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GOOD POLICY AND PRACTICE
IN HIV & AIDS AND EDUCATION

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1

Overview

SECOND EDITION



GOOD POLICY AND PRACTICE IN HIV & AIDS AND EDUCATION

Booklet **1**

OVERVIEW

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ACRONYMS

ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immune Deficiency Syndrome
ARV	.....	Antiretroviral
ART	.....	Antiretroviral Therapy
DEMMIS	.....	District Education Management and Monitoring Information System
EAP	.....	Employee Assistance Programme
EDC	.....	Education Development Center, Inc.
EDUCAIDS	.....	UNAIDS Global Initiative on Education and HIV & AIDS
EFA	.....	Education for All
EI	.....	Education International
EMIS	.....	Education Management Information System
ESART	.....	EduSector AIDS Response Trust
GCE	.....	Global Campaign for Education
GFATM	.....	Global Fund to Fight AIDS, Tuberculosis and Malaria
GSHS	.....	Global School-based Student Health Survey
HFLE	.....	Health and Family Life Education
HIV	.....	Human Immunodeficiency Virus
HR	.....	Human Resources
IATT	.....	Inter-Agency Task Team
ICT	.....	Information and Communication Technology
IIEP	.....	International Institute for Educational Planning
ILO	.....	International Labour Organization
JICA	.....	Japan International Cooperation Agency
MDG	.....	Millennium Development Goal
MoE	.....	Ministry of Education
NANTU	.....	Namibian National Teachers' Union
NGO	.....	Non-Governmental Organization
OI	.....	Opportunistic Infection
OVC	.....	Orphans and Vulnerable Children
PTA	.....	Parent-Teacher Association
SGB	.....	School Governing Board
UNAIDS	.....	Joint United Nations Programme on HIV/AIDS
UNDP	.....	United Nations Development Programme
UNESCO	.....	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

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FOREWORD

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

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

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

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

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

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

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

Mark Richmond

**Director, Division for the Coordination of UN Priorities in Education
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Booklet 1

OVERVIEW

1. THE EDUCATION SECTOR AND HIV & AIDS

The education sector can and does contribute significantly to national and international responses to the HIV epidemic. Through formal education settings, the sector can reach children and young people and educate them about HIV and AIDS. Through learning in non-formal education settings, HIV and AIDS education can reach out-of-school children and young people, parents and communities. Furthermore, education on HIV and AIDS can be an important force for addressing deeper socio-economic, cultural and development issues – gender inequities, health challenges, poverty, social exclusion and stigmatisation of key populations, such as men who have sex with men, sex workers and injecting drug users.

To respond to the challenges of implementing effective programmes on HIV and AIDS, the education sector must consider the following:

- ensure quality and inclusive education for all;
- provide continuous training for delivering effective learning programmes;
- provide secure and protective learning environments, including a nurturing workplace environment for teachers;

- institutionalise sector policies on HIV and AIDS with functioning mechanisms for implementation at all levels – system, district and school levels;
- link with communities in order to play a strong role in school-centred care and support, in particular for orphans and vulnerable children (OVCs);
- address the impact of HIV on the sector itself, in particular on the teaching staff; and
- develop, strengthen and maintain strategic partnerships with other sectors.

To achieve all of the above, lessons learned from what works and what does not work need to be shared widely. Monitoring and evaluating programmes and policies need to be a priority for all stakeholders, and research is necessary to advance our understanding of the issues at stake.

Many of the topics mentioned thus far will be discussed further in the booklets within the series on *Good Policy and Practice in HIV & AIDS and Education*. Below is an overview of some of the topics.

1.1 How HIV and AIDS affects the demand for, supply and quality of education

In some countries, the epidemic is reducing demand for education as children fall ill or are taken out of school, and as fewer households are financially able to support their children's education. However, it is difficult to generalise about the impact of HIV and AIDS on educational demand, and it is important not to make assumptions about declining enrolments. Lack of accurate data on this question is a problem. For example, in Botswana absenteeism rates are relatively low in primary schools and there is some evidence to show that orphans have better attendance records than children with both parents. In Malawi and Uganda, where absenteeism is high among all primary school age students, there is less difference in school attendance between orphans and non-orphans than expected (Bennell, Hyde and Swainson, 2002).

In some countries, HIV and AIDS are reported to be affecting the supply of education, as teachers, head teachers and administrators fall ill or die, or as resources for education are reduced. Impacts include: increased absenteeism resulting in interrupted teaching and poorer quality education; loss of trained and experienced teachers resulting in a shortage of human resources and difficulties in posting teachers to rural areas; an increasing concentration of educators in urban areas, especially if teachers need to be near hospitals for medical reasons; and increased costs. For example, half of the Namibian National Teachers' Union (NANTU) budget is spent on paying allowances to members affected by AIDS-related deaths.

1.2 A call for more data and research

There is a lack of clear data on the impact of HIV and AIDS on teachers. There have been few risk assessments of the teaching profession or studies of the impact on teachers and other educational staff – and little agreement about the extent of impact even in countries that are badly affected by the epidemic.

There is an urgent need to conduct comprehensive risk assessments, to monitor teacher illness and death, to implement innovative prevention programmes for educators, and to ensure that affected educators have access to treatment and other services.

Even less well-researched is the impact of the epidemic on education managers, who are already in short supply and are drawn from the ranks of more senior educators, and the implications for system management, administration and financial control.

The quality of education may be adversely affected as a result of shortages of resources and of educational planners, administrators and educators, who are often replaced with less experienced teachers. Quality is affected when educators are inexperienced or are forced to take time off because they are sick, or need to attend funerals or to care for family members who are sick. Teacher absenteeism, irregular classes and fewer teachers in schools increase teacher-pupil ratios and

reduce the quality of teaching and learning for pupils. The impact on teachers of increasing demands and stress due to AIDS-related problems in the community and among students affects motivation and productivity, potentially compromising the quality of education, which is already affected by chronic under-financing. The HIV and AIDS pandemic means that there may be fewer resources available for education as funds are allocated for sick pay, benefits and treatment.

“Every day my secretariat gets another mourning card.”
President, NANTU

Measuring the impact

In South Africa, the Education Labour Relations Council, Health Sciences Research Council and the Medical Research Council have modelled the collection of data on HIV-positive educators in South Africa (Rehle et al., 2005). Their study of the determinants of supply and demand on educators in public schools focused on the following objectives:

1. Measure the prevalence of HIV, as well as AIDS-related illness among educators.
2. Determine the factors driving the HIV epidemic among educators.
3. Determine the geographical trends of the epidemic.
4. Assess the proportion of educators leaving the educational system and reasons for leaving.
5. Determine the impact of AIDS on educator supply and demand and use this information to estimate the number of educators required in the future.
6. Research and review policies on sick leave, pension funds and disability insurance to determine their responsiveness to the needs of educators.
7. Assess the added burden of HIV and AIDS on the morale and productivity of educators.

