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Final Report on UNESCO Regional Workshop on Situation-Response Analysis (SRA) to Review the Education Sector's Response to HIV, Drugs and Sexual Health in Brunei Darussalam, Indonesia, Malaysia, the Philippines and Timor-Leste

Kuala Lumpur, Malaysia 12th-13th, April 2011

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Acronym List

BKKBN	: Badan Kependudukan dan Keluarga Berencana Nasional (The National Family Planning Board)
CCM	: Country Coordinating Mechanism
CDC-MoE	: Curriculum Development Center – Ministry of Education
CRIS	: Country Response Information System
CSOs	: Civil Society Organizations
DepEd	: Department of Education
DILG	: The Department of Interior and Local Government
DoH	: Department of Health
DOLE	: Department of Labor and Employment
DOH-NEC	: Department of Health-National Epidemiology Center
DSWD	: Department of Social Welfare and Development
EFA	: Education for All
FSW	: Female Sex Workers
GF	: Global Fund
HAIN	: Health Action Information Network
IBBS	: Integrated Behavior and Biological Surveillance
KAP	: Knowledge, Attitude, and Practice
KTSP	: *Kurikulum Tingkat Satuan Pendidikan* (School Level Based Curriculum
LGUs	: Local Government Units)
MAPEH	: Music, Arts, Physical Education and Health
MARYP	: Most at Risk Young People
MARAs	: Most at Risk Adolescents
MoNE	: Ministry of National Education
MoH	: Ministry of Health
MoSA	: Ministry of Social Affairs
MoRA	: Ministry of Religious Affairs
MSM	: Men who have Sex with Men
NAC	: National AIDS Commission
NAPCP	: National AIDS Prevention and Control Program
OSHC	: Occupational Safety and Health Center
OVCs	: Orphans and Vulnerable Children
PEERS	: *Pendidikan Kesihatan Reproduktif dan Sosial* (Reproductive Health and Social Education)
PLHIV	: People Living with HIV
PNAC	: Philippines National AIDS Council
SAEP	: School-Based AIDS Education Program
SHNC	: School Health and Nutrition Center
SRA	: Situation and Response Analyses
SRH	: Sexual and Reproductive Health
STIs	: Sexually Transmitted Infections
SWOT	: Strengths, Weaknesses, Opportunities, and Threats
UN	: United Nations

Overview and Executive Summary

Fortunately rates of new HIV infections are falling or stabilizing in many regions of the world. Overall, declines in HIV prevalence have been most notable among young people aged 15–24, particularly in the most-affected countries of sub-Saharan Africa, largely due to changes in sexual behavior patterns. In South East Asia, behavior change has yet to be realized among young people at higher risk of HIV exposure. Some of these countries are at risk of failing on their MDG 6 goal to combat HIV/AIDS, particularly in achieving the target for the proportion of the population aged 15-24 years with comprehensive correct knowledge of HIV and AIDS.

UNESCO is committed to advancing the evidence base on HIV & AIDS and education, and to ensuring that lessons learnt from research and practice inform and guide sectoral policy, decision-making and programming, as guided by EDUCAIDS Framework for Action. EDUCAIDS is the UNAIDS Global Initiative on Education and HIV & AIDS, led by UNESCO in collaboration with UN cosponsors. To this effect, UNESCO Office in Jakarta is supporting Situation and Response Analyses (SRAs) to review the education sector's response to HIV, drugs and sexuality issues in five countries: Brunei Darussalam, Indonesia, Malaysia, the Philippines and Timor-Leste.

The review the progress of the draft SRAs and strengthen the capacity of the local consultants conducting the review, a two day workshop was organized by UNESCO in collaboration with the respective National Commissions for UNESCO in select countries. The workshop entailed presentations by the consultants and discussions of good practice in the region, group work to elicit input on the draft SRAs, and concluding sessions synergizing the lessons learned and outlining future action. The workshop was hosted in Kuala Lumpur, Malaysia from 12th to 13th of April, 2011.

The consultative workshop objectives were to:

1. Review principles and components of quality SRAs, and their role in education sector planning.

2. Elicit input from stakeholders on the draft SRAs, including the strengths and weaknesses of the current documents.

3. Identify next steps to finalize the SRAs and promote their use in strategic planning for the education sector responses in the respective countries.

The workshop welcomed over 30 participants (from six countries) from government counterparts, UN, ICSO, CSO, PLHIV and academic stakeholders working to support the Education Sector's HIV response in the respective countries.

After brief welcome remarks outlining the objectives of the two day workshop by Ahmed Afzal of UNESCO Jakarta, the official opening remarks were made by Dr. Faridah Binti Abu Hassan, Director of Educational Planning and Research Division (EPRD), from

Ministry of Education (MoE) in Malaysia. She emphasized that "Good quality education is a powerful weapon against HIV and AIDS. When effectively applied, education has the potential to reduce both societal vulnerability to the epidemic and individual risk." She outlined the history of the education sector response in Malaysia and current areas that beginning in 2011, the Health Education subject, which consists 75% of PEERS (Reproductive Health and Social Education) curriculum, is taught as a separate classroom subject in the Year One school term in all Malaysian public schools.

The workshop was also official opened by Dr. Anwar Alsaid, Head of the Education Unit in UNESCO Office, Jakarta where he outlines UNESCO global response to HIV and how "EDUCAIDS has also been designated by UNESCO's Executive Board as one of three core UNESCO initiatives to achieve Education for All (EFA)." He further emphasized the importance of country ownership of the response by strengthening local best practices which accommodate and respect community values and customs.

We then learned from Ms. Maya Faisal, Social Policy Specialist, from UNICEF Malaysia, that the most pressing issues regarding youth and HIV in her country include:

- A lack of disaggregated data on Most at Risk Young People (MARYP) and Most at Risk Adolescents (MARAs)
- No strong buy-in from policy makers and stakeholders
- Weak or non-existent linkages to Sexual and Reproductive Health (SRH) services

This was followed by a presentation by one of the teachers who was HIV positive herself from PLHIV (People Living with HIV) community. She made a very emotional presentation on the challenges provided by stigma and discrimination and the importance of the confidentiality on the overall response. She also provided examples of discrimination confronted by her and youth in Malaysia.

The Key Note speaker for the workshop was Mr. David Clarke, independent consultant on HIV and Education residing in Bangkok. His exceptional presentation covered the following aspects of an SRA: the Rational, the Approach, Thematic Areas, Key Issues, Some Country Examples and Concluding Thoughts. This session was video recorded and a copy of the video provided to all participants in the form of a USB Flash Drive.

The next one and half days involved group activities and country presentations. During the group activities, all participants were divided into five to six groups and given questions concerning the *definition* of a Situation Response Analysis, the SRA's *purpose* and *scope* in the field of HIV, drugs and Sexuality education. Further, after two country speakers, the participants regrouped to outline and report on strengths and recommendations of the material presented.

The country presentations started with lessons learned from the experience of the Indonesia SRA, followed by current progress of the education sector's response in Malaysia, the Philippines, Timor-Leste and Brunei Darussalam. Please read further below for details of each presentation that outlines the background, methods, findings and recommendations for each country.

Opening Remarks

Dr. Faridah Binti Abu Hassan
Director of Educational Planning and Research Division
Ministry of Education, Malaysia

The Workshop participants were welcomed on behalf of the Director General of Education, Ministry of Education Malaysia.

HIV and AIDS remains one of the world's most serious development crises. It has far reaching implications on societies, communities and families. Since the beginning of the epidemic, AIDS has killed more than 25 million people worldwide.

The first case of HIV in Malaysia was detected in 1986. HIV is not merely a health problem, but is also undermining economic growth, increasing poverty, destroying human and social capital, and reversing development progress.

Good quality education is a powerful weapon against HIV and AIDS. When effectively applied, education has the potential to reduce both societal vulnerability to the epidemic and individual risk. However, the HIV pandemic threatens the very infrastructure of education, taking the lives of policy makers, teachers and administrators, and causing untold suffering for children and their families. Consequently, winning the battle against HIV and AIDS is essential in achieving broader educational goals, and working toward these global education goals is in itself a contribution to the battle against HIV and AIDS.

Responding to these issues, the Ministry of Education Malaysia has taken various measures such as the implementation of the Health Education curriculum since 1989 in secondary schools and 1994 in the primary schools. HIV, drugs and sexuality are taught mainly in the Health Education subject under the title of *Family and Health Education* (*Pendidikan Kesihatan Keluarga)* since 1989. This curriculum has been updated from time to time and its name was changed to *Sexuality Education* in 2003 and then subsequently changed to *Pendidikan Kesihatan Reproduktif dan Sosial* (PEERS), which means Reproductive Health and Social Education in 2006. Beginning this year (2011), the Health Education subject, which consists 75% of *PEERS* curriculum, is taught as a separate classroom subject in the Year One school term in all Malaysian public schools.

Health Education curriculum in Malaysia today is of skills-based health education, in particular life skills, to areas such as HIV prevention, reproductive health, early pregnancy, violence, tobacco and substance use. These are issues which becoming increasingly widespread. In areas such as these, individual behavior, social and peer

pressure, cultural norms and abusive relationships may all contribute to the health and lifestyle problems of children and adolescents. There is now increasing evidence that in tackling these issues and health problems, skills based approach to health education works, and is more effective than teaching knowledge alone.

