries and focused on skills-building through a cascade training model. Unions involved in the programme trained trainers and teachers, providing a training manual on school health and HIV prevention (which included resource documents, teaching materials and examples of participatory teaching and learning activities). In three years, more than 130,000 teachers from 22,000 schools were trained.

Evaluation of the impact of training in three of the participating countries – Rwanda, Senegal and South Africa – showed statistically significant increases in overall knowledge. Educators' confidence in teaching about HIV and AIDS and prevention skills also increased significantly in Rwanda and Senegal (this analysis was not possible in South Africa) and was attributed to the training and the exercise book. Increased knowledge and confidence were associated with increased intentions to implement the skills learned during training. As one teacher said 'after adopting the skills you don't end in the classroom... you use them in everyday living' (Pevzner, 2005).

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

3. EDUCATOR CONDUCT

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

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

Kenyan government official.

Setting a good example

Research in Kenya found that 24% of students and 17% of parents said that teachers did not set a good example for sexual behaviour (Shaeffer, 1994). The Kenyan teachers' union has expressed concerns that unacceptable behaviour by some teachers will affect the reputation of the profession as a whole (Educational International, 2005). In a study of primary school pupils in Uganda, 11% of girls said they had been forced to have sex with a teacher, and there are anecdotal reports of parents withdrawing their daughters from school because of sexual abuse by teachers (ActionAid International, 2003). A study in Free State and Limpopo provinces in South Africa reported that 21% of teachers and learners and 35% of head teachers believed that relationships between teacher and learners were frequent or very frequent (Schierhout et al., 2004).

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

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

3.1 Tackle sexual abuse and violence in schools

Specific strategies and actions include:

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

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

Following up allegations of wrong-doing

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

Case study – Zambia

The Zambian *MoE HIV/AIDS Guidelines for Educators* state clearly that sexual relations between educators and learners are against the law, even if the learner consents, and that strict disciplinary action will be taken against educators who have sex with learners. Educators who have sex with learners without their consent or with learners under 16 years of age will be charged with statutory rape, with a penalty of 10 to 15 years imprisonment. Educators who are aware of a colleague who is having sexual relations with a learner must report this to the head teacher, and to the police if the learner is under 16 years old. If they do not report it, they may be charged with being an accessory to rape (Republic of Zambia, 2003a).

Engage with teachers' unions to address gender violence

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

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

Building a Gender Friendly School Environment: A toolkit for educators and their unions (Education International and Education Development Center, Inc., 2007)

This toolkit is intended to be used by teachers' unions and educators in countries around the world participating in the EI-EFAIDS programme. The toolkit aims to create safe learning environments with equal opportunities for male and female learners. Key background information is provided, such as the link between gender roles and well-being. The bulk of the toolkit is organized around five identified priority areas to assist teachers' unions and educators in challenging gender stereotypes and to help learners develop a healthy gender identity.

The toolkit can be ordered from ef aids@ei-ie.org or downloaded online from http://www.ei-ie.org/ef aids/en/documentation_ei.php

Tackling gender violence

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

Source:
<http://www.id21.org/Education/EgveDreyer.html>

Establish school and community norms and mechanisms to protect pupils

Possible approaches include identifying school or community child protection officers, and training staff as counsellors or guidance officers. Schools should also introduce systems for teachers and students to report harassment, sexual abuse and exploitation. Students must be guaranteed independent and confidential appeal procedures. Head teachers, school govern-

ing councils and parent-teacher associations all have a responsibility and role to play in protecting students from sexual exploitation and abuse. In some countries, schools have introduced regulations that prohibit or discourage sexual relations and out-of-school contact between teachers and students.

4. PREVENTION, CARE, TREATMENT AND SUPPORT FOR EDUCATORS INFECTED OR AFFECTED BY HIV

Educators, like everyone else, are at risk of HIV infection. In some settings, high rates of staff mobility, isolated locations and separation from spouses are factors that may increase risk. Policies and programmes are needed to protect educators from infection and to provide care,

treatment and support for those who are infected or affected. Policies and programmes should also address issues such as illness and death benefits, insurance, compassionate leave, flexible hours, employment rights, confidentiality, disclosure and medical records.

What should be incorporated into a comprehensive prevention, care and support strategy?

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

4.1 Develop comprehensive workplace policies

Schools and other educational institutions are also adult workplaces. Workplace policies should be consistent with the *ILO Code of Practice on HIV/AIDS and the world of work* (ILO, 2001). HIV- and AIDS-specific workplace policies for the education sector can ensure that issues of educator conduct and support are acknowledged and mechanisms to guide responsive action are put in

place. Workplace policies should cover: prevalence and risk assessment; education and prevention; testing and disclosure; counselling and support; deployment and transfers; teaching cover; sickness and absenteeism; medical support, including ARVs; nutrition advice; staff development; and death and funeral benefits.