Among the study findings were: HIV prevalence among educators was 13%; factors driving the epidemic among educators included multiple partners, much older or younger partners, and low rates of condom use; prevalence in all metropolitan districts was over 10% and in 11 districts in 3 provinces was over 20%; at least 10,000 teachers were in immediate need of antiretroviral therapy (ART); 63% of educators affected by HIV and AIDS considered resigning compared with 51% of those not affected. Prevention actions recommended included: encouraging male teachers to reduce multiple partners; encouraging male

and female teachers to have partners their own age; and reducing prolonged absence from home. Treatment and care actions recommended included: increasing access to opportunistic infection (OI) prophylaxis and treatment, and providing ART to approximately 10,000 educators through workplace medical aid programmes.

A University of Sussex study argues that teachers are no more affected by HIV and AIDS than the rest of the adult population. In fact, in some countries teachers are less affected by the epidemic than others. It challenges assumptions that teachers are a high-risk behaviour group and highlights the mortality rate differentials between different groups of teachers. In Botswana, teacher mortality rates were found to be less than half those of semi-unskilled public sector workers, attributed to changes in behaviour and access to treatment. At universities in Botswana and Malawi, the highest mortality rates were among junior support staff such as maintenance staff, cooks and gardeners (Bennell, Hyde and Swainson, 2002).

A study of the impact of HIV and AIDS in Jamaica found little evidence of impact on the demand for education or on the supply of educators (Bailey and McCaw-Binns, 2004).

In contrast, another study argues that mortality rates among teachers in some countries are higher than in the general adult population (Badcock-Walters and Whiteside, 2000), while a South African study found that AIDS-related illness and death was the second most common cause of teacher attrition, although it also highlighted measurement problems – estimates of staff attrition and absenteeism from school records were lower than those obtained from interviews with head teachers (Schierhout et al., 2004). In KwaZulu-Natal Province in South Africa, it is estimated that there will be a need for 70,000 new teachers by 2010 because of the impact of HIV and AIDS (UNESCO, 2003).

1.3 Continuously evolving curricula and methodologies

HIV and AIDS also have implications for the role and content of education. The education system will need to adapt to meet the needs of orphans and other vulnerable children who are working, living in the street, not enrolled in school, or are frequently absent from or have dropped out of school. This will require adapting school and classroom sizes and venues, calendars and timetables, and strengthening links between formal and non-formal systems.

Teaching methods and curricula will also need to change to provide new knowledge, skills, attitudes and

values and to meet the needs of infected and affected learners. Education systems will need to strengthen HIV & AIDS and sex education, help learners cope with illness and death in the family, provide counselling and guidance, tackle stigma and discrimination, and incorporate life and livelihood skills, as well as vocational training, into the school curriculum. Schools may also need to take on wider roles, such as identification of children and families in need of support as well as management of welfare and referrals to other services.

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2. POLICY AND PROGRAMMING RESPONSES

2.1 What has been done?

Some countries have taken steps to address the impact of HIV and AIDS on the education sector and to adapt systems to respond to the epidemic. Others have taken steps to develop and implement curricula on HIV and AIDS in order to provide HIV prevention education to young people.

While some countries have managed to overcome challenges and resistance to educating about HIV and AIDS, some have taken little action. Mainstreaming HIV and AIDS into the education sector is often reduced to adding messages about the subject to existing activities. Factors contributing to inaction include:

- inadequate resources and coordination, with HIV and AIDS issues left to a focal person who often has other responsibilities and may not have an interest in dealing with these issues;
- denial;
- resistance and inadequate leadership;
- lack of research and data on the impact of HIV and AIDS on the sector;
- lack of understanding about what the sector can do;
- weak capacity among educational planners and administrators;
- lack of support from senior education managers and administrators;
- general lack of political will; and
- limited financial and human resources.

Quality Education and HIV & AIDS (UNAIDS IATT on Education, 2006b)

The UNAIDS Inter-Agency Task Team (IATT) on Education has produced a paper entitled Quality Education and HIV & AIDS, which illustrates how HIV and AIDS impact the ten dimensions of a quality education framework and summarises how quality education can effectively respond to the epidemic.

A detailed annex outlines the ten dimensions of a quality education and lists how HIV and AIDS manifest themselves at each level, in addition to giving practical programming suggestions for the response.

Standards for Curriculum-Based Reproductive Health and HIV Education Programs (Senderowitz and Kirby, 2006)

The YouthNet programme of Family Health International (FHI) has developed a set of standards for curriculum-based reproductive health and HIV & AIDS education programmes. The standards are based on a review of 83 studies of sex and HIV & AIDS education programmes in developed and developing countries. The standards are further informed through discussions about field experiences in using such curricula in developing countries.

The standards are divided into three sections:

- curriculum development and adaptation
- curriculum content and approach
- curriculum implementation.

A comprehensive education response – Zambia

The Zambian Ministry of Education (MoE) has established many of the critical components necessary for a comprehensive response to HIV and AIDS, including:

- a national policy on education, Educating Our Future, which recognises the importance of HIV and AIDS education and the promotion of life skills;
- an education sector HIV and AIDS policy and strategic plan;
- guidance on creating school policies and creating a supportive school environment;
- HIV and AIDS guidelines for educators;
- inclusion of HIV and AIDS in pre-service and in-service training for managers, head teachers and teachers, with a focus on interactive methods;
- integration into the curriculum, with the inclusion of HIV and AIDS in examination questions to ensure the subject receives high priority from teachers and learners;
- structures with clearly defined functions and responsibilities established at national, provincial, district and school level;
- piloting the district education management and monitoring information system (DEMMIS);
- training for managers, lecturers, teachers, student teachers and head teachers;
- formation of a Teachers Against HIV and AIDS Network;
- links with NGOs to provide counselling for teachers;
- the establishment of a workplace programme;
- advocacy and sensitisation for staff;
- strengthening of bursary schemes, community schools and programmes for parents;
- development of materials;
- support for anti-AIDS clubs, drama and cultural groups, and peer counselling;
- and interactive radio training for out-of-school youth.

The Zambian MoE has also initiated a ministry-wide impact assessment study to analyse the quantitative and qualitative impact of HIV and AIDS on the education sector (Smart and Matala, 2003).

In many countries, there has been little assessment of the education sector response to HIV and AIDS or of what strategies support an effective response. UNESCO's International Institute for Educational Planning (IIEP) has conducted studies in South Africa, Swaziland and Zimbabwe to improve understanding of factors

that drive the education sector's response to HIV & AIDS and to evaluate the effectiveness of different policy and intervention strategies. The 2005 report synthesises findings from all three countries (Nzioka, 2005). In other countries, lack of resources has limited the implementation of education sector responses.