Too often, the focus has been on individuals alone. This fails to recognize the effects of political, legal and religious factors, the media, the family and the community as influences on behavior. In the majority of South East Asian contexts, the family *plays a* significant role in influencing what people think and do.

Ignorance about the disease and lack of means of protection may condemn many to an early death. Regardless of where they live, and regardless of their age, women and men have a right to the knowledge and means by which to protect themselves and their partners.

HIV and AIDS must be positioned as a crosscutting development issue that calls for multi-sectoral and coordinated action, with appropriate resource allocation. We need to undertake a comprehensive study to assess the community, social and economic risk factors that lead to youth taking drugs and its implications on the spread of HIV. We will need to work together through networking mechanisms in order to learn from each other's experiences for the good of our people. We must do everything possible to overcome HIV and AIDS.

"Good quality education is a powerful weapon against HIV and AIDS. When effectively applied, education has the potential to reduce both societal vulnerability to the epidemic and individual risk."

Introduction to the Workshop

Dr Anwar Alsaid
Head of the Education Unit
UNESCO Jakarta

UNESCO is committed to advancing the evidence base on HIV and education and to ensuring that lessons learned from research and practice inform and guide sectoral policy development, decision-making and programming. The UNESCO office in Jakarta

has already supported the Situation and Response Analyses (SRA) to review the education sector response to sexuality, drugs and HIV in Indonesia in 2010 and has supported this process in the four cluster countries, namely: Brunei Darussalam, Malaysia, the Philippines and Timor-Leste.

UNESCO work is based on EDUCAIDS – the UNAIDS Global Initiative on Education and HIV & AIDS – framework for Action. EDUCAIDS is a partnership framework aiming to support comprehensive education sector responses to AIDS. EDUCAIDS has also been designated by UNESCO's Executive Board as one of three core UNESCO initiatives to achieve Education for All (EFA). The main strategies to implement this are as follows:

1) Advocacy and Support for Evidence-Informed Policies and Practices;
2) Policy and Programmatic Guidance;
3) Technical Support & Capacity Enhancement;
4) Coordination and Harmonization; and
5) Monitoring, Assessing & Evaluating Progress.

The SRAs aim to:

- Provide an overview of the situation with regard to sexuality, drugs and HIV issues including epidemiological trends, policy and legal frameworks and the overall national response;
- Document the education sector contribution in critical areas e.g. policy, curriculum, teacher training etc. and identify areas that may be missing or weak;
- Provide evidence based information for future education sector sexuality, drugs, sexuality and HIV and AIDS planning and prioritization; and
- Make recommendations to strengthen co-ordination and implement scaled up comprehensive responses to HIV and AIDS in the four respective countries.

The HIV Epidemic in Malaysia and Impact on Youth

Maya Faisal
Social Policy Specialist
UNICEF Malaysia

"In 2009, young people aged 15–24 accounted for 41 per cent of new HIV infections in people aged 15 and older.2 Reducing this level of incidence requires not a single intervention but a continuum of HIV prevention that provides information, support and services to adolescents and young people throughout the life cycle, from very young adolescents (aged 10–14) through older adolescents (aged 15–19) to young adults (aged 20–24)" (Young People and HIV and AIDS: Opportunity in Crisis: UNICEF, UNAIDS, UNESCO, UNFPA, ILO, WHO and The World Bank, 2011)

It is more than 20 years since 1986 and the first HIV case in Malaysia. Malaysia is classified today by WHO as a having a concentrated HIV epidemic.[1] The HIV epidemic is being driven by injecting drug use, but now there are signs of increasing numbers (about a third of new infections) being transmitted sexually. Up to 91,362 HIV cases have been reported through the national HIV surveillance system as of end 2010. [2] While the national HIV prevalence is <1%, it ranges from 3% to 20% among key affected populations such as sex workers and people who use drugs.[3] 10.5% HIV prevalence has been reported among female sex workers.[4] There were 3,652 new HIV cases were reported in 2010. There is an average of 10 cases being identified daily where 2 are female and 8 are male. Up to 33% of reported infections occur among young heterosexual males of Malay ethnicity between the ages of 20-39 years who inject drugs.

There are about 9.84 million under the age of 18 years.[5] In 2010, children comprised 2.24% of the 3,652 new HIV cases. The vulnerabilities and situations encountered by both urban and rural children and adolescents which expose them to HIV infection are many: sexual and physical violence, incest, sex work, human trafficking, underage and unprotected sex. Children living with HIV have been reported to have faced stigma and exposed to acts of discrimination which lead to ostracism, exploitation, homelessness and loss of access to education.

The most pressing Issues regarding Youth and HIV include:

- A lack of disaggregated data on Most at Risk Young People (MARYP) and Most at Risk Adolescents (MARAs)
- No strong buy-in from policy makers and stakeholders
- Weak or non-existent linkages to Sexual and Reproductive Health (SRH) services

The proposed steps to address these issues are:

- Analysis of the 18-24 target population from the IBBS 2009.
- Host a MARYP Symposium in-conjunction with the 2nd National AIDS Conference planned for July 2011.
- The development of a working paper/policy document to link up services of SRH and Drop-In Centres of the national harm reduction program to target MARYPs.

The Situation and Response Analysis (SRA)

[1] UNGASS Country Report. Malaysia 2010
[2] Disease Control Unit, Ministry of Health, Malaysia 2010
[3] Economic Planning Unit and UNDP, 2005 – Achieving the Millennium Development Goals. Success and Challenges. The UN Country Team Malaysia and the EPU, Government of Malaysia
[4] IBBS 2009
[5] Department of Statistics and Economic Planning Unit - revised population projection

David Clarke, Independent Consultant

1. **Rationale for undertaking a SRA**

   The main reasons for undertaking a SRA are:

   - To provide a basis for sectoral or multi-sectoral planning;
   - To help identify needs and priorities;
   - To identify which interventions are working and which are not;
   - To identify gaps and where scaling up is necessary;
   - To build consensus and ownership;
   - To provide a snapshot of the status of interventions; and
   - To support monitoring and evaluation (M&E).

2. **Approach**

   The SRA process usually involves an approach involving a combination of methods including:

   - Review of international evidence and 'best practice.'
   - Desk review of available national documentation;
   - Participatory workshops with representatives of stakeholder groups/departments; and
   - Key stakeholder interviews.

3. **Thematic areas**

   The SRA involving education and HIV and AIDS is usually conducted through a series of thematic lenses. Typically these include HIV prevention education; policies and activities to address stigma and discrimination; Policies to support the education of orphans and vulnerable children (OVCs); access to health and social services; and school health programming. From an education perspective this involves investigation of the following;

   - Policies and strategies;
   - Management and coordination of the HIV response;
   - The curriculum and co-curriculum;
   - Teacher education and professional support/development;
   - School management and classroom practice'
   - Community and parental participation; and
   - Assessment of learning outcomes.

4. **Some key issues**

   It is necessary through the SRA process to 'unpack the situation and the response leading to assessments of both, in particular the appropriateness of the latter in relation to the former. It seems important to address the following:

   - Understanding the 'situation' (epidemiology, Knowledge, Attitude, and Practice (KAP)/ Integrated Behavior and Biological Surveillance (IBBS), status of education service delivery, learner perspectives etc);

- Understanding the status of the education sector and its capacity and readiness to provide an effective response;
- Understanding the education 'response' (e.g. objectives, coverage, what is working; what is not working, what is lacking etc);
- Identifying strengths, weaknesses, opportunities and threats;
- Identifying resource mobilization opportunities and constraints; and
- Making practical recommendations for future action.

5. **Some examples of SRAs**
   It is useful to review other SRAs when undertaking one. Examples of countries which have supported SRAs include Cambodia, Guyana, Indonesia, Jamaica, Mongolia, Nepal, St Lucia, and Vietnam.

6. **Concluding Remarks**
   There are some important lessons learned from undertaking an SRA process. These include:
   - Have a clear Executive Summary (and limit length of document);
   - Ensure that the SRA is a document of reference;
   - Publish the findings and if possible place them on the MoE website;
   - Disseminate the SRA findings with MoE decision makers, civil society and at decentralized levels of the education system;
   - Ensure the SRA is used to develop an action plan to strengthen the education sector response;
   - Repeat the process periodically as part of the education sector planning cycle. The SRA process should not a unique event.

Group Activity: Situation Response Analysis

Participants were divided into 5 groups and given questions concerning the definition of a Situation Response Analysis, the purpose and scope in the field of HIV and Sexuality education. The outcomes of the group work are summarized below.

1. **What is a Situation Response Analysis (SRA)?**
   The SRA is a process that aims to obtain a complete picture of the issues, concerns and challenges. It presents data or case studies. It provides a conceptual framework for planning action(s) to address certain issues and identified needs. It tends to be a top-down analytical process. Concerted effort is required to identify the actual situation concerning the

issues under investigation. SRAs can contribute directly to the policy-making and implementation.

The SRA involves Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. It is used for taking stock, capturing the status quo, address/identify gaps, challenges, identifying lessons learned and gathering data.

