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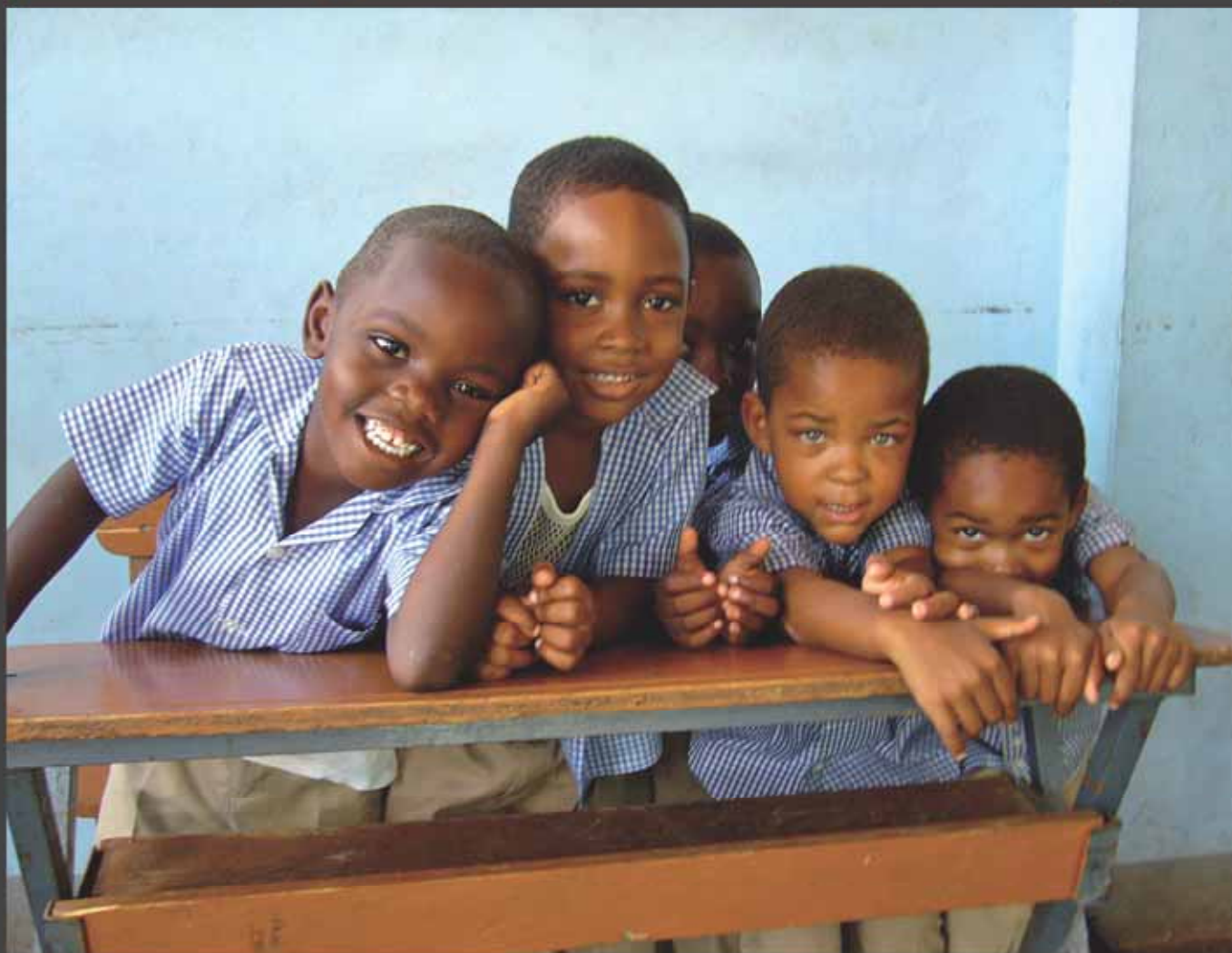
**GOOD POLICY AND PRACTICE
IN HIV & AIDS AND EDUCATION**

BOOKLET N° **2**

SECOND EDITION

HIV & AIDS and Supportive Learning Environments

GOOD POLICY AND PRACTICE IN HIV & AIDS AND EDUCATION

Booklet 2

HIV & AIDS AND SUPPORTIVE LEARNING ENVIRONMENTS

TABLE OF CONTENTS

ACRONYMS

AIDS	....	Acquired Immune Deficiency Syndrome
ALAVI	....	Association Laafi La Viim
ART	....	Antiretroviral Therapy
ARV	....	Antiretroviral
ASPnet	....	Associated Schools Project Network
BRAC	....	Bangladesh Rural Advancement Committee
CARICOM	....	Caribbean Community
CBO	....	Community-Based Organization
CEDPA	....	Center for Development and Population Activities
CHETNA	....	Centre for Health Education, Training and Nutrition Awareness
DFID	....	Department for International Development, UK
DHS	....	Demographic and Health Survey
EDC	....	Education Development Center, Inc.
EDUCAIDS	....	UNAIDS Global Initiative on Education and HIV & AIDS
EFA	....	Education for All
EI	....	Education International
ESART	....	EduSector AIDS Response Trust
FAO	....	Food and Agriculture Organization of the United Nations
FBO	....	Faith-Based Organization
FLE	....	Family Life Education
FRESH	....	Focusing Resources on Effective School Health
GTZ	....	Deutsche Gesellschaft für Technische Zusammenarbeit
HIV	....	Human Immunodeficiency Virus
HIVAN	....	Centre for HIV/AIDS Networking
IATT	....	Inter-Agency Task Team
IBE	....	International Bureau of Education
ICT	....	Information and Communication Technology
IDB	....	Inter-American Development Bank
IDP	....	Internally Displaced Persons
IIEP	....	International Institute for Educational Planning
ILO	....	International Labour Organization
ISDT	....	Integrated Services Delivery Team
LSDF	....	Life Skills Development Foundation
MDG	....	Millennium Development Goal
MiET	....	Media in Education Trust
MoE	....	Ministry of Education
MSF	....	Médecins Sans Frontières
NGO	....	Non-Governmental Organization