Education Sector Global HIV & AIDS Readiness Survey 2004: Policy Implications for Education and Development (UNAIDS IATT on Education, 2006a)

- This report documents the outcomes of the first international survey of education sector readiness to manage and mitigate the impact of HIV and AIDS.

It synthesises MoE responses in 71 countries and civil society organizations in 18 countries regarding:

- MoE HIV and AIDS structures;
- Enabling environments for an effective response to HIV and AIDS;
- HIV and AIDS mainstreaming;
- Workplace issues and human resources;
- Workplace HIV and AIDS programmes;
- HIV and AIDS and the curriculum;
- Responses aimed at those infected and affected by HIV and AIDS;
- Partnership development in response to HIV and AIDS;
- Research guiding the response to HIV and AIDS in the education sector.

The report interprets disagreements, identifies both the challenges and opportunities that present themselves, and address issues of operational importance. Finally, the report concludes by identifying policy implications and providing recommendations to influence future responses in the education sector.

A parallel survey, *Deadly inertia? A cross-country study of educational responses to HIV and AIDS*, carried out by the Global Campaign for Education (GCE), provided civil society perspectives on the issues raised by the Global Readiness Survey (Boler and Jellema, 2005). In partnership with the Canadian International Development Agency and the UNAIDS IATT on Education, GCE conducted civil society meetings in 18 countries, bringing together education and HIV and AIDS coalitions to discuss educational responses to the epidemic.

Analysing effective approaches

In April 2000, Education International (EI) invited African MoEs to analyse their HIV and AIDS interventions, to identify promising approaches, promote learning, use available experience and build capacity. Responses from 17 countries showed that programmes mostly emphasised school-based initiatives targeting learners, using either curriculum-based education or extra-curricular activities to impart knowledge on HIV and AIDS.

Extra-curricular programmes, including peer education and programmes organized by and for youth, were most popular with pupils. However, most programmes had been introduced without conducting baseline research so it was difficult to assess their impact. Some countries had also not reviewed curricula since they were introduced. In other countries, curriculum reform was not accompanied by training teachers to deliver it, with the exception of South Africa (where teachers had been trained to offer life skills and HIV & AIDS education), Tanzania (which introduced HIV and AIDS programmes in teacher training colleges) and Lesotho (where the Lesotho Teachers Association had taken a leading role in organizing annual workshops for its members on HIV and AIDS). With the exception of Botswana, Ghana and South Africa, programmes mostly ignored the needs of teachers (Education International, 2000).

Analysis of MoE responses in eight central African countries to a survey on HIV and AIDS mainstreaming in the education sector, conducted by the Association for the Development of Education in Africa (ADEA) and the United Nations Development Programme (UNDP), found that most countries had a sector strategy, a coordination unit and active partnerships with teacher unions, parent teacher associations, religious bodies and communities. All were concerned about the impact of HIV and AIDS and some had started to establish partnerships with other sectors. However, most initiatives were relatively recent and limited, and few proposed interventions addressed the impact of the epidemic on the

education system. Development and implementation of policies and strategies were constrained by lack of research, human and financial resources, and mechanisms for collecting, analysing and disseminating data (ADEA, 2003).

An assessment of the response of the education sector to the epidemic in the Commonwealth Caribbean found that, as a result of advocacy efforts by UNESCO, the United Nations Children's Fund (UNICEF) and others, there had been a change in the education sector response in the previous two years, notably in Barbados and Jamaica, although little had changed at the classroom level. Before 2002, the response was limited to regional curriculum reform and integration of Health and Family Life Education (HFLE), but this did not translate into action at the school level. Teacher training colleges had not changed their curricula to reflect HFLE and commercial publishers had not published any instructional materials to support HFLE. In 2003, there was renewed commitment, with the development of a new curriculum framework with four HFLE themes including HIV and AIDS, the requirement by the University of the West Indies School of Education that all trainee teachers complete an HFLE module, and the publication of the first Caribbean instructional textbook on HIV and AIDS prevention and mitigation. However, the review notes that the approach remained focused on the curriculum and prevention education, and was not sufficiently comprehensive (Morrissey, 2005).

In Kenya, a needs assessment was carried out in 2003 to establish the training needs of education planners and managers for HIV and AIDS management in the sector. The assessment revealed a need to develop capacity on HIV & AIDS and understanding of the impact on the sector, in order for planners and managers to support policy implementation and to allocate sufficient funding to the response.

2.2 What needs to be done?

Build ministry of education capacity to respond

An effective education sector response to issues that impact on learning, schooling and the school environment requires a comprehensive policy and strategic approach. HIV and AIDS impact on all three of these aspects of quality education. School policies, environments, services and skills-based education are essential to address the impact of HIV and AIDS. In addition, the

sector needs to ensure that there is adequate institutional capacity to implement policy and plans; to mobilise leadership and resources at all levels; to strengthen planning and management skills; to develop workplace policies; to provide appropriate training for educators and curricula for learners; and to implement policies to remove barriers to education.

Building capacity

UNESCO IIEP and the EduSector AIDS Response Trust (ESART) have created a series of over 20 self-guided training modules to build the capacity of education sector staff to develop and manage effective responses to HIV and AIDS (UNESCO IIEP and ESART, 2007). The modules were developed to:

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

The modules can be accessed electronically by visiting the UNESCO IIEP website <http://www.unesco.org/iiep>. The modules are also available on CD-ROM.



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Ministry of education responses to HIV and AIDS

- UNESCO Phnom Penh and UNICEF jointly supported the Cambodian Ministry of Education, Youth and Sports to develop a policy document on AIDS and Education. This document, formulated within the School Health Department, defines the principles of sex education and HIV & AIDS education and provides guidelines for the education ministry to respond to HIV-related cases within the education system.

Haiti's Ministry of Education, Youth and Sports has developed a strategic plan for education and HIV & AIDS, which includes a situation analysis and implementation and action strategies. The plan is based on a human rights approach and guiding principles include: ensuring access to education; establishing policies and codes of conduct to ensure a safe school environment and zero tolerance of sexual abuse and violence; promoting a supportive environment; implementing programmes for children in difficult circumstances; community involvement; and establishing a monitoring and evaluation system to generate information on HIV and AIDS in the sector.

UNESCO's Asia and Pacific Regional Bureau for Education in Bangkok has published a unique teacher training manual on *Reducing HIV/AIDS vulnerability among students in the school setting*. The manual is one of the first of its kind aimed at equipping teachers (pre-service and in-service) with the knowledge, skills and methods for teaching about HIV, AIDS and related health topics. A number of MoEs in the Asia and Pacific region are now adapting the manual to their country context for use in teacher training colleges. Since the manual was published in March 2005, in-country adaptation workshops have taken place in many countries in the region, including China, Indonesia, Lao People's Democratic Republic and Viet Nam. The adaptation process, supported by UNESCO and in close collaboration with MoEs, includes a pre-workshop translation of the manual in the national language, in-country adaptation workshops, links to existing teaching materials, and a final edit in the national language (UNESCO Bangkok, 2005a and 2005b).