2. **Why do SRAs matter?**

   The SRA is a tool for developing evidence-based recommendations which are geared towards effective policy-making and decision-making. It is aid for informed and participative decision making. They are useful for Advocacy as well as for practical applications.

   SRAs are used in measuring progress/impact, for targeting interventions and leveraging or maximizing resources (financial and technical). They can be used for harmonization and strengthening coordination.

3. **What should they address?**

   The SRA process should involve a mapping of all concerned stakeholders. It should assess specific identified problems and needs. Depending on the analysis, it should address macro and micro issues and problems. It should address the magnitude of the problem. Multi-faceted responses to issues should be considered depending on analysis of the situation e.g. curriculum, teacher training, education materials, policies and resources.

Presentations of the SRAs of Five Cluster Countries: Indonesia, Malaysia, the Philippines, Timor Leste and Brunei Darussalam

INDOENSIA

Hoshael Waluyo Erlan, Atma Jaya Catholic University
Noor Indrastuti, Curriculum & Textbook Center, MoNE

(Note – the SRA for Indonesia was completed in 2010 as the first report from the five countries participating to contextualize the findings, provide a model to follow from and to share experiences of development and challenges. The other four reports are due for completion in 2011, with interim reports presented here.)

Link to copy of SRA: http://unesdoc.unesco.org/images/0018/001888/188887E.pdf

- **Background**

Despite 20 years of increasingly concerted effort, largely downstream, to prevent the spread of the epidemic, new cases of HIV infection continue to rise. Estimations show that by the end of 2009 there were some 333,200 people living with HIV (PLHIV) in Indonesia. The number of reported cumulative AIDS cases has risen sharply from 2,682 cases in 2004 to 19,973 by December 2009. Among the cases reported, 25% are among women.

- **Methods**

The methods employed for this SRA undertaken in Indonesia included a desk review, in depth interviews and focus group discussion with MoNE, MoSA (Ministry of Social Affairs), Family Planning Bureau, MoH, National Development Planning Agency, National and Provincial AIDS Commissions, Royal Embassy of the Netherlands, UN agencies, CSO, teachers and students from secondary schools. The SRA investigation involved a review of policies, programmes, textbook content, teacher training and life skills education. The scope of the SRA was confined to junior and secondary education in Papua, Maluku, West Kalimantan, Riau islands, Jakarta and Bali, the provinces with the highest rate of HIV infection.

- **Main findings**

The education sector formulated its policy to respond to the establishment of NAC and its first National Strategic Plan in 1994 and formed an interdepartmental mechanism in 1997 to respond to the emerging epidemic, but unfortunately it was dismantled during the political reform when the government was decentralized in 1999. In 2004, the HIV focal point in the Ministry of National education (MoNE) published HIV/AIDS Prevention Strategy through Education to integrate HIV into school curricula and how teachers should be informed and trained to carry out the mandate. Although this policy document was disseminated nationally, it appears to be neglected as many in the field are unaware of it.

In 2008 MoNE Decree No. 39 on *Guidance and Supervision of Student Activities* (*Pembinaan Kesiswaan*) was enacted in which HIV and Drug Use prevention are mandatory activities. This opens opportunities to impart information on HIV and life skills within existing curricular and co-curricular activities like UKS, OSIS, and Student Scouts.

MoNE has been collaborating with UN Agencies (UNICEF, UNESCO, UNFPA and WHO) and NGOs in publishing teachers and training manuals on sexual and reproductive health, HIV, and drug use. Due to limited resources, however, distribution and utilization of these important materials are very limited.

This review found that not all MoNE provincial/municipal offices are actively engaged

in HIV education in schools. The exceptions were in Papua, West Papua, West Kalimantan, DKI Jakarta, and Bali, where a concerted effort has been initiated by the education sector. In Papua, where the HIV epidemic has been generalized, information on HIV is being mainstreamed within the school curricula from the primary level in select districts. Teachers receive in-service training on HIV and students are trained as peer educators.

In Papua and West Papua, prevention of HIV is complicated by low levels of education, and socio-cultural, and geographic factors. These two provinces have the lowest school participation rates in all levels (with many out of school youth at high risk), people speak different languages and live in dispersed geographical areas, and many practice risky behaviors such as having multiple sexual (and commercial) partners.

Inter-sectoral collaboration is rarely realized where Ministry of Health (MoH), *Badan Kependudukan dan Keluarga Berencana Nasional* (BKKBN) or National Family Planning Board, Ministry of Social Affair (MoSA), and Ministry of Religious Affair (MoRA) running their own programs leading to inevitable overlap. Some direct their programs to out of school members of the community. The actual impacts of these sectoral programs are unclear since comprehensive assessments have yet to be conducted.

Focus group discussions (FGDs) revealed that HIV, sexuality and reproductive health, and drug use are subjects of interest to students. Unfortunately only limited numbers of teachers have received comprehensive in-service training in these subjects in an interesting and engaging manner. Many students were not satisfied with what they learned from textbooks and during focal group discussion to look further information in popular media or cyberspace without supervision.

- **SRA Recommendations**

1. A concerted effort is urgently needed to ensure that the national policy to prevent HIV through education is disseminated and socialized properly down to the district level;
2. The *minimum standard requirements* outlined in *Kurikulum Tingkat Satuan Pendidikan* (KTSP) 2006 or School Level Based Curriculum need to be adhered to by textbook writers and teachers;
3. The education sector should look for international (Cambodia and Thailand) and national (Papua and West Kalimantan) evidence-based best practices of HIV prevention in schools;
4. Due to decentralization, multi-sectoral coordination with other institutions should be improved, especially to deal with children who are outside of the formal education system-NAC secretariat may have an important role;
5. The new role of the school principal needs to be tapped in a decentralized education sector that allocates more authority and autonomy to the headmaster who influences how and where skills-based HIV and drug use prevention, and sexuality education is mainstreamed in the curriculum;
6. The use of user-friendly and modern communication technology, i.e. Facebook, Twitter and other social networks should be thoroughly exploited;

7. The use of traditional media such as performing arts, radio and local TV networks should be considered;
8. Support for MoNE support needs to be strengthened for more sustainable partnerships. Many NGOs operating at the national or local level which are known to have culturally appropriate or sensitive training on HIV and AIDS, sexuality and reproductive health, and drug use; and
9. Since children affected by and living with HIV and AIDS have a right to education, the sector should develop strategies to deal with stigma and discrimination, and other possible barriers which may prevent their participation in school. Protocols or ministerial decrees may be needed to overcome these socially sensitive challenges.

Noor Indrastuti, Curriculum and Textbook Center, MoNE, Indonesia, was then invited to briefly present on the HIV Module for School Headmasters/Directors that was developed with colleagues from AusAID, National AIDS Commission, MoNE Indonesia and UNESCO Jakarta. The module will be used as reference material in the training of school head masters, treasure and member of the community on the effective use and management of BOS (School Operations Funds) for all elementary and junior secondary school throughout Indonesia. AusAID has recently started to work with HIV in the education sector with provisions of reference material on HIV for school principals through the nationwide BOS Training initiative, aiming to reach 270,000 schools. A series of TOT for the trainers was initiated in 2011 then followed by school/madrasah (Islamic religious school) training (starting from the last week of July to October 2011), for primary and secondary school management.

MALAYSIA

Background by:
Maya Faisal, Social Policy Specialist, UNICEF Malaysia
Education Sector Report by:
Tan Huey Ning, Head of Health Education Unit, MoE

- **Background**

"In 2009, young people aged 15–24 accounted for 41 per cent of new HIV infections in people aged 15 and older.2 Reducing this level of incidence requires not a single intervention but a continuum of HIV prevention that provides information, support and services to adolescents and young people throughout the life cycle, from very young adolescents (aged 10–14) through older adolescents (aged 15–19) to young adults (aged 20–24)" (Young People and HIV and AIDS: Opportunity in Crisis: UNICEF, UNAIDS, UNESCO, UNFPA, ILO, WHO and The World Bank, 2011)

It is more than 20 years since 1986 and the first HIV case in Malaysia. Malaysia is classified today by WHO as a having a concentrated HIV epidemic.[6] The HIV epidemic is being driven by injecting drug use, but now there are signs of increasing numbers (about a third of new infections) being transmitted sexually. Up to 91,362 HIV cases have been reported through the national HIV surveillance system as of end 2010. [7] While the national HIV prevalence is <1%, it ranges from 3% to 20% among key affected populations such as sex workers and people who use drugs.[8] 10.5% HIV prevalence has been reported among female sex workers.[9] There were 3,652 new HIV cases were reported in 2010. There is an average of 10 cases being identified daily where 2 are female and 8 are male. Up to 33% of reported infections occur among young heterosexual males of Malay ethnicity between the ages of 20-39 years who inject drugs.

There are about 9.84 million under the age of 18 years.[10] In 2010, children comprised 2.24% of the 3,652 new HIV cases. The vulnerabilities and situations encountered by both urban and rural children and adolescents which expose them to HIV infection are many: sexual and physical violence, incest, sex work, human trafficking, underage and unprotected sex. Children living with HIV have been reported to have faced stigma and exposed to acts of discrimination which lead to ostracism, exploitation, homelessness and loss of access to education.