ILO/UNESCO collaborative work on 'HIV and AIDS workplace policies for the education sector'

ILO/UNESCO collaboration aims to support member states in the adaptation and development of HIV- and AIDS-specific workplace policies for the education sector in order to ensure supportive and safe learning environments that meet the needs of educators and learners.

In 2004, ILO initiated a programme to develop a sectoral approach to HIV and AIDS in education sector workplaces, as a complement to the *ILO Code of Practice on HIV/AIDS in the world of work*, adopted in 2001 (ILO, 2001).

In 2005, UNESCO joined ILO in a collaboration, aimed at the development of an HIV and AIDS workplace policy and related resource materials for use by education staff and stakeholders at national and institutional levels.

This initiative has now been implemented at the regional level in the Caribbean and in Southern Africa, each resulting in:

- a workplace policy on HIV and AIDS for the education sector adapted and specific to each region (ILO and UNESCO, 2006a and 2006b);

- implementation guidelines; and
- action plans/strategy outlines for each country participating in the development of the regional policy.

ILO and UNESCO are working closely with governmental bodies of member states, employment organizations, teachers' unions, civil society organizations, and other partner organizations, firstly in the design of these policies and secondly by subsequent support in the dissemination and implementation. UNESCO and ILO are currently supporting Zambia and Mozambique (June 2007 to March 2008) to pilot country-specific HIV and AIDS workplace policies and programmes for the education sector in a number of education institutions in each country (primary, secondary and tertiary).

In Namibia, the MoE is in the process of developing a country-specific policy and an implementation plan, based on the regional workplace policy for Southern Africa; the first stakeholders meeting was held in July 2007.

Checklist for the implementation of an HIV/AIDS policy for education sector workplaces

At national level

1. Ministries of Education and Labour jointly establish a review committee composed of representatives of government, education sector unions and private school employers/managers, and other stakeholders as agreed among the tripartite partners, to consider application of the policy's provisions at institutional level in accordance with existing national laws and the education sector strategic framework, regulations, policies and collective bargaining agreements, as well as human resources (HR) policies.
2. Employers' organizations and education sector unions review the policy framework in order to ensure reflection of its principles and guidelines in collective agreements.
3. Review committee revises the policy as needed and organizes distribution of the agreed policy to all education sector workplaces: schools, Technical and Vocational Education and Training (TVET) and tertiary institutions, adult and non-formal learning centres, etc.
4. Review committee establishes implementation support mechanisms to assist institutions to apply the policy.

At education institution level

5. In consultation with other major stakeholders, the governing body or Principal [Director] of the institution appoints an HIV/AIDS coordinator/committee – depending on the size and resources of the institution – to coordinate the implementation of the policy and design a monitoring mechanism. Where a workplace committee already exists, this should be used (e.g. occupational safety and health or health advisory committees etc).
6. The HIV/AIDS coordinator/committee in consultation with the HR department of the institution and/or the education service, the governing body or Principal, students and teachers and other education sector workers' representatives:
 - a. identifies specific institutional needs by reviewing the policy framework adopted at national level and considering how to adapt it to the specific workplace setting;
 - b. identifies the needs of students and educators, prior to planning the institutional programme.
7. The HIV/AIDS coordinator/committee assesses what health, social and support services, information services and other resources are already available in the education institution or in the surrounding community.
8. On the basis of the needs assessments and mapping of available services, the coordinator/committee drafts possible revisions of the policy framework and a work plan in consultation with students and teachers and other education sector workers' representatives. The work plan should include: timeframe and lines of responsibility.
9. The draft policy and plan are circulated for comments to the governing body and the Principal.
10. When the workplace policy and work plan are finalised, the coordinator/committee draws up a list of resources – human, financial and technical – that are necessary for implementation, in consultation with the governing body and Principal.
11. The implementation of the workplace policy should happen through the established planning and budgeting cycles of the institution.
12. The Coordinator/committee organizes the dissemination of the policy and work plan through the governing body, teachers' assemblies and education sector union meetings, students' assemblies, induction courses and training sessions.
13. The Coordinator/committee, in consultation with representatives of teachers and other education sector workers and students, designs a monitoring mechanism to ensure the implementation of the work plan and review the impact of the policy as needed.