Anticipating the impact of HIV and AIDS

- UNESCO Dakar provided support for a series of meetings with ministers of education in West Africa. The first meeting in September 2002 led to an evaluation of education systems and policies, as well as a draft plan of action on education and HIV & AIDS. The second, in January 2004, approved a sub-regional programme to support the response to HIV and AIDS in the education sector.

UNESCO Bangkok and IIEP organized a sub-regional workshop on anticipating the impact of AIDS in the education sector in Southeast Asia. Following this, the Indonesian National Commission for UNESCO organized a workshop in April 2003 to strengthen the capacity of education planners and focal points, involving the Ministry of National Education, provincial MoE heads, NGOs and UN agencies. The workshop covered the role of the education sector in prevention, care and support, and in minimising the impact of the epidemic on the sector.

The UNESCO Offices in Almaty and Bangkok organized a workshop in Almaty on the role of MoEs in the response to HIV and AIDS in Central Asia. Participants reviewed current policies and partnerships, and possible actions that MoEs can take to strengthen the sector's response.

Strengthening strategic action

- As part of UNESCO's ongoing efforts to continue and deepen strategic action on education and HIV & AIDS in the context of EFA and *UNESCO's Strategy for Responding to HIV and AIDS* (UNESCO, 2007), UNESCO organized a series of sub-regional workshops in Africa during 2007 to build the capacity of field staff and government counterparts in MoEs to address the impact of HIV and AIDS on the education sector. The workshops brought together representatives from UNESCO and National Commissions for UNESCO, MoEs, UNAIDS Co-sponsors and civil society. Three language-specific workshops took place in English, French and Portuguese. In total, over 100 individuals from 21 African countries attended the workshops.

Participants shared experiences and lessons learnt with one another, increased their understanding of key strategic documents and tools, and built their capacity to apply the *EDUCAID Framework for Action* (UNESCO and UNAIDS, 2006; revised 2008) to help plan and implement comprehensive education sector responses to HIV and AIDS.

For more information, see <http://www.educaids.org>

Advocate for the education sector to address HIV and AIDS

Advocacy is critical to secure support from high-level policy-makers, and to promote educational leadership and commitment. Educators can play a critical role. For example, in Guatemala, advocacy by the National Teachers Committee led to the institutionalisation of HIV preven-

tion education in schools and the adoption in 2000 of a curriculum that addresses HIV and other health issues in the context of human rights. In Brazil, the Teachers' Parliament issued a declaration in November 2004 that included the critical need to pay attention to the HIV epidemic.

EDUCAIDS technical briefs and overviews of key resources

EDUCAIDS, the UNAIDS Global Initiative on Education and HIV & AIDS, offers a framework for a comprehensive education sector response. The five key programmatic areas are:

- Quality education
- Content, curriculum and learning materials
- Educator training support
- Policy, management and systems
- Illustrative approaches and entry points for HIV and AIDS education.

Within this framework, UNESCO, in collaboration with key partners, has developed a set of over 35 technical briefs and a set of overviews of key resources intended for policy- and decision-makers in HIV and AIDS education.

The materials can be accessed at <http://www.educaids.org>

Advancing the education sector response through advocacy

UNESCO's Office for the Caribbean, based in Kingston, Jamaica, launched an advocacy and leadership campaign in February 2005 in collaboration with Education Development Center, Inc. (EDC) to create a cadre of leaders in the region and to advance the education sector response to HIV and AIDS. Technical assistance is being provided to Caribbean MoEs to help them develop a comprehensive approach to HIV and AIDS in the education sector, to identify and take action on priorities, and to advance policies and programmes that protect the lives of students, teachers and managers.

Prior to this, UNESCO supported a series of workshops in the Latin America and the Caribbean region to promote effective MoE responses to HIV & AIDS and integration of school health and HIV prevention in national EFA Action Plans. The campaign includes advocacy for workplace training for education sector leaders and managers. In Barbados, for example, the Chief Education Officer was trained as an HIV and AIDS leader,

resulting in the development of a plan to sensitise all primary and secondary teachers and to work with the Ministry of Labour and Social Security to train staff in managing HIV and AIDS in the workplace, including distribution of first aid kits.

UNESCO Bangkok and the UNAIDS South-East Asia and Pacific Inter-Country Team produced the publication *HIV & AIDS and Education: A Toolkit for Ministries of Education*, an advocacy kit that targets policy-makers and aims to assist mid-level and senior-level MoE officials to strengthen education sector responses to HIV and AIDS (UNESCO and UNAIDS, 2003). The toolkit, which includes information on HIV & AIDS and education, presentations and references to other sources of information and tools, has been translated, adapted and disseminated in multiple countries in the region, including in Afghanistan, Bangladesh, Cambodia, China, Indonesia, Iran, Kazakhstan, Lao People's Democratic Republic, Pakistan, Thailand, Uzbekistan, and Viet Nam (UNESCO Bangkok, 2005b).