The most pressing Issues regarding Youth and HIV include:

- A lack of disaggregated data on Most at Risk Young People (MARYP) and Most at Risk Adolescents (MARAs)
- No strong buy-in from policy makers and stakeholders
- Weak or non-existent linkages to Sexual and Reproductive Health (SRH) services

The proposed steps to address these issues are:

- Analysis of the 18-24 target population from the IBBS 2009.
- Host a MARYP Symposium in-conjunction with the 2nd National AIDS Conference planned for July 2011.
- The development of a working paper/policy document to link up services of SRH and Drop-In Centres of the national harm reduction program to target MARYPs.

- **Methods for SRA:**

[6] UNGASS Country Report. Malaysia 2010
[7] Disease Control Unit, Ministry of Health, Malaysia 2010
[8] Economic Planning Unit and UNDP, 2005 – Achieving the Millennium Development Goals. Success and Challenges. The UN Country Team Malaysia and the EPU, Government of Malaysia
[9] IBBS 2009
[10] Department of Statistics and Economic Planning Unit - revised population projection

The methodology used consisted of a desk review, fieldwork and post-field work analysis. The fieldwork was conducted October 18-22, 2010 in Kuala Lumpur (KL), Malaysia, and three other districts located on the outskirts of KL in Selangor State. The Curriculum Development Center – Ministry of Education (CDC-MoE) arranged the interviews. A total of 36 people were interviewed. Both individual and group interviews were conducted with different questions that related to their degree of involvement in HIV and AIDS, drug use and sexuality education.

- **Findings**

Malaysia's HIV prevention, sexuality and drug use education have been implemented in both primary and secondary public schools across the country. Though the system is in place, there are many opportunities for the Curriculum Development Center of the Ministry of Education to strengthen the education sector response.

HIV prevention and sexuality education has been taught in Malaysian schools since 1989 under the title of *Family and Health Education*. This curriculum was updated a few times and its name was changed to *Sexuality Education* in 2003. In 2006, it went through a new stage of development and updating that resulted in a change of name to PEERS (a Malaysian language acronym for *Reproductive Health and Social Education*). Subsequently, the Ministry of Education announced in December, 2010 that the PEERS would be taught as a separate class subject in Malaysian public schools beginning during the 2011 school term.

Not only was this curriculum taught in physical education and health classes, but parts of the curriculum were integrated into the core school courses' curriculums, such as science, ethics and Islamic religion, as well. From grade 1 to grade 12, students have learned about topics ranging from puberty, personal hygiene, menstruation, Sexually Transmitted Infections (STIs), emotional changes in teenagers, drug use, family issues, human anatomy, pregnancy and HIV/AIDS.

Besides learning in the classroom, some Malaysian students have had the opportunity to learn by participating in extracurricular activities such as the PROSTAR peer-educator program that focuses on high-risk activities and AIDS, youth camps held for several age groups by the National Anti-Drugs Agency that are focused in educating students about the risks of drug use and an abstinence-only approach to sex education based on the manual *No Apologies: The Truth About Life, Love and Sex.*

Even though there are a number of channels used to teach students about high-risk behavior, the majority of these methods rely heavily on the competency of the teachers and the support from senior school officials. The HIV prevention, sexuality and drug-use curriculum faces a number of problems; the health classes where the curriculum is taught has not been compulsory, NGOs were reported come to speak to the student body about these important issues or hold camps typically only once a year and peer-training events are held sporadically. After reviewing the available material, it

seems that most of the curricula is based on teaching information rather than teaching life skills that can be used by the students to deal with various situations they may face.

To help prepare teachers, the Ministry of Education holds training sessions that covers the material in the curriculum. Teachers interviewed during this review noted that no training event has been held since 2008 and the methods taught during the training could not be fully implemented during the 40-minute class periods. Moreover, these training events are not compulsory and not all of the teachers involved in the programme attend. During the interviews, teachers noted that for the most part, State Education Department representatives did not attend the teacher training events and therefore could not adequately coach or mentor the teachers who were implementing the activities in the classroom.

One of the largest challenges the program faces is to find indicators that will allow education officials to measure programme effectiveness. No M&E indicators seem to have been identified. By setting clear indicators and then reporting the results, the Ministry of Education could justify to Malaysia's conservative public why it is necessary to teach students about sexuality, drug use and HIV and AIDS in the schools. Another benefit of having programmatically useful results is to allow teachers to evaluate not only their students' knowledge, but their own teaching skills as well.

Conducting research and using the findings to strengthen the curricula taught would also benefit Malaysian youth. Skill-building components and activities should be implemented more than the normal lecture-style approach when teaching this important material as it can produce positive outcomes in terms of risk perception and self-efficacy.

Further training for not only the teachers, but also the senior school officials, State Education Department officials and Ministry of Education officials should be held regularly and follow a clear, set plan. Providing students with the opportunity to consult outside agencies that deal with sexual or reproductive health would also greatly benefit Malaysian youth.

Overall, Malaysia has HIV prevention, drug use and sexuality education programs in place, but the schools face the challenges of implementation and the ability to measure the results so they that can be used to develop and further help the youth.

The PHILIPPINES

Lonalee Miravite
University of the East

- **Background**

HIV prevalence in the Philippines is still low at below 0.01% of the total population, but there has been a noted increase in the total reported HIV cases from 1,450 cases in 2000 to 6,015 cases at the end of

2010. In the last three years alone, the number of annual reported cases in the country has more than quadrupled. While the country's prevention programme was initiated more that two decades ago, HIV cases continue to climb, primarily affecting the young population in the age group of 20-29 years, and most especially the young men (DOH-NEC, 2011).

Among the modes of HIV transmission, sexual contact has been the most predominant in the Philippines (90%). Key populations at higher risk of HIV exposure in the country consists of people with sexually transmitted infections (STIs), the sexually active youth, sex workers, men who have sex with men, injecting drug-users, and people with misconceptions or who lack correct knowledge about HIV and AIDS. Reported cases for HIV transmission through the use of non-sterile injecting equipment by people who use drug has been reported to be low at 3% (DOH-NEC, 2011) but high risk behaviors such as engagement in unprotected sex, increases the their risk of HIV exposure.

- **Methods**

The methods employed for this SRA included desk reviews, interviews with the officials of the Department of Health (DOH), the Philippine National AIDS Council (PNAC), and the Department of Education (DepEd). Content analysis of curricula is supplemented by knowledge and attitudes tests, as well as focus group discussions and SWOT analyses, among students and stakeholders in the four sites of the Philippines with the highest prevalence of HIV, namely, Metro Manila, Metro Cebu, Metro Davao, and Cavite.

- **Findings**

The Philippine education sector was quick to respond to the threat of HIV with the passing of DECS (Department of Education) Memorandum Order directing schools to undertake an information campaign against AIDS nationwide in 1987 and with the creation of The National AIDS Prevention and Control Program (NAPCP) in 1988.

The creation of the Philippine National AIDS Council (PNAC) in 1992 was intended not only to oversee the planning and drafting of policies on AIDS, but also intended to ensure the establishment of a nationwide HIV information and education programme. The Philippine AIDS Prevention and Control Act of 1998 (RA 8504) has laid down the policy guidelines on AIDS prevention and control and the functions of the different government sectors. More importantly, it has mandated the integration of HIV and AIDS education in all schools nationwide. Directives from the Department of Education and Commission on Higher Education have been delivered in the past 15 years to mainstream HIV and AIDS education, as well as life skills-based education, in the basic education and higher education curricula.

Policies, mandates, and HIV prevention programmes are in place, but PNAC and the education sector lack government support and funding to fully implement the education programmes and to institutionalize HIV and AIDS education in the country. Implementation of the

mandates at the national and local levels is poor. There are no focal persons for the national HIV programme in the different sectors. Few local government units (LGUs) have local policies and programmes on HIV/AIDS. There is wavering commitment by some government agencies to execute directives as mandated by law. Frequent change in leadership, especially at the provincial, district, municipality, and city levels, results to non-continuation of, or a shift, in commitments to policies and programs. Due to the rapid government decentralization process in the Philippines, including the health sector, the capacity of local government has not been at an optimal level either. This constraint has been compounded with the extensive geographical diversity and the high mobility of populations at higher risk of HIV exposure.

Most HIV initiatives in the country are externally funded and are carried out by civil society organizations (CSOs), without support from the government. Efforts by the health sector, through the Department of Health (DOH) and PNAC, as well as the CSOs, are mostly centered on service delivery interventions, monitoring and evaluation, treatment and support for PLHIV and their families, and programs for populations at higher risk of HIV exposure (i.e., sex workers, men who have sex with men, people who use drugs and migrant workers).

People who have misconceptions or who lack correct knowledge about HIV and AIDS, especially youth, have received little attention in the overall national and CSO response.

Although efforts to mainstream HIV and AIDS education in the basic education curriculum through the development of modules have been undertaken by the Department of Education School Health and Nutrition Center (SHNC) since the early 1990s, through the School-Based AIDS Education Program (SAEP), the programme has never been implemented at the national level due to lack of funding support from the government for the reproduction of the modules.