NYSC	....	(Nigeria) National Youth Service Corps
OIC	....	Opportunities Industrialization Centers International
OVC	....	Orphans and Vulnerable Children
PCD	....	Partnership for Child Development
PLHIV	....	People/Person(s) Living with HIV
PTA	....	Parent-Teacher Association
PVO	....	Performance Validation and Optimization
SAT	....	Sistema de Aprendizaje Tutorial
SCCS	....	Schools as Centres of Care and Support
SEAMEO	....	Southeast Asian Ministers of Education Organization
SHREWS	....	Sexual Harassment Resisters Everywhere
STI	....	Sexually Transmitted Infection
UNAIDS	....	Joint United Nations Programme on HIV and AIDS
UNDP	....	United Nations Development Programme
UNESCO	....	United Nations Educational, Scientific and Cultural Organization
UNFPA	....	United Nations Population Fund
UNHCR	....	United Nations High Commissioner for Refugees
UNICEF	....	United Nations Children's Fund
USAID	....	United States Agency for International Development
VCT	....	Voluntary Counselling and Testing
WFP	....	World Food Programme
WHO	....	World Health Organization

ACKNOWLEDGEMENTS

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.

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HIV & AIDS AND SUPPORTIVE LEARNING ENVIRONMENTS

1. INTRODUCTION

Education is a basic human right for all[1], as articulated in the Universal Declaration of Human Rights. Education helps children to develop knowledge and skills and increases their future life opportunities. However, going to school is about more than just learning. School is also important for children's social and psychological development, providing a safe, structured environment, emotional support, adult supervision and the opportunity to interact with other children.

Young people also have the right to appropriate and accurate information about HIV and AIDS, including how to protect themselves from HIV infection, the right to social, psychological and medical care, the right to privacy and confidentiality and the right to protection from exploitation and abuse, including in educational settings.

Schools and other educational settings play an important role in educating young people about HIV and AIDS, developing the skills they need to protect themselves from HIV infection, tackling fear, stigma and discrimination, and promoting care and support for those who are infected with and affected by HIV and AIDS.

This booklet addresses the following issues for learners:

- Rights and access to education
- Protection
- Knowledge, attitudes and skills
- Care and support.

2. LEARNER RIGHTS AND ACCESS TO EDUCATION

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Ensuring that all children (especially girls, children in difficult circumstances and those belonging to ethnic minorities) have access to complete, free and compulsory primary education of good quality by 2015 is a Millennium Development Goal (MDG) and a goal of Education for All (EFA).

As well as being a basic human right, education is a protective measure against HIV. There is growing evidence that the more educated an individual is, the lower their risk of HIV infection.

Education is especially important for girls. Girls who remain in school longer and who receive education on sexuality and life skills benefit from delayed sexual debut, increased HIV knowledge and condom use rates, and improved understanding of voluntary counselling and testing (VCT). There is also evidence that girls who attend schools where female and male students are treated equally are less likely to engage in premarital sex (Hargreaves and Boler, 2006).

"I want a school bag so that I can look like other children.' 'After my parents died the burden of family responsibility fell on my shoulders and I no longer have the opportunity to go to school."

Children, Phnom Penh, Cambodia.

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1   http://www.un.org/Overview/rights.html

The power of educating girls

A systematic literature review of published work between 1990 and 2006 explored the relationship between girls' education, sexual behaviour and HIV infection rates. The review found that, during the earlier stages of the epidemic (prior to 1995), increased education among women was linked to greater HIV vulnerability, possibly due to more mobility and economic op-portunities. However, as the epidemic has evolved, the relation-ship between girls' education and HIV has changed in a posi-tive direction. In particular, a number of studies found that girls and women with more education start having sex later and are more likely to use condoms (Hargreaves and Boler, 2006).

HIV and girls in school

One study in Zimbabwe found that the HIV prevalence among 15 to 18-year-old girls who were still in school was 1.3% compared to 7.2% in girls of the same age group who had dropped out of school. Girls staying longer at school were more likely to delay sexual debut, have fewer casual sexual partners and have better access to informa-tion (ActionAid International and Save the Children Fund UK, 2004).

Despite the generally agreed importance of educa-tion, an estimated 72 million children of primary school age are not enrolled in school, of which approximately three-quarters are in sub-Saharan Africa and South and West Asia. Furthermore, many of those who are enrolled may not attend school regularly. In 2005, girls comprised 57% of out-of-school children (UNESCO, 2007c). Girls are less likely to attend school than boys due to a number of factors including domestic and caring duties, pregnancy, early marriage, low value placed on female education, lack of family funds and unsafe learning environments. One in three chil-dren who go to school fails to complete five years of schooling.

Reasons why children do not go to school

A review of 20 sub-Saharan African countries found that children aged 5 to 14 years who had lost one or both par-ents were less likely to be in school and more likely to be working more than 40 hours per week than other children of the same age (UNAIDS, USAID and UNICEF, 2002). Reasons include:

- Poverty and inability to pay for school fees, uniforms and books.
- Family, household and income-generating responsibilities.
- Poor quality education and family scepticism about the value of education.
- Trauma, stigma and discrimination.
- Lack of a birth certificate or an adult to register them at school.
- Lack of adult support and guidance to ensure that they go to school and help with schoolwork.
- Fear of HIV infection through abuse at, or on the way to and from, school.