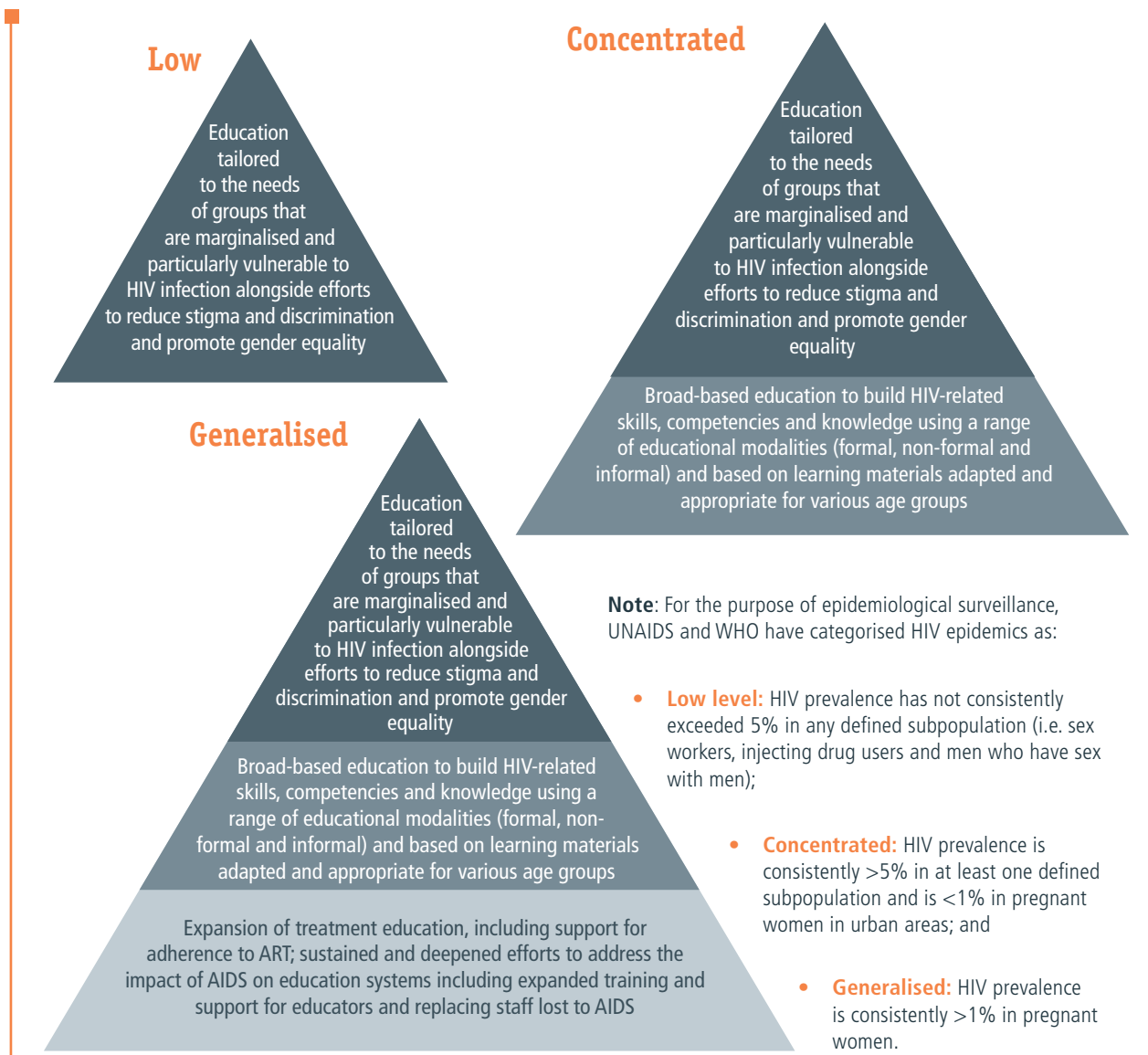


Adapt approaches to the context

Education ministries need to develop approaches that reflect the epidemiology and stage of the epidemic (see Figure 1). For example, in low prevalence countries, there should be a greater emphasis on prevention education and addressing stigma and discrimination towards key populations and marginalised groups. In more advanced epidemics, the education sector will need to give more emphasis to care, treatment and

support for learners and educators. Strategies should also include responses that are tailored to the needs of particularly vulnerable groups and that tackle the factors that place them at risk of HIV infection. For example, injecting drug use is a significant cause of HIV transmission in Eastern Europe, and approaches in this region need to address this and other aspects of the epidemic.

Figure 1: Education Sector Responses to HIV and AIDS Tailored to Epidemic Type



Source: UNAIDS and WHO. Guidelines for Conducting HIV Sentinel Serosurveys among Pregnant Women and Other Groups. UNAIDS/WHO Working Group on Global HIV/AIDS/STI Surveillance. Geneva: UNAIDS, 2003. Accessed online 15 February 2007 at: http://data.unaids.org/Publications/IRC-pub06/JC954-ANC-Serosurveys_Guidelines_en.pdf

This basic, consensus typology has been in use for over a decade. Recently, UNAIDS has proposed the inclusion of a fourth category, hyperendemic, whereby HIV prevalence has spread to a level above 15% in the general population. See UNAIDS. Forthcoming 2007. Practical Guidelines for Intensifying HIV Prevention. Geneva: UNAIDS.

Establish systems to collect accurate data

There is a critical shortage of accurate data on absenteeism of students and teachers, teacher shortages or transfers, classroom and school closures, class sizes and school enrolment, including data that are disaggregated by sex and age.

Education ministries need effective management information systems that provide data about the impact of

HIV and AIDS on learners, educators and the education system to inform the planning of effective responses. For example, accurate data will allow planners and managers to plan staffing, recruitment and training requirements, to identify schools for priority support and interventions, and to maintain educational quality.

Examining the impact of HIV and AIDS

Approaches to examining the impact of HIV and AIDS on teachers include:

- **Education personnel records and Education Management Information Systems (EMIS)** – Personnel records, such as payroll and pension fund databases, are not well integrated into the wider EMIS. EMIS, an annual school census that in some countries also includes questions on in-service educator mortality, is potentially an easier way to quantify teacher mortality. However, systems are not functioning well in many high prevalence countries and few have any data on how many teachers die after leaving service on medical grounds or taking early retirement. There is a lack of time series data, so it is difficult to estimate trends. EMIS human resources data need to be integrated with personnel systems and overall systems need to be strengthened.

- **School-based surveys** – These surveys are conducted in a number of countries in a random sample of schools, and could include questions about teacher mortality. Data need to be disaggregated as aggregate data hide differences in mortality rates between districts, and between urban and rural areas, as well as between male and female teachers and those in different age groups. The accuracy of data depends on the quality of school record keeping and of head teacher and teacher reporting.

- **HIV prevalence surveys** – These population-based surveys do not necessarily include seroprevalence testing of groups such as teachers in schools. While inclusion of schools would provide useful data, there are ethical issues to be considered and such surveys would only cover those people well enough to be at work (Boler, 2003).

Accessing technical support

- WHO is providing technical support to ministries of education and health to conduct the Global School-based Student Health Survey (GSHS). This survey measures health-related behaviours associated with leading causes of death, disease and disability, including sexual risk taking and drug use among 13 to 15-year-old students. Over 50 countries have

completed training and are in the process of conducting the surveys. Fifteen countries have completed the first of what will be a series of periodic surveys to demonstrate trends in the prevalence of important health-related behaviours over time. The data are comparable from country to country. For more information see <http://www.who.int/chp/gshs/en>

Developing measurement tools

- UNESCO Kingston is supporting research at the University of the West Indies to develop a methodology for estimating and projecting the prevalence of HIV within a national education sector.

In Ghana, the impact of AIDS on teachers has been measured through the annual school census, which includes an indicator on the number of teachers who have taken sick leave or gone to hospital in the last year, and measures the number of orphans attending school. The MoE has also developed simple, low-cost measures to assess impact on civil servants working within the ministry and at district level. HIV and AIDS focal points report monthly on the number of staff who have disclosed their status and any deaths that have occurred within their department. They have also commissioned a consultancy to conduct larger

scale impact studies to give a more in-depth and accurate picture. This provides an example for other ministries of how impact measurement tools can be integrated within the existing management information system.

Issues to consider in impact measurement include: getting funds for impact studies; communicating results (for example, the need to involve a wide range of decision-makers, ensure ownership, and carefully plan dissemination); ensuring the process does not raise unrealistic expectations (for example, about access to medical treatment); building links to planning departments within ministries so that use of data is built into the planning cycle; making use of existing data sources (for example, personnel records); and establishing links with universities and NGOs to collect relevant data (Rugalema and Khanye, 2002).