Teacher training for the use of the modules has only been on a selective basis. As a result, teachers use oral communication in delivering HIV and AIDS education, sometimes based on inaccurate information from unreliable sources, without any accompanying literature that the teachers can refer to, leading to a lot of misinformation that is passed on from one individual to another. Teachers also express difficulty in discussing HIV and AIDS with students due to a lack of adequate knowledge and strategies for teaching HIV and AIDS education. On the other hand, modules and materials produced by PNAC focus on the epidemiology and transmission of the HIV, which only target the knowledge domain of learning. Emphasis on the effects of the infection, implications of responsible sexuality on the family, community and the society, and the effect of decision making about sexuality and drug use on one's life still needs to be given attention.

Life skills-based education has been emphasized in as early as 2000 and has been integrated in The Philippine Health Curriculum in Philippine Basic Education

(2009), as well as in the Philippine adaptations of the UNESCO Teacher Education Manuals on HIV and AIDS Prevention (2007), but teachers still need to be trained on strategies in teaching life skills, which cannot effectively be done using the conventional teaching methods. Moreover, because the Philippines is a predominantly Catholic country and many of its schools are faith-based, the Filipino sensitivity to the topics has to be factored in the preparation of instructional materials; otherwise they will not be acceptable to certain sectors of society, for example, the Catholic Church and conservative parents. Meanwhile, students get information on HIV and AIDS through the media, their peers, and through in-campus and off-campus seminars, although students admit that these were not very educational and that the focus was mainly on drug-use. On a positive note, findings reveal that 73.2% of the students are comfortable learning about HIV and AIDS from their teachers. This is highly encouraging and should be taken as a basis for continued efforts at mainstreaming HIV and AIDS education.

The Health component in *Makabayan* MAPEH (Music, Arts, Physical Education and Health) is the most appropriate subject where integration can take place. Unfortunately, there is a lopsided treatment of the four subject components of MAPEH with a heavy emphasis on Physical Education. The curriculum analysis done by the Research Team shows that there are many possible points of integration for HIV, drugs and sexuality in the basic education curriculum, even in English, Filipino and Mathematics, especially in Science and Technology, and all components of *Makabayan,* including Music. At the tertiary level, it was mandated that HIV and AIDS education be integrated in General Education courses in Natural/Biological Sciences, General Psychology, and General Sociology. The National Service Training Program, a course requirement for all college students, is also a suitable entry point for the integration.

Regarding Monitoring and Evaluation (M&E), the country was expedient in setting up a surveillance system for HIV and AIDS. The Department of Health-National Epidemiology Center (DOH-NEC) and the Philippine HIV and AIDS registry were established in 1987 to allow the monitoring, surveillance, and rapid assessments of HIV vulnerability. The Registry, however, is limited to receiving reports from hospitals, clinics, treatment centers doing HIV blood tests, and from doctors who report their patients' records at their own discretion. There is a large difference between the reported HIV and AIDS cases and the DOH's estimated HIV and AIDS cases, which seems to suggest that there is an underreporting of HIV and AIDS cases in the country. People who have been tested HIV-positive may opt for nondisclosure because of the stigma and the discrimination attached to the infection.

To strengthen the M&E system, PNAC launched the Philippine Country Response Information System (CRIS) Pinoy in 2009, with support from UNAIDS. It is the national database for monitoring and evaluation, which serves as the base framework for national reporting mechanisms. The PNAC Secretariat manages the database with support from the Health Action Information Network (HAIN), PNAC's CSO member and its very own M&E technical support arm. However, full operationalization of the M&E system requires substantive resources. While the Philippines has developed an AIDS M&E system, it has been inadequate in its thrust. There had only been limited to partial assessments to ascertain compliance with the provisions of RA 8504. As of 2009, there was still no data available as to the number of elementary and secondary schools in the country with HIV integration in the curriculum. At the tertiary level there has been no

report undertaken on subjects integrating HIV, drugs and sexuality other than those mandated by law. There are no focal persons for M&E among the member agencies. The DepEd, TESDA and CHED are mandated to contribute to the national AIDS plan, but with no allocated funds and, for the most part, clear work plans. Similarly, their program data are not systematically collected. This is due to lack of a system to share information.

Nonetheless, with the exclusion of the limited data from the education sector, the Philippines has been lauded by UNAIDS for having the most comprehensive data reported by a country for its 2008 UNGASS Country Progress Report (AIDS Society of the Philippines, n.d.). The Philippines has delivered four UNGASS Country Progress Reports since 2004 and has also presented a progress report on many of its partners in the government sectors and CSOs in 2009, but there is still the challenge of a nationwide, multisectoral, and multi-organizational implementation of the National M&E system (PNAC, 2010).

Principle support for the national AIDS response comes from the country's development partners, particularly the Global Fund (GF) and the United Nations (UN) agencies. The Philippines is much dependent on its international partners for the implementation of AIDS programs, as only 20% of the total AIDS spending comes from domestic funding. For domestic spending, the bulk of the budget goes to the Department of Health (DOH), the Philippine National AIDS Council Secretariat (PNAC-SEC), the Department of Social Welfare and Development (DSWD), the Occupational Safety and Health Center (OSHC) of the Department of Labor and Employment (DOLE), the Department of Interior and Local Government (DILG), and select hospital and government units (PNAC, 2010). Only a small fraction of the funding, both domestic and external, is allotted to the education sector. Many key development partners have their priority programs which sometimes do not synchronize with the requirements of the country's AIDS strategic plan.

The country can achieve all its objectives in the current plan if the development partners could align their support towards common management and implementation indicators and systems. There remains a need to allow a reasonable resource mobilization and ensure the continuance of funds to further address all essential elements towards achieving national goals.

Timor-Leste

Remegio Alquitran
UNESCO Dili, Timor-Leste

- **Background**

Timor-Leste is a low HIV prevalence country with less than 0.1 percent of the population living with HIV. The first case of HIV in Timor-Leste was detected in 2003. Although HIV prevalence in the general population appears to be low, prevalence among Female Sex Workers (FSW) and Men who have Sex with Men (MSM) are higher at 3% and 0.9% respectively, while there is no data on HIV infections among people who use drugs including the extent of drug use in Timor-Leste in general.
Confirmed cases are still relatively low; however, increasing number have been reported from one case in 2003 to 198 reported cases in the early part of 2010. Data showed further that highest that 50% of cumulative cases are among people aged 25-44 years and 53% are among males.

- **Methods**

The assessment drew primarily on desk research to capture the current situation in Timor-Leste, along with interviews with key informants to validate findings and collect additional data/information. Additionally, site visits were undertaken to a number of pre-secondary and secondary schools within Dili, the capital city, to conduct interviews with Head of the schools and interact with students.

- **Findings**

Recent studies of Timorese youths have shown that there are significant differences between sexual behaviors of young men and women in Timor-Leste. Sixty percent (60%) of male respondents aged 15 to 24 reported having experience sexual intercourse compared to 24% of female respondents of the same age. Although the country is at a low prevalence state, behaviours in certain high risks groups such as MSM, uniformed personnel and increasing number of FSW, low condom use and increasing number of injecting drug use, pose a great potential to significantly increase the rate of HIV infection across the country.

Key to the national response on HIV is the development of a National HIV and STI Strategic Plan for Timor-Leste. Three national strategic plans have so far been developed covering the period 2003-2005, the strategic plan for 2006-2010 and the new strategic plan for 2011-2015. The new plan calls for a renewed commitment to strengthen the existing response to HIV, meet new challenges and achieve the goals of minimizing HIV transmission in Timor-Leste and ensuring high quality treatment and care for people living with HIV.

In the newly developed Timor-Leste Strategic Development Plan for 2011-2030, the government recognizes that the key to overcome shortage of skilled human resources in key development sector of the country to achieve economic success is by putting education and training at the very core of its development strategy.

Education plays a major role in achieving and contributing to the country's overall development and its future is dependent on investments made for the sector. To support this, the government had developed necessary framework for strengthening the education system. It has now implemented the free, compulsory and universal education system of 9 years, referred to as *basic educatio*n, with a budget allocation of U$60.25 million for 2010 which is 16.8% of the national budget.

This review of the education sector response to HIV, drugs and sexuality in Timor-Leste aimed to look at policies and responses within education sector on the issues, identify gaps in policies and programmes and to understand the need for developing or scaling up/improvement of the national response to HIV epidemic within the sector, to devise a reasonable and workable agenda to improve HIV, drugs and sexuality education and propose recommendations to support the response. The assessment is carried out mainly through the use of desk research and interviews with the participants.

The national response on HIV emanates from the AIDS architecture in the country. Timor-Leste has established its National AIDS Commission (NAC) in 2003 alongside with developing its first National Strategy for HIV and STI under the leadership of the Ministry of Health (MoH). It implemented the national HIV response with support from Global Fund for the Round 5 HIV programme of $8.36 million from June 2007 to December 2011 covering significant portion of the activities of the Strategic Plan in the area of prevention, clinical care and strategic information.

On the role of NGOs, civil society organizations and the Church in Timor-Leste, it is recognized that they also play an important role in the national response evidenced by their active involvement and engagement in HIV programming and implementation even at the policy level as most of them are either members of the NAC or the Country Coordinating Mechanism (CCM) for Global Fund.