Enrolment rates

A study of school enrolment in Kagera, Tanzania, found that the enrolment rate was 44% among 7 to 10 year olds from families that were not affected by HIV and AIDS compared with 28% among children the same age from affected fami-lies. Similar differences in enrolment rates among children from affected households compared with those from other families have been reported in rural South Africa, and Ma-harashtra State in India. In Senegal, children from affected households were more likely to attend Koranic (religious) schools, which provide lower quality education than public schools (Coombe, 2002). In Free State and Limpopo Prov-inces in South Africa, rates of non-enrolment, absenteeism and interrupted schooling were higher among orphans than non-orphans (Schierhout et al., 2004). Evidence from Zim-babwe suggests that maternal orphans are at a greater dis-advantage, possibly because mothers place a higher priority on their children's education and new spouses place less priority on the education of stepchildren. Assistance is often targeted at orphans whose fathers have died because men are perceived as the family breadwinners (UNAIDS, USAID and UNICEF, 2002).

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Children with HIV or who are affected by HIV and AIDS have the same right to receive an education as other children, but are less likely to be enrolled in school or to attend regularly. They are also more susceptible to dropping out of school. These children face educational disadvantages including lack of financial resources to pay fees and other school expenses, family and work responsibilities, physical and psychological health problems, and stigma and discrimination.

The epidemic is also widening existing gender inequalities in access to education. In countries badly affected by HIV and AIDS, girls are the first to be withdrawn from school to care for the sick, look after younger siblings and help with domestic chores. These girls miss out on the protective effect of attending school, and also have fewer opportunities to gain the knowledge and skills to help protect themselves from HIV infection.

Gender disparity in schools

Girls continue to face sharp gender disparity in access to schooling. A review of selected countries found that in 11 countries, 7 in sub-Saharan Africa, girls have 20% less chance of starting school than boys, despite overall increases in primary school enrolment and the enrolment of girls. In Swaziland, school enrolment is estimated to have fallen by 36% as a result of AIDS, with girls most affected. Retention rates are also lower for girls than for boys in many countries including, for example, in India, Lao People's Democratic Republic (PDR) and Myanmar (UNAIDS IATT on Education, 2003).

Specific strategies and actions to address learner rights and access to education include:

2.1 Protect the rights of infected and affected children to education

Develop, implement and advocate for the enforcement of laws and policies on access to education

Legal, policy and administrative measures should be enacted and enforced to ensure that infected and affected children have access to education. Experience indicates that advocacy is often needed to introduce and enforce such laws and policies. For example, UNESCO Bangkok recently launched a project to ensure access to education for children affected by HIV and AIDS. Supported by UNAIDS and private foundations, UNESCO Beijing has been helping China to enhance national policy and community responses to guarantee that children affected by HIV and AIDS have access to basic, good quality education.

What strategies help to ensure that children affected by HIV and AIDS have access to education?

- Abolishing school fees and reducing hidden and opportunity costs of education.
- Training teachers to identify vulnerable children.
- Making the curriculum more relevant and ensuring the quality of education.
- Providing pre-school educational activities and pre- and after-school care.
- Focusing on all vulnerable children, rather than just children orphaned by AIDS.
- Involving communities, children and young people as active participants.
- Expanding the role of schools to provide care and support, through links with community social services and networks.
- Developing policies and measures to reduce stigma and discrimination.

Source: UNAIDS and UNICEF, 2004.

Extract from the Republic of Kenya's Education Sector Policy on HIV and AIDS

The principles that guide this policy are in accordance with international conventions, national laws, policies, guidelines and regulations. In particular, the principles take into consideration gender issues, learners with special needs and universal human rights. These principles are:

Access to education: every person has the right to education. No learner will be denied access to education on the basis of his or her actual or perceived HIV status. In particular, access to education will be facilitated for orphans and vulnerable learners.

Access to information: every person has the right to relevant and accurate HIV and AIDS information, and knowledge and skills that are appropriate to their age, gender, culture, language and context.

Equality: every person has the same rights, opportunities and responsibilities and will be protected from all forms of discrimination, including discrimination based on actual, known or perceived HIV status.

Privacy and confidentiality: every person has the right to privacy and confidentiality regarding their health, including information related to their HIV status. No institution or workplace is permitted to require a learner or employee to undergo an HIV test.

No person may disclose information relating to the HIV status of another person without his or her consent. In the case of a minor, the best interests of the child shall guide decisions concerning disclosure.

Every person has the right to know their HIV status and openness and disclosure are encouraged within a safe, supportive and accepting environment.

Access to care, treatment and support: all infected and affected learners, educators and other personnel in the education sector have the right to access holistic care, treatment and support in line with available resources. The education sector will work in partnership with agencies offering support and care including institutions, communities and private and public health care systems.

Safety in workplace and learning institutions: all workplace and learning institutions have a responsibility to minimise the risk of HIV transmission by taking the appropriate first aid and universal infection control precautions.

Safe workplace and learning institutions: there will be zero tolerance for sexual harassment, abuse and exploitation.

Fair labour practices: every person, whether infected or affected, has the right to fair labour practices in terms of recruitment, appointment and continued employment, promotion, training and benefits. HIV testing as a requirement for any of the above is prohibited.

Gender responsiveness: HIV and AIDS affect and impact women and men differently due to their biological, socio-cultural and economic circumstances. Application of all aspects of this policy should be responsive to the different needs of men and women and boys and girls.

Source: Republic of Kenya, 2004.

