



Inter-Agency Task Team

(IATT) on Education

# UNAIDS IATT on Education Symposium Report 2015

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GOOD QUALITY EDUCATION FOR ADOLESCENT GIRLS FOR AN AIDS-FREE FUTURE

Washington, DC

25 June 2015



## Introduction

In June 2015, the UNAIDS IATT on Education, convened by UNESCO, presented evidence and explored promising approaches to support girls' participation in quality education at a symposium entitled *Good Quality Education For Adolescent Girls For An Aids-Free Future*. Presentations at the symposium presented evidence on ways for the education sector to strengthen equitable access to education, retention, and re-enrolment at primary and secondary schools as a contribution towards an AIDS-free future. Co-sponsored by the US Agency for International Development and the US President's Emergency Plan for AIDS Response (PEPFAR), presentations also demonstrated that the health sector can support efforts in education that result in concrete HIV prevention outcomes.

Nine panellists and over eighty participants attended the symposium including IATT members, representatives of bilateral and multilateral development organizations, practitioners and researchers from the fields of education and health, as well as representatives of implementing partners of USAID, PEPFAR, World Bank and UN agencies based in the USA.

### *Symposium*

This full-day event, held at FHI 360's Academy Hall in Washington, DC, was comprised of interactive presentations designed to provoke discussion around quality education for all adolescent girls and young women. The aim was to:

- Discuss the challenges at primary and secondary level in providing quality education to girls and young women
- Identify promising approaches for the retention, re-enrolment and provision of high quality education for adolescent girls and young women
- Explore research evidence on interventions focused on girls, education, and HIV/AIDS
- Discuss interventions in group work, exploring the impact of different entry- points including: families and communities, schools, institutions, and inter-sectoral linkages.

The UNAIDS IATT on Education would like to acknowledge the following for their generous contributions of time and resources bringing the Symposium to fruition in Washington, DC:

- Annaliese Limb, Elizabeth Berard, and Janet Shriberg: US Agency for International Development
- Seung Lee, Save the Children

- Bradford Strickland, Creative Associates International
- Jon Silverstone, Education Development Center
- John Gillies, FHI 360

## **Symposium**

### ***Good Quality Education for Adolescent Girls for an AIDS-Free Future***

**25 June 2015**

#### **Session 1: Discussing the challenges in primary and secondary education**

Chaired by: Margherita Licata, IATT Steering Committee Chair

Ms Licata welcomed that participants, thanked the co-hosts and explained that the UNAIDS Inter-Agency Task Team on Education was created in 2002 and is convened by UNESCO. She further explained that IATT is made up of multi-lateral and bilateral agencies along with civil society and meets once a year to coordinate and harmonise the education sector response to HIV. Additionally, the IATT hosts a symposium each year to learn about developments in the field and discuss promising practices. She then introduced the topic of the symposium, provided an overview for the day and relayed a story about a young girl she met in Nairobi in 2015 who dropped out of school at the age of twelve. Ms Licata reminded all the participants to think about this girl, and others like her, to ground our discussion in reality.

#### **Presentations**

##### ***PEPFAR Priorities for Adolescent Girls and Young Women in Education***

Janet Saul, Acting Senior Gender Advisor, Office of the U.S. Global AIDS Coordinator and Health Diplomacy

Janet Saul, Acting Senior Gender Advisor in the Office of the U.S. Global Aids Coordinator and Health Diplomacy (S/GAC), provided keynote remarks that introduced the primary issue behind all the presentations and discussion in the day-long Symposium – the fact that girls and young women globally constitute the group at highest risk for acquiring HIV. PEPFAR strategically designs and implements programs that evidence has demonstrated will reduce HIV incidence in populations facing highest risk of acquiring HIV. She noted that among new HIV infections worldwide, a disproportionate percentage occurs in the Sub-Saharan Africa region among

young people ages 15-24. She went on to share two additional startling statistics of particular interest to participants:

- More than 1/3 of new HIV infections globally occur among young women in Africa
- Over 5,000 new HIV infections occur every week among young women in the 14 countries of Sub-Saharan Africa alone

Saul noted that PEPFAR programming in support of an AIDS-free future requires supporting prevention efforts by treating those already living positively with HIV. Evidence clearly indicates the impact of treatment efforts on reducing HIV incidence. She also noted the important benefits of broader support to cross sectoral programming, signalled by the Symposium presentations on education and HIV prevention among young girls and women.

Saul introduced the DREAMS initiative, a partnership between PEPFAR, the Bill and Melinda Gates Foundation, and the Nike Foundation, as a joint US Government-Private Sector effort that allows for cross sectoral contributions in the prevention of HIV in Sub-Saharan Africa. The DREAMS initiative is focused specifically on young women in the region, and will ensure that girls have an opportunity to live *Determined, Resilient, Empowered, AIDS-free, Mentored and Safe* lives. Announced first in 2014, the goal of the \$210 million partnership is to reduce new HIV infections in adolescent girls and young women in up to ten countries including: Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. Countries applying for funds from DREAMS are required to apply a multi-sectoral approach and emphasize how their application will allow for scaling-up evidence-based interventions. Activities under DREAMS will be implemented across sectors to address the interlocking challenges that face adolescent girls. In practice, this will mean preventing gender-based violence, and offering care for survivors to restore safety and foster resilience; increasing condom availability and use to empower young women to prevent unwanted pregnancy and infection; mapping sexual networks to decrease risk in sexual partners; and providing educational and economic opportunities to girls to help safeguard their future.

To view the presentation, click [here](#).

### **Accelerating Action on Girl's Education**

Nora Fyles, UN Girls Education Initiative (UNGEI) Secretariat

Nora Fyles, Chief of the Secretariat for the United Nations Girl's Education Initiative (UNGEI), presented a PowerPoint to illustrate the progress on girls' education worldwide, challenges that remain and their relevance for HIV prevention. UNGEI is committed to improving the quality and availability of girls' education and contributing to the empowerment of girls and women through transformative education.

Fyles opened her presentation with an overview of the global dialogue on girls' education and gender equality. While gender equality in education was an element in discussion preceding the Millennium Development Goals, it was perceived not as an important goal in itself, but rather was treated within the context of monitoring parity in education as a proxy for educational quality. Data from the 2015 Education for All Global Monitoring Report reveals uneven country progress towards greater gender parity. A third of countries did not reach gender parity in primary education and a half of them did not in reach in secondary education. Girls remain less likely than boys to ever enter school in developing countries, and this reality is exacerbated among girls from the poorest families. By contrast, in many wealthier middle and high-income countries, in Europe and LAC, girls out-perform boys in some subjects and boys are at higher risk of failing to complete a cycle of secondary education.

As more girls have gained access to education, and have remained in schools, there has been an increased recognition of the concrete benefits of education for young women, including as evidenced in the Symposium presentations, preventing unwanted pregnancy, improving reproductive sexual health, and preventing HIV infection. With recognition of these important benefits of girls' education, and with more girls in schools transitioning successfully from primary to secondary school, there is a new global urgency to understand and improve statistics on gender relations and gender discrimination, gender-based violence, and sexual health and prevention of teen pregnancy.

UNGEI is promoting policy successes based on the evidence that they contribute to achieving gender equity and gender equality in education, including:

- creating an enabling environment through policy reform;
- building demand for gender equity and equality through community mobilization and advocacy campaigns;
- improving water and sanitation facilities in schools; and,
- addressing gender equality in classroom practices.

Recent initiatives to support advances in girls' education and make girls' education and gender equality more prominent in dialogue surrounding the Sustainable Development Goals (SDGs) include: Michelle Obama's *Let Girls Learn Initiative* (2015), the Clinton Foundation's *Collaborative for Harnessing Ambition and Resources for Girls' Education* (CHARGE) (2014), *Girl Rising* (2013), the Global Partnership for Education's Strategic Objective on Girls' Education (2012), DFID's Girls Education Challenge (2012), Plan International's *Because I am a Girl* Campaign (2007), and Nike Foundation's *Girl Effect* (2008).

Fyles closed her presentation directing participants' attention to The Incheon Declaration (2015) which provides a new framework for action (2016-2021) in education, recognizing the importance of gender equality in achieving the right to education for all. It calls for a commitment to supporting gender-sensitive policies, planning and learning environments, mainstreaming gender issues in teacher training and curricula, and eliminating gender-based discrimination and violence in schools.

To view the presentation, click [here](#).

### **The Role of Schools in Decreasing HIV Acquisition among Adolescent Girls**

John Santelli, MD, Department of Population and Family Health, Columbia University

Professor John Santelli, MD, MPH, Columbia University, presented a PowerPoint providing an overview of longitudinal research that he directed in the Rakai Community Cohort Study (RCCS) in Rakai, Uganda. He served as principal investigator on two National Institutes of Health (NIH)-funded research projects in Rakai. Dr. Santelli directed participants to a recent article on the findings of the RCCS published in May 2015 in the journal *Global Social Welfare*.

Dr. Santelli's PowerPoint reiterated many of the findings documented in the article, observing the multiple positive effects of education, including: reduced teen pregnancy, improved sexual and reproductive health behaviour, increase in consistent condom use, and lower HIV prevalence.

Established in 1994 and continuing through 2013, the RCCS was a 50-village longitudinal cohort study covering the time span in which Uganda introduced Universal Primary Education (UPE). During the period of increasing school enrolment, evidence documented through the project's school enrolment study indicates that school attendance is a protective factor against HIV acquisition, teen pregnancy, early sexual initiation, inconsistent condom and contraceptive use, alcohol use, multiple sexual partners, and sexual concurrency (men only) among youth. School enrolment and socio-economic status (SES) both increased during the years of the RCCS, and orphan hood declined as the availability of antiretroviral therapy (ART) increased.

Thus where educational enrolment and attainment increased among Rakai youth there was a clear decline in HIV prevalence.

To view the presentation, click [here](#).

### **Girl's Education in Indonesia: A Young Person's View**

Nur Hidayati Handayani, Co-Founder and Executive Coordinator, GuesTau.com

Nur Hidayati Handayani has been involved in sexual and reproductive rights in Indonesia and HIV and AIDS prevention since 2007. She has worked as a consultant in HIV prevention for youth aged 15-24 (2012) and contributed to the National Adolescent's Health Strategy in Indonesia in 2013. Her presentation to the Symposium addressed the importance of educational outcomes for gender equality and HIV prevention in Indonesia. Her speech and story about the experience of young women in Indonesia brought the voice of youth, specifically of young women in Asia, into the symposium, and added an emotional element to presentations dominated by data, strategy, policy and programming. In this way, her presentation highlighted why the research evidence on the effectiveness of education as preventing HIV and unwanted pregnancy matters. She shared her keen insight about girls' education in Indonesia, such as:

- The consequences of girl's education in Indonesia mean that her options for participation in society and her socio-economic status is enhanced
- Through education a girl's options for improving her sexual and reproductive health are greater
- Despite the clear benefits of education for girls, only 23.8% of girls complete secondary school in Indonesia, a number that should be increased through policy and programs.

This presentation discussed several school-based programs in Indonesia and highlighted interventions that should be included in policies to increase girls' access to education. Among other policy initiatives that are fundamentally important for children's right to education, Handayani made the case for every child to be issued a birth certificate (birth registration), and be protected from gender-based violence at school.

To view the presentation, click [here](#).

## **Session 2: Promising approaches for retention, re-enrolment and the provision of high quality education for adolescent girls and young women**

Chaired by: Annaliese Limb, Senior Youth and HIV Advisor, USAID

### **Presentations**

#### **Policy Environment: Policies and Programs to Address Early and Unintended Pregnancy and Child Marriage**

Fern McFarlane, Assistant Chief Education Officer, Ministry of Education, Jamaica

Fern McFarlane is the Assistant Chief Education Officer for the Guidance and Counselling Unit of the Ministry of Education in Jamaica. She initiated the pilot of the -school-Wide Positive Behaviour intervention and Support (SWPBIS) Framework in 56 schools as part of a comprehensive approach to improving participation of Jamaican girls in education. She introduced Jamaica's pending national policy draft to the Symposium audience, making the case that policies such as these are needed to ensure re-integration of school-age mothers into the formal schools system. In Jamaica, pregnancy remains the highest risk factor for school drop-out among adolescent girls. Girls are required to leave school during pregnancy but there is no formal reintegration process. To address this situation, the Ministry of Education has developed a draft policy for the mandatory reintegration of school-age mothers into the formal school system. Key features of this policy include:

- Implementing a system for the mandatory reintegration of school-age mothers into the formal school system.
- Instituting a school-based system for referral and monitoring of pregnant students, in partnership with the WCJF's Programme for Adolescent Mothers
- Creating a framework for integrating and expanding the support services available to assist school-age mothers to complete their education
- Increasing public awareness of the right of school-age mothers to an education and the need to reduce incidents of teen pregnancy
- Increasing institutional acceptance of mandatory reintegration of school-age mothers into the formal school system.

Following the discussion of re-integration of school-age mothers into the formal school system, and the draft policy for re-integration, child marriage in Jamaica was also discussed. The Marriage Act defines the age for child marriage as below 18 years of age. However, child marriage is legally permitted for children age 16 and 17 years with parental consent. Ms. McFarlane reminded the audience that in Jamaica it is also important to consider child rights, and stated the draft policy tries to address this by allowing children to ask the court to overturn a parent's decision. The draft policy attempts to take these laws surrounding child marriage into account, in formulation of its approach to reintegration to schooling.

To view the presentation, click [here](#).

### **Cash, Care and Classroom: How School Can Reduce HIV Risks for Adolescent Girls**

Professor Lucie Cluver, Department of Social Policy and Intervention, University of Oxford

Dr. Lucie Cluver, associate professor in evidence-based social intervention in the Department of Social Policy and Intervention, and an honorary lecturer in Psychiatry and Mental Health at the



University of Cape Town, has worked closely with the South African government, USAID-PEPFAR, UNICEF, the World Health Organization and Save the Children, and with other international NGOs, to provide research evidence on interventions that can improve the lives of children affected by HIV/AIDS in Sub-Saharan Africa.

Dr. Cluver, presenting on the overview of research findings to the Symposium via satellite, described one of her recent 3-year longitudinal quantitative cohort surveys that studied conditional cash transfers, education and care among 6000 adolescent girls, their families and healthcare providers.

The presentation introduced structural drivers of HIV among adolescent girls in South Africa and explored how cash transfers linked to education and social protection (integrated cash plus care) reduces school drop-out and HIV risks for adolescent girls.

The presentation described many variables studied and the effects of different combinations of factors and interventions that impact the acquisition of HIV among adolescent girls. Primary findings of particular importance for the Symposium included:

- Re-enrolment rate of adolescent girls 10-18 years old in South Africa is 0 – once the girls drop out, they are not likely to return to school
- Predictors of drop-out incidence for adolescent girls includes: pregnancy, having a sugar daddy, inability to pay school fees/uniforms, difficulty concentrating on studies
- Positive parenting and conditional cash transfers for young mothers seem to correlate with school enrolment and positive social relationships (reduced HIV risk)
- Girls who are enrolled in BOTH psychosocial and behavioural programmes seem to have a significantly higher incidence of consistent condom use in sexual relationships

To view the full presentation, click [here](#).

### **School-Related Gender-Based Violence: The Needs of Teachers and Administrators**

Scott Pulizzi, IATT Coordinator, Section of Health and Global Citizenship Education, UNESCO

Scott Pulizzi, coordinator for the IATT on Education, is based at UNESCO in Paris where he supports UNESCO's member states to achieve its education and development goals through the research and dissemination of good policies and practices in health education.

Mr. Pulizzi presented on the profound effects of gender-based violence (GBV) within the context of education. He set the stage for discussion by providing overview data on GBV as a global phenomenon that knows no geographical, cultural, social, economic, ethnic, or other

boundaries. Recent estimates by Plan International show that globally 246 million girls and boys suffer school-related gender-based violence each year. It occurs across all societies and represents a brutal violation of human rights, and is a major obstacle to the achievement of gender equality.

As a result of the growing recognition of the problem, and in follow up to the IATT Symposium in 2014 in Cape Town, SA, the IATT Secretariat and IATT member Education International conducted a survey among 125 teacher's organizations and five focus groups of teachers and administrators to identify emerging ideas, understanding and responses to school-related gender-based violence. The presentation pointed to several promising practices that warrant follow up evaluation and research, including:

- Giving teachers a mandate to promote a holistic approach to education that incorporates health promotion, social and emotional learning and the creation of safe learning environments;
- Involving parents and community members at all stages in the creation of prevention and response mechanisms
- Creating support groups for learners and teachers
- Clarifying and improving sexual harassment policies and codes of conduct, which must be evenly publicized and enforced
- Making use of methods, such as positive discipline, to reduce the use of violence by teachers and reduce the culture of violence in schools
- Addressing all bullying, including homophobic bullying, at the earliest school ages as a key part of stopping patterns of GBV
- Training school staff to conduct initial responses and make referrals to social workers and others when necessary

Education, therefore, must be holistic, promote life-long learning and adopt a whole systems perspective in response to school-related gender-based violence at the national-, district-, school-, and individual-level.

To view the presentation, click [here](#).

### **Addressing GBV In and Through Education**

Dina Deligiorgis, UN Women

Ms. Dina Deligiorgis is an advocate for social justice, human rights, and gender equality in her role at UN Women. Her presentation introduced a comprehensive view of the gender based violence that situated school violence within the context of an epidemic of global GBV. A 2013 UN Women study on men's use of violence interviewed more than 10,000 men across six

countries, finding that nearly half reported having used physical or sexual violence against a partner in their lifetime, the number ranging from 26-80 per cent across all countries. She addressed the costs and consequences that are related to GBV and global prevention mechanisms that aim to reduce and eliminate GBV. In the UK, for example, the cost of domestic violence alone was estimated to be 10% of its GDP. Many states have legislations in place to prevent violence. However, none of these laws are fully enforced.

Within the context of education, Ms. Deligiorgis reiterated that an estimated 246 million girls and boys are harassed and abused in and around schools every year, but girls are particularly vulnerable to school-related gender based violence. These forms of violence include bullying, corporal punishment, verbal or sexual harassment, rape and other forms of assault. Children who have suffered GBV experience display long-term effects that continue into adulthood, such as impaired brain development, and mental and physical health problems. School-related GBV (SRGBV) also negatively affects learning, by reducing attendance and school performance. SRGBV also negatively affects one's ability to develop empathy, control aggression, and develop healthy relationships.

As she noted early in her presentation, Ms. Deligiorgis highlighted that while many states have legislations in place to prevent social violence, which would include violence at school, these laws are unevenly enforced, and very seldom at the school level. Approximately 65% of states have national action plans that address child maltreatment and highlight the need for school-focused policies and laws. Evidence demonstrates that one of the most effective entry points to behaviour change in the larger society is working with children and young people through education, increasing the need for education sector policies. Key factors thus need to be considered to stimulate global approaches towards reduction and elimination of SRGBV. Some included suggestions were to:

- Galvanize the international community to take a strong stand against SRGBV
- Promote the collection of evidence to monitor trends and improve practices in SRGBV
- Develop global guidance to prevent and respond to SRGBV

Ms. Deligiorgis underlined the need to address the root causes of violence in order to prevent it from happening in the first place, by changing the attitudes and behaviours of individuals and the social norms that surround these attitudes and behaviours. Schools are important place to start.

To view the presentation, click [here](#).

### **Education Sector Engagement with Family, Caregiver, and Community**

Ms. Agness Mumba, Executive Director, Forum for African Women Educationalists of Zambia (FAWEZA)

The Forum for African Women Educationalists (FAWE) is a pan-African NGO network founded in 1992 by five African women Ministers of Education. Currently, FAWE exists within 33 countries with a mandate to advocate for and promote gender equity and equality by fostering positive policies, practices and attitudes towards girls' education in Africa. FAWE has signed MOUs with various national governments across Africa to implement interventions.

Ms. Agness Mumba delivered a presentation highlighting the success of FAWEZA's community action groups (CAGS) intervention to strengthen participatory school governance processes to promote re-admission, gender, education and child protection policies. CAGS have shown success in re-admitting adolescent mothers to school with improved retention, progression and completion rates in Malawi, Zambia, Kenya and Uganda. However, greater policy and community advocacy and resource mobilization is required to ensure primary and secondary education is free and compulsory and includes re-admission policies and linkages to poverty alleviation programs. Her presentation highlighted the following goals of FAWEZA:

- Policy advocacy to make education free and compulsory through secondary education
- Community advocacy to popularise re-admission policies in Zambia
- Resource mobilisation to meet other direct costs of education to facilitate re-admission in schools, provide mobility for CAGS, and link it to poverty alleviation programmes

To view the presentation, click [here](#).

### **Session 3: Introduction to Group work and Plenary Reports**

Chaired by Brad Strickland, Senior Associate for Health, Creative Associates International

After the lunch break, participants and panellists were divided into topical groups to identify debate, and synthesize promising approaches to support quality education and policies supporting the re-enrolment, retention and attainment of adolescent girls and young women.

Each group was assigned 1-2 technical experts in the specific topical area to serve as discussion facilitator. Each group also nominated a note taker and reporter to track and report on the 4 key findings to the entire Symposium during a follow up plenary session/discussion.

Each topical group had a series of guiding questions that were formulated by the IATT Steering Committee to identify promising approaches, and address barriers to implementation. These guiding questions are provided below, together with the main findings reported by each group in plenary discussion.

Discussion and exploration around each group table continued for approximately 90 minutes and covered past and present project examples/interventions, examples of evidence on intervention effectiveness, data analysis, as well as policy updates. Each group was comprised of participants from various countries and regions, providing global examples of interventions and discussion about effectiveness. Representatives participating from different international organizations ensured that the information discussed had immediate relevance for programming, and contributed valuable insight about agency priorities.

- Group 1: dedicated to discussion of interventions at the Family and Community Level
- Group 2: dedicated to discussion of interventions at the School Level—Teachers, Teaching and Learning
- Group 3: dedicated to discussion of interventions at the Institutional Level—Policy Environment
- Group 4: dedicated to discussion of interventions at the Inter-sectoral Level—Linking Education to Health, Social and Economic Services

### **Group 1.1 and Group 1.2: Family and Community Level *questions***

Because many Symposium participants chose to sit in Group 1, the topical area was divided into 2 Groups, respectively named Group 1.1 and Group 1.2. These two Groups were asked to discuss the following questions in regards to family and community level perspectives:

- a. What is the role of other sectors in these approaches to reduce family and community level barriers to girl’s education?
  - b. Reach agreement or not on what approaches are likely to have the greatest impact
  - c. In these approaches, what can realistically be done at the school level to address the family and community level barriers to girl’s education? Is this a role for the school principal? A role for PTAs? NGOs?
  - d. What technologies or other any other innovative approaches should be considered?
2. Are there complementary activities that also contribute to the prevention and mitigation of HIV, and promote an AIDS-Free Future?
  3. What can development agencies do to support host country governments implementing these approaches?

### ***Group 1.1 Family and Community Level report to plenary on most promising approaches:***

- Economic incentives such as cash and commodity-transfers, savings plans etc. to help offset school costs were identified as most promising practices

- Empowering girls to identify barriers to education and creating a safe and positive environment where girls can address these barriers through tools such as Creative Associates International’s YouthSpeak!
- Identifying and promoting positive role models is an important step in changing community norms.

*Group 1.2: Family and Community Level report to plenary on the most promising approaches and barriers to their implementation:*

- Community engagement is key, building on existing structures of social accountability
- Educating communities about policies-statutory/customary law
- Bring the informal system into formal education slowly as has been done in Kenya
- Bolster economic conditions for girls via cash transfers and Income Generating Activities
- Empower girls and create an environment where girls have a voice
- Strengthen partnerships between girls and communities to provide safe spaces
- Use evidence based programming and maximize synergies between different approaches
- Different social norms can act as barriers; for example – communities sometimes perceive negative consequences of educating girls. These need to be reversed through positive role modelling
- Lack of community/parental participation is a barrier to implementation – engage parents through PTAs, to begin conversation outside of school at community level
- Development agencies to approach host governments with unified voice about the importance of girls’ education. There is a need to identify best practices for development agency negotiation with host governments and community coordination.
- Community dialogue is necessary for implementation to succeed; social accountability mechanisms foster community dialogue

**Group 2: “School Level—Teachers, Teaching and Learning *questions*”**

Group 2 was asked to discuss promising approaches to support good quality education and the re-enrolment of adolescent girls and young women from the school-level teacher’s point of view. They were asked to find the most comprehensive and effective answers for the following questions:

1. What promising approaches can we think of (at school level) to support quality education, retention, and re-enrolment of adolescent girls and young women? (Examples include: WASH, safe psycho-social environment free from bullying and

assault, life skills, curriculum & time allocation, pedagogical approaches, re-entry policies.)

2. Given the resource constraints, should the majority of resources be targeted at prevention or mitigation? Which is likely to have the biggest impact on girls?
3. Are there complementary activities that also contribute to the prevention and mitigation of HIV, and promote an AIDS-Free Future?

*Group 2: School Level-Teachers, Teaching and Learning report to plenary on the most promising approaches and barriers to their implementation:*

Group 2 prioritized the following concepts to be the most efficient and promising in school level-teachers perspective, having considered many different factors that can influence a teacher's productivity in the classroom.

- Teacher well-being needs to be on the agenda
- Ensuring that School Management Committees are capacitated and are representative of the school community – include men and women and involves learners, for example
- Ensuring sustainability means involving children and building their capacity to overcome self-identified challenges

### **Group 3: Institutional Level—Policy Environment *questions***

Group 3 was asked to discuss policy-related promising approaches – and identify the most effective solutions for the following questions, along with barriers to their implementation.

1. What policies have been successful in keeping adolescent girls in school and completing their education?
2. What mechanisms can development agencies use to help host country governments implement these policies?
3. How can development agencies support leadership development around adolescent girls' education in countries where it is limited?
4. Are there complementary policies or activities that also contribute to the prevention and mitigation of HIV, and promote an AIDS-Free Future?

*Group 3: Institution Level-Policy Environment report to plenary on the most promising approaches and barriers to their implementation*

- Successful policies that promote girls' completion of school include policies on re-enrolment, school safety, WASH (including Menstrual Hygiene Management ), and prevention of early marriage

- Barriers to implementation require community accountability - multi stakeholders must be involved in all aspects of policy creation, including implementation and accountability
- Barriers to implementation are overcome by use of data driven evidence - sharing information between development agencies is key - donors can play a role, building data policy into EMIS systems
- Gender disparity is not obvious to all stakeholders in all locations, therefore there is a need to get policy dialogue started to explore different viewpoints and build a common understanding on gender inequality and galvanise a vision for the way forward

**Group 4: Inter-sectoral Level—Linking Education to Health, Social and Economic Services questions**

Group 4 was asked to identify projects and approaches where multiple sectors/partners collaborate to deliver promising approaches in adolescent girls' education, including:

1. Does intersectional collaboration require MOUs? Are there any other operational issues?
  - a. Can it be sustained if fostered informally?
  - b. Who should establish roles and responsibilities?
2. Are there complementary intersectoral activities that also contribute to the prevention and mitigation of HIV, and promote an AIDS-Free Future?
3. What can development agencies do to support host country government implementing intersectional approaches?