What strategies and tools are available to measure and monitor the impact of HIV and AIDS on education systems?

■ **DEMMIS – District Education Management and Monitoring Information System:** A management tool piloted in KwaZulu-Natal, South Africa. Lessons from the pilot indicated that monthly data can provide useful insights into HIV and AIDS impact and trends, and the tool was piloted in Botswana, Ghana, Kenya, Namibia, Uganda, Zambia and Zimbabwe. DEMMIS was developed in response to the need to collect local indicators, as the response at sub-national level is constrained by lack of data (national level EMIS only give an overall picture and data can take as long as 2-3 years to analyse and disseminate), and the need for reliable data to provide an early warning of impact at the point of delivery. It collects information on a monthly basis on teachers, learners, support staff and governing bodies, using data that can be

extracted from the routine reporting system. There is also a district manager resource kit with fact sheets and a management response checklist (University of KwaZulu-Natal).

■ **Ed-AIDS project:** Includes questions concerning demand for, supply and quality of education; collects data on the number of infected teachers (both past and projected), normal attrition rates, absenteeism, recruiting needs, number of school-age orphans, and financial and economic implications of HIV and AIDS for education for all that can be used for advocacy and planning (Partnership for Child Development).

(Rugalema and Khanye, 2002)

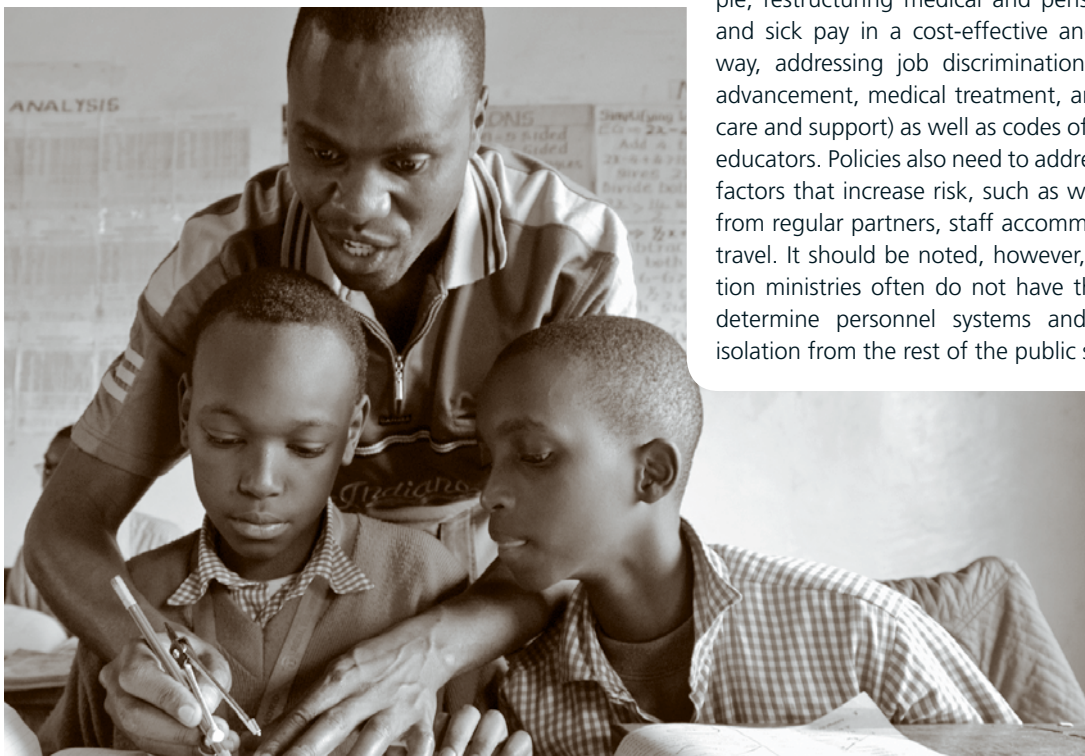
Revise personnel systems and policies

Personnel systems may need to address issues such as teacher recruitment and deployment and measures to improve retention, including remuneration, career development and other incentives. This includes developing strategies to improve and accelerate teacher recruitment through new incentives to enter teacher training, establishing policies for retaining teachers, and encouraging recruitment to unpopular locations.

Ministries of education also need to consider succession and contingency planning, including providing teachers (who may be expected to teach classes or subjects they are not familiar with) and instructional materials to present and

support lessons. Substitute teacher systems must also be strengthened, for example, using retired teachers and developing pools of trained temporary teachers, and sharing school management capacity are other possible approaches. Flexible leave schemes must be developed that enable HIV-positive teachers to access treatment, care and support services.

Workplace policies should cover prevention of HIV infection among educators, the needs of educators infected with or affected by HIV (for example, restructuring medical and pension benefits and sick pay in a cost-effective and affordable way, addressing job discrimination and career advancement, medical treatment, and providing care and support) as well as codes of conduct for educators. Policies also need to address structural factors that increase risk, such as working away from regular partners, staff accommodation and travel. It should be noted, however, that education ministries often do not have the power to determine personnel systems and policies in isolation from the rest of the public sector.



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HIV and AIDS workplace policies for the education sector

Collaboration between the International Labour Organization (ILO) and UNESCO aims to support member states in the adaptation and development of HIV- and AIDS-specific workplace policies for the education sector in order to ensure supportive and safe learning environments that meet the needs of educators and learners.

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

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

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

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

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

ILO and UNESCO are working closely with governmental bodies of member states, employment organizations, teachers' unions, civil society organizations, and other partner organizations, firstly in the design of these policies and secondly by subsequent support in the dissemination and implementation. ILO and UNESCO are also exploring the possibility of expanding the scope of the initiative to other regions.

UNESCO and ILO are currently supporting Mozambique and Zambia (June 2007 to March 2008) to pilot country-specific HIV and AIDS workplace policies and programmes for the education sector in a number of education institutions in each country (primary, secondary and tertiary).

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

Case study – Ghana

The Ghana AIDS Commission is working closely with all ministries to develop sector plans and has developed a guide to help ministry human resource departments to plan for skill succession. The MoE is providing care and support for those in the education sector infected with or affected by HIV and AIDS. The MoE has also produced a workplace manual, with

three modules (implementation of workplace programmes, basic facts on HIV and AIDS, and reporting) designed for use by national, regional and district level focal points to plan and implement awareness sessions in the workplace, collect relevant data and prepare reports.

Ensure that policies are disseminated, implemented and enforced

Schools are not always aware of national policies established by education ministries. There is often a gap between policy and practice, with good intentions hindered by lack of policies, failure to communicate departmental policy to schools, lack of guidelines for educators and learners, and lack of training for school governing bodies. Governing bodies need to be made aware of policies and legal issues related to HIV and individuals, including laws that prohibit discrimination in the workplace.