Source: ILO and UNESCO, 2006b (Southern Africa Policy; Appendix 6)

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

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

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

Developing policies on HIV and AIDS

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

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

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

Ensure policies address the management of staff living with HIV

Policies for management of staff need to address issues including transfer to areas where medical care is available, alternative working arrangements (for example, different responsibilities or more flexible teaching schedules),

reintegration into work following episodes of illness, and flexible approaches to part-time work and job sharing to enable teachers with other commitments (such as caring for sick relatives) to continue in employment.

Supporting HIV-positive teachers

During a technical consultation on supporting HIV-positive teachers in East and Southern Africa, the importance of HIV and AIDS workplace policies for the education sector were emphasised as critical components for responding to the needs of teachers living with HIV. Although workplace policies have been developed in many countries in the region, the specific issue of supporting teachers (and learners) living with

HIV is not prioritised and action at the school level remains a significant challenge. Existing policies must be revised to include provisions on the rights of HIV-positive teachers and students as well as referral mechanisms to ensure zero tolerance of HIV-related stigma and discrimination.

Source: UNESCO and EI, 2007

Courage and Hope: Stories from teachers living with HIV and AIDS in sub-Saharan Africa, Stories from selected countries (World Bank, 2007)

This book is a collection of stories from teachers living with HIV from nine countries: Burkina Faso, Cameroon, Ghana, Kenya, Mozambique, Rwanda, Senegal, Tanzania and Zambia.

The stories highlight the role of HIV-positive teachers in overcoming challenges faced both in the community and the workplace.

Suggested lines of action include:

- Fully implementing existing national and institutional policies;
- Providing universal access to VCT, care and support;
- Helping ensure that the role of the teachers' unions is fully realised;
- Addressing issues faced by HIV-positive teachers from the teacher training phase;
- Creating effective national support networks for teachers living with HIV.

4.2 Take steps to reduce HIV risk

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

As part of the Strengthening Student Teacher Capacity in HIV/AIDS and Life Skills Education programme in Zimbabwe, UNESCO Harare is working with the Ministry of Higher and Tertiary Education to support lecturers and student teachers to adopt more positive behaviours and reduce their HIV risk. More specifically, they are working with Population Services International (PSI) to introduce VCT in ten teacher training colleges. The joint UNESCO-PSI initiative activities include: interpersonal communication to educate students about basic HIV and AIDS issues; capacity building for vice-principals; counselling training for college lecturers; outreach by the New Start VCT network; and support from the New Start post-test support network to establish post-test support groups and referral networks.

As of February 2005, 823 students had received counselling and 773 had received counselling and testing, but uptake was relatively low and only one post-test club had been formed. However, there is strong support and commitment from college principals for the introduction of VCT, and strong demand from both male and female students. Based on experience to date, UNESCO and PSI recommend using existing AIDS clubs to provide post-test support and training for peer counsellors, and to improve linkages and referral systems.

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

The MoE in Zambia initiated the design of a comprehensive workplace policy and programme in 2003. The workplace programme aims to raise employee awareness of HIV and AIDS, prevent HIV infection among the workforce, create a supportive environment for all staff, provide counselling services to infected and affected employees, and communicate information about care and support services available to infected staff and their families.

Programme activities include:

- behaviour change communication, using staff as peer educators; condom distribution;
- promotion of VCT;

- provision of treatment information, nutrition advice and ART for infected staff; and
- strategies to tackle sexual misconduct by teachers.

Challenges identified included:

- limited understanding of the concept of a workplace programme;
- lack of funds, transport and educators willing to be open about their HIV status and to participate in the programme;
- weak coordination; and
- limited uptake of ART.

4.3 Tackle stigma and discrimination

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

Meaningfully engage people living with HIV and PLHIV groups in school-based activities.

Involving people living with HIV acknowledges the important contribution they can make in the response to HIV and AIDS. People with HIV give a human face and voice to the epidemic in the minds of people and communities.

PLHIV involvement in HIV- and AIDS-related work challenges the very reason why HIV is exceptional – the

stigma and discrimination attached to the virus. The meaningful engagement of HIV-positive people is a very effective method to change attitudes towards those living with HIV and those key populations that communities associate HIV and AIDS with. In addition, involving people with HIV allows communities and individuals to talk about what would otherwise be untouchable issues – sex, sexuality, drug use, illness and death.

Addressing stigma and discrimination

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

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

"Dear Mr Dhliwayo,

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

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

Source:

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

4.4 Provide access to services and support

Provide access to counselling

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

Advocate for access to HIV testing and treatment

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

Treatment for teachers

In Burkina Faso, where 17,500 CFA (US\$39) a month is required to cover grant-aided treatment costs, HIV-positive teachers can request approximately 50,000 CFA (US\$111) every three months from the MoE, and 25,000 CFA (US\$56) may be allocated to family members of an HIV-infected teacher. However, due to lack of information, few teachers are taking advantage of this assistance, and so the two teachers' unions and the MoE are working together to ensure that all teachers in the country are informed.