*Group 4: Inter-sectoral Level—Linking Education to Health, Social and Economic Services report to plenary on the most promising approaches and barriers to their implementation*

- Keeping girls and education as the priority
- Using overlapping interventions such as DREAMS to achieve inter-sectoral common goals
- Targeting younger adolescents through multi-sectoral activities
- Challenges include funding challenges - how to overcome one sector pushing their own agenda at the expense of others

**Discussion following the Group Work**



**Topic:** *How do we improve collaboration and coordination at various levels?*

*Highlights of discussion points and conclusions during the plenary:*

- Discuss activities with host governments and donor coordinating bodies
- Harmonized, coordinated approaches are critical for outcome efficiency; emphasize the efficiency gained through coordination
- Inter-ministerial coordination groups improve coordination
- It is critical for national governments to see themselves in the driver's seat
- Intersectoral collaboration across sectors is an important part of coordination
- Civil society organizations can help, often playing the role of both an advocate and a watch dog
- National governments being the champions of girls' education ensures sustainability

**Topic:** *How to get actors together at local level? Should we think about the end goal being different-shift dialogue to focus on importance of girls' education for an AIDS-free future?*

*Highlights of discussion points and conclusions during the plenary:*

- Easier to think holistically when in the field, implementing programs rather than reading about successes and challenges
- Multi sectoral collaboration is important at the community level (Example – Jamaica, Planning Ministry) and the GIZ/UNICEF programme in Southeast Asia called Fit for School
- National advisory committee level is where much coordination between development agencies can take place
- The end goal is important and should be prioritized in all discussions; everyone at the national level has an interest in the well-being of girls and this can be expressed as education outcomes, health outcomes and others, so it is important to express goals in a way to get the most support

## **The Way Forward and Closing Remarks**

Scott Pulizzi (UNESCO) thanked all the participants and panellists in his closing remarks of the Symposium; he recapped key points from the presentation and suggested topics for future discussion and research:

- It was established that schooling is a protective factor, but more needs to be done to understand what contributes to the retention of learners and offers them a high quality educational experience while they are in school, such as safe spaces and relevant and participatory curriculum.

- Good practices on school governance structures, including community participation, that promote gender equity and equality should be described and promoted.
- The Sustainable Development Goals provide opportunity to work intersectorally and make schools more health promoting, skill-building and inclusive.

## **Appendix 1.**

### **IATT Symposium Flyer and Agenda**

**(Below)**



## *Symposium 2015*

### *Good Quality Education for Adolescent Girls for an AIDS-Free Future*

Thursday 25th June 2015 — 9:00 am to 5:30 pm

FHI 360's Academy Hall

1825 Connecticut Ave NW, Washington, DC 20009, USA

#### *What promising approaches exist to ensure good quality education for all adolescent girls and young women?*

The symposium will:

- Discuss the challenges at primary and secondary level in providing a good quality education to girls and young women, and identify promising approaches for the retention, re-enrolment, and provision of high quality education for all girls.
- Include plenaries to review recent research and good practices and group work to further explore promising approaches.

#### **About the UNAIDS IATT:**

Established in 2002 and convened by UNESCO, the UNAIDS IATT on Education aims at improved and accelerated education responses to HIV and AIDS, through promoting and supporting good practices and through encouraging alignment and harmonisation within and across agencies to support global and country-level actions.

**All interested individuals and organizations are welcome to attend the Symposium. However, space is limited and places will be available on a first come/ first served basis.**

**RSVP to: [ldavis@usaid.gov](mailto:ldavis@usaid.gov)**



## Symposium Agenda

### **9.00 - 10.30** *Opening Session: Discussing the challenges in primary and secondary education*

- Welcome by the UNAIDS IATT on Education (Margherita Licata, IATT Steering Committee Chair & hosts, 10 mins)
- PEPFAR's priorities for adolescents and young women and education (TBC, 15 mins)
- Accelerating action on girl's education (Nora Fyles, UNGEI Secretariat, 15 mins)
- The Role of Schools in Decreasing HIV Acquisition Among Adolescent Girls (John Santelli, M.D., Dept. of Population and Family Health, Columbia University, 15 mins)
- Girl's Education in Indonesia: a young person view (Nur Hidayati.Handayani, 10 mins)

### **10.30 - 11.00** *Break*

### **11.00 - 13.00** *Panel Session: Promising approaches for the retention and re-enrolment and the provision of high quality education for adolescent girls and young women.*

Moderator: IATT Member

- Policy Environment (TBC Fern McFarlane, Jamaica Ministry of Education): policies and programmes to address early and unintended pregnancy and child marriage
- Socio-economic Situations (TBD: Lucie Cluver, University of Oxford): Cash transfers plus care
- School-Related Gender-based Violence (IATT research with teachers and the SRGBV Global Guidance)
- Education sector engagement with Family, Caregivers, and Community, Forum for African Women Educationists (FAWE), Namibia

### **13.00 - 14.00** *Lunch*

### **14.00 - 15.30** *Group Work to identify policy implications for consideration*

Each group will list, debate and synthesize promising approaches to support good quality and the re-enrolment adolescent girls and young women. Each group will take into account the broad context with a focus on one of the entry points listed below

Group 1: Family and community level

Group 2: School level – teachers, teaching and learning

Group 3: Institution level – policy environment

Group 4: Inter-sectoral level – linking education to health, social and economic services

### **15.30 - 15.45** *Break*

### **15.45 - 17.15** *Plenary discussion and debate on the group work (Moderator: IATT Member)*

### **17.15 - 17.30** *The way forward and closing remarks (TBD)*

## Appendix 2.

### List of Participants

1	Rebecca	Adams	USA	The Pragma Corporation
2	Kim	Ahanda	USA	USAID
3	Anike	Akridge	USA	USAID
4	Helen	Albert	USA	fhi360
5	Jennifer	Anderson	USA	Save the Children USA
6	Peter	Anderson	USA	Ernst & Young, LLP
7	Yetnayet	Asfaw	USA	Vice President, Strategy and Impact
8	Nina	Babihuga	USA	GHFP-II
9	Gretchen	Bachman	USA	USAID
10	Louise	Banham	USA	Global Partnership for Education
11	Elizabeth	Berard	USA	USAID
12	Emily	Bishop	USA	Teachers College, Columbia University
13	Lisa	Blonder	USA	Department of State
14	Kristin	Brady	USA	fhi360
15	Elice	Browne	USA	The George Washington University
16	Julia	Bunting	USA	Population Council
17	Diana	Chamrad	USA	
18	Lucie	Cluver	United Kingdom	University of Oxford
19	Dorothea	Coppard	Germany	Deutsche Gesellschaft für Internationale Zusammenarbeit
20	Emily	Crowder	SA	Global Camps Africa
21	Karen	Cure	USA	CMMB
22	Laura	Dominguez	USA	fhi360
23	Saideh	Ezzatebaghani	USA	FHI 360
24	Amy	Fisher	USA	Associate
25	Nora	Fyles	Canada	UNGEI Secretariat
26	Jennifer	Gayles	USA	Georgetown University
27	John	Gillies	USA	fhi360
28	Vram	Hakobyan	USA	Creative Associates
29	Nur Hidayati	Handayani	Indonesia	<a href="http://Gue-Tau.com">Gue-Tau.com</a>
30	Liz	Heller	USA	Program Management Coordinator
31	Orlando	Hernandez	USA	fhi360
32	Saada	Idriss abdillahi	Djibouti	USAID/Djibouti
33	Jin	In	SA	4Girls Local Leadership (4GGL)

34	Wolfe	Jason	USA	PEPFAR S/GAC (acting)
35	Kenley	Jones	USA	RTI International
36	Naoko	Kamioka	USA	Catholic Relief Serv.
37	Ahlam	Kays	USA	fhi360
38	M. A.	Keifer	USA	Advocates for Youth
39	Jonathan	Labrecque	USA	USAID
40	Suzanne	LeClerc-Madlala	USA	USAID
41	Seung	Lee	USA	Save the Children USA
42	Margherita	Licata	Switzerland	ILO
43	Annaliese	Limb	USA	USAID
44	Jeanne	Long	USA	Save the Children USA
45	Enilda	Martin	USA	USAID
46	Danielle	McCadden	USA	Georgetown University
47	Fern	McFarlane	Jamaica	Jamaica Ministry of Education
48	Tanya	Medrano	USA	fhi360
49	Katherine	Merseth	USA	Save the Children
50	Carrie	Miller	USA	Catholic Relief Serv.
51	Yolande	Miller-Grandvaux	USA	USAID
52	Amanda	Milliken	USA	USAID
53	Laisha	Moshiro	USA	World Vision US
54	Agness	Mumba	Zambia	Forum for African Women Educationalists of Zambia
55	Jacqueline	Munoz	USA	Save the Children USA
56	Beverly	Nyberg	USA	Peace Corps
57	Jaime	Oberlander	USA	USAID
58	Christina	Olenik	USA	DAI
59	Alisa	Phillips	USA	World Vision US
60	Kim	Posthumus	SA	Global Camps Africa
61	Stephanie	Psaki	USA	Population Council
62	Scott	Pulizzi	France	UNESCO
63	Maria	Redini	USA	ChildFund International
64	Sam	Rick	USA	USAID
65	Alexandra	Robinson	USA	World Vision International
66	Uchechi	Roxo	USA	Ernst & Young, LLP
67	Laurie	Rushton	USA	USAID
68	Hillary	Russell	USA	Creative Associates
69	John	Santelli	USA	Columbia University
70	Janet	Saul	USA	Office of the Global AIDS Coordinator (S/GAC)

71	Jyoti	Schlesinger	USA	Ernst & Young, LLP
72	Melissa	Sharer	USA	Project Director
73	Janet	Shriberg	USA	USAID
74	Reena	Shukla	USA	USAID
75	Jon	Silverstone	USA	Education Development Center (EDC)
76	Morgan	Simon	USA	Creative Associates
77	Annie	Smiley	USA	fhi360
79	Bradford	Strickland	USA	Creative Associates
79	Julie	Swanson	USA	USAID
80	Shannon	Taylor	USA	USAID
81	Robert	Tender	USA	USAID
82	Stefany	Thangavelu	USA	Juarez & Associates
83	Shaneka	Thurman	USA	Milken Institute, School of Public Health, George Washington University
84	Christina	Tippmann	USA	Ernst & Young, LLP
85	Nora	Toiv	USA	S/GAC
86	Christianne	Wendler	South Africa	US Embassy South Africa
87	Monique	Widyono	USA	USAID
88	Serena	Williams	USA	RTI International
89	Dr. Howard	Williams	USA	American Institutes for Research
90	Felicia	Wilson	USA	Gender Advisor/Education Development Officer
91	Ann	Woodworth	USA	Creative Associates
92	Sarah	Yeiser	USA	USAID

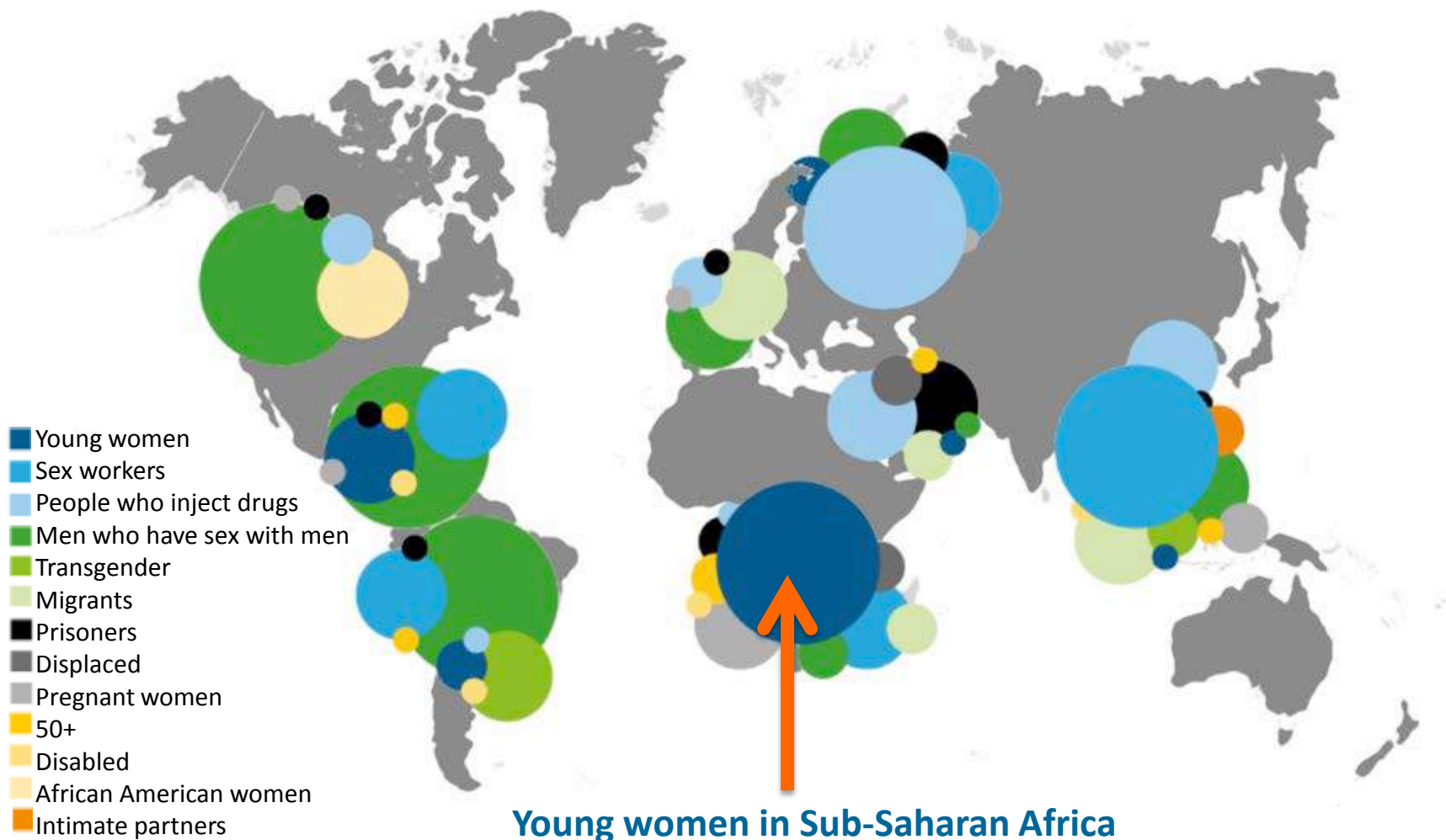
**Appendix 3.**  
**Presentations**  
**(Below)**



# **PEPFAR Priorities for Adolescent Girls and Young Women: HIV Prevention & Education**

Janet Saul, PhD  
Acting Senior Gender Advisor  
Office of the Global AIDS Coordinator and Health  
Diplomacy

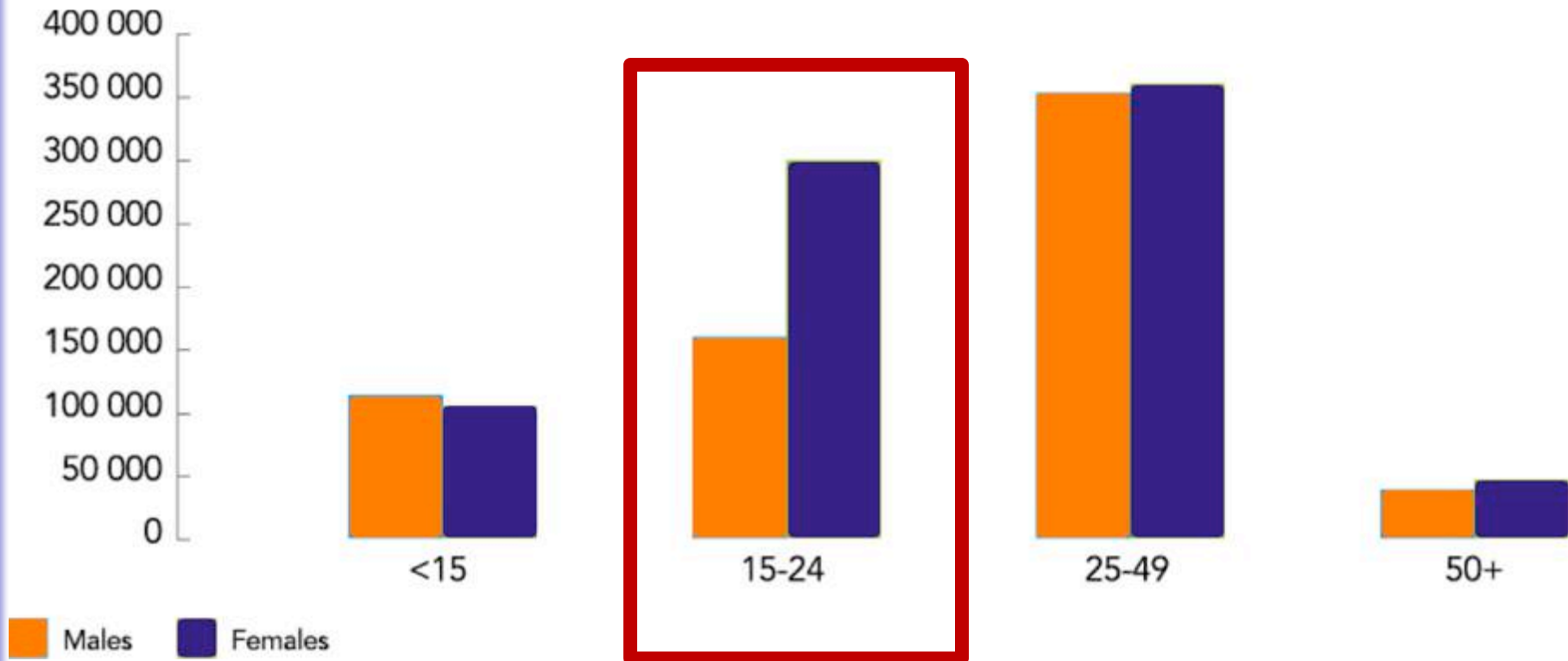
# Key populations face a significantly higher risk of acquiring HIV



**Young women in Sub-Saharan Africa are by far the largest group with a disparately high risk of acquiring HIV**

# Disparity in new infections among young people

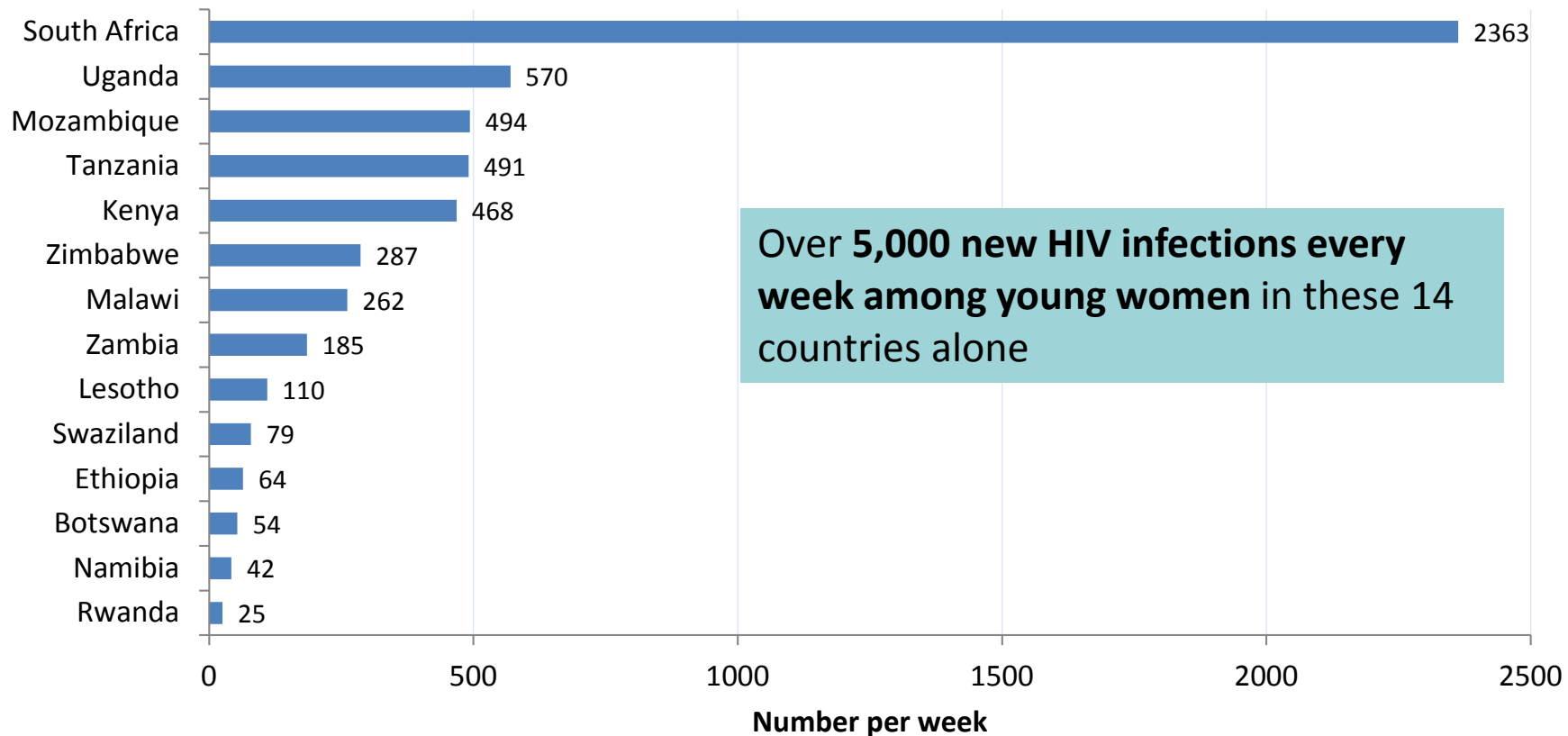
New HIV Infections in Sub-Saharan Africa by Age & Sex, 2013



# More than 1/3 new HIV infections globally occur among young women in Africa

Estimated number of new HIV infections *per week* among young women aged 15-24 years in East and Southern Africa, 2012

Data source: UNAIDS 2013



# HIV Leading Cause of Death among AGYW in SSA

In Eastern and Southern Africa, *HIV is the leading cause of death in girls aged 15-19*



Worldwide	%
1 Self-harm	11.1
2 Maternal disorders	8.2
3 Road injury	7.3
4 Malaria	5.3
5 Fire	5.6
6 HIV/AIDS	4.6

Eastern Africa	%
1 HIV/AIDS	15.9
2 Malaria	16.7
3 Maternal disorders	10.3
4 Road injury	5.6
5 Lower respiratory infections	5.0

Southern Africa	%
1 HIV/AIDS	34.6
2 Interpersonal violence	5.3
3 Maternal disorders	5.1
4 Tuberculosis	4.7
5 Lower respiratory infections	4.2

Source: Global Burden of Disease 2010

# DREAMS

DREAMS aims to ensure that girls have an opportunity to live Determined, Resilient, Empowered, AIDS-free, Mentored and Safe lives



**\$210M** partnership to reduce new HIV infections in Adolescent Girls and Young Women in up to 10 countries.

# How will we address HIV among AGYW?

- **Right Things**

- Core package of interventions to prevent HIV infection and address comprehensive needs of girls and young women

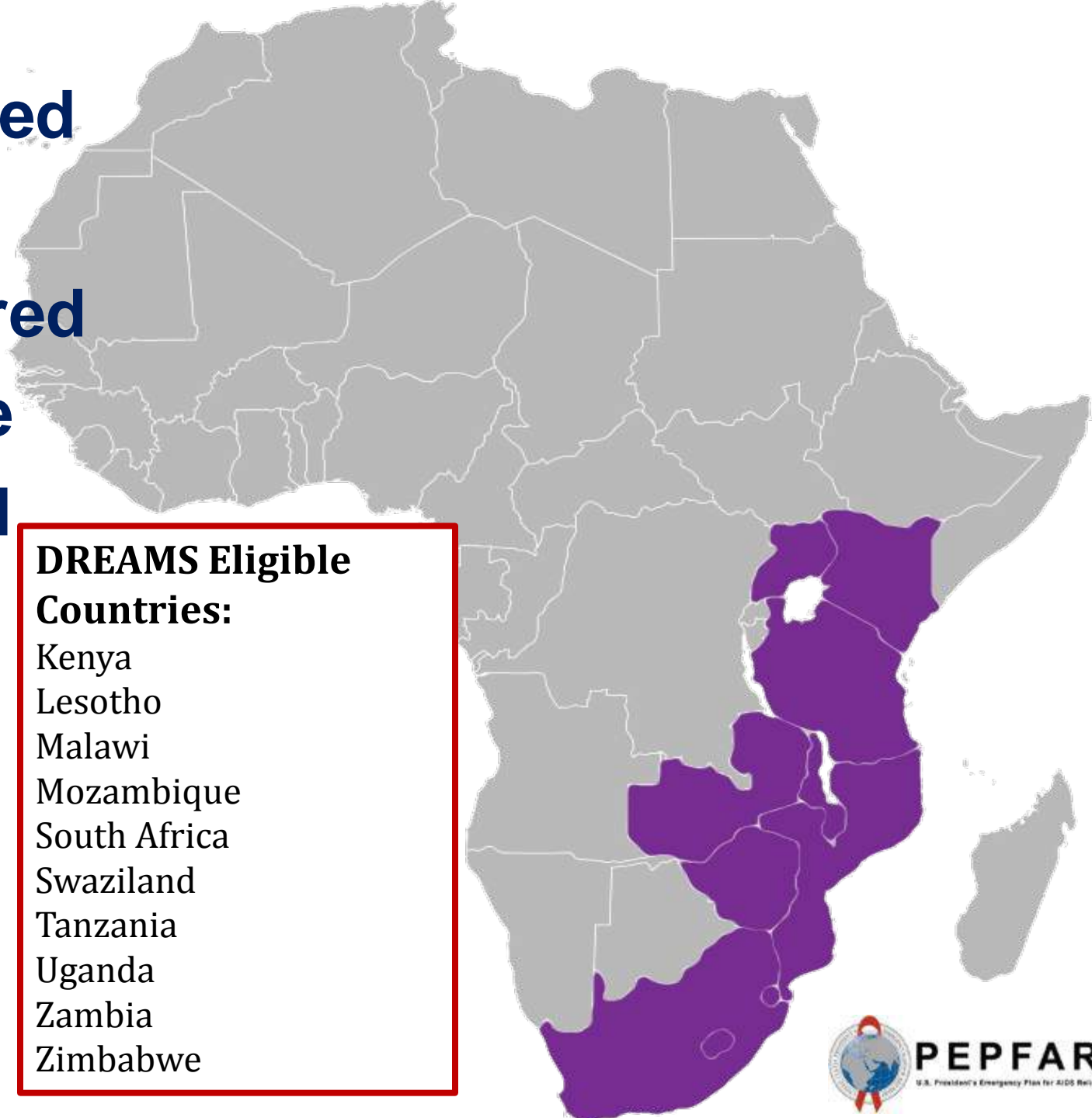
- **Right Places**

- Focus on finding the most vulnerable in the highest burden areas

- **Right NOW!!**

- The population of AGYW growing rapidly – NOW is the time to intervene so that we do not see an increase in these already alarming numbers
- Prevent at the right time in people's lives – for women that means targeting prevention when they are young, before the peak age of prevalence