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Creating a workplace policy

In Jamaica, with support from the Japan International Cooperation Agency (JICA), the Ministry of Education, Youth and Culture has established an HIV and AIDS Response Team for the dissemination of the National Policy for HIV and AIDS Management in Schools. The policy sets out clear guidance on inclusion and non-discrimination, disclosure and confidentiality; provides guidelines on provision of information and education, management of students and school personnel with HIV and AIDS; and lists universal precautions to prevent HIV transmission. The main activity of the team has been policy dissemination workshops for key stakeholders, such as school administrators, and sensitisation meetings for Parent-Teacher Associations (PTAs), teaching staff, student bodies and community groups. The team provides follow-up support to schools and facilitates referral to relevant external resources, as well as playing a monitoring role.

UNESCO Kingston has also supported activities including: establishing health advisory committees in schools under the leadership of the head teacher and school board; training a guidance counsellor in each school; ongoing sensitisation of school bodies; and extending the scope of the Response Team from the primary and secondary school sector to the MoE's early childhood unit and independent schools.

An evaluation in April 2005 identified: lack of links between the policy and the wider response to the epidemic; variations in quality and consistency of training, support to regional guidance officers and follow up of in-school guidance counsellors (depending on individual health promotion specialists recruited to the team); lack of support materials; reticence about addressing issues in schools; lack of health promotion specialist access to current data and Information and Communication Technologies (ICTs); and lack of preparation time.

Recommendations included: ensuring that workshops are part of an ongoing programme of activities and that head teachers and guidance counsellors attend. The Government of Jamaica continued funding the team when UNESCO support ended in mid-2005, through Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) grants. UNICEF continued supporting capacity-building for the team, as well as strengthening the life skills component of curriculum, developing classroom materials for the 9 to 14 age groups, and supporting the MoE to scale up delivery of HFLE to 200 schools across the country.



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It is also essential to raise awareness of existing policies among school administrators and head teachers, as well as among teachers and parents, and to establish mechanisms to implement and enforce policies. Involving

educators and administrators in policy development can help to promote ownership and ensure that policies are put into practice.

The following is an example of a comprehensive education sector response to HIV and AIDS, taken from the UNESCO document *From Policy to Practice: An HIV and AIDS Training Kit for Education Sector Professionals* (UNESCO Nairobi, 2005).

'GOLDSTAR' (ILLUSTRATIVE) RESPONSE – HANDOUT¹

1. HIV and AIDS structures established and functional

At the national level the following structures exist:

- A senior Strategic HIV and AIDS Task Team, with representation from all key role players and with well-defined functions (policy, norms and standards, resource mobilisation).
- An operational HIV and AIDS Management Unit, headed by a senior official (dedicated position), plus representatives from policy and planning, curriculum development, finance, etc. (with the mandate to develop, implement and monitor internal and external responses).
- At the district level, there are HIV and AIDS sub-committees of District Management Committees, chaired by District Managers (with coordination, communication, regulatory, resourcing, information gathering and monitoring functions).
- At school level, there are HIV and AIDS Working Groups with the mandate to deal with all institution-level external and internal HIV- and AIDS-related matters.

2. Enabling legal and policy framework in place

- A National Schools Act has been promulgated that regulates schools in terms of admissions, fees, etc. and provides for exemption from school fees for children from poor families.
- A policy for the education sector has been adopted that binds the sector, and all institutions and key players, to a common vision, a set of principles, minimum standards and commitments related to HIV and AIDS.
- A generic workplace policy has been developed in consultation with the unions, and other key players, in line with public sector conditions of service. It is binding on all institutions.
- Institutional level policies have been developed by each school, in line with other policies, and defining the school's position on HIV and AIDS.
- The National Policy Unit has conducted a review of all laws, regulations, policies, procedures, codes of conduct and collective agreements (current and planned) to ensure that HIV and AIDS are appropriately addressed (e.g. addressing non-discrimination, confidentiality, zero tolerance for sexual abuse).
- Implications and amendments have been communicated to Districts and to all institutions.

3. HIV and AIDS are mainstreamed into planning and budgeting

- At national level, as part of routine planning activities, an HIV and AIDS plan/strategy for the sector – narrative and financial – has been developed, linked to the policy, to EMIS data and to the budget. The plan is reviewed annually.
- Sector-wide HIV and AIDS indicators have been developed, field tested and institutionalised.
- EMIS data and processes have been reviewed and amended to include HIV- and AIDS-sensitive indicators – including, but not limited to: pupil enrolment (disaggregated by sex); planning for school and District staff supply and attrition; learner/educator ratios; decline in school fees; primary/secondary transition rates; matriculation rates; and specialist subject pass rates.

¹ As per source (UNESCO Nairobi, 2005), 'Goldstar' scenario response describes an optimal or ideal response.

- Orientation training for officials responsible for EMIS has been conducted.
- Resource mobilisation has taken place, with costed plans being presented to development partners at an annual resource mobilisation summit.
- A proposal for support for 100 rural primary schools – youth prevention activities and orphans and vulnerable children (OVC) support – was submitted to the Global Fund (and approved).
- A baseline impact assessment was commissioned and conducted; a validation workshop was held, and the executive summary was disseminated widely for use as an advocacy and reference document.
- There is a commitment to repeat the impact assessment at five-year intervals.
- At District level, an HIV and AIDS action plan/strategy has been developed – based on District level information, National policy, budget, etc. – and disseminated to all schools.
- At each school, DEMMIS is in place, monthly reports are received from schools, and feedback processes are functional.
- Training has been conducted for all District and school level staff involved.
- HIV and AIDS are included in every school plan.

4. HIV and AIDS mainstreamed into all human resource management functions

HR policies have been examined and amended to minimise vulnerability and susceptibility to HIV and AIDS (e.g. policies that permit the deployment of educators away from their families). In addition, they have been examined and amended to proactively address educator attrition (e.g. by amendments that allow educators to continue teaching beyond normal retirement age).

- Succession planning is in place, based upon a review of demand and supply, and with special emphasis on specialist educators.
- Human Resource (HR) data (e.g. EMIS data) have been analysed and used to establish an HR preparedness system.
- Orientation sessions have been held for the staff responsible for the HR preparedness system.
- HIV & AIDS and education guidelines for (i) education sector managers and (ii) educators have been developed, field tested, and distributed.
- A code of conduct has been adopted and signed by all educators committing them to zero tolerance of violence, abuse – sexual and other – and harassment of learners.
- The code is displayed in every school.
- Information on disciplinary procedures has been disseminated to all staff.
- A system has been established and implemented to track education quality, with an early warning system and systems to implement remedial procedures.

5. Workplace HIV and AIDS programme developed, implemented and monitored

Conditions of service have been reviewed and amended to accommodate HIV and AIDS (e.g. reasonable accommodation for infected staff, time off for family duties). The revised conditions of service have been disseminated to every staff member.