The education sector response to HIV, drugs, sexuality and reproductive health education has been very limited. In summary, findings of the reviewed indicated that the sector is lacking an aggressive response which is crucial in the national response characterized by the absence of a number of components such as lack of a national education policy on HIV, limited participation of the MoE in the AIDS architecture; limited partnerships and coordination; no mainstreaming and institutionalizing of the response in the sector; absence of monitoring and evaluation of HIV-AIDS activities in the sector; and lack of resources/budget allocation for the sector's response.

- **Recommendations**

Recommendations based on the findings include the following for the MoE:

- To progressively pursue its role of providing opportunities to all school-aged children and youth with HIV education;
- To develop the sector's policy on HIV prevention;
- To learn best practices of HIV education in schools to maintain the low prevalence state from other countries;
- To pursue meaningful partnerships with civil society organizations including the Church in prevention education;
- To allocate funds and a budget for the sector response;

- To mainstream and institutionalize the HIV response in the sector; and
- To conduct research and studies to determine risks and vulnerabilities among children and youths.

Lastly, it is also recommended for UN and development partners to support the Ministry of Education in its response by accessing EDUCAIDS support for the sector's response; support in the development of a national policy on HIV prevention; strengthening the intervention in both formal and non-formal education sector in teacher training and learning materials development with focus on HIV; collaborate for the development of the adolescent reproductive health curriculum for pre-secondary and secondary education; integration of HIV vis-à-vis risks and vulnerability data facing children in the Education Management Information System; support to life-skills education programme through teacher training and materials development; and support the active participation of the education sector in the World AIDS Day celebrations.

BRUNEI DARUSSALAM
Shamsulbahri Muhammad
Curriculum Development Department, MoE

- **Background**

Brunei Darussalam has a low prevalence rate for HIV. The country recorded its first case of HIV in 1986, since then there have been 61 reported cases. For the period 2005-2010, 72% of cases were a result of heterosexual transmission and 23% through men who have sex with men. No cases have been reported below the age of 20.

2011 marks the 25th year since the first case of HIV was identified in Brunei Darussalam. Having a population of 414,400 the country has managed to keep the epidemic under control with a stable government that provides numerous provisions of welfare including almost free comprehensive health care and education.

The number of HIV cases for the past 5 years only shows a slight increase, albeit in 2010 it dropped significantly. STI cases are at around 400 to 500 cases annually, with gonorrhea leading the reported cases. Teenage pregnancy out of wedlock statistical data, although not prominent, recorded over 100cases each year. Both the recorded STI and teenage pregnancy out of wedlock cases signify the existing involvement of the citizens in risky sexual behaviour. The number of drug-related arrests shows an average of over 500 cases for the past 5 years with cannabis and amphetamine leading the types of drugs being confiscated.

- **Methods**

Methods employed include a desk review, in-depth interviews with local stakeholders: Curriculum Development Department; Ministry of Health (Disease Control Division and Health Promotion Centre); University Brunei Darussalam, Ministry of Religious Affairs (Islamic Religious Studies Department and Syar'iah Affairs Department); Narcotics Control Bureau; Royal Brunei Police Force, RBPF; Ministry of Culture, Youth and Sports; Brunei Darussalam AIDS Council; and an NGO to combat the misuse of drugs (Persatuan Basmi Dadah).

- **Findings**

A key issue for Brunei Darussalam is the inclusion of morality and the religious dimension of HIV, drugs and sexuality education. Islamic culture is considered to be protective in through its values and practices. There is a ban on alcohol and nightclubs. The value–based approach is offered as a model of an HIV prevention approach. Strong focus is placed on Malays Islamic Monarchy (MIB) which is implemented nationwide in all levels of education (primary, secondary and tertiary). The education sector applies a centralized administration system that assures high level policies are streamlined to the district level. Current indicators on HIV show that youth are relatively distance from the epidemic but the increasing higher number of STI cases and teenage pregnancy suggest unsafe sexual behaviors and possible risk of infection exist. There is a lack of data monitoring on MDG 6 at the moment although the country is progressing well on other millennium development targets. The education sector is lacking specific policies on HIV but has included HIV, drugs and sexuality issues in the curriculum and co-curriculum activities. Life skills and training on these issues is seldom covered.

- **Recommendations**

The realization of the limited specific response towards the issues discussed in this report should be seen as an opportunity to initiate a tailored task to act on the existing situation and prepare the students for the future. The MoE Health Promotion Unit can be utilized as an active agent to initiate such responses since it has been dealing with the health issues in schools. The Counseling Unit should also be given the opportunity to play an active role for the same outreach purpose. It is recommended that task force under MoE be formed to provide further research on the collective issues of HIV, drugs and sexuality, providing evidence on the type response unique Brunei Darussalam. The task force would also look at current MoE Strategic Plan (2007-2011) to consider opportunities for addressing education on HIV, drugs and sexuality issues. The current increase in annual teenage pregnancies and high case of STI amongst youth populations can be basis for initiating comprehensive reproductive health education, as supported by Ministry of Culture, Youth and Sports. The HAPPY program offered by NGO Brunei Darussalam AIDS Council on training life skills is a possible example to consider for institutionalization by MoE. There is also further need to build the capacity of educational authorities in addressing new trends in youth involvement in high risk behaviors that have led to recent trends. The education sector can benefit from strengthen collaboration and network with local, regional and international bodies in addressing issues of HIV, drugs and reproductive health. MoE can benefit from consistent monitoring and evaluation of existing programs on basis of development of

quality, relevant and effective programs. Proper socialization of any new programs with the community is crucial to obtain consensus from the general conservative society towards assuring acceptance and participation.

Presentation on the Museum of Sexuality in Bangkok, Thailand
Ahmed Afzal, UNESCO Jakarta

A major exhibition at the National Science Museum of Thailand on *Healthy Sexuality: the Story of Love* is underway with support from UNESCO, Bangkok. Open until September 2011, the exhibition targets secondary school students (grades 7-12), their teachers and parents. It includes information, games, short films, and interactive media addressing the themes of love and romance, hormones and sexuality, gender roles on sexuality, sexual violence, birth and contraception.

www.museumofsexuality.com

The exhibition aims to:

- Build knowledge and raise awareness of students and youth about all aspects of healthy sexuality;
- Promote knowledge and understanding about sexuality at a national level;
- Develop and promote teaching on healthy sexuality for educators; and
- Create a network of educators, educational institutes and those interested in promoting knowledge about healthy sexuality.

The Target Groups:

1. Students and Youths (Secondary School Grade 7-12)
2. Teachers and Instructors (Secondary School Grade 7-12)
3. Parents

Presentation on International Technical Guidance on Sexuality Education (ITGSE)

Ahmed Afzal, UNESCO Jakarta

The International Technical Guidance on Sexuality Education (obtainable at www.unesco.org) aims to ensure that Sexuality education equips young people with the knowledge, skills and values with which to make responsible and informed choices about their social and sexual relationships. They were primarily designed to help Ministries of education in the development and implementation of school-based programmes.

The Guidance provides an overview of current evidence on curriculum-based sexuality programmes for young people. It outlines a basic minimum package of topics and learning objectives for Comprehensive Sexuality Education for children aged 5-18. It also provides technical advice on the characteristics of effective programmes and how to implement them.

The key challenge is to provide structured, age appropriate learning opportunities before young people become sexually active in order to:

- Increase knowledge and understanding;
- Explain and clarify feelings, values and attitudes;
- Develop or strengthen skills; and
- Promote and sustain risk reduction in behavior.

Sexuality Education remains a culturally sensitive topic in many countries. Many myths about sexuality education are prevalent and pose a barrier to its adoption and implementation. However, without appropriate information and education, young people are vulnerable to HIV and STI infection; unplanned pregnancy and unsafe abortion; gender-based abuse and violence and sexual exploitation. The need for Sexuality Education is clear
and universal.

Synthesis of Discussions - David Clarke

The following points were made:

1. **The SRA is a reference document and needs to include assessment of the following issues:**
   - Epidemiology: descriptive, as well as forecasting
   - Policies
     - Policy frameworks, mandates (in education)
     - How are they imbedded in the curriculum?
     - How are they being disseminated, implemented?
     - What do people think about the policies?
   - The curriculum: How is the curriculum translated into classroom learning? What are the implementing mechanisms?
   - Co-curricular activities
   - Teacher Education: How are teachers being prepared to address the situation?
     - How to teach about HIV; How are teachers teaching HIV and sexuality? How can teachers engage students successfully?
   - School management and classroom practice (School-based management, decentralization; curriculum and textbooks, hidden curriculum, gender bias, etc.)
     - How is the curriculum translated into reality?
     - Do teachers select what they want to teach from the curriculum and ignore the parts that they find difficult, inconvenient, or culture sensitive?
     - Teacher- training: emphasis on knowledge, teaching skills—who takes responsibility to train teachers on HIV education?
   - Community and parental participation
     - Objections from parents and the community
     - Consultations on family life education, sexuality education, adolescent reproductive health, STIs and stigma
     - Relation between school-parents-community and HIV and sexuality education
   - Assessment of learning outcomes (K-A-S—knowledge, attitudes, skills; life-skills)
     - Are there tools to assess these?