**Determined  
Resilient  
Empowered  
AIDS-free  
Mentored  
Safe**

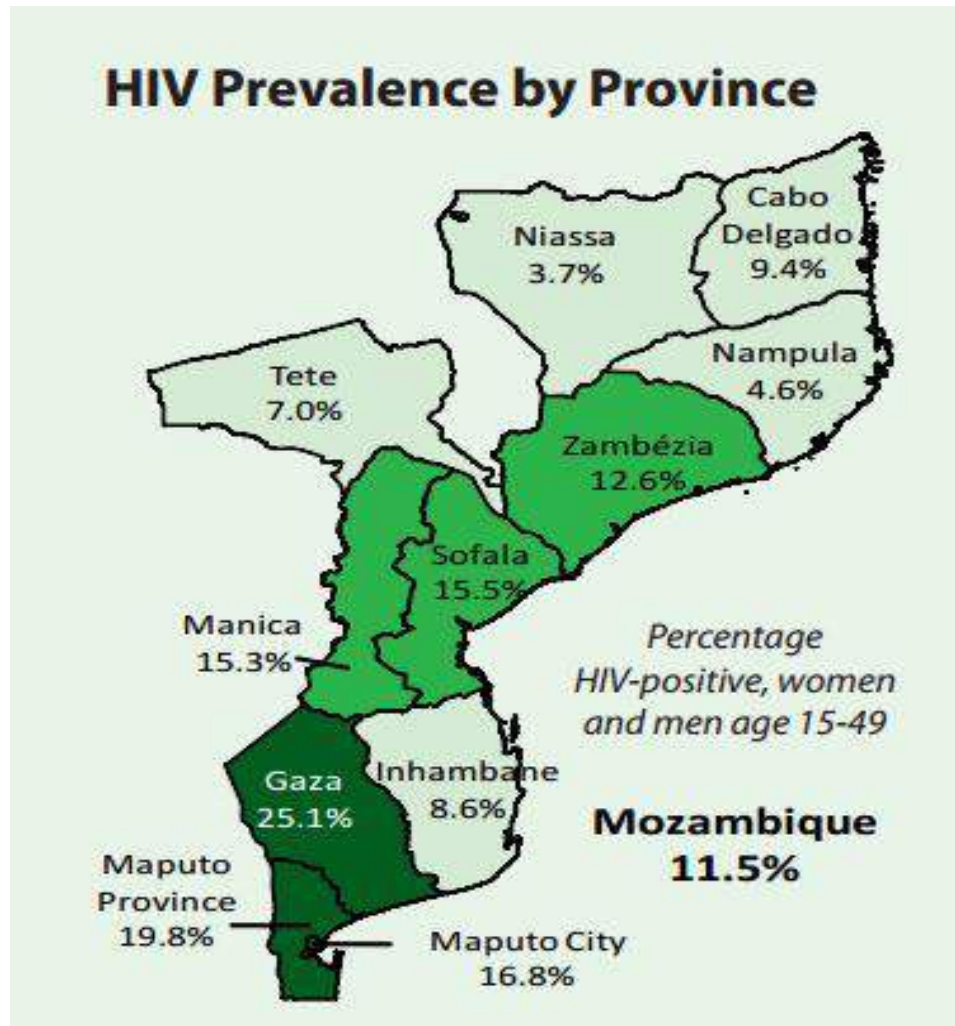


**DREAMS Eligible  
Countries:**

Kenya  
Lesotho  
Malawi  
Mozambique  
South Africa  
Swaziland  
Tanzania  
Uganda  
Zambia  
Zimbabwe

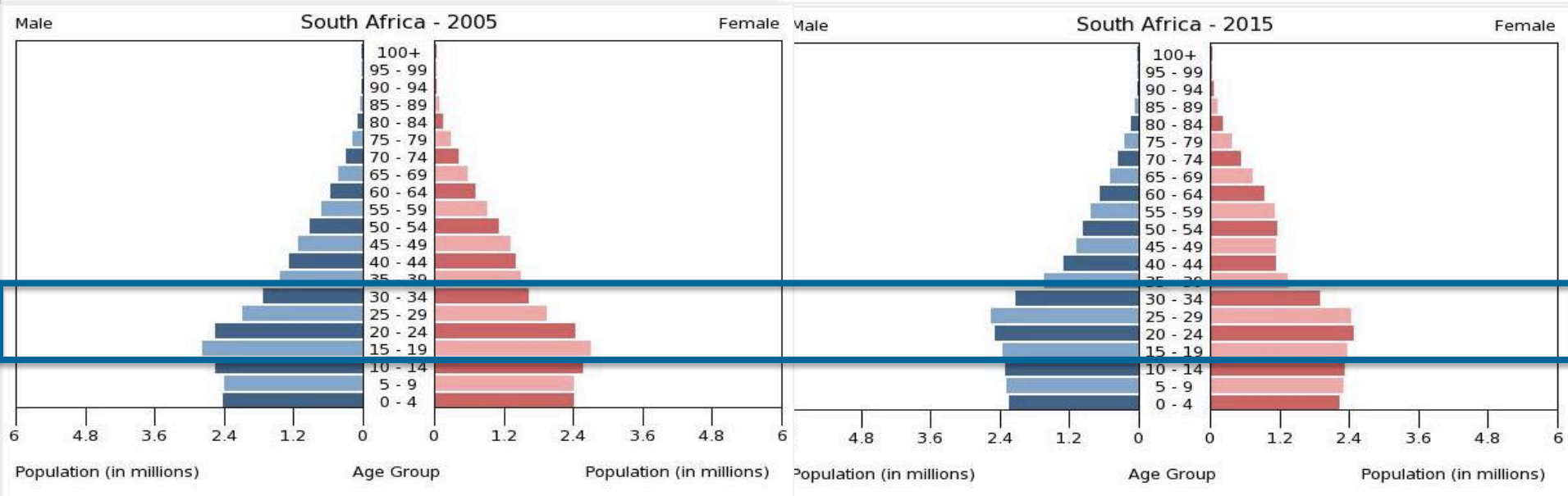
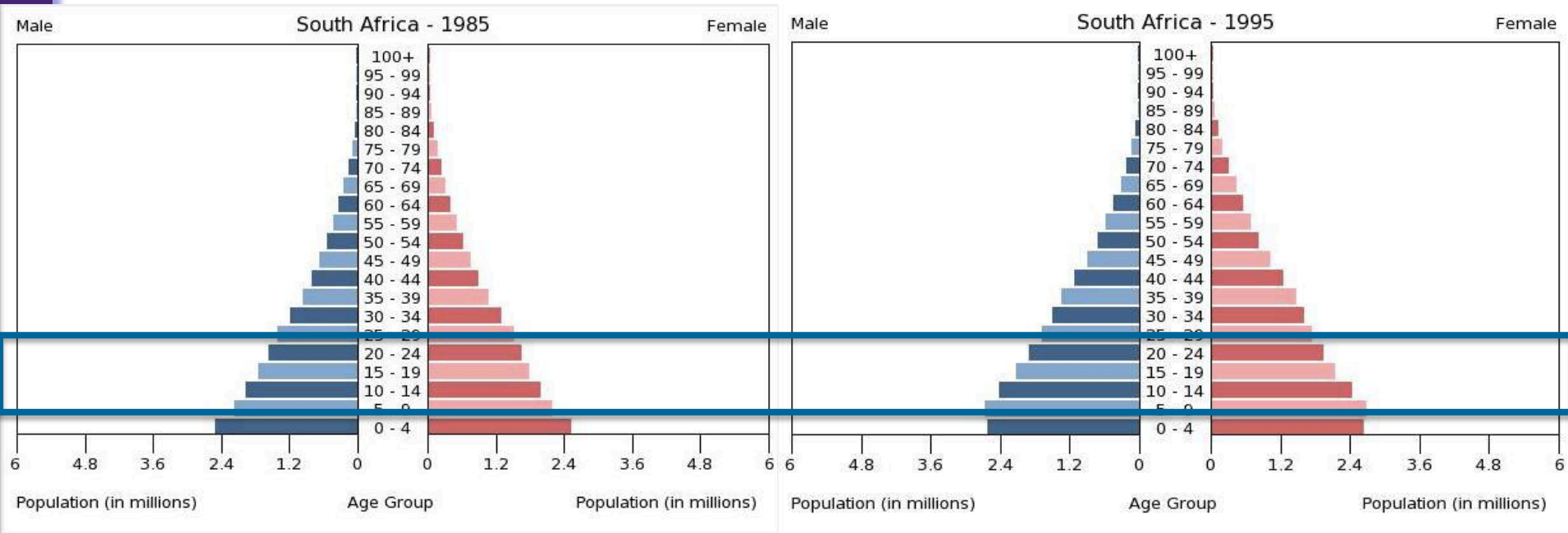


# WHERE?



Mozambique

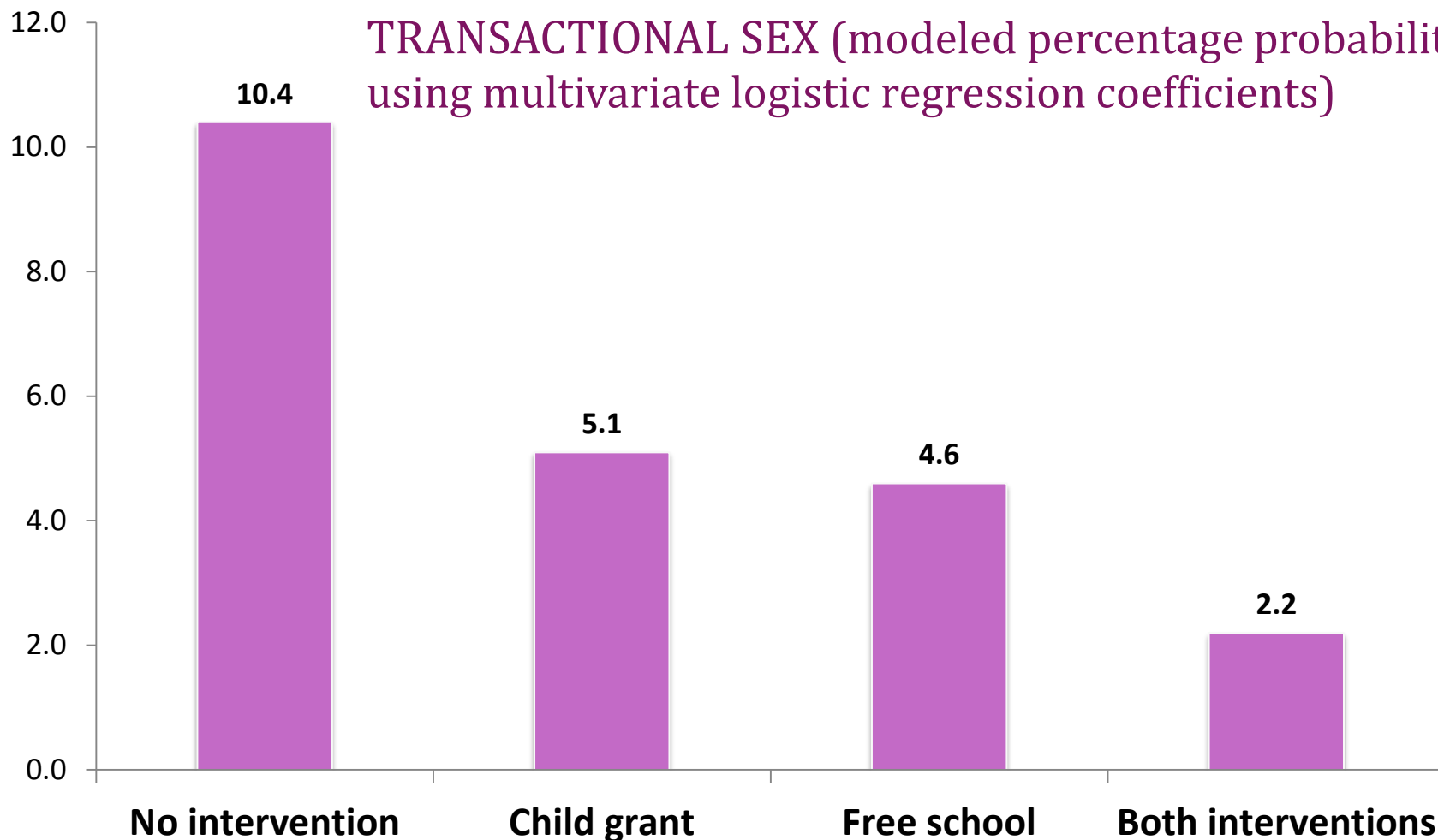
# Demographic shift in RSA: 10-29 year olds



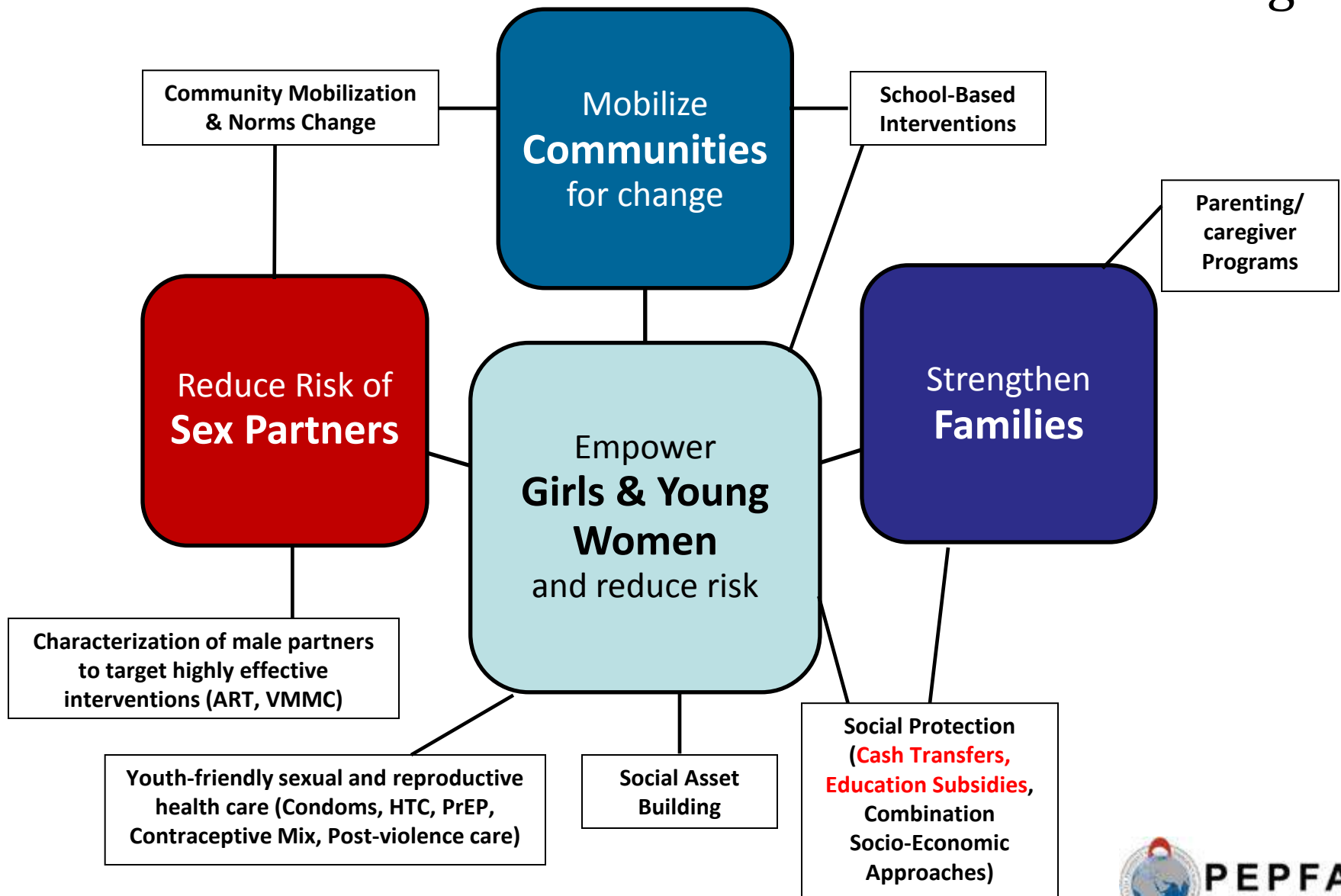
# How is DREAMS Different?

## The Importance of “Layering” Interventions

FEMALES: % PROBABILITY OF INCIDENCE OF TRANSACTIONAL SEX (modeled percentage probabilities using multivariate logistic regression coefficients)



# The Core Package



**Program**

**Improve AGYW Health Services**

- # receiving condoms
- # receiving HTC
- # linked to service
- # initiated on PrEP
- # receiving post violence care
- # FP sites with expanded method mix

**Improve AGYW & family assets**

- # AGYW or families receiving cash transfer or education subsidies

**Improve male sex partner participation in ART/VMMC**

- # of males on ART/provided with VMMC who fit sexual network partner profile

**Improve Family / Community Support**

- # receiving parenting intervention
- # receiving school-based HIV / violence prevention and gender sensitization
- # receiving community-based HIV & violence interventions
- # of AGYW & families receiving CT

**Program**

**AGYW aged 15-24**

- Decrease sexual risk
- Reduce # of pregnant 15-24 with HIV + status
- Reduce maternal mortality
- Decreased unplanned pregnancy
- Reduce rates of violence victimization
- Increase empowerment/agency

**Increased assets for AGYW & their families**

- Increased access to money in an emergency
- **Increased educational attainment for girls**

**Male Partners**

- Increased favorable attitudes toward gender equity
- Reduce rates of violence perpetration

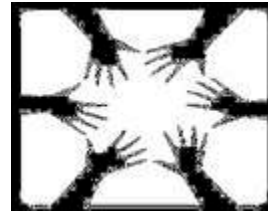
**Family/Community**

- Improved family interactions
- Increased community mobilization/commitment to prevent HIV in AGYW
- Improved gender & violence-related norms
- Improve health and economic outcomes for families

**Program Impact**

**Reduce New HIV Infections**

# DREAMS requires a multi-sectoral approach



**Education**

**Psycho-Social**



**Economic**



**Health**



**Community/  
Civil Society**





**THANK YOU**

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# Accelerating Action on Girls' Education

IATT Symposium, June 2015



# Outline

- Broad trends in the global dialogue on girls' education and gender equality;
- Current situation of girls' education: data from GMR 2015;
- Recent initiatives to position girls' education and gender equality in the global development dialogue and the SDGs

# Trend 1: Girls Education and Gender Equality – Changing Paradigm?

- Movement from a focus on gender parity to gender equality
  - Goals, concepts, measuring tools
- Increased understanding of dimensions of disadvantage
  - Which girls and which boys are not in school and learning?

# Trend 2: Gender Issues

## Demanding Attention

- More girls in school, and transitioning from primary to secondary; Gender relations and gender discrimination become evident
  - Gendered expectations
  - SRGBV
  - Early pregnancy
- Recognition of boys' experience; lack of research, few policy/program responses
  - Underachievement and dropout

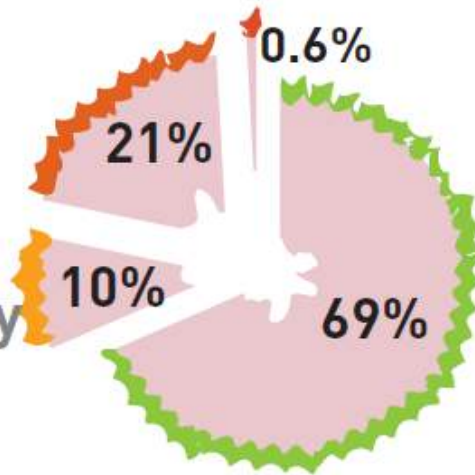
# EFA Goal 5: Should have been achieved in 2005



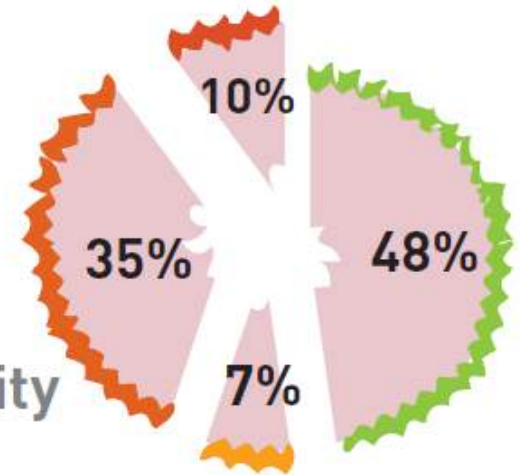
There has been strong movement worldwide towards greater gender parity, but **country progress has been uneven**

Defining and measuring **gender equality** remains contested

**Goal 5**  
Primary  
education  
gender parity



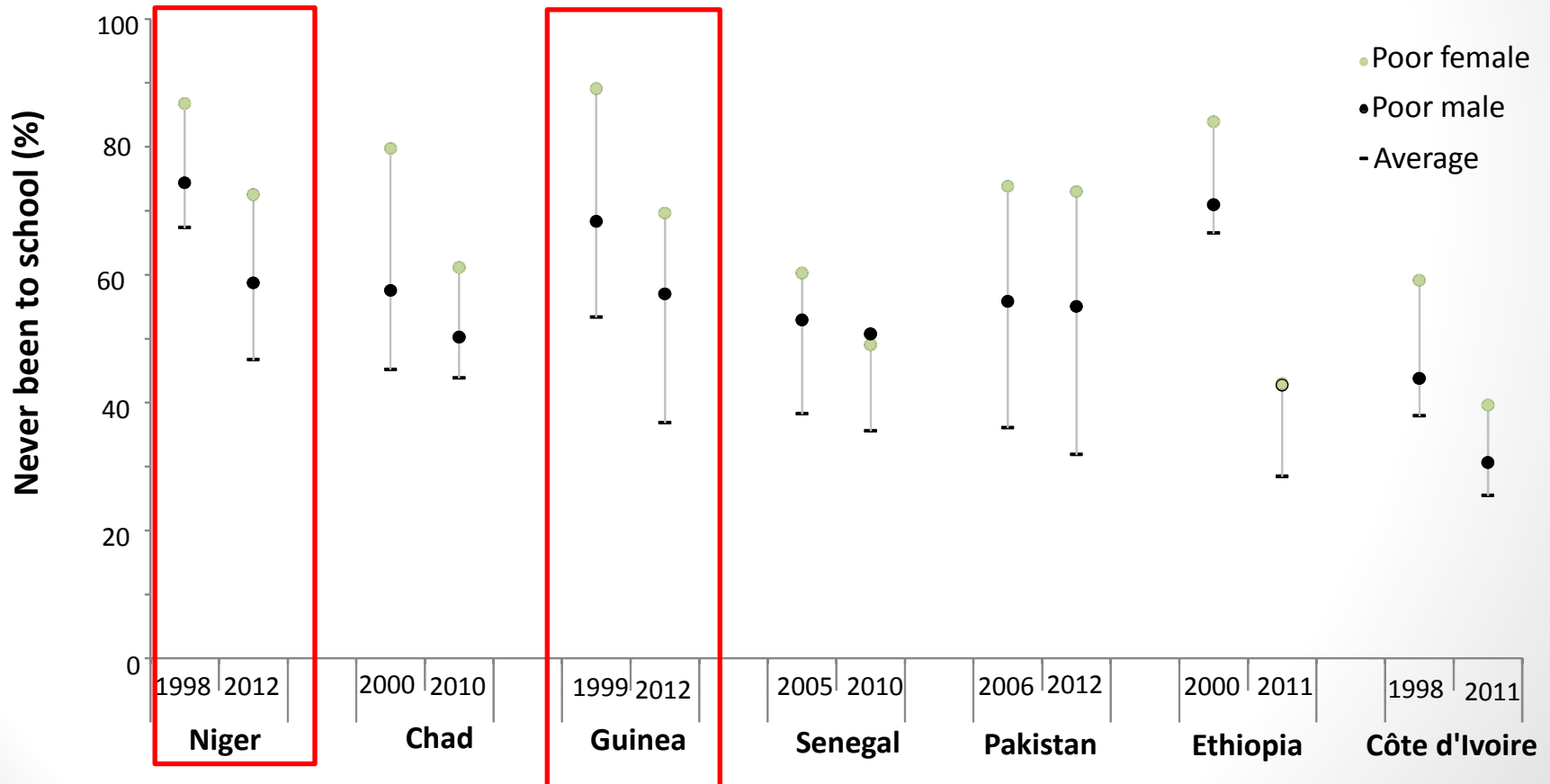
**Goal 5**  
Lower  
secondary  
education  
gender parity



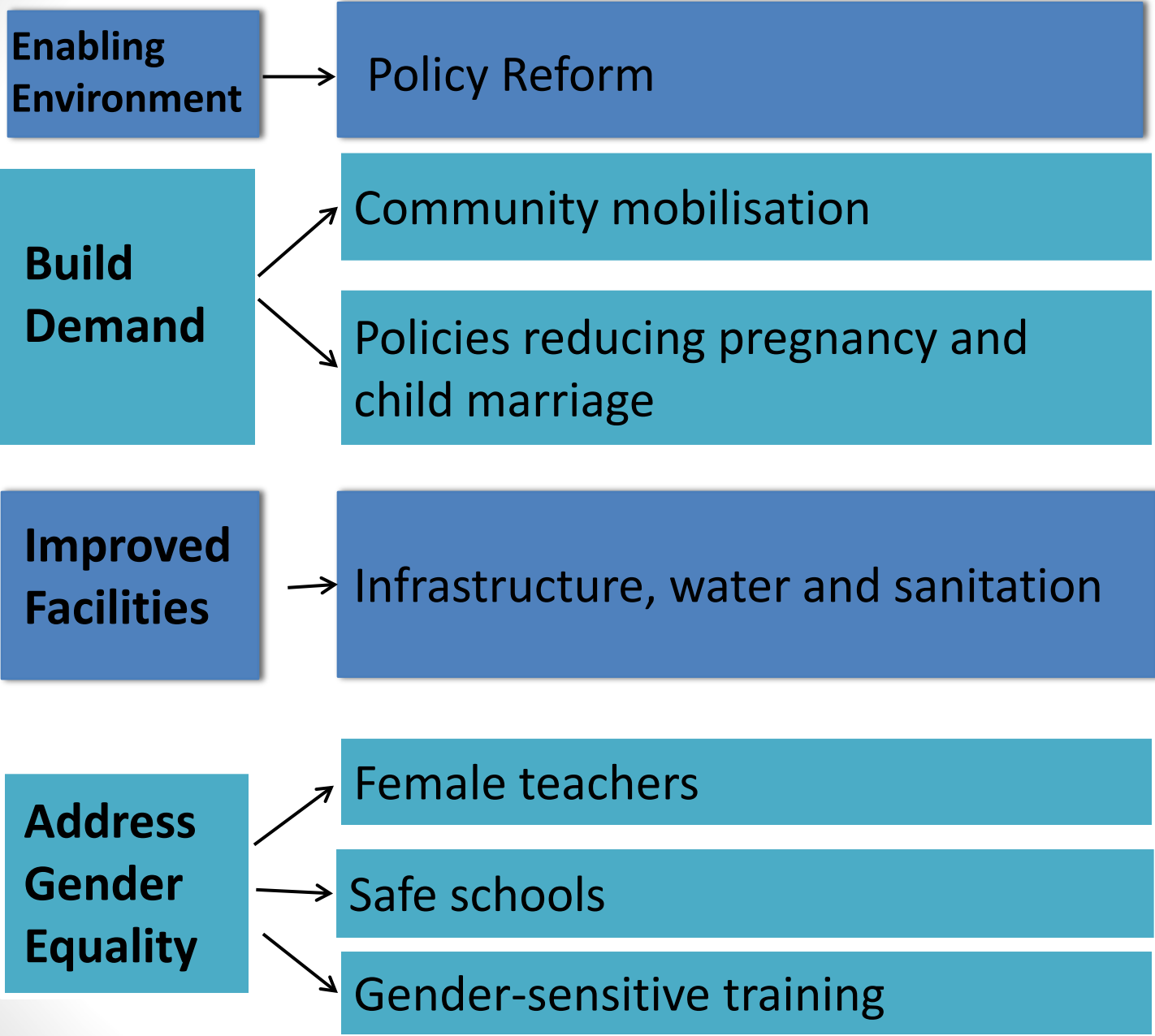
**A third of countries** did not reach gender parity in primary education; **a half** did not in secondary

# EFA Goal 5: Disadvantages persist and overlap

The poorest girls continue to be most likely never to have attended school



# EFA Goal 5: Policy successes since 2000



# UNGEI: Speaking out for girls' education

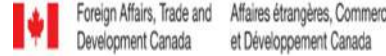
- A multi-stakeholder partnership launched at the Dakar WEF in 2000 as a designated flagship of Education for All;
- *“the most visible global initiative associated with gender equality and EFA”* (GMR 2015)
- Committed to improving the quality and availability of girls' education; and the empowerment of girls and women through transformative education;



Asia South Pacific Association  
for Basic and Adult Education  
Learning Beyond Boundaries