In Cambodia, the Philippines, Thailand and Viet Nam there are excellent policies on non-discrimination towards teaching and non-teaching staff and their rights to apply for assistance or treatment when they are ill. However, school directors and staff are often unaware of these policies. Action is needed to ensure that policies are implemented (UNESCO Bangkok, 2005b).

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

Teachers hold a special position in our society. They educate our children and act as custodians, serving as positive role models and providing adult supervision. At the same time teachers, just like anyone else, are vulnerable to HIV infection and may be personally affected by HIV in their families and communities or caring for someone. Teachers infected with or affected by HIV and AIDS

may face HIV-related stigma and discrimination within schools and outside school settings due to their unique role in society. At the same time, the education sector has the responsibility to support all teachers, regardless of their HIV status, and to foster their involvement in responding to the HIV epidemic.

EI-EFAIDS Programme

In 2005, Education International with its partners WHO and EDC launched a new programme on EFA and HIV & AIDS – the EI-EFAIDS programme.

EI-EFAIDS aims to prevent HIV among teachers and learners and to mitigate the impact of the epidemic on EFA goals. The three partner organizations have identified the following ways in which unions can support teachers living with HIV:

- Create a union policy that protects HIV-positive teachers from stigma and discrimination. If an HIV and AIDS policy already exists, work on improving it. A policy should aim to:
 - Involve people with HIV at all levels in union HIV- and AIDS-related activities;
 - Address issues of disclosure of HIV status and confidentiality;
 - Create a safe space within the union for people with HIV to meet (i.e. a support group);
 - Build the capacity of people with HIV.
- Develop partnerships with groups, organizations and networks of people living with HIV, and advocate to the government and the public for the rights and interests of teachers infected with or affected by HIV.
- Provide assistance to support groups for teachers with HIV, whether the groups are within or outside of the union. If no support groups exist, help to form them.
- Involve HIV-positive teachers in union HIV and AIDS programmes.

For more information, visit the EI-EFAIDS programme website at <http://www.ei-ie.org/ef aids/en/index.htm>

Creating support for teachers

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

In Malawi, the MoE has encouraged and supported the establishment of support groups for positive teachers, while in Zambia, the MoE is encouraging the scale up of efforts by the Teachers Anti-AIDS Action Group (TAAG), which works with teachers living with HIV.

The pivotal role of HIV-positive teachers and teachers' unions

For World AIDS Day 2006, UNESCO and the EI-EFAIDS programme partners organized a technical consultation that brought together a range of different stakeholders, including MoEs, teachers' unions and HIV-positive teachers' networks from six countries in East and Southern Africa – the two regions in the world that are the most affected by HIV and AIDS – namely Kenya, Namibia, Tanzania, Uganda, Zambia and Zimbabwe. The participants reviewed actions at global, country and community levels, examined barriers and success factors to responding to the needs of HIV-positive teachers, and made recommendations about how challenges can be overcome.

The report *Supporting HIV-Positive Teachers in East and Southern Africa* (UNESCO and EI, 2007) highlights the pivotal role that HIV-positive teachers' networks and teachers' unions play in ensuring a comprehensive response for HIV-positive teachers that fulfils their right to access HIV prevention, treatment, care and support services as well as their right to work without discrimination. It further emphasises that, to enable HIV-positive teachers to continue teaching in a caring environment free of stigma and discrimination and to promote their involvement in the education sector's response to the epidemic, MoEs, teachers' unions, school management and development partners need to:

- Identify the needs of and impact on teachers living with HIV at the individual, occupational, community and systemic levels, taking into consideration the heterogeneity of teacher populations;
- Ensure access to prevention programmes, treatment, care and support, in particular for teachers in hard-to-reach areas;
- Develop partnerships between HIV-positive teachers' networks and teachers' unions;
- Provide support for teachers by teachers, in particular at their workplace – schools;
- Develop and implement HIV and AIDS workplace policies for the education sector that are operational at school level;
- Provide training and skills-building to reduce stigma towards teachers with HIV and to equip all teachers with the knowledge and skills they need to reduce their own risk of HIV infection, to teach about HIV and to support students and colleagues who are infected and/or affected by the virus;
- Build strategic partnerships, including with school administrators and other sectors;
- Carry out community-based activities to reduce stigma towards teachers with HIV and to raise awareness;
- Plan programmes that are evidence-informed, which in turn requires effective monitoring and evaluation.