   Include not only the roles expected of principals, teachers, and other stakeholders (or as mandated), but as well as the assessment of the roles that are actually being played by the stakeholders in relation to HIV, drugs and sexuality education.

2. **The SRA as an impact assessment**

- Does the SRA provide the status of education service delivery, learner perspectives on sexuality, etc.?
  - What has been delivered?
  - What are the social, educational, and economic implications of past and current efforts?
  - The "response" is usually conducted mostly from the health perspective. Give emphasis on the response from an education perspective.
  - Most common oversight in SRAs: looking at the "situation" and not at the effectiveness of the "response" to the situation.
  - Participation of the education sector in the national AIDS response
- Are the responses appropriate to the situation (trend)?
  - Different epidemics/situations, different responses
- Does it provide an assessment of the effectiveness of education (in relation to HIV, drugs and sexuality education)?
  - Learning outcomes
  - Breaking through cultural barriers and other impediments

3. The SRA as a communication product

- Does the SRA provide a good argument (based on evidence) to mobilize the education sector to prioritize and increase funding for HIV preventive efforts?
- Will the SRA build ownership in terms of responsibility among the stakeholders? (On whose shoulders should efforts on HIV prevention fall?)
- Is this SRA accessible to other sectors? (in terms of language, format, and length of document)
  - Something that teachers and busy policy-makers can read
    - Move complex analyses to annexes
    - Clear executive summary
    - Limit length of document (30-40 pages)

4. SRA as informing an action plan

- Does it provide a clear understanding of the "response" – what is working, what is not working, what is lacking (e.g., cultural barriers, policies that impede efforts at HIV prevention, etc.)
- Does the SRA identify the strengths and weaknesess. of the education sector response?
  - Identify the critical areas that should be brought to the attention of policy-makers and stakeholders
- Does the SRA identify resource mobilization opportunities and constraints?
  - Does the SRA present possible reforms for strategies that are not working?
  - Areas for reform (curriculum, education system; policy, implementation mechanisms, leadership environment, etc.)
  - How to open up critical dialogue within the process of education reform

5. TIPS for Policy Recommendations:

- Mold the recommendations to respond to the current educational system.
- Design the recommendations around the national objectives, the vision/mission/goals of education, and the objectives of the current AIDS Medium Term Plan (AMTP), such that the "response" will fit smoothly in the educational system.
  - Educational planning:
    - Consider the effectiveness of current responses.
    - Consider what the learners already know and build upon this knowledge
  - Propose a **conceptual framework** around which HIV education (and existing policies) may be successfully implemented.
  - Sell the idea; offer an action plan of least resistance from the education sector and other stakeholders.
- Tailor the response to what the education sector can do and the trends in education reform.

Workshop Agenda

Tuesday 12th April 2011

Time	Activity	Speakers
08.30-09.00	Registration, Coffee & Tea	
09.00-09.30	Opening Remarks: Dr. Anwar Alsaid, Head of Education Unit, UNESCO Jakarta Dr. Faridah Binti Abu Hassan, Director of Educational Planning and Research Division, Educational Planning and Research Division (EPRD)	-On Behalf of DG, Ministry of Education Malaysia (TBC)
09.30-10.00	Introduction to the Workshop Objectives, Methods and Agenda	Mr. Ahmed Afzal, HIV and School Health, UNESCO Jakarta
10:00-10:15	Brief Comments - AIDS Epidemic in Malaysia and Impact on Youth	Ms. Maya Faisal, Social Policy Specialist UNICEF Malaysia
10:15-11:00	Brief Comments - Guest Speaker - Teacher from PLHIV (Person Living With HIV) Community and Group Activity (What is an SRA?)	
11:00-11:15	**Coffee/Tea Break and Group Pictures**	
11.15-12.15	Speech 1- Understanding the Situation, Planning an Appropriate Response: Good Practice in Education Sector Responses to HIV	Mr. David Clarke, Independent Expert in Education and HIV, Bangkok
12.15 – 13.30	**Lunch**	
13.30-14.45	Speech 2-Review of Indonesia SRA: Presentation -Brief Comments – HIV Module for School Headmasters/Directors	Mr. Hoshael Erlan, Atma Jaya Catholic University, Jakarta, Ms. Noor Indrastuti, MoNE, Indonesia
14:45 - 15:00	**Coffee/Tea break**	

15.00 – 16.30	Speech 3 – • *Museum of Healthy Sexuality: Lessons learned from Sexuality Education through Museums in Thailand* • *UNESCO/UNICEF/UNFPA/UNAIDS/WHO "ITGSE" (International Technical Guidance on Sexuality Education)*	Mr. Ahmed Afzal, HIV and School Health, UNESCO Jakarta (Replacing Justine Sass)
18.30	Welcome Dinner Reception	

Wednesday 13th April 2010

Time	Activity	Speakers
08.30-09.00	Registration	
9:00 to 10:00	Speech 4-Review of Malaysia SRA: Presentation and Discussion	Ms. Tan Huey Ning, Head of Health Edu. Unit, Curriculum Dev. Div. MoE Malaysia (Replacing Ms. Nonthathorn Chaiphet)
10:00-11:00	Speech 5 -Review of Philippines SRA: Presentation and Discussion	Dr. Lonalee Miravite, Prof. University of the East, Manila
11:00-11:15	**Coffee/Tea Break**	
11:15– 12:15	Speech 6 -Review of Timor-Leste SRA: Presentation and Discussion	Mr. Alquitran Remegio *Redj* Consultant, UNESCO Timor-Leste
12:15-13:30	**Lunch**	

13:30-14:45	Speech 7-Review of Brunei Darussalam SRA: Presentation and Discussion	Mr. Shamsulbahri Muhammad, MoEBrunei Darussalam
14.45 – 15.00	**Coffee/Tea Break**	
15.00 – 16.30	Speech 8 -Synthesis of Lessons Learned across the Five Studies (Gaps, Lessons Learned and Next Steps)	Mr. David Clarke, Independent Expert in Education and HIV, Bangkok
	Closing, USB Flash Drive Distribution, Final Comments by Dr. Anwar	

Workshop Evaluation Results

I. Objectives

(Do you think that the specific objectives for the workshop were achieved?)

Items	Yes					
	5	4	3	2	1	No
1. Review principles and components of Quality SRAs, and their role in education sector planning	48%	44%	4%	0%	0%	0%
2. elicit input from stakeholders on the draft SRAs, including the strengths and weaknesses of the current documents	33%	46%	21%	0%	0%	0%
3. Identify next steps to finalize the SRAs and promote their use in strategic planning for the education sector responses in the respective countries	38%	42%	21%	0%	0%	0%
OVERALL:	**40%**	**45%**	**15%**	**0%**	**0%**	**0%**

Comments on the workshop objectives:

- Review all countries SRA's and have a strategy plan for education in ASEAN
- All of the objectives of the workshop have been achieved
- Objectives clear and achieved
- What I learned in the workshop could be apply in school.
- This is well planned and fulfilled the objective intended.
- As an alternative to working group format of discussion, what could be done is a symposia format.
- Should stress a bit on drugs, more on HIV and sexuality.
- The overall objectives were met and have learnt a lot of current situation in the five countries plus their SRAs.
- The follow up of the workshops also needs to be addressed.
- The workshop objectives is clear
- The objectives of the workshop were achieved. The discussion was open and frank lots of ideas were exchanged.
- Very realistic and practical and carried out well.

II. Methodology

Items	Yes					No
	5	4	3	2	1	
1. Was a good working environment established and maintained?	63%	38%	0%	0%	0%	0%
2. Did you actively participate in the meeting?	50%	38%	13%	0%	0%	0%
3. Were the exercises relevant to the workshop objectives?	58%	33%	8%	0%	0%	0%
4. Were instructions for exercises easy to understand?	50%	38%	13%	0%	0%	0%
5. Were facilitators' responses to questions clear?	58%	42%	0%	0%	0%	0%
6. Were the documents and other materials distributed useful	58%	38%	4%	0%	0%	0%
OVERALL:	**56%**	**38%**	**6%**	**0%**	**0%**	**0%**

Comments on the methodology:

- Can have a different ways – maybe some video clips / sliders in between especially on the second day. All presentations →tired out.
- Varies the methodology used for group activities. As a whole, this workshop was well conducted and interesting.
- The methodology could be improved upon with distribution of the papers to be reviewed before the workshop.
- Very interesting → statistics and video clips shown were useful and meaningful.
- A two-way communication on every topic. The group work was done in a very informal way yet impactful.
- In general, sufficient and adequate.
- Need more time.
- The methodology is very suitable with the objectives and more important think is there is no ice break
- Initially the introduction for the group work was not clear; however after the 1st exercise the task was clear. It was a useful exercise.