The Commonwealth



United Nations  
Educational, Scientific and  
Cultural Organization



FAWE

Forum for African Women Educationalists  
Forum des Educatrices Africaines



GLOBAL  
PARTNERSHIP  
for EDUCATION



World Food  
Programme



Sida

SWEDISH INTERNATIONAL  
DEVELOPMENT COOPERATION AGENCY



Norad



World Vision®



USAID  
FROM THE AMERICAN PEOPLE



CIDEC

COMPARATIVE, INTERNATIONAL  
& DEVELOPMENT EDUCATION CENTRE



Plan



UNIVERSITY OF TORONTO  
OISE | ONTARIO INSTITUTE  
FOR STUDIES IN EDUCATION



United Nations Girls'  
Education Initiative





# How does UNGEI work?

- ***Influence Policy***

- Global and national policy frameworks promote girls' education and gender equality

- ***Build Knowledge and Evidence***

- Best practices in facilitating girls' education and gender equality are known and institutionalized

- ***Promote Partnership; Building Capacity***

- UNGEI facilitates effective partnerships for girls' education and gender equality

# Global Advocacy and Action

- FAWE (1992)
- Plan International *BIAG* (2007), Nike Foundations *Girl Effect* (2008), *Girl Rising* (2013)
- DFID Girls Education Challenge (2012)
  - 300 M £; 1 M girls
- GPE Strategic Objective on Girls' Education (2012)
- Global Partners Working Group on SRGBV (2014)
- Clinton Foundation *Collaborative for Harnessing Ambition and Resources for Girls' Education* (CHARGE) (2014)
- Michelle Obama's *Let Girls Learn* initiative (2015)

# Policy Advocacy: Influencing SDGs

- ***Consultation and Response Paper to EFA TAG***

*‘unfinished business of EFA Goal 5: A failure to adequately guide countries on how to measure gender equality in education’*

- ***SDG Education ‘Framework for Action’***

- ***Establishing Task Force on Monitoring GE in Education***

- ***World Education Forum: Gender Equality Parallel Debates; Incheon Declaration; Framework for Action***

# Incheon Declaration – World Education Forum 2015

*We recognize the importance of **gender equality** in achieving the right to education for all. We are therefore committed to supporting gender-sensitive policies, planning and learning environments; mainstreaming gender issues in teacher training and curricula; and eliminating gender-based discrimination and violence in schools.*





# The Role of Schools in Decreasing HIV Acquisition Among Adolescent Girls



**John S Santelli, Sanyukta Mathur, Zoe Edelstein,  
Xiaoyu Song, Tzu Jung Huang, Ying Wei, Ashley  
Schuyler, Tom Lutalo, Fred Nalugoda, Ron Gray,  
Maria Wawer, David Serwadda**

***Columbia University  
Rakai Health Sciences Project  
Johns Hopkins University***

*Thanks to the generous support of the National Institutes of  
Health and the people of Rakai.*

# Youth Risk for HIV Infection, Globally



- Early sexual initiation
- ↑ number of sexual partners/ sexual concurrency
- Inconsistent use of barrier protection
- Male circumcision
- Sexually transmitted diseases
- Community HIV prevalence and viral load
  
- Poverty
- Educational and vocational opportunities
- Commercial sex work
- Power dynamics and women's equality
  
- Sexual education, other prevention programs and policies

# Education and Health



## Education is

- Powerful influence on health: children, mothers, adults
- Knowledge and health literacy
- Social and economic empowerment

## Education perceived as a gateway to social advancement

- Families and political leaders

## Among adolescents:

- Educational achievement, connectedness to school, attendance
- Globally, rising education access/attainment: improving health status
- Demographic transition:
  - ↑ economic opportunities for women
  - ↑ schooling
  - ↓ childbearing/ marriage



# Measuring Educational Impact on Health



- **Mechanisms for educational impact**
  - Information, empowerment
  - Protective social environment
- **Methodological challenges**
  - Self selection to attend school
  - Outcomes: HIV infection vs. behavioral outcomes
  - Empowerment vs. exploitation of youth
    - ✦ Sugar daddies
    - ✦ Increased adult risk-taking with increased income
    - ✦ Changing relationship of education to HIV overtime



## Distal Factors

### Contextual Factors

#### Social Context

Family influences

**Migration & mobility**

Peer pressure

Partner influences

HIV - related stigma

**Trading villages**

#### HIV Policies & Programs

Zero grazing

**ABC/abstinence**

ARV treatment

Access to male  
circumcision

### Individual Psychosocial Factors

#### Social Developmental Factors

**Marriage** & relationship dynamics

Gender socialization & roles

**Pregnancy desires** &  
motivation to avoid  
HIV & other STIs

**School attendance**

**Alcohol use**

#### HIV Prevention Perceptions

Perceived risk of HIV

ARV treatment optimism  
& **prevention fatigue**

Perceived effectiveness of male  
circumcision

## Proximate Factors Behavioral and Biological

### Sexual intercourse:

- Age at Initiation
- Current sexual activity

### Use of **barrier** protection & contraception

### Partners factors

- **Numbers of partners**
- Probability of HIV infection  
(age, lifetime partners, etc.)
- Pregnancy desires of partner  
**Concurrency**

### **Male circumcision**

- ### HIV prevalence & viral load
- Community -wide
  - Specific partners

## Biological Outcomes

Pregnancy

STI

**HIV**

## Biopsychosocial Framework for Rakai Youth Project

# Prior Studies from the Rakai Youth Project



The *School Enrollment* study builds upon prior studies examining:

- Biopsychosocial risk factors for HIV acquisition
  - Trends in HIV acquisition and HIV risk factors
  - Ethnographic HIV case-control study examining social transitions and HIV risk
- 
- All three found School Enrollment was a protective factor against HIV acquisition (i.e., HIV incidence)

# Risk Factors for HIV Acquisition

## Risk factors for HIV acquisition among Rakai youth:

- Multiple partners, sexual concurrency, partner(s) from outside community
- Marital dissolution
- Trading village residence
- STI symptoms
- Alcohol use (among men)

## Protective factors:

- **School attendance**



Santelli et al JAIDS 2013

# Trends in HIV Acquisition and Risk and Protective Factors, Rakai, 1999-2011



- 86% decline in HIV acquisition, women 15-19 years
- Declines in HIV risk factors over time
  - Sexual experience, multiple partners, circumcision, alcohol use
- Considerable increases in school enrollment
- Enrollment tied to rising SES and national education policy: Universal primary education, 1997
- 71% of HIV decline due to ↓ in sexual experience
- 100% of ↓ in sexual experience due to ↑ in school enrollment

Santelli et al AIDS 2015

# Rising School Enrollment, Declining HIV and Pregnancy Risk

## Population:

- Adolescents (15-19 years), Rakai, 1994-2013

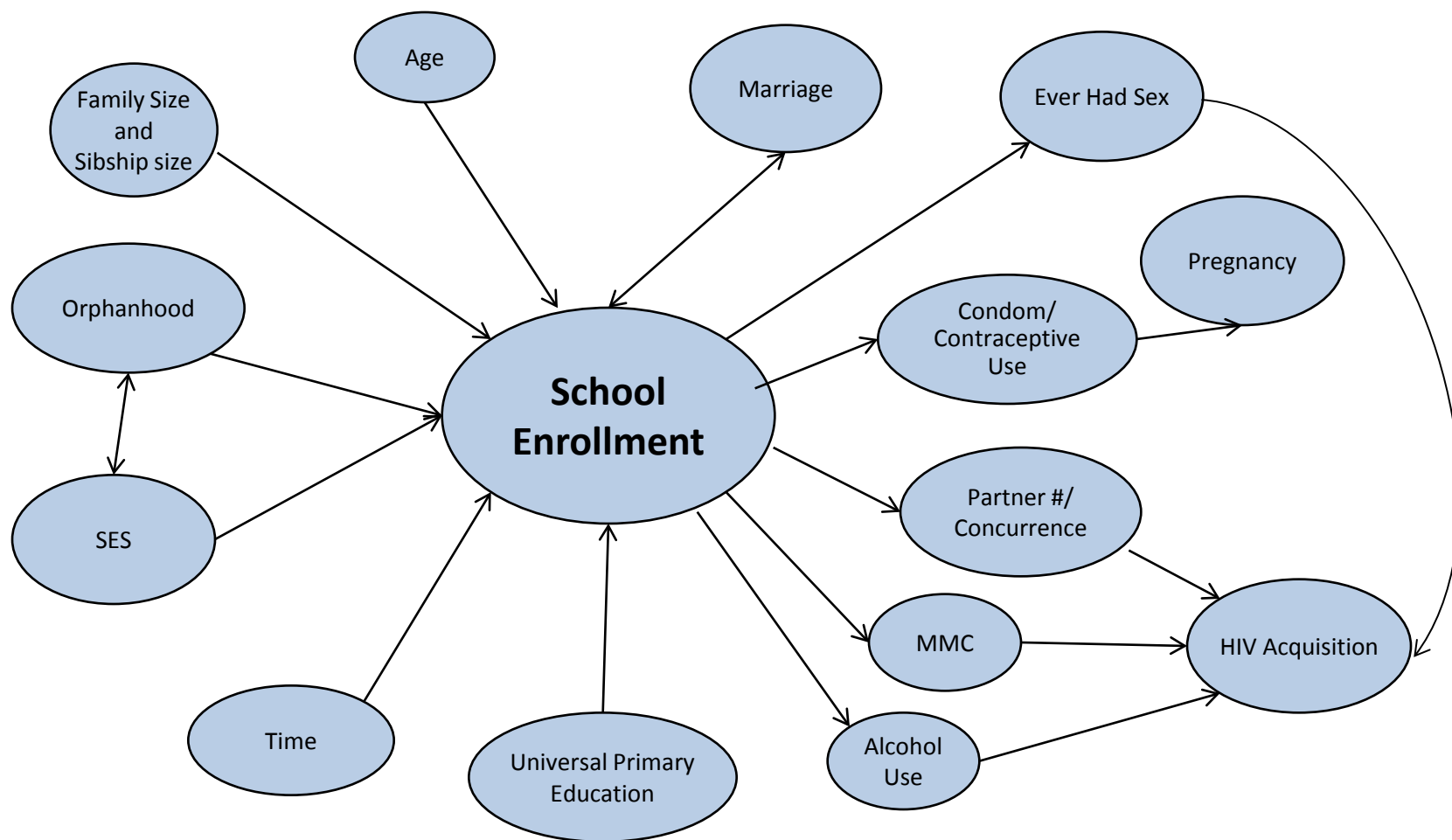
## Research Questions:

- What *antecedent* factors are associated with rising school enrollment?
- What are the *consequences* of rising school enrollment? (i.e., Does rising school enrollment influence *subsequent* risk for HIV and pregnancy?)

# Antecedents and Consequences of School Enrollment, Rakai

## Potential Antecedents

## Potential Consequences





# Rising School Enrollment, Research Method

Trends over time:

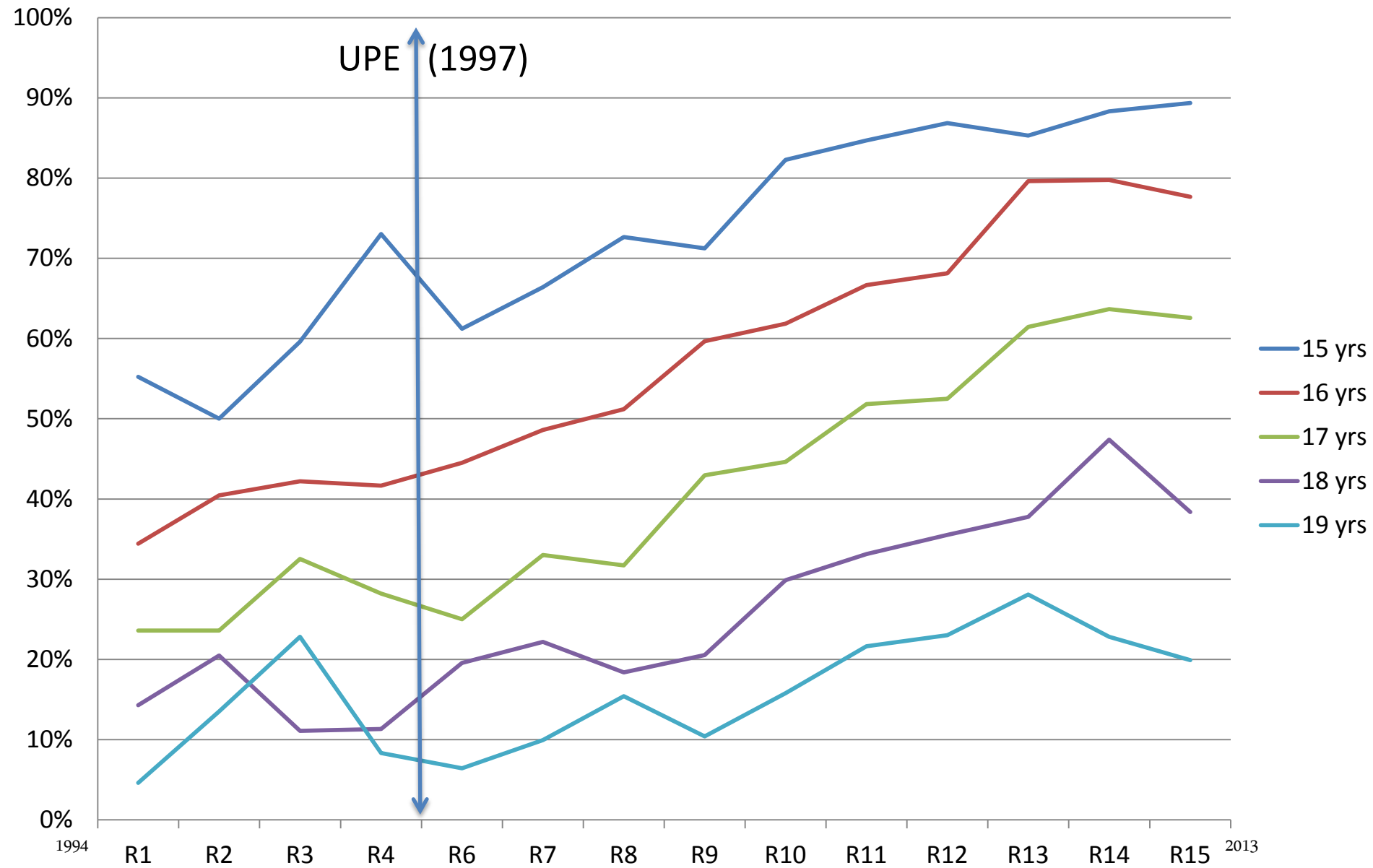
- School enrollment
- *Antecedent* risk and protective factors
- *Consequences*
  - HIV and pregnancy-related risk behaviors
  - HIV prevalence
  - Pregnancy

Logistic and linear regression  
with robust estimation

- Adjusted for age



# School Enrollment by Age, Adolescent Women, 1994-2013, Rakai



# School and Work



- **Aspirations:**

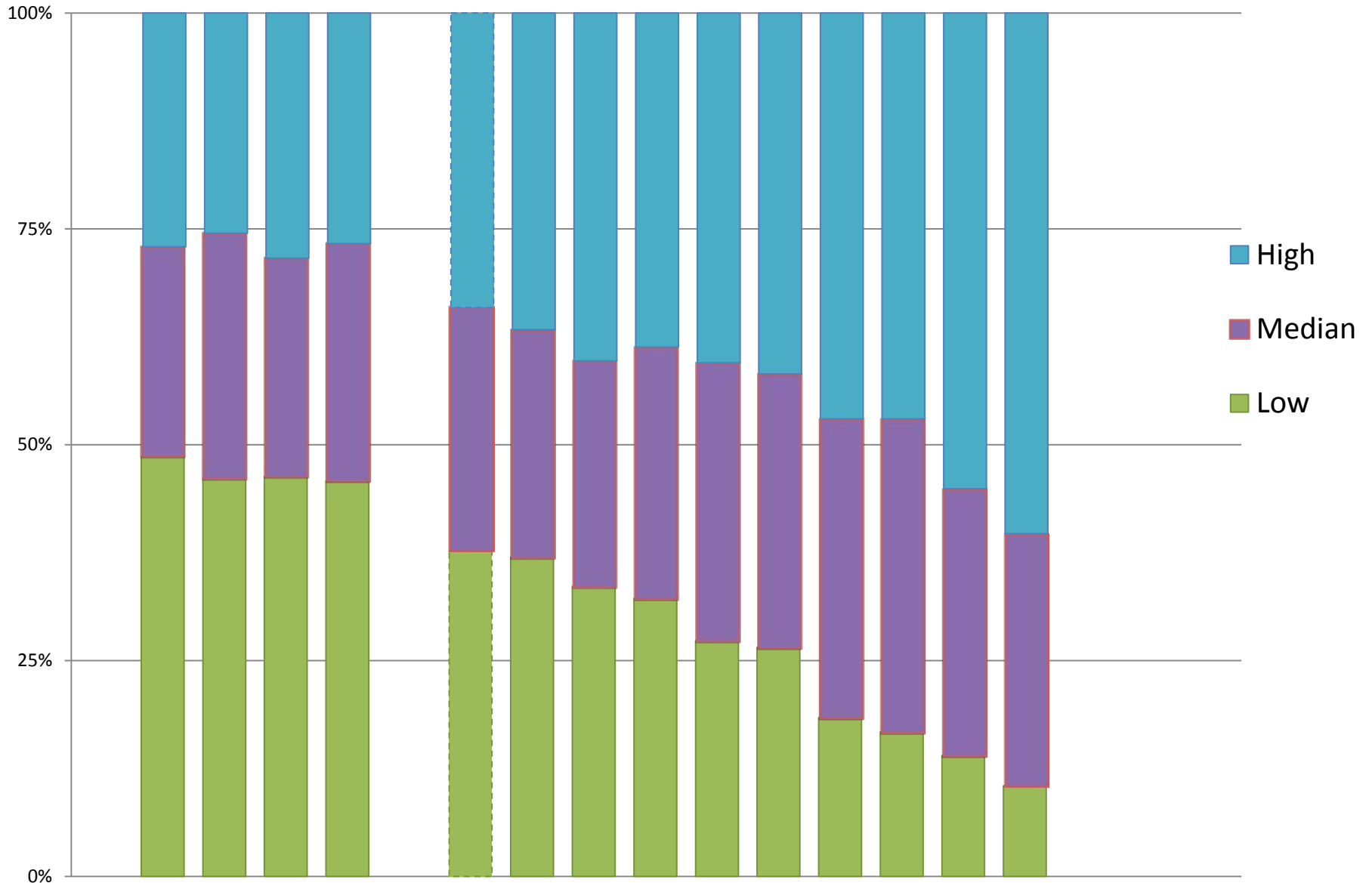
- Young people, regardless of HIV status, hoped to complete secondary school or go to university.
- The most common work goals were to become a teacher or health worker (nurse).

- **Reality:**

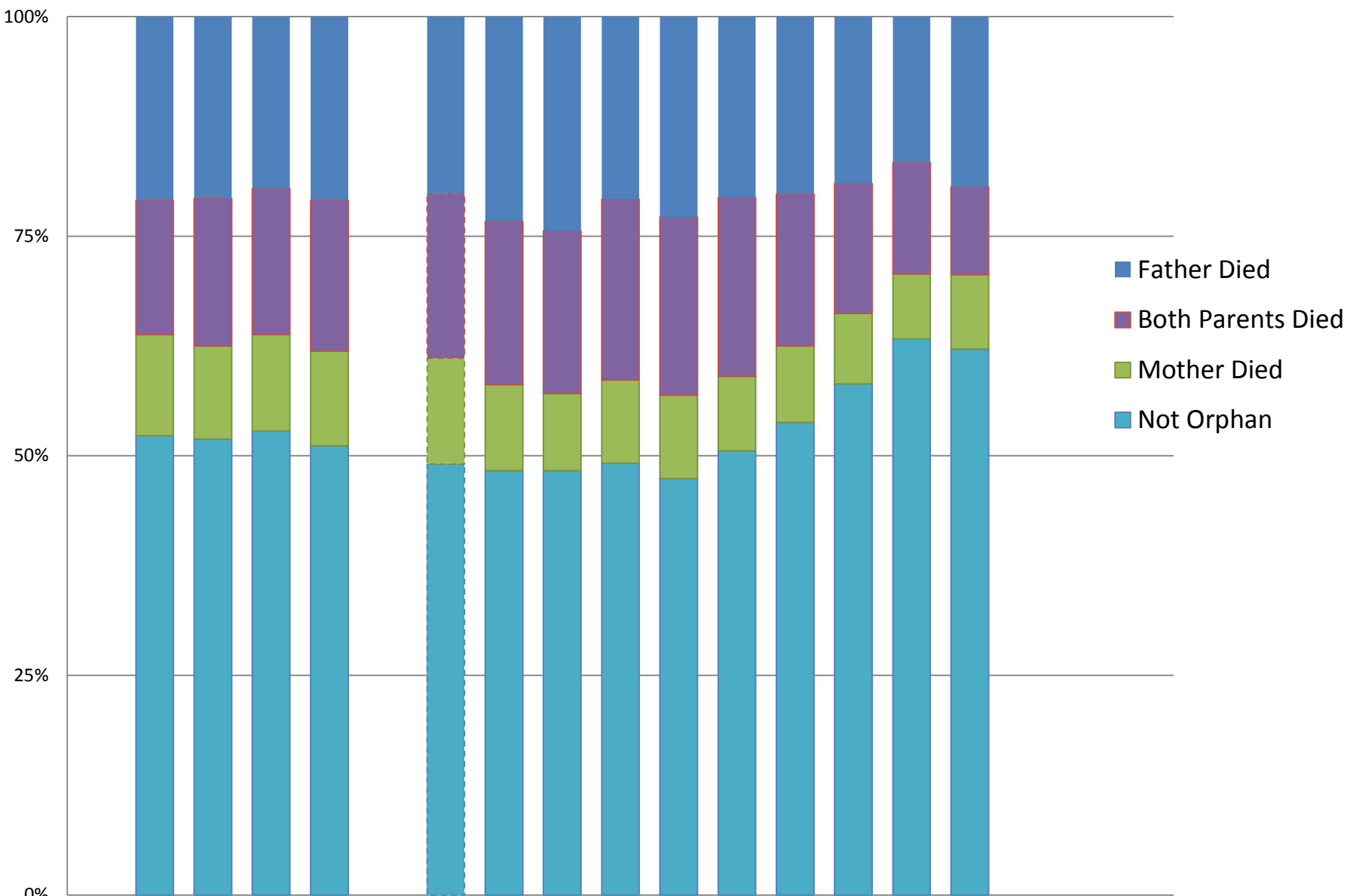
- Young people, regardless of HIV status, unable to reach their aspirations for school, primarily due to money
- Many young women, regardless of HIV status, did not continue their education due to pregnancy.

“There was money but they refused to take me back to school... Because I became pregnant they refused to take me back to school.”

# Household SES, Adolescent Women (1994-2013)

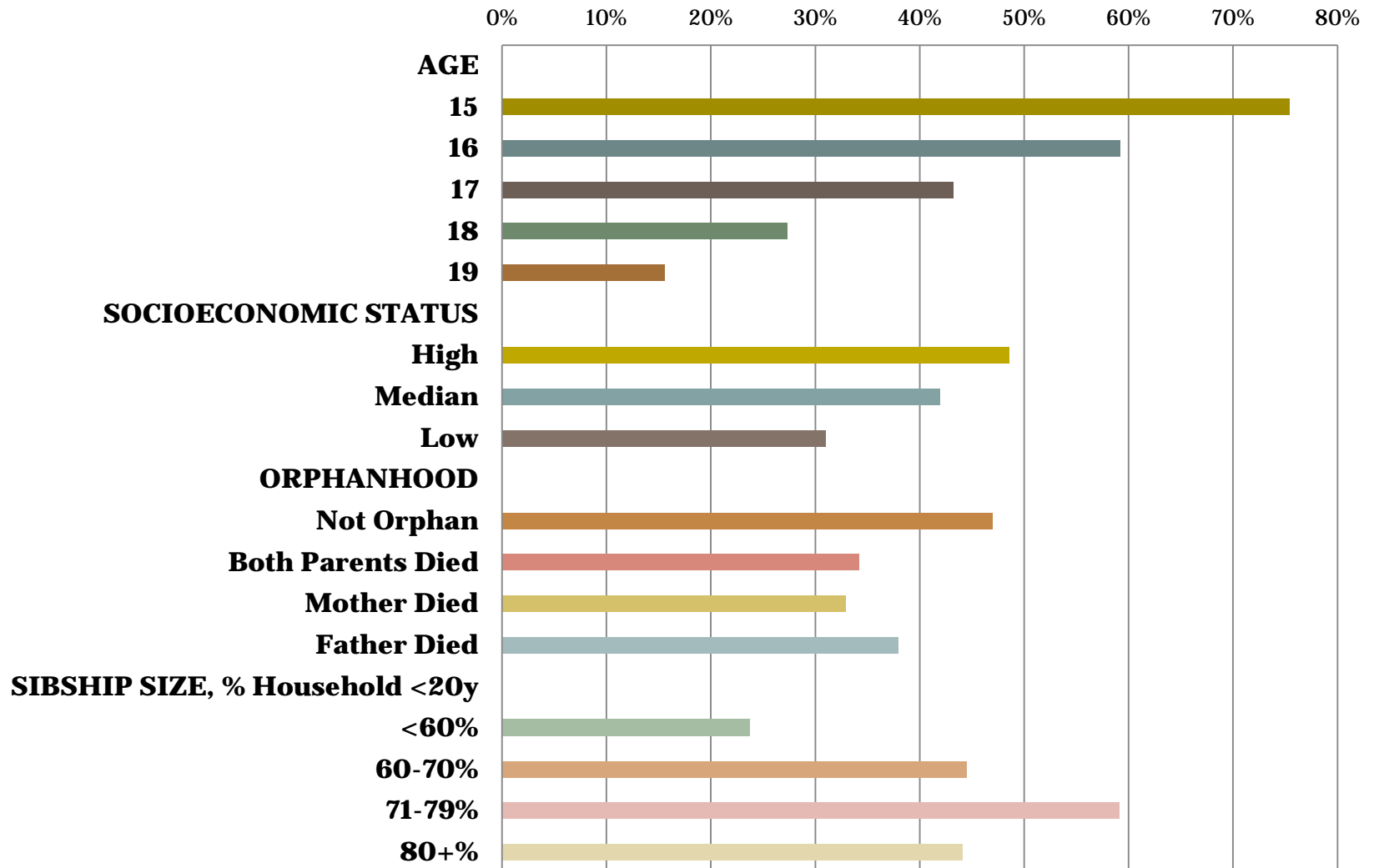


# Orphanhood Status, Adolescent Women (1994-2013)



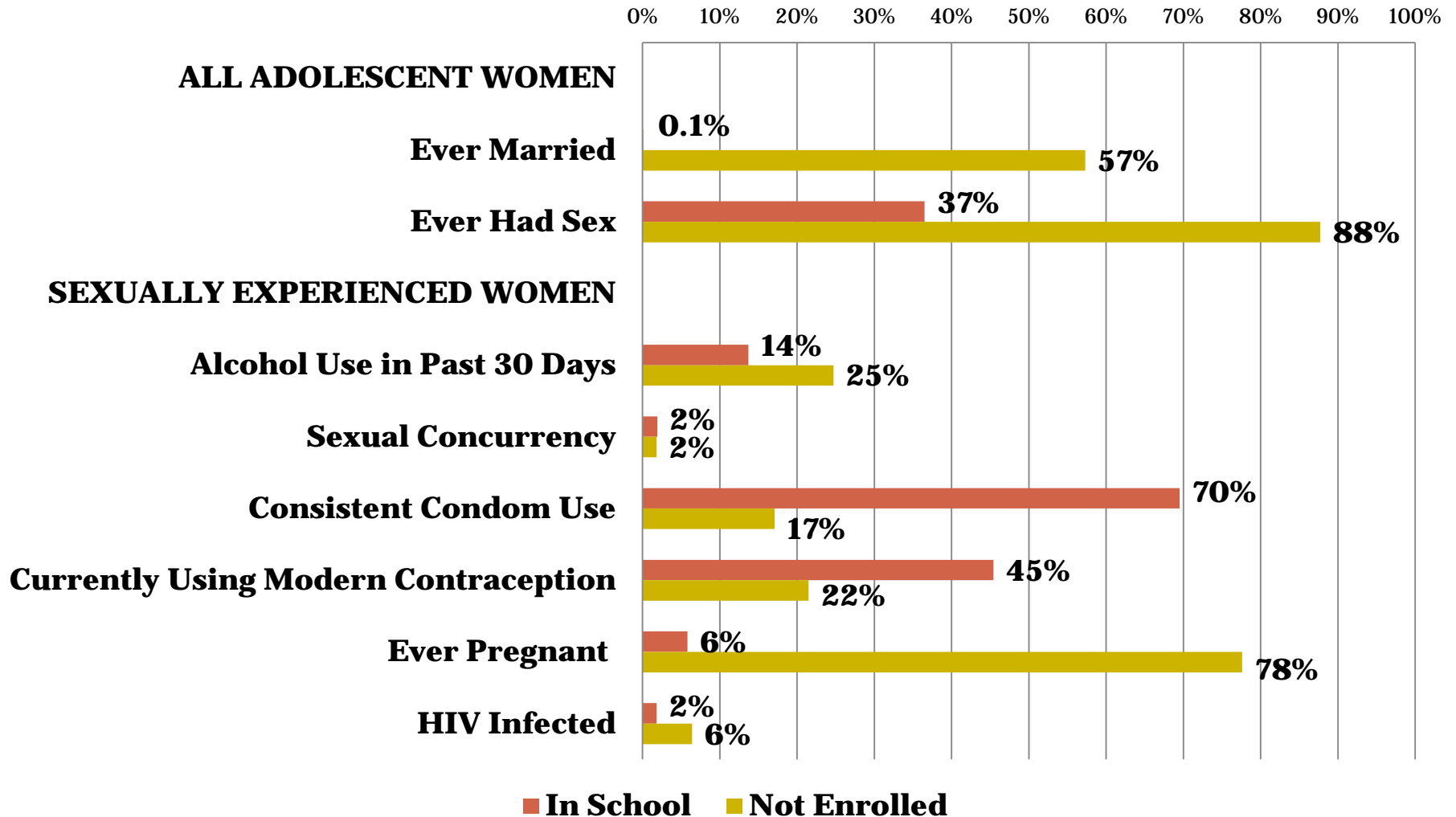
↑ ART access

# School Enrollment by Age, SES, Orphanhood, Sibship Size, Adolescent Women, Rakai



# HIV and Pregnancy Risk

## Among School Enrollees and Non-Enrollees, Adolescent Women, 1994-2013, Rakai



# Conclusions

## School Enrollment among Rakai Youth



- **School enrollment rose sharply 1994-2013**
- **Enrollment was strongly influenced by**
  - Rising SES and government policies (UPE)
  - Family and adolescent aspirations
  - Orphanhood
  - Family size and sibship size
- **School enrollment a strong protective factor**
  - HIV infection and pregnancy
  - Sexual initiation, condom and contraceptive use, alcohol use
  - Multiple partners, sexual concurrency (men only)



# Strengths and Limitations



## Limitations

- Most data self reported
- Underreporting due to school attendance?
- Single rural district of Uganda

## Strengths

- Population based sample, biological outcomes
- Consistent measurement over 20 years
- Consistency between qualitative and quantitative findings

# Implications

## Education among Rakai Youth



- Education a predictor of health status across lifespan
- Keeping adolescents in school may have multiple positive effects, including HIV prevention



A photograph of a tree trunk with three blue signs attached. The signs contain the following text: 'BE SMART BE KIND ACT LIKE A MAN', 'AIDS HAS NO CURE', and 'PUNCTUALITY IS THE KEY TO SUCCESS'. The background shows a park-like setting with other trees and grass.