Changing attitudes

In Thailand, the Centre for AIDS Rights is addressing the issue of exclusion of children from school because of the discriminatory attitudes of educators and other parents. The centre's staff visit schools and communities to raise awareness, change attitudes and provide legal advice in cases where children's rights are denied. Also in Thailand, the Vieng Ping Children's Home in Chiang Mai has addressed the problems affected children face in school, including teasing and rejection by other students and pressure from other parents for them to be excluded. It has conducted awareness-raising activities in schools and the community. A UNICEF-supported project in Chiang Mai highlights the role of head teachers and teachers in reducing fear about HIV and AIDS and tackling stigma and discrimination (International HIV/AIDS Alliance, 2004).

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Tackle stigma and discrimination

Stigma and discrimination have a negative effect on children's learning and can cause them to opt out of school. Children who are infected or affected by HIV and AIDS may face teasing, bullying, isolation or rejection by other students.

Discrimination by school authorities and staff can take the form of refusing to enrol or excluding infected or affected learners from school, denying access to activities, breaking confidentiality and failure to protect students from harassment. In some cases, children are forced to leave school because of the negative attitudes of school personnel, fellow learners or parents of other children.

Policies and procedures are needed to protect infected and affected children from discrimination by school authorities, head teachers, teachers, parents and other students. All need to be sensitised and educated so that they do not discourage infected and affected children from accessing education or stigmatise those who are enrolled in school. Teacher training colleges need to

"Nobody will come near me, have lunch with me, nobody wants to talk to me after school since they found out my mother is sick."

Child in India.

provide educators with skills to tackle stigma and discrimination and to dispel myths about teaching HIV-positive learners or learners affected by HIV and AIDS.

Schools and educators can play an important role by reducing fear of HIV and AIDS, addressing misconceptions, promoting caring, compassionate and non-judgemental attitudes towards those infected or affected, and ensuring that all pupils, regardless of known HIV status, are included in school activities.

Studies demonstrating the impact of stigma and discrimination in schools

A study in Jamaica found that parents and guardians were reluctant to disclose their own HIV status or that of their children for fear of stigma, including from teachers, some of whom expressed the view that 'they [HIV-positive people] should be quarantined'. Parents reported cases where non-infected children had been denied education when teachers knew of their parents' HIV-positive status, forcing them to move their children to other schools. School personnel were less negative about working with infected colleagues but still expressed reservations. The study found that the attitudes of school personnel were more positive and supportive in communities with a more visible presence of people with HIV, but were very negative in communities without this presence (Bailey and McCaw-Binns, 2004).

Research in India found widespread discrimination against infected and affected children, documenting cases where pupils had been expelled, denied admission or segregated, and negative attitudes among teachers, head teachers and parents. The report highlights the need for government to play a more active role, noting that while some states, such as Kerala and Andhra Pradesh, have adopted policies prohibiting schools from discriminating against children with HIV, these policies have yet to be implemented (Human Rights Watch, 2004).

A study among final year students at two teacher training colleges in Jamaica found that 15% felt that HIV-positive children should not attend school and 59% said they would feel uncomfortable teaching an HIV-positive child (Casimir and Bhardwaj, 2004).

Tackling stigma and discrimination

The Zambian Ministry of Education's HIV and AIDS Guidelines for Educators encourage educators to tackle stigma and discrimination and specify that learners or educators who refuse to study or teach with, or be taught by, a person with HIV should be counselled. If unresolved, the situation should be addressed by the head teacher and, if necessary, the governing body, in line with the Ministry's National Policy on

HIV and AIDS. The guidelines also state that the law does not allow learners to be forced to take an HIV test, that educators who have information about the status of a learner should keep this confidential, and that status can only be disclosed with the written permission of the learner (if aged over 14) or the parents (Republic of Zambia, 2003).

UNESCO's International Institute for Educational Planning (IIEP) and the EduSector AIDS Response Trust (ESART) have created a series of self-guided training modules to build the capacity of education sector staff to develop and manage effective responses to HIV and AIDS. Module 4 in the series, *HIV/AIDS-related Stigma and Discrimination*, is intended to help users recognise and develop strategies to tackle stigma and discrimination in the education sector (UNESCO IIEP and ESART, 2007).

The Change Project developed a toolkit, *Understanding and Challenging HIV Stigma: Toolkit for Change*, to help educators raise awareness and promote actions to challenge stigma and discrimination through participatory learning. Based on research in Ethiopia, Tanzania and Zambia, the toolkit contains more than 125 participatory exercises in 7 modules covering: naming the problem; more understanding less fear; sex, mortality, shame and blame; caring for people living with HIV (PLHIV) in the family; PLHIV coping with stigma; understanding stigma faced by children; and moving to action (Kidd and Clay, 2003).

Put in place measures to protect confidentiality

Some parents may choose not to inform the school about their own or their child's HIV status because of concerns that teachers will discriminate against them or single them out for special treatment. If a parent discloses his/her own status or that of a child, this confidence must be respected.

School policies and practices should be in place to protect the confidentiality of students and parents. This should include policies that make breaking confidentiality a disciplinary offence, as well as procedures for handling oral and written information, such as medical records and certificates. The number of people who are informed of a child's HIV status should be kept to a minimum and informed consent should be sought from the parents and student concerned before information is shared with other staff or organizations. Training for teachers and other education sector staff should cover the issue of confidentiality.

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Promote supportive school environments and inclusion

All schools should create a supportive environment that puts the interests of the child first, treats all children equally and promotes inclusion, including of HIV-infected and affected children. Ministries of education should provide schools, head teachers and teachers with training and tools to help them promote inclusive school policies and practices.

Index for inclusion

The index for inclusion developed by the Centre for Studies on Inclusive Education (see Booth and Ainscow, 2002) is a set of materials to support the development of inclusive schools, focusing on minimising barriers to learning and participation. Key dimensions are: creating inclusive cultures, producing inclusive policies, and evolving inclusive practices. Key steps in the process are: establishing a coordinating group in a school, using index questions to establish a profile of the school involving children, parents and teachers, establishing priorities for change, implementing and evaluating changes.