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UNESCO'S RESPONSE TO HIV AND AIDS

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

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

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

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

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

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

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

EDUCAIDS IMPLEMENTATION SUPPORT TOOLS

Technical Briefs

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

Overviews of Practical Resources

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

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

Complete list of Technical Briefs:

Component of a Comprehensive Response	Brief Title
Quality education	Quality education and HIV & AIDS A rights-based approach to the education sector response to HIV and AIDS Gender-responsive approaches in education sector responses Providing culturally sensitive education on HIV and AIDS Girls' education and HIV prevention Education for orphans and children made vulnerable by HIV and AIDS HIV and AIDS education for minorities HIV and AIDS education for refugees and internally displaced persons Focused HIV prevention for key populations Promoting the greater involvement of people living with HIV in education sector responses
Content, curriculum and learning materials	Curricula for HIV and AIDS education Addressing HIV-related stigma and discrimination HIV and AIDS education in primary school HIV and AIDS education in secondary school Tertiary education responses to HIV and AIDS
Educator training and support	Educator training on HIV and AIDS Creating supportive environments for teachers in the context of HIV and AIDS Psychosocial support for students affected or infected by HIV Strengthening school and community linkages
Policy, management and systems	HIV and AIDS workplace policies for the education sector Situation analysis and effective education sector responses to HIV and AIDS Projection models for HIV and AIDS in the education sector Addressing human capacity in education in the context of HIV and AIDS Coordination and strategic partnerships in HIV and AIDS education International funding for the education sector responses to HIV and AIDS Advocacy for a comprehensive education sector response Monitoring and evaluation of HIV and AIDS education responses
Approaches and illustrative entry points	Life skills-based education for HIV prevention School health and HIV prevention HIV and AIDS education for out-of-school young people Drug use prevention in the context of HIV and AIDS education School feeding and HIV and AIDS HIV and AIDS treatment education Communications and media in the education sector response to HIV and AIDS HIV prevention with and for people living with HIV

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

USEFUL WEBSITES

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

UNESCO Clearinghouses on HIV & AIDS and Education¹

- HIV and AIDS Impact on Education Clearinghouse - UNESCO IIEP
<http://hivaidsclearinghouse.unesco.org/>
- Global Curriculum Bank for HIV and AIDS Preventive Education - UNESCO IBE
<http://www.ibe.unesco.org/HIVAids.htm>
- HIV and AIDS Clearinghouse - UNESCO Bangkok
<http://www.unescobkk.org/index.php?id=436>
- HIV and AIDS Clearinghouse for Eastern and Central Africa - UNESCO Nairobi
<http://hivaids.nairobi-unesco.org/>
- Regional HIV and AIDS Clearinghouse on Preventive Education - UNESCO Dakar
http://www.dakar.unesco.org/clearing_house/sida.shtml
- HIV & AIDS and Education database - UNESCO Harare
<http://www.harare.unesco.org/hivaids/>
- Centro Virtual Regional de Distribución de Información sobre VIH/SIDA y Educación - UNESCO Santiago
http://hivaidsclearinghouse.unesco.org/ev_en.php?ID=5334_201&ID2=DO_TOPIC

List of UNESCO Field Offices

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

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

For more information on the UNESCO field offices, see the webpage:

http://portal.unesco.org/en/ev.php-URL_ID=34016&URL_DO=DO_TOPIC&URL_SECTION=201.html

¹ UNESCO is in the process of merging all of the above clearinghouses to allow for one single entry point with access to all databases. (Expected completion by early 2008). The direct link to the single entry point is not yet available, but it will be provided through <http://www.unesco.org/aids>

UNAIDS Co-sponsors

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

BOOKLET N°

3

SECOND EDITION

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

Educator Development and Support

This booklet is the third in a series of publications that address key themes of UNESCO's work on HIV & AIDS and the education sector. It discusses issues affecting educators in the context of HIV and AIDS, including training, conduct, and care and support.

Booklet 1 provides an overview of why HIV and AIDS are important issues for the education sector, identifies weaknesses in current policy and programming responses, and highlights evidence gaps. Booklet 2 discusses issues affecting learners in the context of HIV and AIDS, including rights and access to education, protection, knowledge and skills, and care and support. Booklet 4 concentrates on the role and importance of strategic partnerships in developing education sector responses to HIV and AIDS, while Booklet 5 focuses on the topic of effective learning using illustrative examples.

Intended mainly for government, donor and NGO policy-makers, planners and managers working in the education sector, we hope that the booklets will also be useful for school governing bodies, administrators, head teachers, teachers and other educators who are tackling some of the challenges presented by the HIV and AIDS epidemic.

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