**BE SMART BE  
KIND ACT LIKE  
A MAN**

**AIDS HAS  
NO CURE**

**PUNCTUALITY  
IS THE KEY TO  
SUCCESS**

# The Role of Schools in Decreasing HIV Acquisition Among Adolescent Girls



**John S Santelli, Sanyukta Mathur, Xiaoyu Song,  
Tzu Jung Huang, Ying Wei, Tom Lutalo, Fred  
Nalugoda, Ron Gray, David Serwadda**

***Columbia University  
Rakai Health Sciences Project  
Johns Hopkins University***

*Thanks to the generous support of the National Institutes of  
Health and the people of Rakai.*

# Rakai Community Cohort Study (RCCS)



- 1994 – ongoing “open” cohort, 50 communities currently
- 28 communities under continuous surveillance, 1994-2013
  - Considerable out/in-migration: ~17%/year
- ~Annual survey: all consenting residents 15-49 (n~12,000)
  - Interview: behaviors, sex networks, service utilization, etc.
  - Biological samples, including HIV and selective STI testing
- Multiple prevention services:
  - Community education, condoms, VCT, MMC, ART, family planning
- Community engagement
- Participation rate > 90% in all years
  - Specimen collection >95% among participants

# Factors Associated with School Enrollment

## Multivariate Logistic Regression

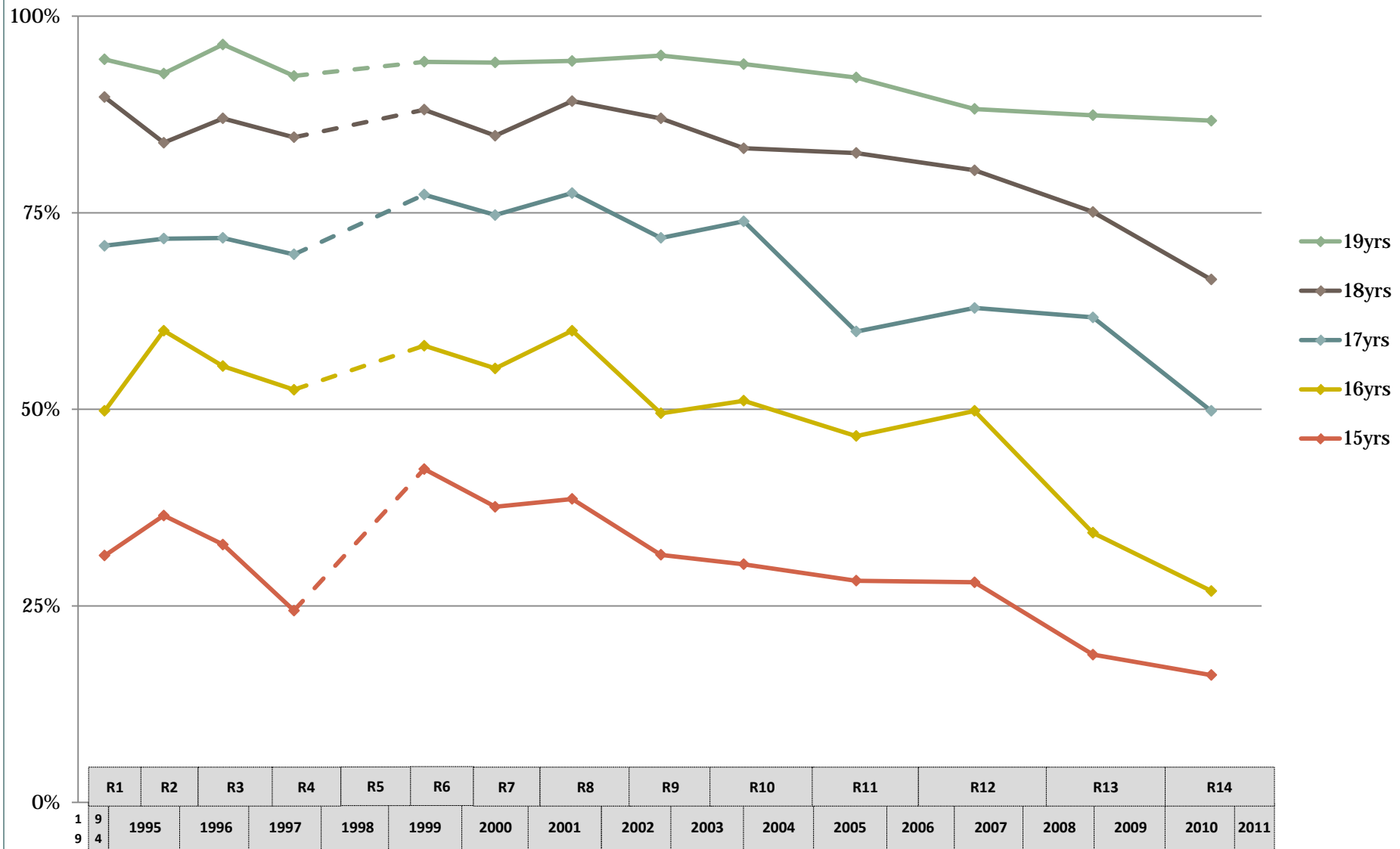
### Adolescent women

- Age ↓
- Family Size ↑
- Sibship Size (high) ↓
  - High (>80%)
- SES ↑
- Orphanhood ↓
  - Double, mother, father
- Marriage ↓
- Rural village ↑

### Adolescent men

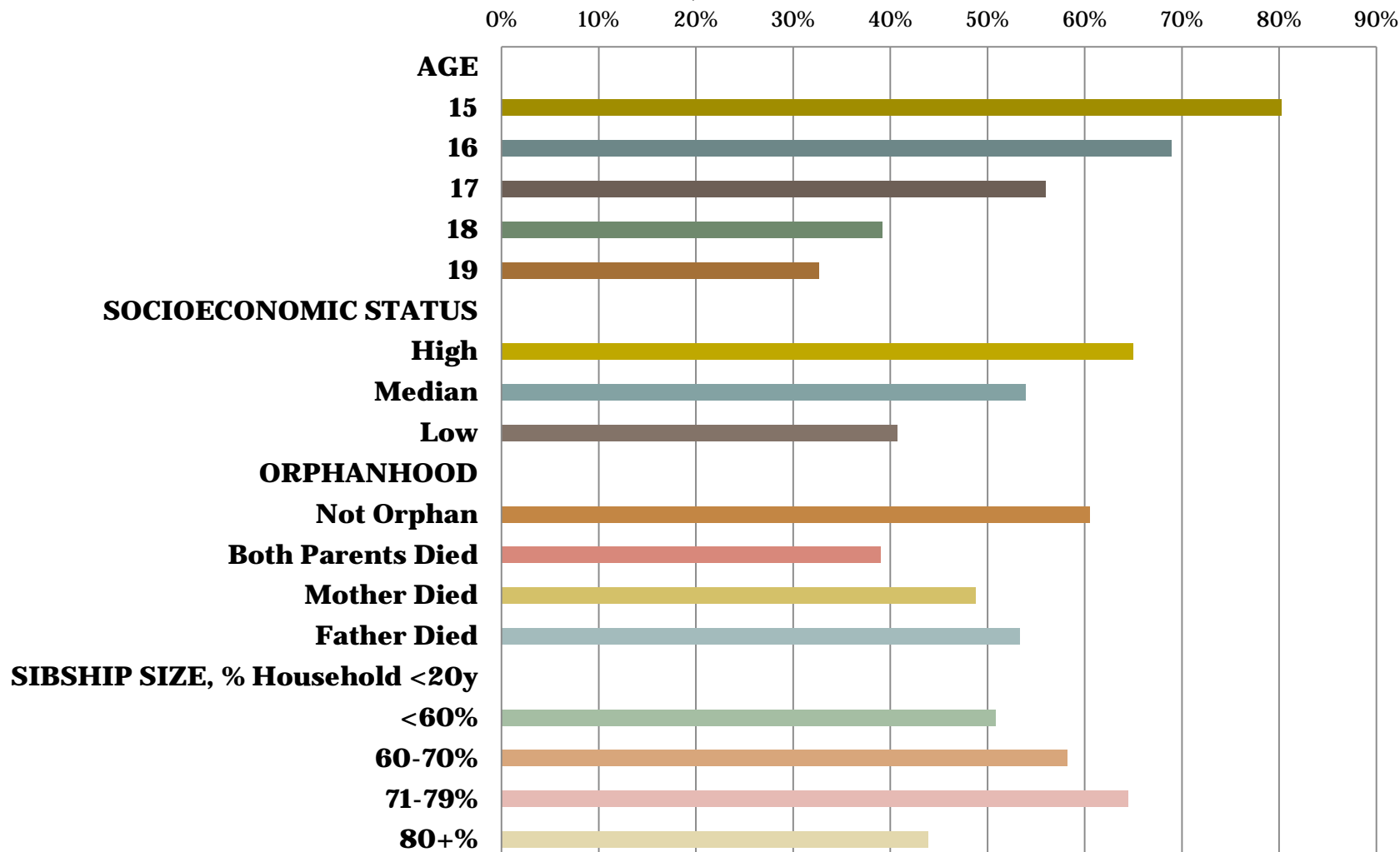
- Age ↓
- Family Size ↑
- Sibship Size ↓
  - ✦ High (>80%)
- SES ↑
- Orphanhood ↓
  - ✦ Double, mother
- Marriage ↓
- Rural village ↑

# Sexual Experience by Age, Adolescent Women (1994-2011)



Footnote: For women, all linear trends were significant with the exception of 19 year olds ( $p=.316$ ); and all quadratic trends were significant.

# School Enrollment by Age, SES, Orphanhood, and Sibship Size, Adolescent Men, Rakai





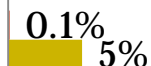
# HIV Risk

## Among School Enrollees and Non-Enrollees, Adolescent Men, 1994-2013, Rakai

0% 10% 20% 30% 40% 50% 60% 70% 80%

### ALL ADOLESCENT MEN

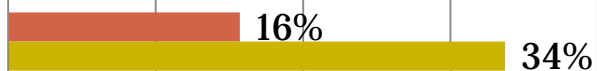
Ever Married



Ever Had Sex



Alcohol Use in Past 30 Days

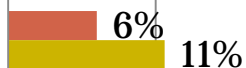


### SEXUALLY EXPERIENCED MEN

2+ Partner in Past Year



Sexual Concurrency



Consistent Condom Use

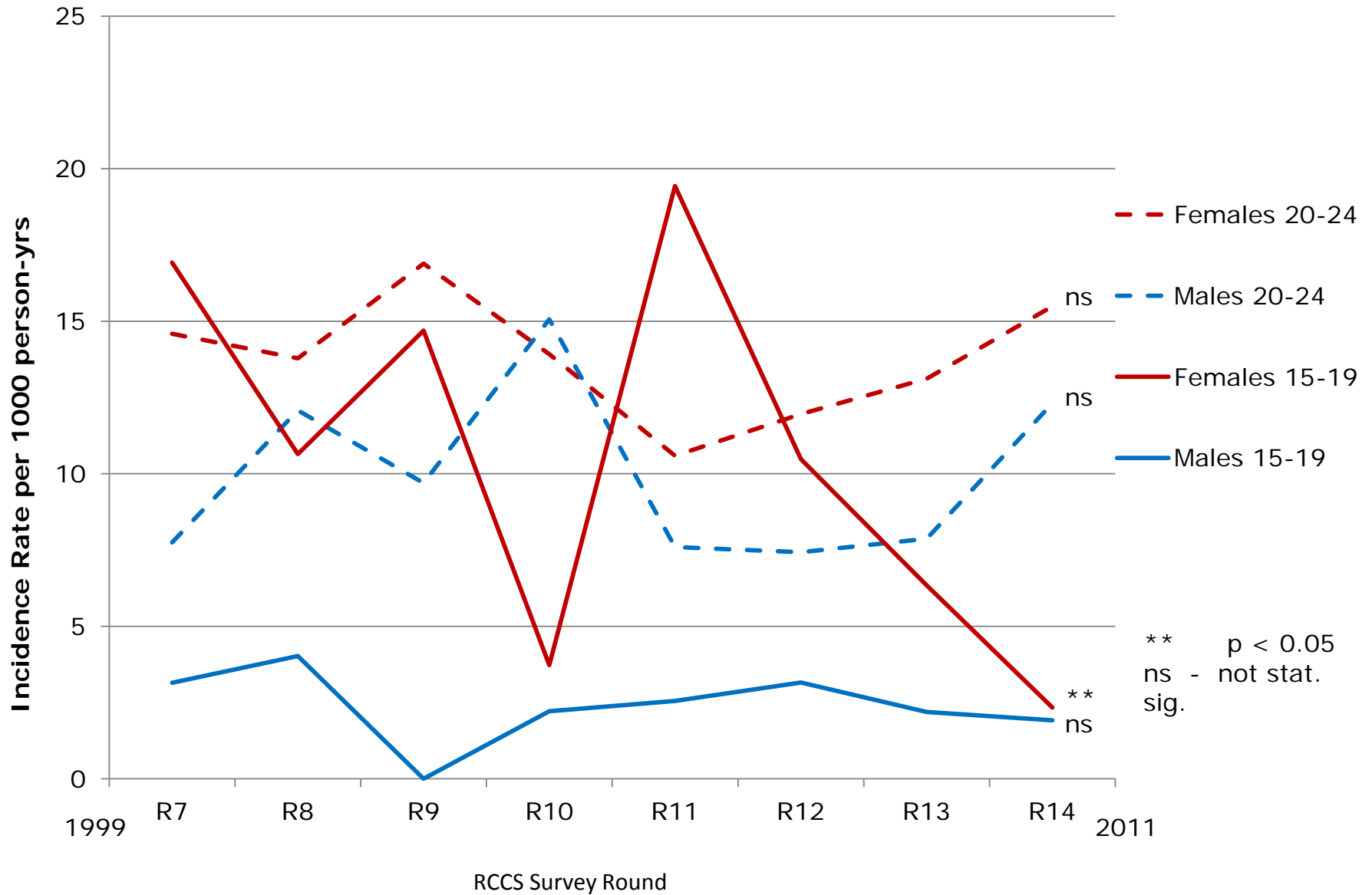


HIV Infected

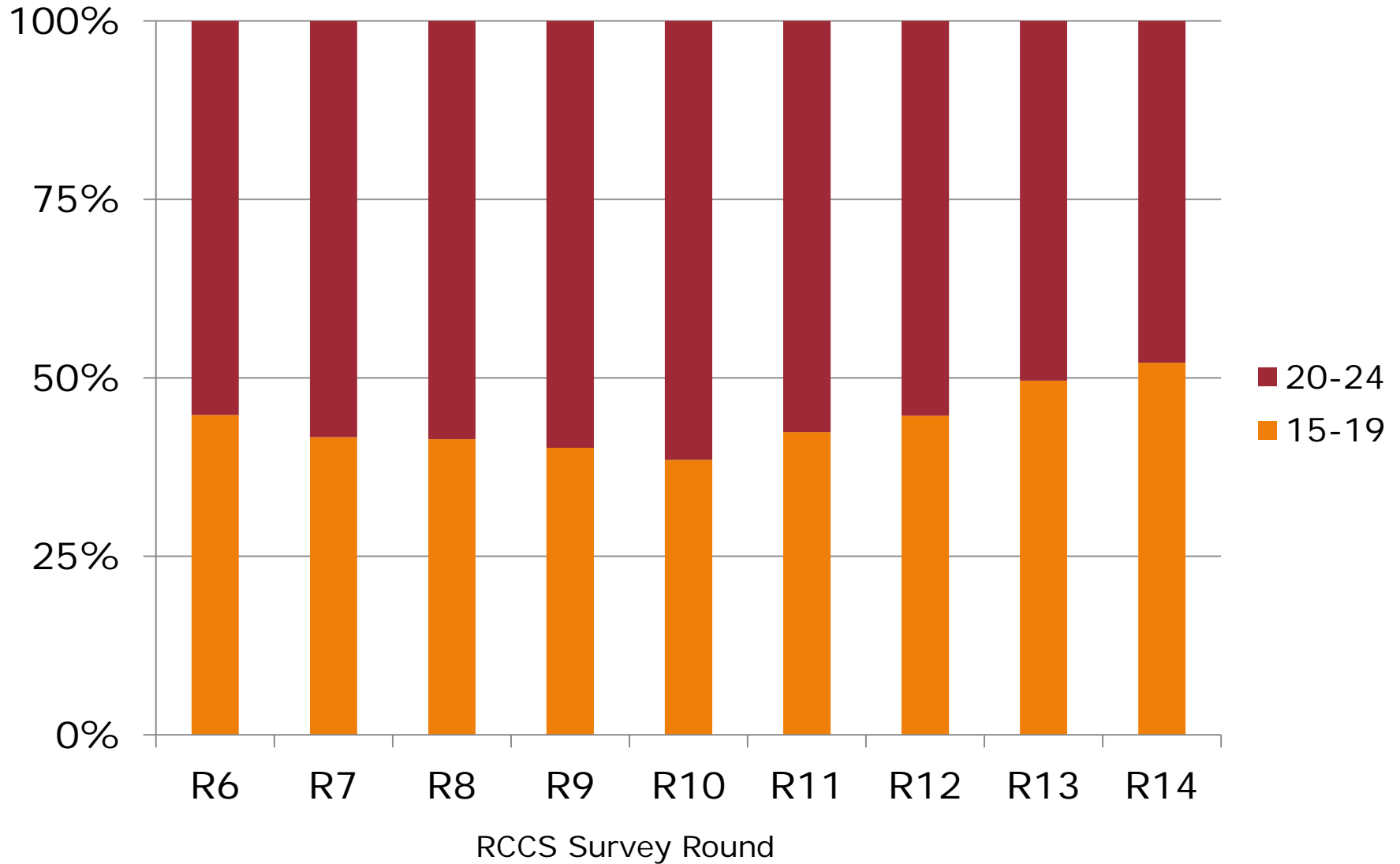


■ In School ■ Not Enrolled

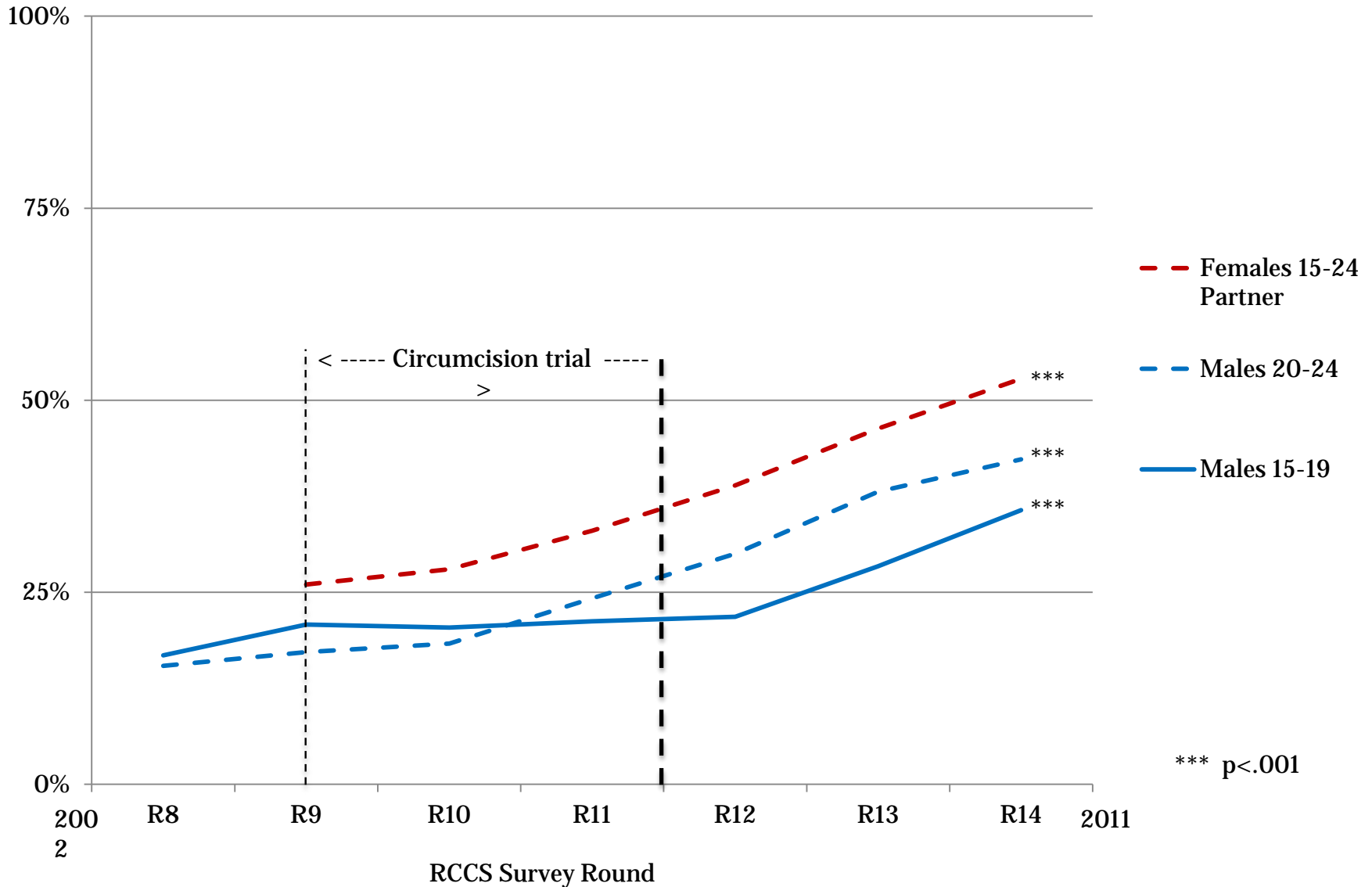
# HIV Incidence Among Youth, Rakai 1999-2011



## Distribution of RCCS Females 15-24 by Age Rakai 1999-2011



# Circumcision Among Young Men and Partners of Female Respondents, Rakai 2002-2011



# Adolescents: Education and Health



- **Education can be measured as:**
  - Educational achievement
  - Staying in school or dropping out
  - Connectedness to school
  - Educational attainment of parents
- **Among adolescents, education is associated with:**
  - Reduced health risk taking
  - Improved health outcomes
    - ✦ Teen fertility, HIV
    - ✦ Mental health

# Barriers to Education



- **Poverty**
- **Orphanhood**
- **Family instability**
- **Access to schools**
  - Tuition and school fees
  - Government support

# Education and HIV in Sub Saharan Africa



- **Early in the epidemic**
  - Greater education-> ↑ HIV risk among adults
  - Increased mobility, greater access to sexual partners
- **Later in the epidemic**
  - Greater education: ↓ HIV risk



# GIRL'S EDUCATION IN INDONESIA

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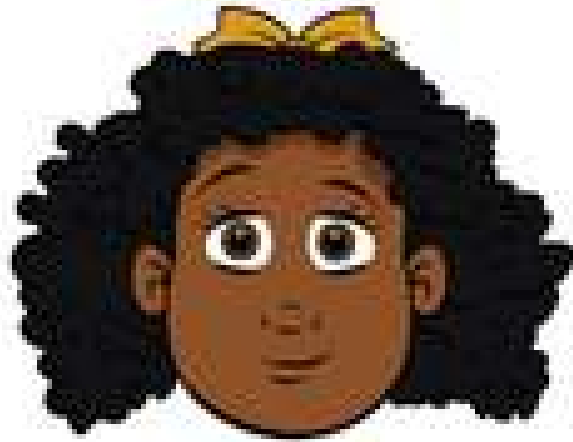
A Young Person's View by:

Nur Hidayati Handayani

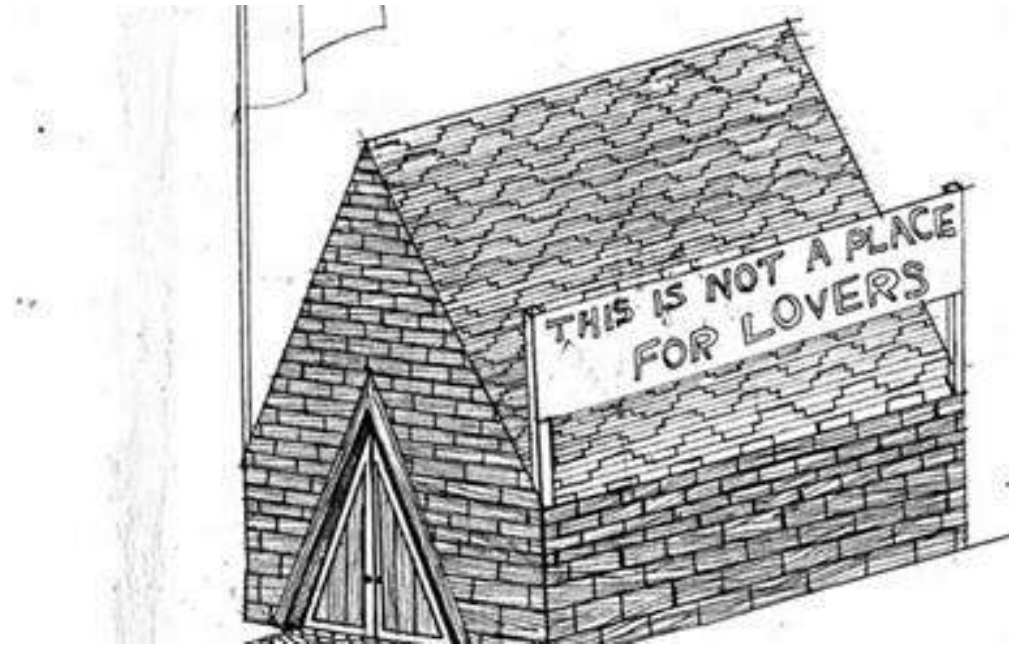
Co-Founder and Executive Coordinator GueTau



# Grace's story from Papua



# Grace's story from Papua



# Education's Program in Indonesia

- BOS (School Operational Assistance) and BSM (Support for Poor Student)
- Sekolah Satu Atap (One Roof Top School)
- Provision of Supplementary Food
- Kejar Paket A, B and C (School Certification)

# Education's Program in Indonesia

- Scholarship program and Vocational Course
- Indonesia Mengajar (Teaching Indonesia)
- Inspiration Class
- Nature Based School

# Facts

- 50 million children don't have birth certificate
- 3.5 million children drop out of school
- Only 23.8% girls have completed higher secondary school

# Thoughts

- Every child has to have birth certificate
- Ensuring gender based Child's Protection programs in school system
- Ensuring program's socialization
- Ensuring Monitoring and Evaluation programs

# Thoughts

- Create more demand by using the right language
- Work together systematically
- And keep questioning!