Originally developed for schools in the UK, the materials are now used worldwide and translated into numerous languages (for a list of translations see http://www.eenet.org.uk/index_inclusion/index_inclusion.shtml). For example, Save the Children UK has adapted and translated the materials into Arabic and is using the index in the Middle East and North Africa.

Engage parents and communities in supporting access to education

HIV and AIDS programmes, non-governmental organizations (NGOs) and schools need to educate parents and communities about a child's right to receive an education and to promote awareness of the value and importance of education. Engaging parents and communities through adult literacy programmes is one approach that has been used successfully.

> Communities can play an important role in ensuring that affected children have access to education. In Namibia, for example, UNESCO Windhoek supported capacity-building for community caregivers to help them ensure that orphans and vulnerable children have access to education. Such support is also extended to minority groups such as the San communities in one part of northern Namibia, to sensitise parents and communities to the importance of education, while at the same time using a cultural approach to HIV and AIDS education.

Community pre-schools can give children a head start, as well as enabling older siblings to attend school. In some countries, community members advocate for children without parents or whose parents are sick by, for example, negotiating with teachers and head teachers, helping to register and enrol children at school, and acting on behalf of children who are abused by teachers. Other communities have identified adult mentors in the community to take an interest in children's educational progress and to offer support and guidance with schoolwork.

Promote young people's engagement in advocacy for their right to education

Educating young people themselves about their rights, including their right to education, is important so that they can advocate on their own behalf. Moreover, empowering them to take leadership in the development and implementation of rights-based programming ensures appropriateness and relevance of programmes, as well as effectiveness.

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Youth-led initiatives and programmes

UNESCO, together with UNAIDS, launched the Youth Initiative on HIV & AIDS and Human Rights in 1999. Activities so far have included publishing a toolkit, *HIV & AIDS and Human Rights: Young People in Action* in several languages, training seminars and regional consultations, and establishing a small grants fund to support youth-led initiatives. For more information see http://portal.unesco.org/en/ev.php-URL_ID=36071&URL_DO=DO_TOPIC&URL_SECTION=201.html

In Indonesia, as part of a programme called Integrating Human Rights Education into School Curricula, which is supported by UNESCO Jakarta, workshops have been held to train peer educators from junior and senior secondary schools in HIV & AIDS and human rights. The workshops cover methods to improve young people's participation in advocacy, and the design of action plans for tackling stigma and discrimination and campaigning on HIV & AIDS and on prevention of drug use. The programme has also created a network of HIV & AIDS and human rights advocates.

2.2 Make education more accessible and relevant

Develop flexible approaches to education

Schools need to become more flexible to enable children who have to work or care for family members to continue their education. Children may drop out because school timetables do not fit with working hours or allow the time needed to help with planting and harvesting or economic activities such as weekly markets.

Ministries of education and local education authorities need to provide policy frameworks and guidance on flexible schooling to promote inclusive education. Possible approaches include adjusting the school timetable and the school calendar to accommodate students' other responsibilities.

Other approaches to making education more accessible include community schools, satellite schools and distance learning. Community schools, which are owned and managed by communities, charge minimal or no fees, require no uniforms and use informally trained teachers. Satellite schools use teachers who travel to different communities to provide short periods of formal teaching, leaving children with assignments to be done under community supervision. Distance learning uses interactive radio, adapted materials and community supervision. Countries such as Côte d'Ivoire, Kenya, Malawi and Zimbabwe have used interactive radio and audio-cassette instruction as a strategy for educating children who cannot attend school regularly.

While these alternatives to formal education can improve access, they need to be properly resourced and monitored to ensure that learners receive a quality education. Strategies include setting minimum standards, ensuring that curricula and materials are consistent with those used by formal schools, providing training for untrained volunteer teachers, and creating links with formal educators for mentoring support.

However, as the findings of a UNESCO IIEP study showed (see box on page 18), there are few examples of alternative strategies to make sure that disadvantaged groups have access to appropriate education and training that have been successfully implemented or have provided children with a quality education.

Flexible approaches

An Ethiopian study found that schools that began and ended the school day earlier than usual and scheduled breaks during harvest time achieved improvements in pupils' performance and retention. It concludes 'the quality of a school and of teaching of the individual teacher is higher in schools that are able and willing to make more efficient use of the available time of teachers and pupils' (Verwimp, 1999).

Andhra Pradesh state in India operates a distance learning programme with over 100,000 participants including children who have dropped out of school, children from scheduled castes and children with disabilities. The programme provides equivalence with the formal primary school system.

The Escuela Nueva programme in Colombia delivers the national curriculum in a modular form through learner guides for each subject, enabling children to learn independently, in groups in class or at home when they cannot attend school.

The Zambian Ministry of Education (MoE) guidelines for a school policy on HIV and AIDS suggest that every school with sufficient facilities should have an area where learners and educators who are feeling unwell can lie down and rest for short periods; and to enable learners who are sick to stay in school longer. The guidelines also allow for learning at home, time to take medications, and help for learners to form support groups.

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Alternative strategies for meeting the education needs of disadvantaged children and young people

UNESCO IIEP undertook research to assess the range of alternative strategies used to provide disadvantaged children and young people with access to appropriate education and training. The project found that formal systems are not well suited to tackling their needs and that, for example, strategies such as changing school calendars or hours have been difficult to implement in many countries. More innovative approaches are often found in non-formal programmes, some of which have tried to introduce flexibility in the organization of education, for example, mobile schools for nomadic children, multi-grade teaching in low density population areas and evening schooling for working children. Strategies used include: establishing accelerated programmes for working students; recruiting teachers from the community; providing shorter teacher training but stronger in-classroom support; providing training and materials to support interactive teaching methods; organizing remedial classes; and establishing new forms of certification.