At national level, the following programme takes place:

- An awareness programme for national staff (that is sensitive to language, culture, age, gender, etc.).
- A peer education programme with ongoing sessions that are held during working hours.
- An HIV and AIDS counselling service, which is available as part of the Employee Assistance Programme (EAP).
- Referrals for staff for (i) Voluntary Counselling and Testing (VCT), (ii) treatment, and (iii) social support.

An infection control programme, based on guidelines (including guidelines for compensation for HIV infection following occupational exposure). The guidelines have been disseminated, first aiders have been trained, resources (e.g. gloves) have been purchased and distributed, and a reporting system has been established.

Similarly, at district level, there are programmes of:

- Awareness for district staff (that are sensitive to language, culture, age, gender, etc.).
- Peer education with ongoing sessions held during working hours.
- HIV and AIDS counselling for infected and affected staff.
- Referrals for (i) VCT, (ii) treatment, and (iii) social support.
- Infection control.
- This is replicated at school level, with programmes of:
 - Prevention for all staff (managers, educators and support staff), conducted during working hours.
 - Referrals for (i) VCT and ongoing counselling, (ii) treatment and (iii) social support.
 - Infection control.

6. HIV and AIDS mainstreamed into life orientation and other curricula

At the national level:

- The curriculum policy has been amended to include HIV and AIDS within the life skills module of the life orientation curriculum, and as a component of all other subjects.

Teaching materials have been reviewed and amended for (i) different levels (primary, secondary and tertiary), (ii) local use and (iii) to conform to outcomes-based methodologies.

At district level:

- Resource centres have been established.
- Information and materials are disseminated to support implementation.

Mentoring and monitoring systems have been established to ensure compliance with the curriculum.

At school level:

- Life skills and HIV & AIDS lessons are held as per timetable.
- HIV- and AIDS-focused lessons are conducted in all subjects.
- Youth peer educators have been recruited and trained and are supported to conduct group activities.
- Systems have been established to monitor the life skills and HIV & AIDS programme.

7. Holistic support for infected and affected staff and learners

- A system has been developed, implemented and is regularly monitored for the identification, support and monitoring of OVCS.
- The school feeding scheme provides one meal per day to all learners at primary school level.
- Educators have attended briefing sessions on the signs, symptoms and management of HIV in young people.
- Special arrangements are in place for infected and affected children (e.g. provision to supervise medication, home learning for infected learners if necessary, shorter hours for children caring for parents and/or siblings).
- A counselling service has been established for crisis and bereavement counselling, etc.

- For infected and affected educators, systems are in place to provide care and support for educators – such as reasonable accommodation.
- A resource directory for local referrals has been developed and disseminated.

8. Training and capacity-building to meet the challenge of HIV and AIDS

At pre-service level:

- In line with the predicted demand for additional educators, the annual quota of educator trainees admitted to training institutions has been increased.

Specialist educators have been trained, in line with national demands for these skills.

At in-service level:

- Life orientation educators have been trained in HIV and AIDS.
- Selected educators have been trained as counsellors.

A system of mentoring and support for educators and counsellors has been institutionalised.

Support is given for all the training and capacity-building activities:

- A database of resources has been developed and disseminated.
- Resources and materials have been commissioned or developed to fill the identified gaps.

9. Partnerships to enhance HIV and AIDS responses

- A database of national partners has been established.
- An education sector mobilisation strategy has been defined and implemented.

HIV and AIDS are prominent in the bi-annual education conference.

At district level:

- A database of district partners has been established.
- Roles, responsibilities and commitments have been defined.

Consultations are regularly held with these partners.

At school level:

- Orientation sessions on life skills and HIV & AIDS have been held for parents.
- Briefing sessions on HIV and AIDS for PTAs and School Governing Boards (SGBs) are conducted on a routine basis.

10. Research guided programmes

- A research agenda has been defined, based on the research already conducted and the gaps that have been identified.
- Studies have been commissioned to answer priority questions.

2.3 Where do we need more evidence?

There is a lack of evidence to inform effective responses to HIV and AIDS in the education sector. Some of the key knowledge gaps are:

POLICIES – including information about:

- Legal frameworks and policies that are effective in promoting inclusion, tackling violence and sexual harassment, and protecting educators and learners against discrimination.
- Measures that support policy implementation.

DATA – including accurate and relevant data to support analysis of current impact and projection of future impact of the epidemic, in order to inform overall planning of education sector responses and, more specifically, generate data about:

- HIV risk behaviour and factors that increase risk among different sub-groups of education sector staff and learners, to inform behaviour change and other prevention interventions.
- HIV prevalence among educators, and the extent to which educators are not revealing their status because of stigma and discrimination, to inform treatment, care and support interventions.
- The extent to which educator absenteeism and attrition is related to HIV and AIDS and to other factors.
- The number and situation of infected and affected learners, to inform planning to meet their needs.
- The impact of educator absenteeism and attrition on educational quality.
- The effects of HIV and AIDS on learner school attendance and performance.
- The extent and impact of violence and sexual harassment in educational settings.

PROGRAMMING – including:

- Better understanding of effective approaches to ensure children continue to receive a quality education as well as facts and skills to survive.
- Training, educating and supporting teachers to deliver HIV and AIDS education.
- Improving teachers' own knowledge, attitudes, skills and behaviours.
- HIV and AIDS education, including curricula, teaching methods and learning materials.
- Providing flexible education for learners who move in and out of formal schooling.
- Providing support to educators and learners living with HIV
- Promoting community involvement in HIV and AIDS education.

IMPACT – including better baseline data; effective monitoring and information systems; and standard indicators to measure outcomes and impact, for educators and learners.

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UNESCO'S RESPONSE TO HIV AND AIDS

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

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

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

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

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

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

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

EDUCAIDS IMPLEMENTATION SUPPORT TOOLS

Technical Briefs

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

Overviews of Practical Resources

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

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

Complete list of Technical Briefs:

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

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

USEFUL WEBSITES

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

UNESCO Clearinghouses on HIV & AIDS and Education²

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

List of UNESCO Field Offices

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

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

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

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

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

UNAIDS Co-sponsors

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

BOOKLET N°

1

SECOND EDITION

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

Overview

This booklet is the first in a series of publications that address key themes of UNESCO's work on HIV & AIDS and the education sector. It provides an overview of why HIV and AIDS are important issues for the education sector, identifies weaknesses in current policy and programming responses, and highlights evidence gaps.

Booklet 2 discusses issues affecting learners in the context of HIV and AIDS, including rights and access to education, protection, knowledge and skills, and care and support. Booklet 3 discusses issues affecting educators in the context of HIV and AIDS, including training, conduct, and care and support. Booklet 4 concentrates on the role and importance of strategic partnerships in developing education sector responses to HIV and AIDS, while Booklet 5 focuses on the topic of effective learning using illustrative examples.

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

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