“IF YOU WANT TO GO FAST, GO ALONE. IF YOU WANT TO GO FAR, GO TOGETHER” - AFRICAN PROBE

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Terima kasih

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At the bottom of the slide, there is a decorative graphic consisting of several overlapping, semi-transparent geometric shapes in various colors including red, yellow, green, and blue, creating a colorful, abstract pattern.



# NATIONAL POLICY FOR THE RE-INTEGRATION OF SCHOOL-AGE MOTHERS IN THE FORMAL SCHOOL SYSTEM

Ministry of Education in Collaboration with  
Women's Center of Jamaica & UNFPA

Presenter: Fern McFarlane, Assistant Chief Education Officer

# Policy Issue

- Education Regulations require girls to leave school during pregnancy but do not stipulate a re-integration process
- Schools treat the girl's absence as permanent and often refuse to admit school-age mothers
- State-funded transition programme (WCJF) currently serves only 30% of teenage mothers
- Pregnancy remains the highest risk factor for female drop-outs (pre and post-natal)

# Policy Vision and Value Statements

The policy is formulated to fulfil the vision of ***'An education system that upholds the universal right to education by facilitating all adolescent mothers to complete their education within the formal school system'***.

**Inclusiveness** - The formal school system is a pillar of child and nation development and should strive to include every child.

**Redemption** - Children are to be provided with opportunities to recover, learn and grow from their **mistakes**.

**Non-Discrimination** -The regulations, policies and practices of the education system should not discriminate against any class, race, gender or other social group, either expressly or in application.

**Collaboration** - In an environment of constrained resources, government and non-government entities should work together to overcome social problems.

# Key Features of the Policy

1. **Registration** of WCJF as a “special education programme” and extension of its sites.
2. **Mandatory referral** of pregnant students to WCJF
3. **Reservation of space** for girls who leave during pregnancy
4. **Reintegration of student** after pregnancy, with placement determined on the best interest principle.
5. **Post-reintegration tracking and support** of school-age mothers
  - *Reducing stigma and discrimination, providing counseling, addressing drop-out risks etc.*
6. **Strengthened prevention messages** in school programmes
  - *Guidance and Counselling, Parenting, HFLE and ASRH programmes*

# POLICY GOAL and OBJECTIVES

- The goal... mandatory re-integration of all school-age mothers

## **OBJECTIVES**

- Implement a system for the mandatory reintegration of school-age mothers into the formal school system.
- Institute a school-based system for referral and monitoring of pregnant students, in partnership with the WCJF's Programme for Adolescent Mothers.
- Create a framework for integrating and expanding the support services available to assist school-age mothers to complete their education.
- Increase public awareness of the right of school-age mothers to an education and the need to reduce incidents of teen pregnancy.
- Increase institutional acceptance of mandatory reintegration of school-age mothers into the formal school system.

# CHILD MARRIAGE

- The Marriage Act confines child marriage to ages 16 and 17 years; Parental Consent is required.
- The child can ask the court to overturn the parent's decision.
- Cohabiting/common-law relationship with a child is prohibited (carnal abuse/statutory rape).



**Thank you!**

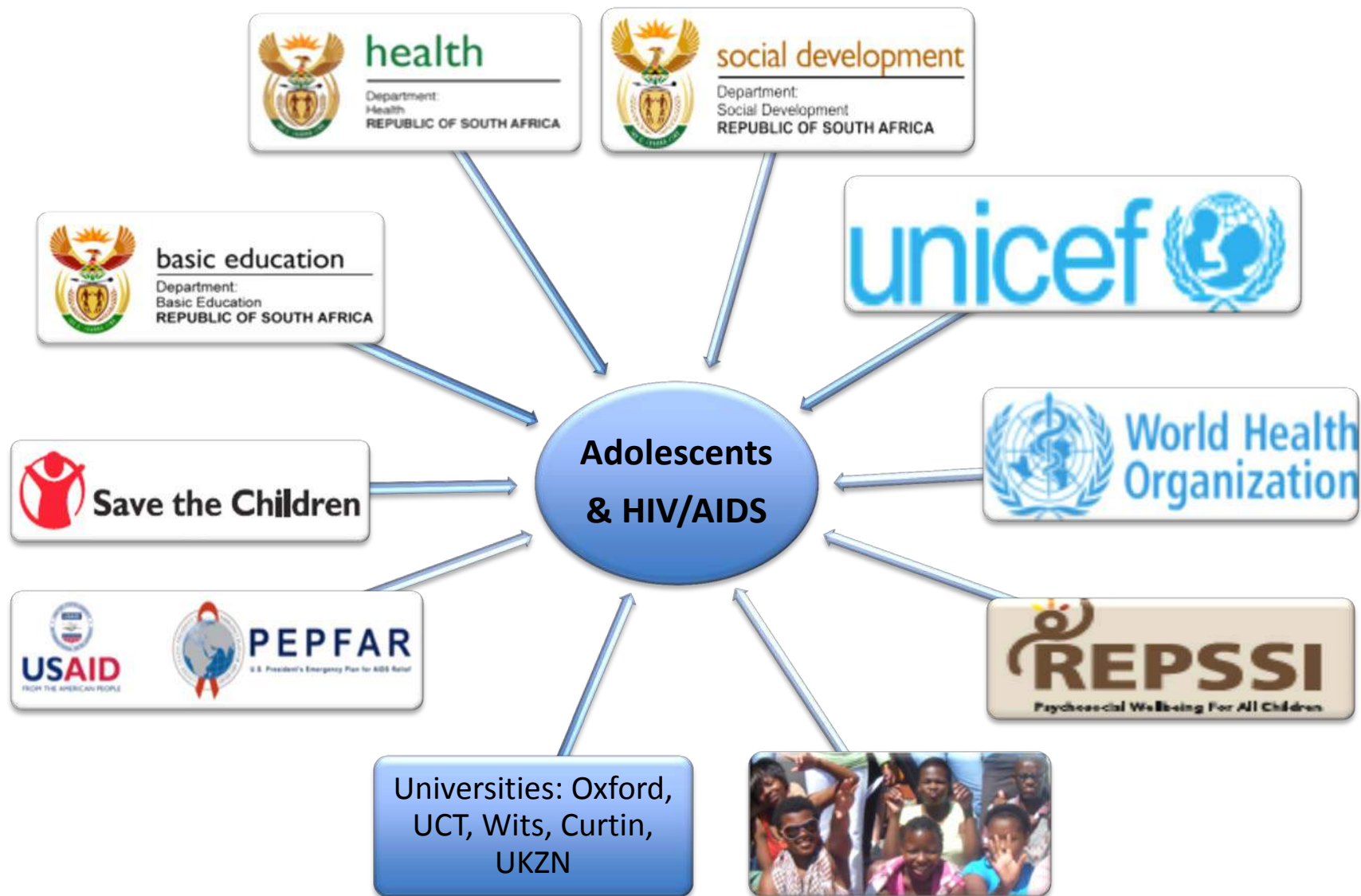
# CASH, CARE and CLASSROOM:



**HOW SCHOOL CAN REDUCE HIV  
RISKS FOR ADOLESCENT GIRLS**



# COLLABORATIVE RESEARCH FOR POLICY



# NATIONAL LONGITUDINAL STUDY OF ADOLESCENTS

6850 adolescents, 2500 adult caregivers, 2008-2012

## Longitudinal national survey

- Main study: N=6000 (age: 10-18)
- 3 provinces South Africa; 6 sites >30% prevalence
- Stratified random sampling of census EAs
- Every household with a child aged 10-17
- Urban/rural, 1 year follow-up in 2 provinces
- n=3401, 97% follow-up

## Measures

- Standardised scales, national surveys

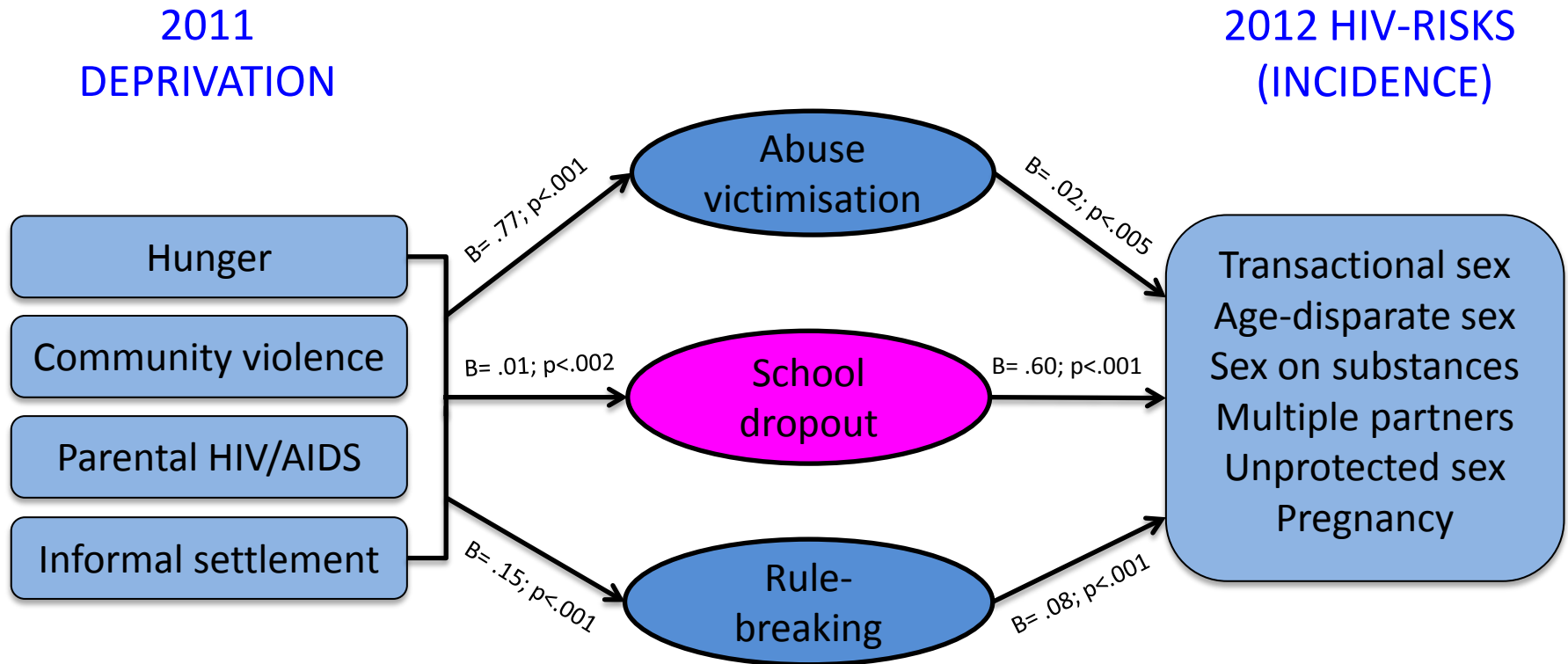
## Ethics

- Approved by Universities of Cape Town,
- Oxford, KwaZulu-Natal,
- 6 Provincial Health & Education Departments
- Social & health service referrals



# ADOLESCENT GIRLS – WHAT CAUSES HIV-RISKS?

LONGITUDINAL MULTIPLE MEDIATION ANALYSIS (n=3500, RSA)



*Controlling for: baseline HIV-risk behavior, adolescent age, HIV-prevention knowledge, urban/rural location, child migration, number of children in the household, female primary caregiver, access to birth certificate.*

# NEW ANALYSES FOR IATT 2015: GIRLS DROPOUT AND RE-ENTRY IN SOUTH AFRICA

N=3500 adolescents, 51% female, Longitudinal data

DROPOUT RATE BY AGE GROUP:

Age (girls only)	Not enrolled 2011	Not enrolled 2012
10-12 year olds	0.7%	1.5%
13-15 year olds	2%	4.4%
16-18 year olds	5.5%	17.1%
<b>Re-enrolment rate</b>		<b>0%</b>



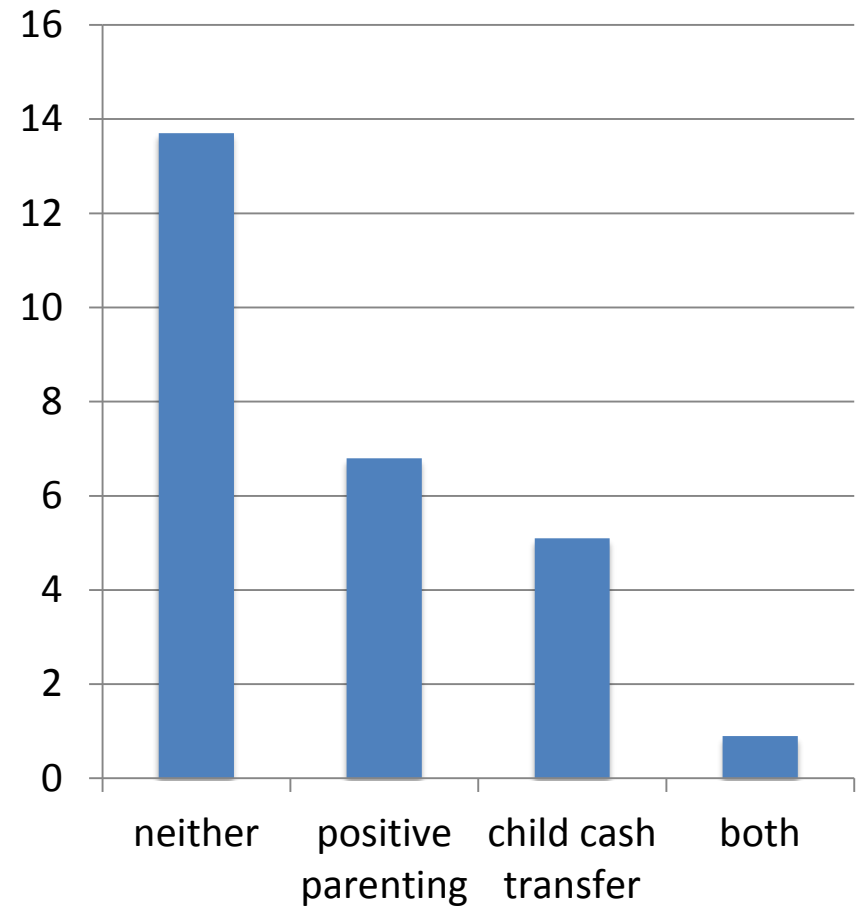
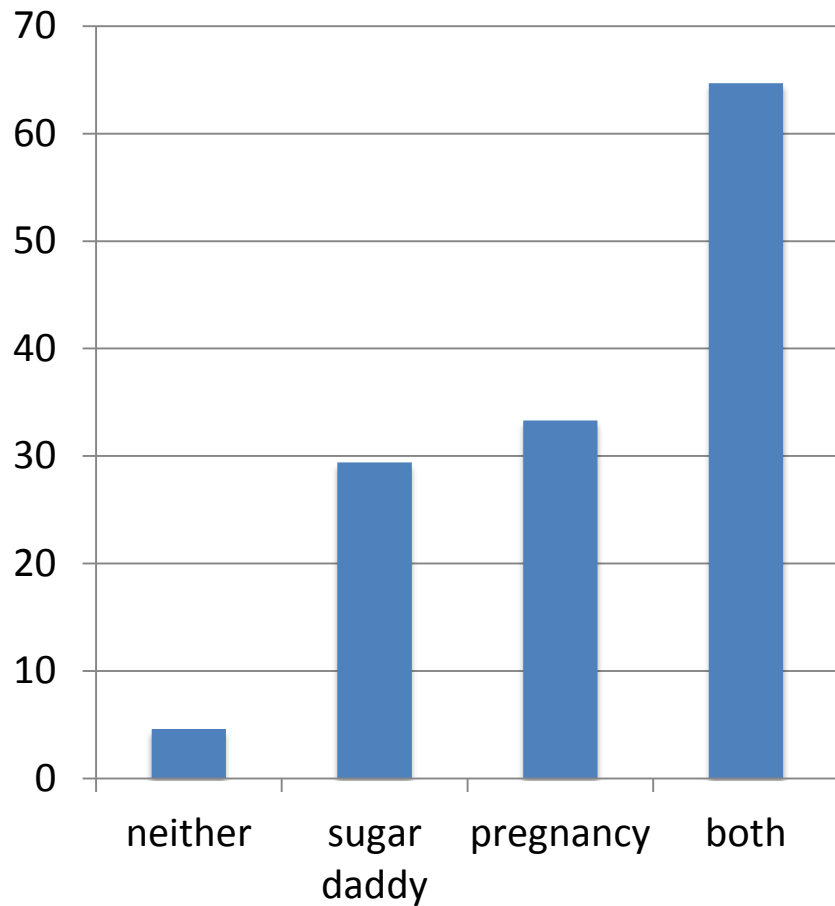
# PREDICTING INCIDENCE OF DROPOUT FOR ADOLESCENT GIRLS

Predictor	significance	ODDS RATIO
Pregnancy	p<.001	<b>6.7</b>
Sugar daddy	p<.017	<b>2.4</b>
Can't pay for fees/uniform	p<.009	<b>2.0</b>
Problems concentrating	p<.001	<b>1.01</b>
Positive parenting	p<.04	<b>.46</b>
Child cash transfer	p<.003	<b>.46</b>

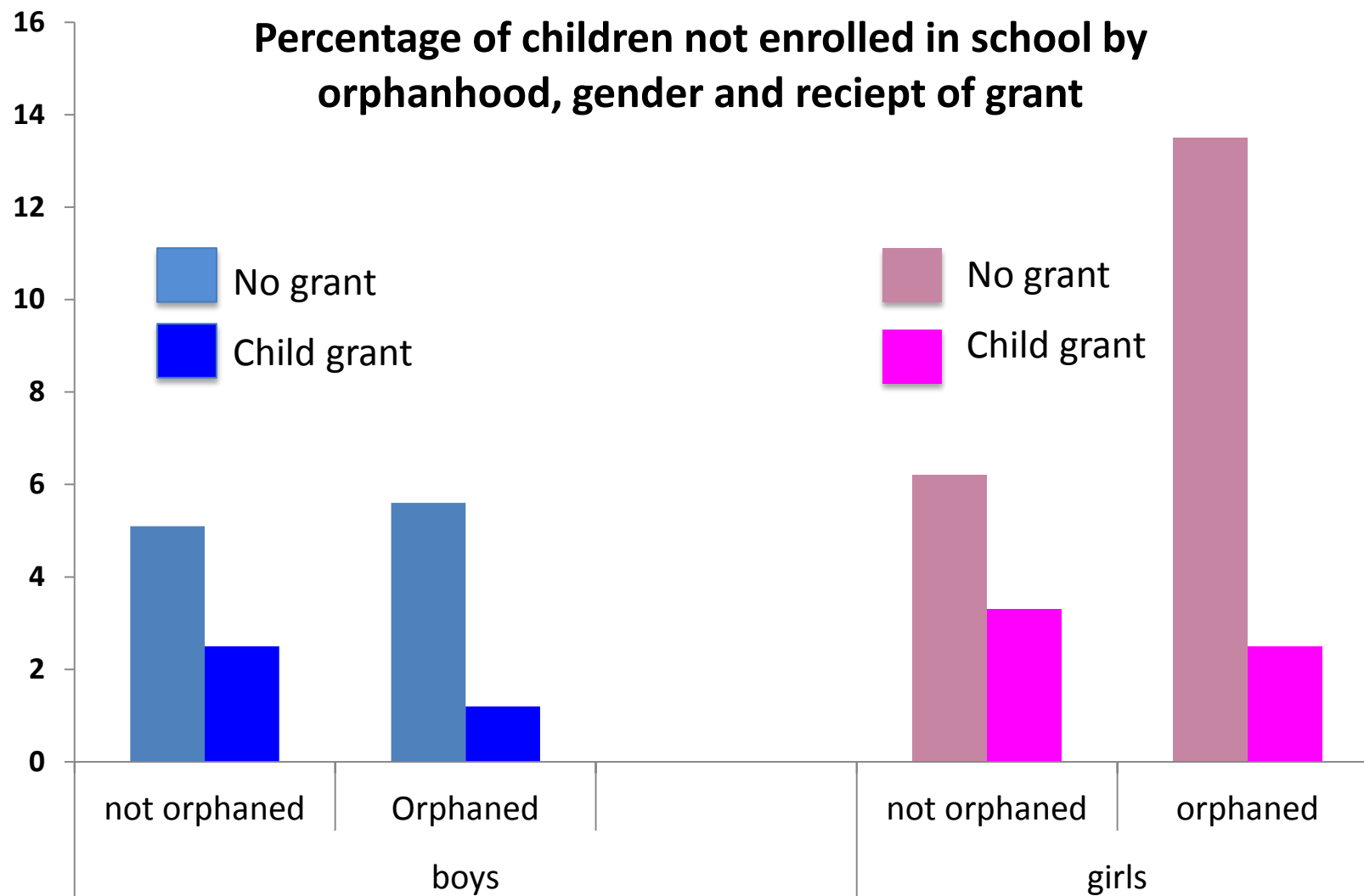
*2-stage MV regression, controlling for: Baseline school dropout, age, urban/rural location, number of children in home, female primary caregiver, abuse, behavior problems, hunger, good parental monitoring, free schooling, teacher support, mental health non-disorder, free school meals, food gardens.*

# SCHOOL DROPOUT: POTENTIAL CUMULATIVE EFFECTS

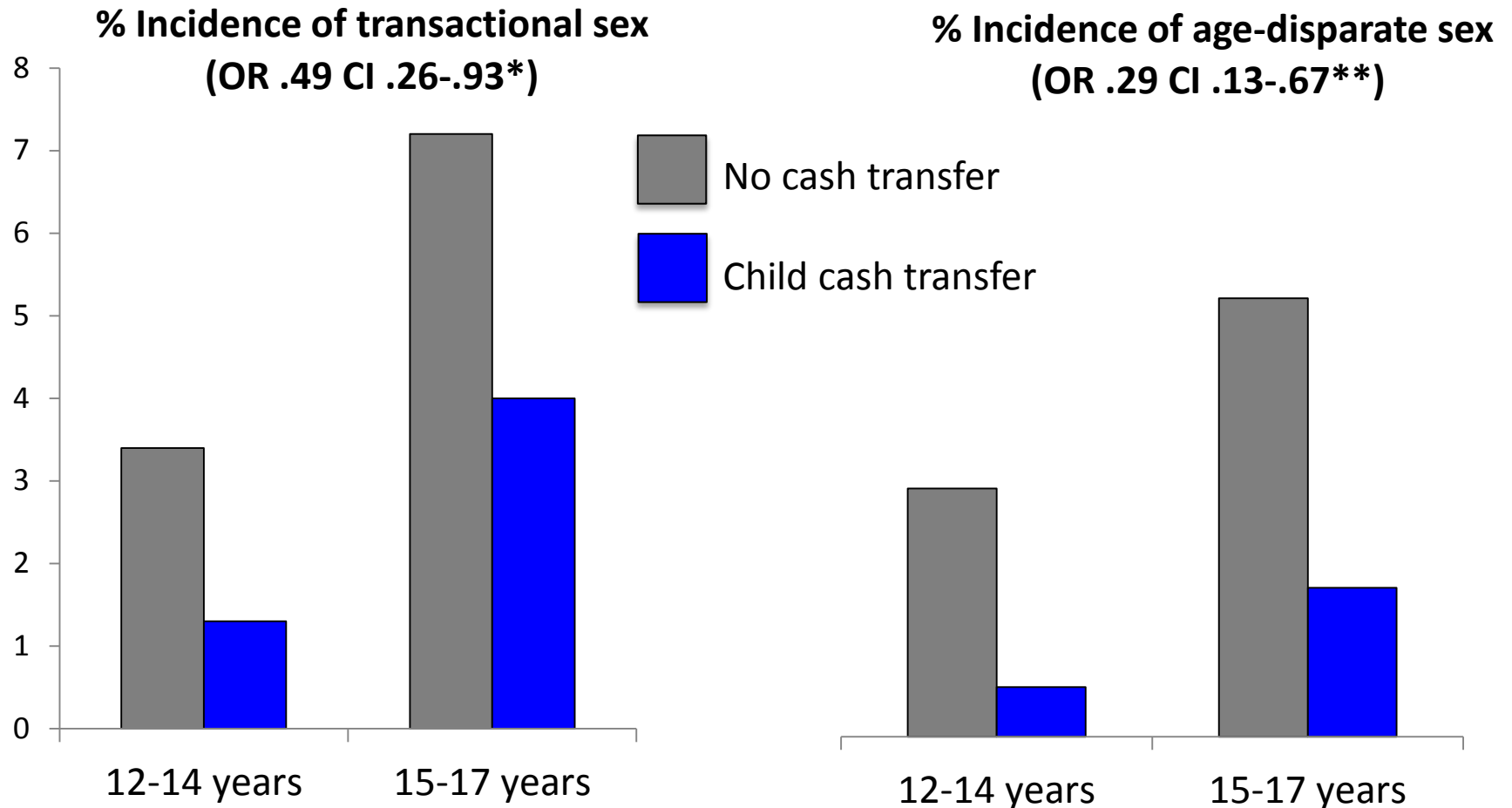
Percentage of longitudinal school non-enrolment (adolescent girls)