Specific studies undertaken of four programmes in Asia – the Social Action Programme in Pakistan; the Community Schools Programme in Andhra Pradesh, India; the Prathan project, also in India; and the Out-of-school Children's Programme in Nepal – found that factors necessary to success include:

- innovative partnerships;
- strong support for teachers;
- decentralised, participatory management methods; and
- integration of education into wider action to tackle social exclusion.

The research highlights concerns that many disadvantaged students in non-formal settings receive a lower quality, lower status education than is taught by less qualified and trained educators. The report also stresses the need to ensure that non-formal programmes are adequately resourced and supported.

Source: UNESCO IIEP, 2003.

Ensure the quality and relevance of education

The quality and relevance of education influences whether or not parents send their children to school. Children may drop out of school because of poor quality education, or because the curriculum is not relevant to their daily lives or future employment prospects. Quality teaching and learning, and a curriculum that is relevant to the situation of infected and affected students and their families, are critical. Ministries of education, local authorities and schools need to understand the specific situation of children and to involve children, parents and communities in determining needs and appropriate responses.

Children who have lost parents may have also lost land and assets or the opportunity to learn livelihood skills that are passed from one generation to another. They may also need to earn an income to support themselves and their siblings. Integrating vocational training and livelihood skills within schools is one way to keep these children in school. Some schools, together with community programmes, have introduced practical vocational training to help students learn skills that are relevant to their daily lives and that enable them to earn an income. However, it is important to ensure that this does not compromise the quality of education and teaching of other aspects of the curriculum.

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Reduce and support the costs of education

School fees and other costs associated with education, such as school uniforms, books and materials, prevent many children from the poorest households, including orphans and other children affected by HIV and AIDS, from accessing education. In Uganda and Zambia, orphaned children said that having their school fees paid and educational materials provided would be the most effective help. Experience in Uganda has shown that abolishing school fees, as well as expanding the supply of teachers, can increase primary school enrolment. Reducing the cost of education can also improve retention, by encouraging parents to keep their children in school.

Possible approaches include abolishing or waiving school fees, providing bursaries and scholarships through private sector or religious organizations, establishing community funds or donation schemes for school materials, encouraging income-generating schemes (for example, making school uniforms), and reducing the cost of or changing school policies on school uniforms and other school materials.

Supporting school attendance

The Zambian MoE, in collaboration with the Programme for the Advancement of Girls' Education, is strengthening a bursary scheme for orphans and other vulnerable children, and has intensified support for community schools.

In Thailand, the NGO Northnet has established community funds to pay school fees. The funds support any child unable to go to school because of poverty – not just those affected by HIV and AIDS – to avoid stigma and discrimination. The Sangha Metta Project, also in Thailand, has encouraged

Buddhist temples to support children's education. Temples provide scholarships, collect donations of textbooks, pens and notebooks, and provide school uniforms.

In Cambodia, the Khmer Buddhist Association helps affected households to generate income and supports children's attendance at school, and the NGO Trickle Up provides seed funding for income-generating activities for AIDS-affected families so that their children can remain in school (International HIV/AIDS Alliance, 2004).

2.3 Take active steps to identify and support vulnerable children

Increasing access to primary education

A paper reviewing interventions that can increase access to primary education for orphans and vulnerable children (OVC) identified the following:

- Eliminate primary school enrolment fees and subsidise school-related expenses.
- Provide in-kind support to schools that admit orphans.
- Give equal priority to non-formal education, establish community schools or provide interactive radio education.
- Increase the relevance of the curriculum.

- Sensitise teachers to the psychosocial needs of OVC.
- Supplement teacher shortages with trained community volunteers or itinerant teachers.
- Give special consideration to school safety for girls.
- Use peer outreach.
- Involve communities in developing initiatives.
- Increase management capacity.

Source: Hepburn, 2001.

Sensitise school governing bodies, head teachers and communities

School governing bodies, head teachers and communities need to be aware of the rights of all children to education and to the importance of schooling for children affected by HIV and AIDS. Evidence from some countries indicates that school governing councils and head teachers have limited knowledge about HIV & AIDS and need education

and guidance to help them identify and support affected children. Capacity-building and awareness-raising activities for school governing bodies, head teachers and other school personnel need to be incorporated into professional development for education sector personnel, as well as pre- and in-service teacher training.

Promote links between schools, communities and service providers

Policies should encourage schools to keep accurate records of orphans, student absenteeism and children who have dropped out of school. It is important for schools to work with communities to identify needy children and to develop registers of OVC. In some contexts, community networks have been established through training teachers and village committees to identify vulnerable children and support their attendance at school.

Head teachers and teachers need policy guidelines and support to develop referral systems and links with health

and social service providers. For example, links with community home-based care programmes can enable children caring for sick relatives to go to school. Other measures to support vulnerable children's access to and retention at schools include provision of school meals, school-home liaison and visits, after-school homework clubs, and mentor schemes. In South Africa, for example, school governing bodies and teachers are working with communities to keep orphan registers, and to refer children to nutrition, counselling and social support services.

School-centred care and support in KwaZulu-Natal, South Africa (Media in Education Trust – MiET)

In the KwaZulu-Natal province of South Africa, which has a particularly high prevalence of HIV, the district governors have used the Schools as Centres of Care and Support (SCCS) model developed by the Media in Education Trust (MiET) as a guiding principle when implementing school-based care and support programmes.

KwaZulu-Natal has embedded the concept of *inclusive education* in the province's education policy by looking holistically at the various barriers to learning.