III. Content

Items	Yes					No
	5	4	3	2	1	
1. Were the themes addressed during the workshop interesting?	67 %	33 %	0 %	0 %	0 %	0 %
2. Was the workshop overall useful for your work?	75 %	21 %	4 %	0 %	0 %	0 %
OVERALL:	**71%**	**27%**	**2%**	**0%**	**0%**	**0%**

The workshop sessions	The utility rate				
	5. Very Useful	4.Moderately Useful	3. Neutral	2.Somewhat Useful	1. Not Useful
Day 1, Tuesday 12th April 2011					
1. Opening remarks by Dr. Faridah and Dr. Anwar (UNESCO)	75 %	8 %	17 %	0 %	0 %
2. Introduction to the Workshop Objectives, Methods and Agenda – Ahmed (UNESCO)	63 %	25 %	13 %	0 %	0 %
3. Brief Comments – AIDS Epidemic in Malaysia and Impact on Youth (Maya – UNICEF)	58 %	29 %	13 %	0 %	0 %
4. Brief Comments – Guest Speaker (PLHIV)	50 %	42 %	4 %	4 %	
5. Group Activity (What is an SRA)	71 %	29 %	0 %	0 %	0 %
6. Speech 1 – understanding the Situation, Planning an Appropriate Response: Good Practice in Education Sector Responses to HIV by David Clark	79 %	17 %	4 %	0 %	0 %
7. Speech 2 – Review of Indonesia SRA: Presentation (Hoshael Erlan – Atma Jaya – Indonesia)	54 %	42 %	4 %	0 %	0 %
8. Brief Comments – HIV Module For School Headmasters/Directors (Noor Indrastuti, MONE, Indonesia)	25 %	50 %	17 %	8 %	
9. Speech 4 – Museum of Healthy Sexuality: Lessons learned from Sexuality Education through Museums in Thailand (Ahmed)	50 %	46 %	4 %	0 %	0 %
10. UNESCO/UNICEF/UNFPA/UNAIDS/WHO "ITGSE" (International Technical Guidance on Sexuality Education)	46 %	46 %	8 %	0 %	0 %

The workshop sessions	The utility rate				
	5. Very Useful	4.Moderately Useful	3. Neutral	2.Somewhat Useful	1. Not Useful
(Ahmed)					
OVERALL:	**57 %**	**33 %**	**9 %**	**1 %**	**0 %**

Comments on DAY 1 session:

- Short time period for discussion.
- The information given was very fruitful. The group discussion has given me a better insight of how different cluster countries deal with the response of HIV, Drugs, and Sexuality.
- Very informative, eye opener of SRA's in the 5 cluster countries.
- Very enlightening specifically the SRA topic itself
- A very useful and productive day. A special friendly note to Mr. Ahmed: please rise your voice up so you can be clearly heard.
- The ITGSE subject and sexual education through museum from Thailand is interesting and good methods of the facilitators.
- In a review workshop like this, it may be useful if materials were distributed earlier for pre-reading.
- The content for day I was indeed very useful. As an educator, the information obtained is useful.
- Good and knowledgeable

The workshop sessions	The utility rate				
	5. Very Useful	4.Moderately Useful	3. Neutral	2.Somewhat Useful	1. Not Useful
Day 2, Wednesday 13th April 2011					
1. Speech 6- Review of Malaysia (SRA): Presentation and Discussion (Ning)	71 %	25%	4 %	0 %	0 %
2. Speech 7 – Review of Philippines SRA: Presentation and Discussion (Lonalee)	63 %	33 %	4 %	0 %	0 %
3. Speech 8 – Review of Timor Leste SRA: Presentation and Discussion (Redj)	42 %	50 %	8 %	0 %	0 %
4. Speech 9 – Review of Brunei Darussalam SRA: Presentation and Discussion (Shamsul Bahri)	50 %	38 %	8 %	0 %	0 %
5. Speech 10 – Synthesis of Lessons Learned across the Five	71 %	25 %	4 %	0 %	0 %

Studies (Gaps, Lessons Learned and Next Steps) (David)					
OVERALL:	**56 %**	**37 %**	**6 %**	**1 %**	

Comments on DAY 2 sessions:

- Short time period for discussion.
- Workshop on 2 days is too short. Seems to rush through. A lot more can be imparted from every participant.
- It was interesting.
- Summary should be held at the end of each day so that SRA presentation doesn't omit any areas.
- All reviews are very useful.
- It is very completed session.
- PROSTAR is one of the best practices we share with neighboring countries. Please shed a positive light on PROSTAR with back up evident base information/data
- The USB is nice touch
- The content was good like the first day.
- Good and knowledgeable

IV. Logistical Aspects

Items	5. Exceeded Expectations	4. Above Expectations	3. Neutral	2. Fair	1. Below Expectations	Comments
1. Time	36 %	45 %	18 %			- Every session well timed. (Keeping the time and schedule) - Well planned and organized
2. Duration of the meeting	27 %	45 %	9 %	14 %	5 %	- Prolonged the workshop duration to allow speakers to present their SRAs in more detailed. - Very compact. Too much to absorb in 2 days. Should consider a 3 day event. - Too short to discuss and review
3. Food	73 %	18 %	9 %	0 %	0 %	- Excellent. No Comment

Items	5. Exceeded Expectations	4. Above Expectations	3. Neutral	2. Fair	1. Below Expectations	Comments
4. Venue	46 %	18 %	14 %	5 %	0 %	- Good - Need more large of venue than this
OVERALL:	**50 %**	**32 %**	**12.5 %**	**4.5 %**	**1 %**	

Any other comments to help us improve future SRA meetings:

- In future hope the duration of the meeting is long to discuss more factors. It is good workshop. Keep the good works going on. Let us together help to prevent HIV/AIDS.
- The workshop has been greatly organized. I've learnt so much in the workshop.
- Need to have a subject matter resource person for each of the subject themes: drug use, HIV and sexuality. What was missing in this meeting was a person dealing with drug use.
- Prolong duration: 2 days is insufficient to come up with suggestions to strengthen individual's country SRA's. Workshop should include representative from all countries involved.
- Knowing that we will be working in groups, I think it would be better if UNESCO try to mingle us more, not only by formal introduction but also by informal introduction such as games and ice breakers
- Everything is done well.
- Orientation on the expectations from participants/presenters/delegates prior to the SRA meetings, so that the participants can provide/contribute more by marking preparations (e.g research on methodologies of SRA, etc)
- A lots of lesson learned in the workshop
- Hope all participants will be keep in the loop on any progress after this workshop.
- Maybe each participating country should bring examples of the materials used in this aspect.
- Provide examples of SRA and best practices from other country/countries.

Participant List

INDONESIA	1	Anwar Alsaid, Ph.D	UNESCO Jakarta
	2	Ahmed Afzal	UNESCO Jakarta
	3	Rusyda Djamhur	UNESCO Jakarta
	4	Hoshael Waluyo Erlan	Atma Jaya Catholic University HIV-AIDS Research Centre
	5	Noor Indrastuti	Curriculum Textbook Center, Ministry of National Education
THE PHILIPPINES	6	Marie Antoinette Reyes	UNESCO National Comission of the Philippines
	7	Lonalee M. Miravite	University of the East, Manila, the Philippines
	8	Joe Ma Carlos	Asia-Pacific Broadcasting Union
TIMOR-LESTE	9	Paulo Bonifacio Soares	School Health Programme, Ministry of Education
	10	Remegio Alquitran	UNESCO Dili , Antenna Office
THAILAND	11	David Clarke	Independent Expert in Education and HIV, Bangkok
BRUNEI DARUSSALAM	12	Hj Shamsul Bahri bin Hj Mohamad	Ministry of Education, Brunei Darussalam
	13	Hjh Rokiah binti Hj Awg Angkat	Ministry of Education, Brunei Darussalam
	14	Asnah binti Hj Wahab	Ministry of Education, Brunei Darussalam
MALAYSIA	15	Tan Huey Ning	Head of Health Education Unit, Curriculum Development Division, Ministry of Education
	16	Zahari Bin A. Hasan	Curriculum Development Division Ministry of Education
	17		SMK Bandar Utama 1

		Suryani Binti Ismail	
	18	Low Shiek Li	SMK USJ 8
	19	Nur Muriza Binti Musa	SMK USJ 13
	20	Kamala Devi A/P Subramaniam	SMK Convent Sentul
	21	Elizabeth Chong	SMK Bukit Mewah
	22	Eu Mee Seong	SMK Dato' Shahardin
	23	Sukhdev Singh A/L Major Singh	SMK Miharja
	24	Gananathan M. Nadarajah	Institut Pendidikan Guru Kampus Pendidikan Teknik
MALAYSIA	25	Dr. Nik Rubiah Binti Nik Abdul Rasyid	Ministry of Health
	26	Y.Bhg. Datin Salmah Binti Mohd. Noor	National Council of Women's Organizations Malaysia
	27	Ahmad Akmal Bin Mohhid	Ministry of Women, Family and Community Development
	28	Dr. Faridah Binti Abu Hassan	Educational Planning and Research Division (EPRD) Ministry of Education Malaysia
	29	Dr. Nur Anuar Abdul Muthalib,	Education Focal Point, UNICEF Malaysia
	30	Maya Faisal	Social Policy Specialist, UNICEF Malaysia
	31	Azrul Mohd Khalib	UN HIV and AIDS Coordinator, Malaysia
	32	Yeoh Yeok Kim	Executive Director, Federation of Reproductive Health Associations (FRHAM)
	33	Zamzuri Abdul Malik	The Malaysian AIDS Council
	34	Dr. Ang Eng Suan	Federation of Reproductive Health Associations (FRHAM)