# CHILD GRANT REDUCES SCHOOL DROPOUT: EVEN MORE FOR ORPHANED GIRLS

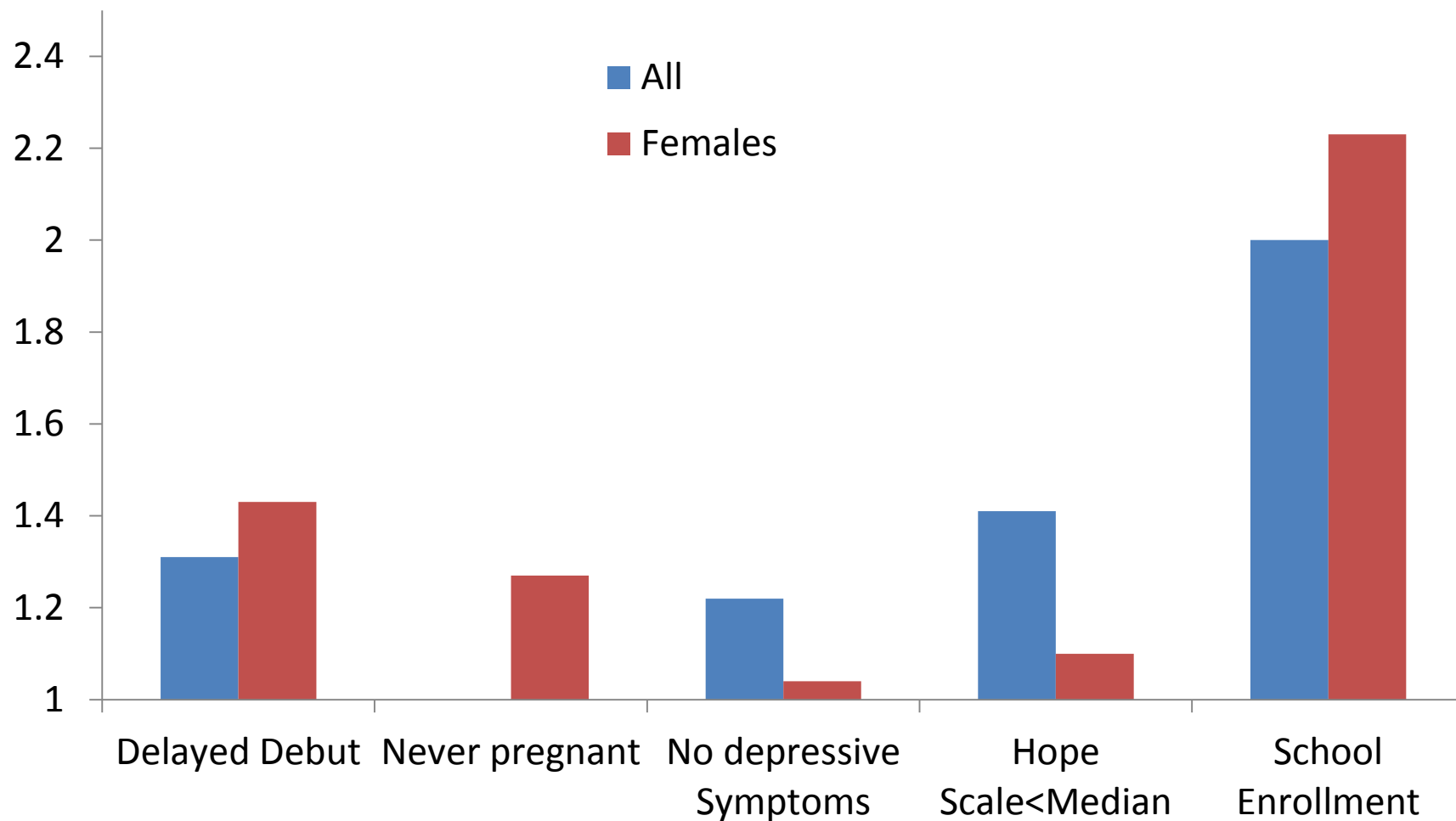


# CHILD GRANT REDUCES INCIDENCE OF *TRANSACTIONAL SEX* AND *AGE-DISPARATE SEX* FOR GIRLS (n=3500, RSA)





# KENYA NATIONAL OVC CASH TRANSFER RCT: DELAYS SEXUAL DEBUT & REDUCES ADOLESCENT PREGNANCY (ODDS RATIOS): HIGHER FOR FEMALES



# CASH PLUS CARE?



Child-focused grant



Food garden



Free school meals



Teacher support



Positive parenting

## BEHAVIORAL HIV-RISK INCIDENCE:

Transactional sex

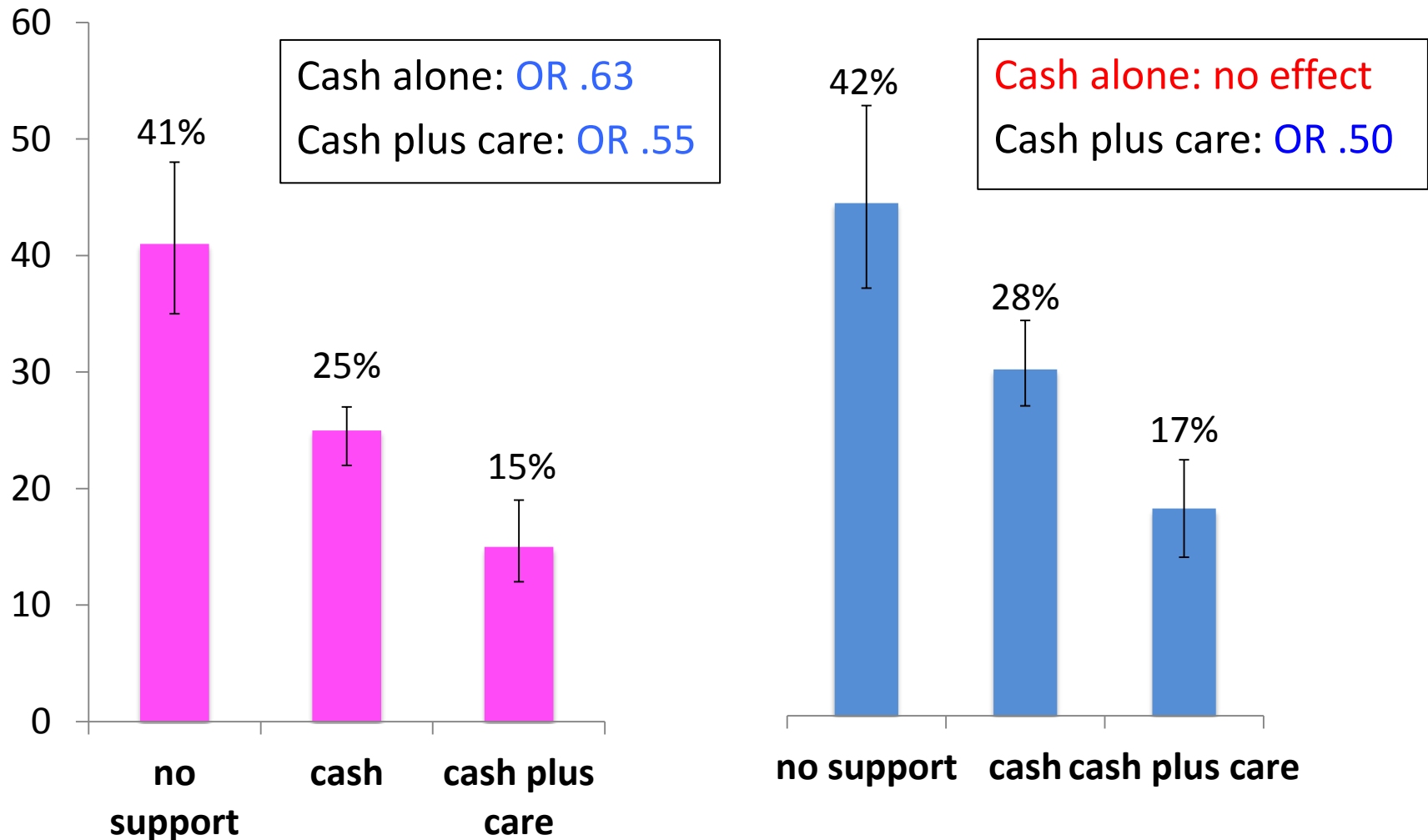
Age-disparate sex

Sex using alcohol/drugs

Multiple partners

Unprotected sex

# % ADOLESCENTS INCIDENCE OF 1+ HIV RISK BEHAVIOR: CASH PLUS CARE = HALVED RISK (N=3500, RSA)



Cluver, Orkin, Boyes, Sherr (2014). *AIDS*.

Controlling for: family HIV/AIDS, informal/formal housing, age of child, poverty levels, number of moves of home, baseline HIV risk behaviour

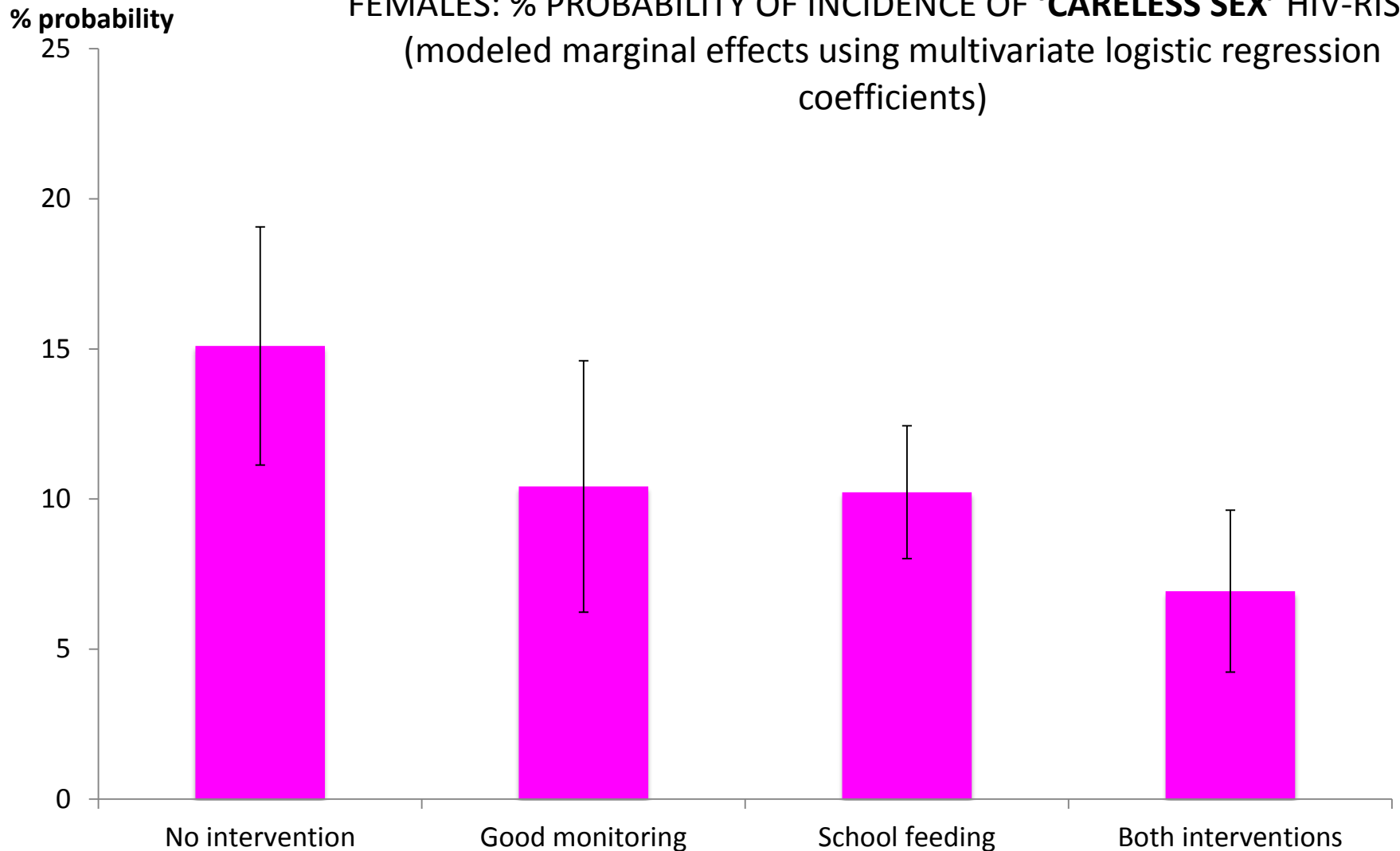
# SPECIFIC COMBINATIONS FOR HIV-PREVENTION

with odds ratios, in multivariate logistic regression

		Males	Females	Females	Females
		Careless sex	Careless sex	Economic sex	Pregnancy
Cash	Child Grants			0.51	
Classroom	School feeding		0.61		0.32
	Free school & books	0.64		0.36	0.47
Care	Parental monitoring	0.51	0.66	0.62	0.55
	Teacher support	0.46			

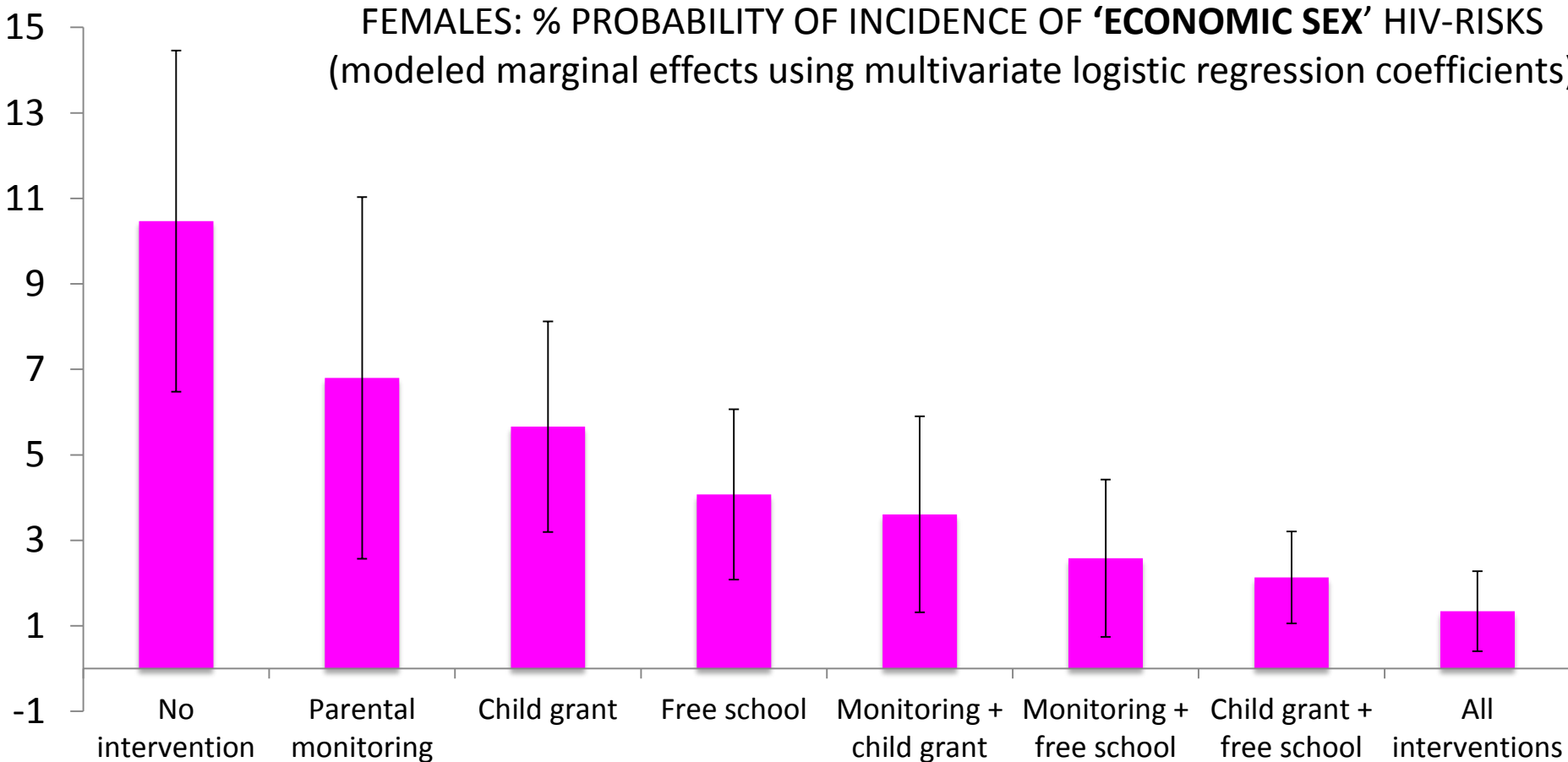
# COMBINATIONS: ADDITIVE EFFECTS

FEMALES: % PROBABILITY OF INCIDENCE OF 'CARELESS SEX' HIV-RISKS  
(modeled marginal effects using multivariate logistic regression coefficients)



# COMBINATIONS: ADDITIVE EFFECTS

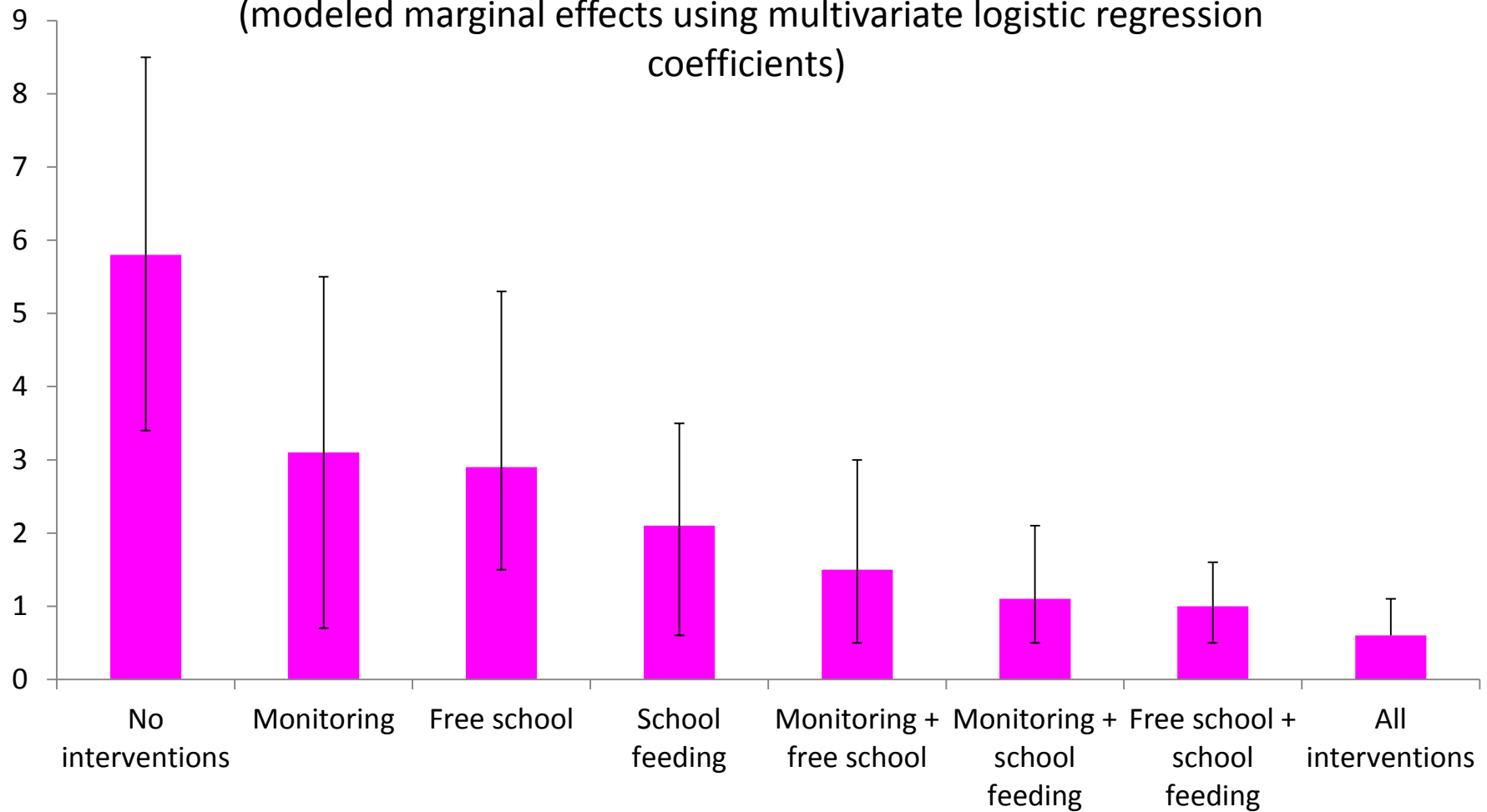
FEMALES: % PROBABILITY OF INCIDENCE OF 'ECONOMIC SEX' HIV-RISKS  
(modeled marginal effects using multivariate logistic regression coefficients)



# COMBINATIONS: ADDITIVE EFFECTS

% probability

FEMALES: % PROBABILITY OF INCIDENCE OF **PREGNANCY**  
(modeled marginal effects using multivariate logistic regression coefficients)



# NEW COMBINATIONS: CASH + COMMUNITY MOBILISATION

## Swa Koteka (Yes, we can!)

HPTN 068: Effects of cash transfer and community mobilization for prevention of HIV in young South African women (PI A Pettifor)

- \* Randomized Controlled Trial
- \* Intervention: Cash transfer conditional on school attendance to young woman and parent/guardian
- \* Population: ~ 2,500 South African young women in grades 8-11, ages 13-20 yrs (Agincourt, South Africa)
- \* Primary endpoint: HIV incidence in young women
- \* Secondary endpoints: HSV-2, pregnancy, school attendance, number of sex partners, number of unprotected sex acts, age difference with sex partner and age of coital debut.
- \* Monthly payment conditioned on 80% school attendance: R100 girl/ R200 guardian- similar to CSG
- \* Results mid 2015

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# NEW COMBINATIONS: CASH + ADOLESCENT EMPOWERMENT



Ambassade van het  
Koninkrijk der Nederlanden



## CAP 007: Impact of RHIVA on HSV-2 & HIV infection in high school learners in KwaZulu-Natal. PI: Q Abdool Karim

### Combination Conditional Cash Transfer Intervention:

Cash at fixed intervals for:

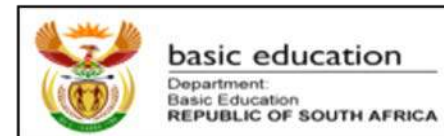
- Annual HIV test (R200)
- Academic performance (Passing June and September exams; R150 each)
- Weekly participation in an extramural activity (*My Life! My Future!*) including: financial management, food gardens, community audit, health and wellbeing lessons, entrepreneurship, and career development
- Quarterly R50 for at least 80% attendance, R200 for completion of portfolio

**Design:** Matched pair, cluster RCT in male and female learners in Grades 9/10 in 14 high schools; Open label, blinded analysis; 24 months follow-up.

**Primary Endpoint:** Incident HIV and HSV-2 Infection

**Status:** Data collection completed. Results available in July 2015

# PARENTING PROGRAMMES : SINOVUYO TEEN



- Non-professional staff, no materials needed
- Free: Creative Commons. Parenting for Lifelong Health
- Tested in RCTs

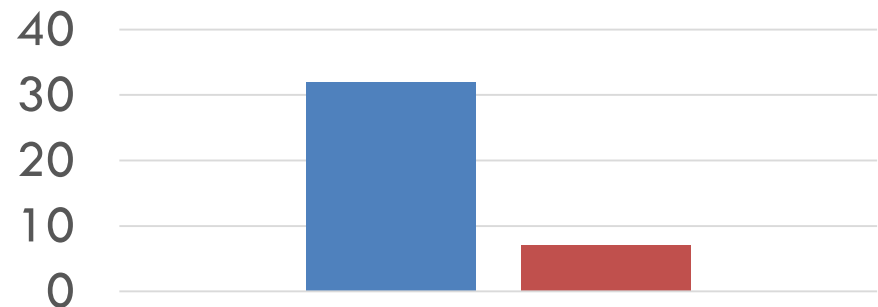
<b>Pre-post 240 participants, Eastern Cape 2014</b>	<b>Caregiver report</b>	<b>Child/teen report</b>
<b>Physical abuse</b>	<b>p&lt;.001 t=4.22</b>	<b>p&lt;.001 t=4.97</b>
<b>Emotional abuse</b>	<b>p&lt;.001 t=4.84</b>	<b>p&lt;.001 t=3.79</b>
<b>Neglect</b>	<b>p&lt;.001 t=3.79</b>	<b>p&lt;.005 t=2.86</b>
<b>Sexual abuse</b>	<b>Ns (tiny numbers)</b>	<b>Ns (tiny numbers)</b>
<b>Delinquent behavior (adolescent)</b>	<b>p&lt;.001 t=4.89</b>	<b>p&lt;.001 t=4.32</b>
<b>Lack of parental monitoring</b>	<b>p&lt;.001 t=5.50</b>	<b>p&lt;.001 t=3.35</b>
<b>Lack of positive parenting</b>	<b>p&lt;.001 t=4.04</b>	<b>p&lt;.02 t=2.34</b>

# PSYCHOSOCIAL + BEHAVIORAL PROGRAMME INCREASES CONDOM USE (ADOLESCENT GIRLS)

PI: Tonya R Thurman

- 4-arm RCT, Eastern Cape
- Significant increases in consistent condom use among girls enrolled in BOTH psychosocial and behavioral programmes

Predicted Probabilities of Girls' Consistent Condom Use



Predicted Increase between Baseline and Follow-up

■ Both Interventions ■ Control



# RCT OF TEACHERS DIPLOMA COURSE (REPSSI)

 RCT in Zambia of REPSSI Teacher's Diploma in working with vulnerable children

 2 provinces, 4 districts, 40 schools randomized by zone

 At follow-up, 325 teachers (72.7%) and 1378 students grades 3-5; (76.9%)

 Significant improvements:

 Teachers:

- Self%are%(p=0.008)%
- Use%f%resources%(p=0.21)%
- Teaching%approaches%(p=0.002)%
- Classroom%safety%(p=0.002)%
- School%safety%(<0.001)%
- School%physical%environment%(p=0.010)%
- Observed%bullying%(p<0.001)%
- School%programming%&%cEviEes%(p=0.05)%

Students:

- Response%o%sexual%abuse%(p=0.008)%
- Future%orientaEon%(p<0.001)%
- School%respect%(p=0.51)%
- School%safety%(p=0.031)%
- School%environment%(p<0.001)%
- Bully%thers:%physical%(p=0.007)%
- Bully%ther:%emoEonal%(p<0.001)%

# WHAT DO AGYW WANT?

- Educare/creches next to schools
- Free school meals
- Enough stationery to schools
- Free education
- Social grant vouchers



## YOUNG WOMEN Party:

### EDUCATION

- To build educare centres.
- near schools.. Free school meals
- Deliver enough stationery to schools.
- Free education for all #NB Public Schools.

### Health

- Free health care services in public institutions
- Health care have have enough suppliers and equipments.
- Trained skilled health care providers.