In implementing a care and support system to address these barriers to learning, a cross-sector leadership team (involving education, health care, social welfare, transport, agriculture etc.) has been created, drawing on managers from the municipal and district level, as well as local governors and ministries.

Further, at the school circuit level, each sector has provided representative(s) to form the 'Integrated Services Delivery Team' (ISDT). This team consists of a range of service providers such as health-care workers, a learning support worker (who provides support with curriculum adaptation in order to tailor programmes to local needs), a community development worker and a councillor. The team works with a group of four to five clusters of schools in an area.

Each cluster is made up of wards, each of which has a support team to coordinate services. Each school in turn has got a formal, institution-based support team consisting of teachers, learners and community members. Such leadership at school level is crucial to integrated service delivery. Care and support is not seen as an add-on, but part of the mainstream provision. In fact, it is integrated into the curriculum at all levels, and built into planning.

This is an example of a truly multisectoral partnership where advocacy is key. The strengths of the programme are multifaceted. For example:

1. Political leadership – the education policy of the district has agreed to an inclusive education policy;
2. Committed participation at all levels;
3. Tangible results;
4. Multisectoral teams;
5. Strong focus on community – ISDTs made up of teachers, learners, community members – each with their own portfolio of expertise and experience (will link with community members, e.g. respected leaders);
6. Champions (although it is difficult to find and keep them).

However, despite this strong methodology, getting people from different departments to join budgets and plan together has been challenging at times – especially scaling up multisectoral collaboration at all levels. Partnerships are often all too fragile if there are no mechanisms in place at policy level to strengthen them. Another challenge has been that, in order to ensure high-quality management and delivery, it has been necessary to build in a strong focus on capacity development at all levels – especially in leadership skills.

Source: UNESCO, 2008a.

In Cambodia, CARE provides support to affected families to enable children to attend school with, for example, regular visits by home-care teams to adults who are sick (International HIV/AIDS Alliance, 2004).

Creating and institutionalising a system of OVC identification

Agree on definitions and signs, for example:
- Children who have lost a parent/primary caregiver;
- Children with a sick parent/primary caregiver;
- Children dropping out of school (or in- and out-of-school);
- School work deteriorating;
- Appearance that is changing/worsening;
- No school lunch;
- Teasing/targeting by peers;
- Psychological or behavioural problems.

Use school activities to collect information in a non-threatening manner:
- Set essay topics that provide learners with opportunities to discuss personal experiences.
- Establish a suggestion box at school where learners can post letters to educators about anything they want the school to know.

Establish ways of communicating with caregivers:
- Introduce 'communication books' where caregivers and educators can communicate with each other about concerns regarding the child.

Keep and analyse records:
- Absenteeism;
- Repeated tardiness among learners;
- Learners who struggle to complete their homework.

Respond to warning signs, including:
- Hunger;
- Dirty, unkempt appearance;
- Falling asleep in class;
- Withdrawn behaviour.

Source: UNESCO Nairobi, 2005.

Creating a supportive environment

A survey of schools in Botswana, Malawi and Uganda found that limited targeted support was provided to orphans because of lack of an MoE policy; perception that care and support for orphans is the concern of other agencies; increased demands on educators as primary school enrolment expands; lack of guidance on identifying OVC; and the fact that the majority of children – not just orphans – live in poverty. However, teachers and head teachers recognised the importance of creating a more supportive school environment to help children without parents. They identified priority areas for school-based support for orphans and other needy children as: identification; referral and monitoring; school feeding; pastoral care and counselling; assistance with fees and other school-related expenses; involvement of guardians and carers; and care for children with HIV (Bennell, Hyde and Swainson, 2002).

Support to encourage children to stay at or return to school

Children who miss school or drop out of school fall behind and need help and encouragement to motivate them to stay at or return to school. Furthermore, in many highly HIV- and AIDS-affected regions, the main concern of OVC is the provision of basic needs, including food. Approaches that include providing catch up and remedial classes, encouraging peer support among students and mobilising basic resources, such as school feeding programmes, will further encourage young people to stay at or return to school. Other innovative approaches may include mobilising retired teachers to give children extra assistance, and supporting schools to open to the community as focal points for service provision.

School support for OVC

School support for orphans and other children affected by HIV and AIDS can make a significant difference. In Botswana, which has a comprehensive programme of material support for disadvantaged orphans, absenteeism rates are low. Botswana has been able to minimise educational impact through a grants system, provision of school meals and links with home-based care, as well as a culture that places high importance on schooling and relies less on child labour for subsistence farming than other countries. In contrast, absenteeism rates are higher in countries such as Malawi and Uganda, where schools offer little targeted support for affected children. This is attributed to lack of MoE policy and leadership, attitudes of school managers and teachers, limited resources, absence of systems to identify and assess the needs of children in difficult circumstances, and stigma and discrimination (Bennell, Hyde and Swainson, 2002; Abt Associates South Africa Inc., 2001).

UNESCO (2003) reports that the M Venkataraqngaiya Foundation in Andhra Pradesh, India, organizes camps for child workers to help them to catch up with their peers in formal schools.

Jamaica AIDS Support, a network of people with HIV, provides back-to-school support, psychosocial and material support and referrals for affected children. Also in Jamaica, the Women's Centre of Jamaica Foundation runs a programme providing counselling, education and services for pregnant adolescent girls. An evaluation found that 55% of girls who had participated in the programme returned to school after their pregnancies compared with 15% of non-participants (YouthNet, 2004).

Advocate for girls' education and take steps to keep girls in school

Policies and programmes should encourage parents to educate their daughters and help them to stay in school. It is essential to work with communities to allow girls to exercise their right to education.