### Social welfare

- Provide more soup ~~the~~ kitchen in the communities.
- Social grant vouchers.
- Houses for all who are <sup>in</sup> need.
- Free water and sanitation

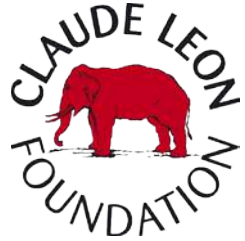
**Analysis and writing: Mark Orkin, Lorraine Sherr, Mark Boyes, Franziska Meinck, Rebecca Hodes, Elona Toska, Alexa Yakubovich, Marija Pantelic, Mosa Moshabela. Oxford team: Lizzy Button, Sarah Hoeksma, Melissa Pancoast**

**Parenting for Lifelong Health: Cathy Ward, Chris Mikton, Mark Tomlinson, Jenny Doubt Jamie Lachman, Frances Gardner Lynne Murray, Peter Cooper, Inge Wessels, Theresa Kilbane, Jasmina Byrne, Judy Hutchings, Alessandra Guedes, Robert Butchart, Bernadette Madrid; Mark Tomlinson, Sarah Skeen, Marguerite Marlow, Alice Redfern, Sachin de Stone, Nasteha Saleh, Sally Medley, Daphnee Blanc, Phelisa Mphimphilashe, Kile Nocuza, Yulia Shenderovich, Rocio Herrero Romero, Tshiamo Petersen, Janina Steinert,**

**Mzantsi Wakho: R Hodes; E Toska, B Vale, M Pantelic; J Rosenfeld; N Galela, C Kama, N Kamile, B Kinana, M Isaacsohn, V Luke, A Mampangashe, Z Marikeni, A Mbiko, P Mjo, S Mona, M Mpumlwana, S Mqalo, M Neel, B Saliwe, N Sontsonga, Alexa Yakubovich, I Skracic, J Steinert, J Sandelson; L Parmley; L Pilard; Rachel Smith, Amol Naik, Khameer Kidia, T Walker, Y Dunkley, C Gilmer, R Jopling, A Robb; C Carty, D Mark, M Boyes; M Coqui, N Hwele, F Meinck, F Venter,**

**Young Carers: Soraya Seedat, Naema Seedat, Julia Rosenfeld, Kerry Mauchline, Marisa Casale, Caroline Kuo, Tyler Lane, Lebo Sello, Amy Bustamam, Lebo Sello, Kate Orkin, Maria Mabeta, Don Operario, Rachel Bray, Andy Dawes, Julia Limba, Daphee Makhazi, Joy Nikelo.**

# Funders: thank you



European Research Council



social development

Department: Social Development  
REPUBLIC OF SOUTH AFRICA



Canadian International Development Agency

Agence canadienne de développement international





United Nations  
Educational, Scientific and  
Cultural Organization



# School-Related Gender-Based Violence:

## *The Needs of Teachers and Administrators*

**Scott Pulizzi**

**Section of Health and Global Citizenship Education  
UNESCO, Paris**





United Nations  
Educational, Scientific and  
Cultural Organization

## Global Scale

“Recent estimates by Plan International, show that  
246 million girls and boys  
are suffering SRGBV every year.”



United Nations  
Educational, Scientific and  
Cultural Organization

## In South Africa

"Of all the matrices (high school graduates) in your class, one third have been raped!"

*Says a public education announcement on Talk Radio*



United Nations  
Educational, Scientific and  
Cultural Organization

“If I don’t accept them it would be like putting more gangsters on the street”

*Principal Ruchda O’Shea*



United Nations  
Educational, Scientific and  
Cultural Organization

# Practical steps to respond and prevent violence in schools

- Limiting the opening times for the toilets and monitoring them when open;
- Changing the girls uniforms to trousers from short skirts;
- Getting the community to paint and restore the school during a volunteer day campaign; and,
- Expanding sports and after-school activities.
- Linkages to health services and civil society
- Community and parental outreach



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# Prevalence

- More than 25% of a sample of 1,738 South African men from the KwaZulu-Natal and Eastern Cape Provinces admitted to raping someone.
- However: 75% of men, who are not perpetrators can challenge the hegemonic perceptions of masculinity. The behaviour of the 75% should be normalised and not that of the violent 25%.



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# What is the role of education?

- Education needs to be holistic, promote life-long learning and adopt a whole systems perspective in which the context is well understood
- Understanding education not as a series of discrete interventions, but as a process of human development.



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# There are multiple levels of influence within a school environment

- **Instruction**: curriculum and the necessary services
- **Institution**: policies e.g. on corporal punishment, sexual harassment, but these need to be publicised and enforced
- **Interaction**: discipline, gender climate and interpersonal aspects of the institutions



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# What are the possible obstacles in making this a reality?

- Lack of support from various stakeholders
- Lack of teacher training (pre-service and in-service)
- Lack of involvement by communities more broadly and families in particular
- Lack of communication about sex, sexual violence and related issues





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# Symposium Conclusion - 1

- Give teachers a mandate to promote holistic approach to education that incorporates health promotion, social and emotional learning, and the creation of safe learning environments.
- Involve parents and community members at all stages in the creation of prevention and response mechanisms.
- Create support groups for learners and teachers.
- Improve and clarify sexual harassment policies, then publicize and enforce these policies.



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## Symposium Conclusion - 2

- Make use of methods, such as positive discipline, to reduce the culture of violence in schools.
- Address all bullying, including homophobic bullying, at the earliest school ages as a key part of stopping patterns of GBV from forming.
- Train school staff to conduct initial response and referral to social workers.
- Provide space for the voice of learners to be heard.



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# IATT Research Question

What are the conditions needed for teachers and administrators to prevent and respond to gender-based violence in their schools?



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# National Level

- National **leadership** on GBV
- Poverty and other social **vulnerabilities**
- **Networking** to promote lessons learned and good practices within the education sector
- Protective and punitive **legislation**
- **Enforcement** of laws at all levels of the justice system
- **Data** on GBV collected and disseminated
- Systemic violence and civil strife
- Cultural **practices**, traditional and contemporary, which promotes inequality & hyper-masculinity
- **Media** that reinforces the negative images

# District and School Level

- School **leadership** to articulate a vision to address GBV
- Safe physical school **environment**
- Safe social environment
- Skill-building health promoting curriculum
- Extra-curricular **activities**/teams
- Safe **passage** to and from school
- **Partnerships** with civil society
- **Data** on GBV collected and disseminated at local level
- **Policies** and codes of conduct promoted and enforced
- Staff **accountability** measures
- School management committees including parents and community
- Prohibition of **corporal punishment**
- **Referral** to law enforcement, health and social services
- **Training** for teachers: skill-building, policy and enforcement
- Administrative **support** for staff
- **Mandate** for teachers to act
- Policies for equity and inclusion
- Conflict **resolution** and readmission

# Individual Level: Teacher and Learner

- Understands and can **recognise** GBV in the school setting
- Has the skills and **confidence** to prevent and respond to GBV
- Has been **trained** on and values the code of conduct
- **Models** behaviours on school grounds
- Mandated and **incentivised** to act on GBV
- Uses interactive skill-building pedagogy to build **life skills**
- Exercises constructive **class management** and discipline practises
- **Empowered** to be creative and seize teachable moments with learners to address precursors of violent behaviours
- Supported by administration (**peers**) to act on GBV
- Protective measures are in place to help teachers and administrators who **intervene**
- The school is a **safe space** socially and physically
- Supported to conduct **community** outreach to parents/guardians



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## How?

Engaging individual's moral purpose

Building capacity

Understanding the change process

Developing cultures for learning and evaluation

Focusing on leadership for change

Cultivating tri-level development

Empowering the Bystander

Schools with the locus of control



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With a comprehensive approach  
and a culture of governance,  
the conditions needed for teachers and  
administrators to prevent and respond to  
gender-based violence in schools will be met.





Starting with Education • Commençons par l'éducation Empecemos por la  
educación • Начиная с образования • انطلاقاً من التعليم • 从教育入手  
Começando pela Educação!

# Thank You.

[unesco.org/new/health-education](https://unesco.org/new/health-education)

# ADDRESSING GBV IN AND THROUGH EDUCATION

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UN AIDS IATT  
25<sup>th</sup> June 2015



United Nations Entity for Gender Equality  
and the Empowerment of Women

# GBV Facts and Figures

- 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime (WHO, 2013).
- Globally, an estimated 100 million to 140 million women and girls living today have undergone FGM/C in 29 countries for which we have data (UNICEF, 2014).
- Worldwide, more than 700 million women alive today were married before their 18th birthday.
- An estimated 246 million girls and boys are harassed and abused in and around school every year. Girls are particularly vulnerable to school-related gender-based violence (SRGBV).

## END SCHOOL-RELATED GENDER-BASED VIOLENCE (SRGBV)

IN MANY COUNTRIES AROUND THE WORLD, GIRLS AND BOYS ARE HARASSED AND ABUSED IN AND AROUND SCHOOL. GIRLS ARE PARTICULARLY VULNERABLE TO GENDER-BASED VIOLENCE WHICH OFTEN STEMS FROM DEEPLY ROOTED CULTURAL BELIEFS AND PRACTICES, POWER IMBALANCES AND GENDER NORMS.

### WHAT IS IT?

SRGBV CAN TAKE THE FORM OF:



BULLYING



CORPORAL PUNISHMENT



SEXUAL HARASSMENT



PEER-ON-PEER VIOLENCE, PHYSICAL AND SEXUAL

SRGBV IS A VIOLATION OF HUMAN RIGHTS AND IT IS ALSO A SERIOUS BARRIER TO LEARNING, PARTICULARLY FOR GIRLS

### IN NUMBERS

SRGBV IS UNDER-RESEARCHED AND UNDER-REPORTED. HOWEVER, WE DO KNOW THAT:



AN ESTIMATED

**246**

MILLIONS

GIRLS AND BOYS SUFFER FROM SCHOOL-RELATED VIOLENCE EVERY YEAR



**1** IN **4** GIRLS

SAY THAT THEY NEVER FEEL COMFORTABLE GOING TO SCHOOL

SOURCE: UNICEF, THE NATIONAL ENDOWMENT FOR DEMOCRACY, AND THE INTERNATIONAL CENTER FOR DEMOCRACY AND TRANSITION

### WHAT CAN BE DONE



ADVOCATE FOR POLICY THAT PROTECTS GIRLS AND BOYS IN SCHOOLS



STRONG LINKS BETWEEN SCHOOLS AND COMMUNITIES



PROMOTE GENDER EQUALITY AND MINIMIZE INEQUITIES IN THE HOME AND COMMUNITY



ENGAGE YOUTH, COMMUNITIES AND TEACHERS IN CREATING CHANGING

### THE GLOBAL PARTNERS



THE GLOBAL PARTNERS' WORKING GROUP ON SRGBV IS A COALITION OF 94 OF THE LEADING AGENCIES AND INSTITUTIONS PROMOTING GIRLS' EDUCATION AND GENDER EQUALITY

For more information, please visit [www.unicef.org/247\\_eng/index](http://www.unicef.org/247_eng/index)

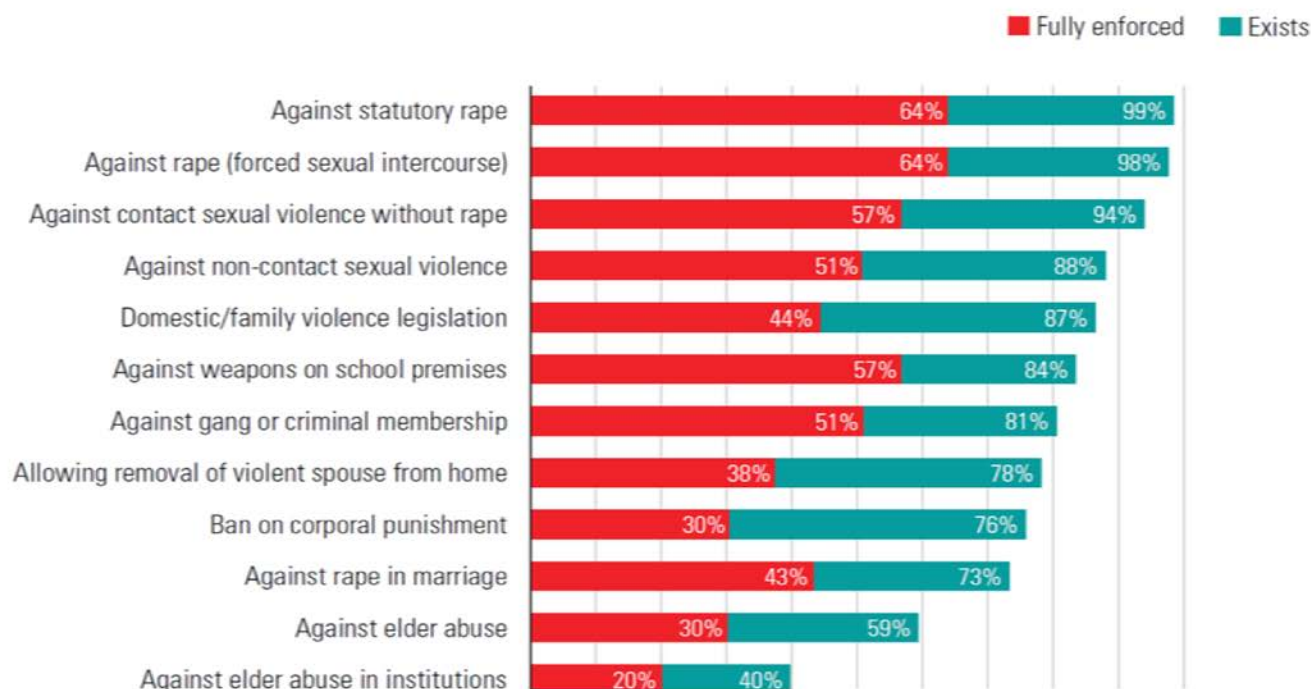
**UNICEF**  
United Nations Children's Fund

# Costs and Consequences

- A grave violation of human rights
- Harm to one's mental and physical health
- Affects academic, social and productive functioning
- Incurs costs to individuals, communities and countries

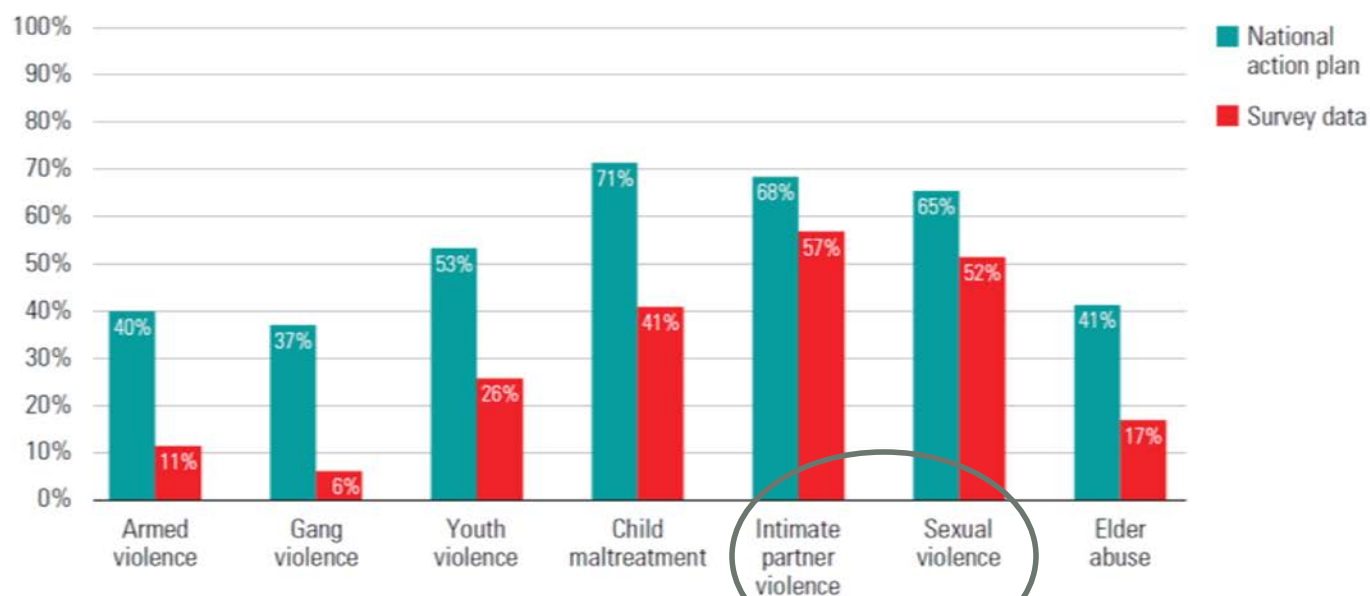
# Implementation of Violence Legislation

Figure 15: The proportion of countries with laws to prevent violence and the extent to which countries report these laws as being fully enforced (n = 133 reporting countries)



# National Action Plans on Violence

Figure 10: Proportion of countries with national survey data and national action plans, by type of violence (n = 133 reporting countries)



# Prevention

## Primary prevention strategies for intimate partner violence and sexual violence with potential

### STRATEGY

#### DURING INFANCY, CHILDHOOD AND EARLY ADOLESCENCE

Home-visitation programmes to prevent child maltreatment

Parent education to prevent child maltreatment

Improve maternal mental health

Identify and treat conduct and emotional disorders

School-based social and emotional skills development

Bullying prevention programmes

#### DURING ADOLESCENCE AND EARLY ADULTHOOD

School-based multi-component violence prevention programmes

#### DURING ADULTHOOD

United States Air Force multi-component programme to prevent suicide

Empowerment and participatory approaches for addressing gender inequality - SASA!

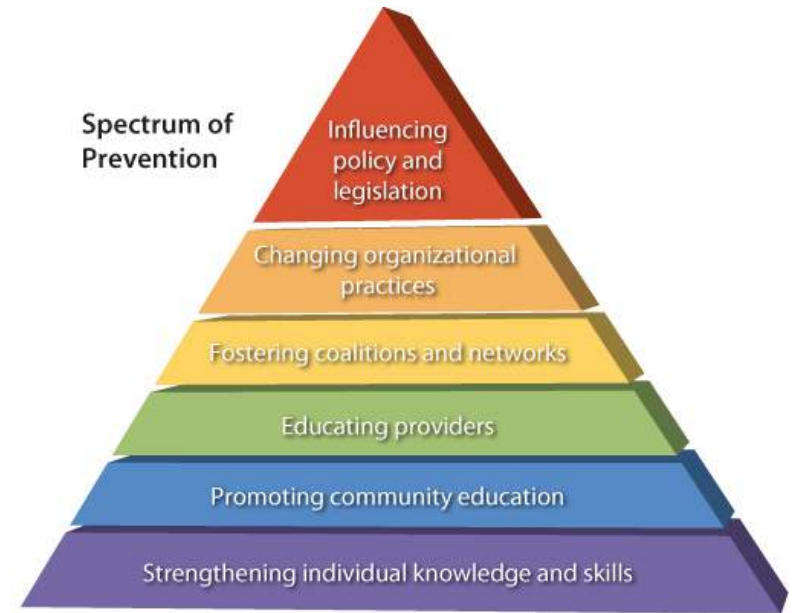


Fig. 3. The Spectrum of Prevention's multiple levels of intervention used together produce greater results than a single intervention activity (Cohen and Smith 1999).



# Global Working Group on SRGBV

- Galvanize the international community to take a strong stand against SRGBV
- Promote the collection of evidence to monitor trends and improve practices
- Develop global guidance to prevent and respond to SRGBV





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# Forum For African Women Educationalists- FAWE

***“Good Quality Education for Adolescent Girls for an  
AIDS-Free Future”***

**PRESENTED AT THE  
UNAIDS IATT GIRLS EDUCATION SYMPOSIUM  
25<sup>th</sup> JUNE 2015, WASHINGTON DC-USA.**



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# OUTLINE OF THE PRESENTATION

- ❑ **About FAW E**
- ❑ **Community Action/Mother Groups**
- ❑ **Key highlights of the Achievements**
- ❑ **Sustainability/Exit Strategies**
- ❑ **Challenges/Conclusion/ Way forward**



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## ABOUT FAWE

□ Pan-African NGO network founded in **1992** by 5 African women Ministers of Education with support from development partners within the Association for the Development of Education in Africa.

□ Exist in **33** African Countries

□ **Core mandate**-Advocate & Promote Gender Equity & Equality through fostering positive Policies, Practices, and Attitudes towards Girls' Education in Africa.



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## COMMUNITY ACTION GROUPS INTERVENTION:

- ❑ **Social Mobilisation Model** -aimed at strengthening Participatory School Governance processes.
- ❑ Model is premised on Social Accountability; Equity & Equality; Inclusiveness; Ownership & Rule of Law.
- ❑ Works to Popularise & Promote the Re-admission among other affirmation Gender & Education policies.



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## KEY ROLES OF CAGS

- ❑ CAGs are **elected** by Community members during an all inclusive Score Card Process & **trained** to:
- ✓ Raise awareness about the re-admission/ affirmative Gender, Education, Child protection policies;
- ✓ Encourage pregnant school girls to access early anti natal services with the view of facilitating VCT & PMTC therapy where necessary;



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## **KEY ROLES OF CAGS.....**

- ✓ Engage parents to facilitate re-entry by taking care of the baby after delivery; and
- ✓ Advocate against attitudes, beliefs and practices impinging upon female participation in education  
Provide psycho social support to in & out of school girls, teen mums & parents.



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## KEY ACHIEVEMENTS:

- ❑ Improved Retention ,Progression, Completion rates.
- ❑ Narrowing gender gaps within the education sector.
- **SAMPLED FAWWE CHAPTERS (2013-2014)**, CAGs re-admitted the following teen mothers;
  - ✓ **MALAWI-** 667 teen mothers;
  - ✓ **ZAMBIA-** 628 teen mothers & **100** with direct cost;
  - ✓ **KENYA-** 1000 teen mothers & **40** with direct cost; and
  - ✓ **UGANDA-** 455 teen mothers & 80 direct costs to babies.





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## SUSTAINABILITY AND EXIT STRATEGIES

- ❑ No new institutions are being created, operates within already established school PTA structures;
- ❑ Minimal direct service delivery elements;
- ❑ Training CAGs increase psycho social support;
- ❑ Dialogue activities and information campaigns serve as catalysts to reduce stigma, gain momentum, public outreach & support.



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## Policy Influencing:

- ❑ FAWWE's **complimentary role** has been recognized by various national **Governments** in Africa. **MoU's** have been signed giving us permission to carry out our interventions in Education Institutions and Communities.
- ❑ FAWWE's works have been acknowledged in various National Governments' Strategic documents and supported by National Governments & Developing Partners.



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## CHALLENGES: Risks & Mitigation

- ❑ **POLITICAL:** Political players use project as a political initiative tied to a party. Community members may not participate if it is politically aligned.
- ✓ **Mitigation:** work with a range of stakeholders, to ensure wide ownership.
  
- ❑ **SOCIAL-**Existing cultural norms, such as women not speaking in presence of men could limit their participation and empowerment.
- ✓ **Mitigation:** capacity build women to increase their confidence levels and with men to promote positive gender relations.



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## **CHALLENGES: Risks & Mitigation.....**

- ❑ **ECONOMIC-** High poverty levels- Involvement of community members reduce time for income generating activities-lack of support for babies.
  
- ✓ **Mitigation:** Increasing emphasis on strengthening already existing structures such as PTAs & providing incentives to ease mobility i.e. bicycles for outreach activities, linking families to other social safety nets.



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## **FINANCIAL & TECHNICAL SUPPORT:**

- **GLOBAL FUNDS (CHAZ);**
- **UNITED NATIONS AGENCIES (UNDP- ILO, UNICEF);**
- **USAID (Save the Children);**
- **DANIDA – (PLAN International);**
- **NETHERLANDS GOVERNMENT (EDUKANS).**
- **NORAD (Save the Children Norway & NGOCC;**
- **MC ARTHUR FOUNDATION; and**
- **DAVID AND LUCILLE PACKARD FOUNDATION;**



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# Conclusion & Way forward

## *INTENSIFY:*

- Policy advocacy** to make education free and compulsory up to secondary school level of education
- Community advocacy** to popularise re-admission policy.
- Resource Mobilisation** to meet other direct cost of education to facilitate re-admission ,mobility for CAGs and Link to poverty alleviation programmes



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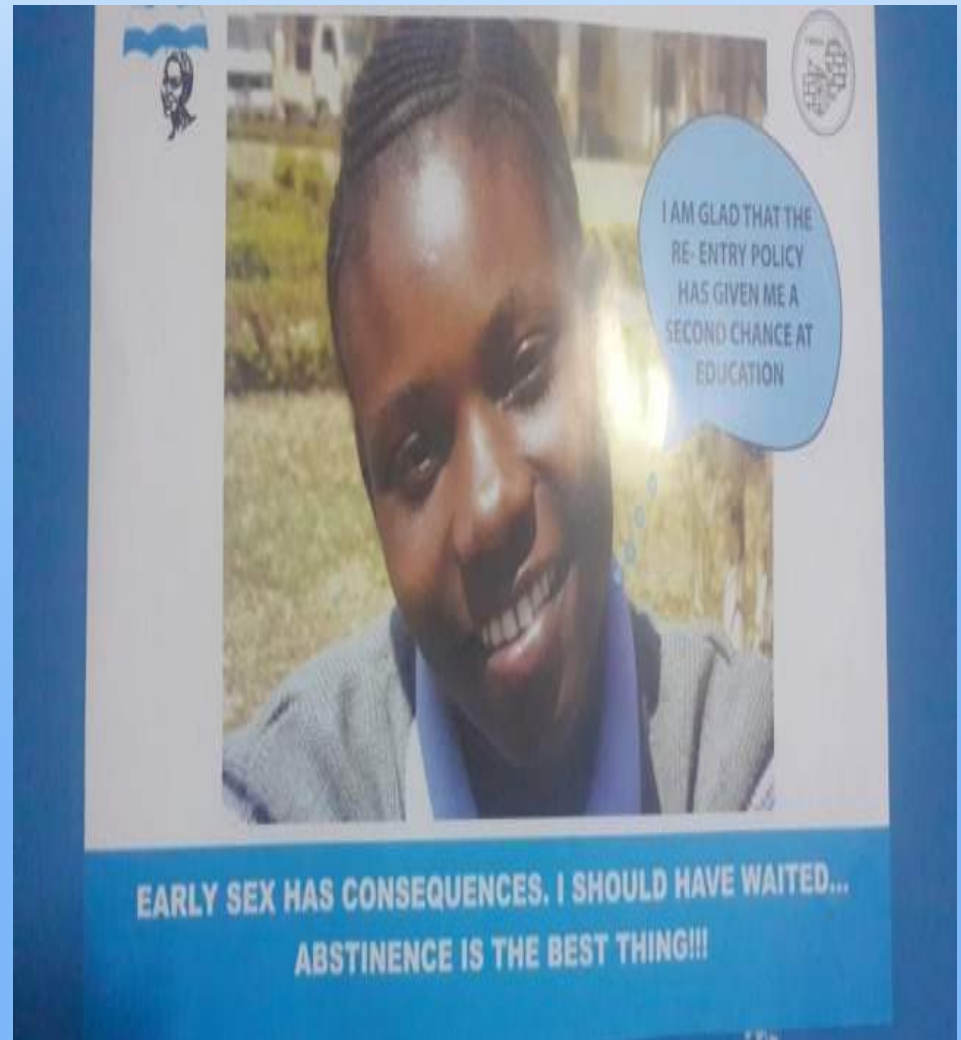
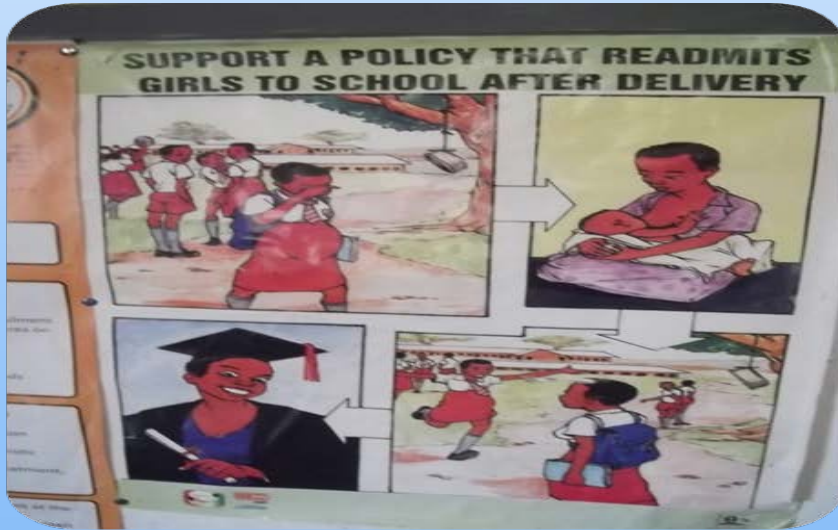
**THANKYOU FOR LISTENING !!!**

**Never doubt that a small group of thoughtful committed people can change the world for girls and young women”....**

**“Indeed, it is the only thing that ever has”**

**AUTHOR UNKNOWN**

# RE-ENTRY & CAGs IN PICTURES





# RE-ENTRY & CAGs IN PICTURES



# RE-ENTRY & CAGs IN PICTURES