Possible strategies include promoting female role models and recruiting more female teachers, since countries with the highest gender disparities in education are also those with the lowest number of female teachers. Female teachers may also help to reduce sexual harassment in schools, which deters girls' participation in education. In Botswana, for example, low rates of reported sexual harassment in primary schools are attributed in part to the fact that 79% of teachers in primary schools

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are female. Other strategies include providing flexible education; protecting the safety of girls at school and during travel to and from school; and offering bursaries for girls or financial incentives for families to keep girls in school or to replace lost income.

Improving school infrastructure, especially providing adequate sanitation facilities, is also critical to girls' attendance and retention. Many girls do not attend school during menstruation or drop out of school during puberty because of the lack of clean and private sanitation facilities in schools.

Adolescent girls who become pregnant are often forced to leave school. Missing out on education reduces their future employment opportunities and increases their vulnerability to HIV infection. Specific strategies are needed to help pregnant girls to remain in school as long as possible and to help them return to school after giving birth.

Encouraging girls' education

In southern Sudan, community sensitisation by the NGO CARE about the importance of girls' education increased enrolment of girls by 96%. In Bangladesh, the NGO BRAC runs a Non-Formal Primary Education Programme, which ensures that 70% of pupils are girls. Classrooms are close to home, timetables are agreed with parents, teachers undergo intensive training with annual refresher courses, the curriculum emphasises active learning methodologies, and community members and parents are closely involved in school management (UNESCO, 2003).

The *African Charter on the Rights and Welfare of the Child* recognises the rights of pregnant girls to an education. In response, countries such as Botswana, Kenya, Malawi and Zambia now permit re-entry of girls into formal education after pregnancy. (For more information on the Charter, refer to the website of the African Union:

http://www.africa-union.org).

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What actions can help girls to access education and stay in school?

- Get girls into school and take steps to create an environment that keeps them at school – abolish fees, including secondary school fees; use incentives such as bursaries and food; and reduce discrimination at school.

- Provide life skills-based education as part of overall quality education – include gender issues and HIV prevention, foster equal partnerships and equity in family care giving between girls and boys, and avoid reinforcing gender stereotypes.

- Protect girls from violence, exploitation and discrimination in and around schools – introduce security measures and codes of behaviour to reduce harassment, gender violence and exploitation both at school and during travel to and from school.

Source: Global Coalition on Women and AIDS, 2004.

2.4 Ensure that out-of-school young people have access to education

Address the varying needs and heterogeneity of out-of-school young people

Different approaches are needed to meet the needs of different groups of young people who are out of school, including those who have never attended school, those who have dropped out of school, and those who have participated in non-formal education programmes.

Different strategies are also required to reach out-of-school young people in different circumstances. For example, those living with their families, married youth, youth in rural areas and girls who have dropped out because of pregnancy may be easier to reach. With these groups it is important to involve families and communities. In Bangladesh, for example, the life skills curriculum for out-of-school youth aged 13 to 19 years also addresses parents and community leaders (Youth-Net, 2004). Orphans, street children, the children of sex workers and migrants, children working in the sex trade and children affected by or involved in armed conflict are often more difficult to reach. UNICEF has developed the 'School in a Box', to address the needs of learners in post-conflict situations. The Box contains materials and supplies for a teacher and up to 80 pupils and can support a 'classroom' in any setting.

Educational Responses to HIV and AIDS for Refugees and Internally Displaced Persons: Discussion Paper for Decision-Makers (UNHCR and UNESCO, 2007)

This discussion paper, prepared by UNESCO and UNHCR, is intended for policy-makers and implementers in MoEs, civil society organizations, and donor and development agencies involved in emergency, reconstruction and development responses.

It examines the current situation with regard to conflict, displacement and HIV, and notes the protection risks faced by refugees and Internally Displaced Persons (IDPs). It recognises the importance of education for affected populations, and refers to the existing and significant work undertaken to develop minimum standards for education in emergency situations.

As further programmatic and policy experience emerge, UNESCO and UNHCR envisage the production of additional guidance and support materials for the formulation and implementation of comprehensive educational responses to HIV and AIDS for refugees and IDPs. As such, this paper should be considered the first of a series of technical materials aimed at supporting responses for these populations.

What are the most effective strategies for reaching out-of-school young people?

- Provide integrated education, health and social services.
- Offer flexible schedules that fit around working hours and make best use of limited time.
- Provide education where young people live and work, for example in the streets, in factories and in other work places.
- Meet the needs of a range of age groups, educational and skill levels.
- Address issues that young people consider important and involve them in the design, implementation and evaluation of projects.
- Establish a youth-friendly atmosphere and recruit non-judgemental, approachable staff.
- Mainstream HIV and AIDS in all youth-related activities (e.g. sports).
- Use arts and creativity to work with young people (e.g. hip hop music, theatre, dance).
- Work with role models such as musicians and sporting figures to reach young people.
- Adopt flexible approaches and link education to livelihoods.

HIV- and AIDS-related educational programmes and services for out-of-school young people

The Family Health International YouthNet paper, *Reaching out-of-school youth with reproductive health and HIV and AIDS information and services*, is one in a series of the YouthNet Programme's Youth Issues Papers, which provide in-depth reviews of topics pertaining to youth reproductive health and HIV prevention. This Youth Issues Paper focuses specifically on the topic of out-of-school youth. The paper begins by addressing the diversity of out-of-school youth, differentiating between "mainstream" and "socially marginalised" young people. The report articulates suggested goals and programme actions, and includes case studies to illustrate different approaches for working with mainstream and socially marginalised young people.

In Zambia, an interactive radio education programme was started in 2000 to provide access to education for children who are unable to attend school. The programme, produced by the Ministry of Education Broadcasting Services Department, offers daily broadcasts that integrate life skills and HIV prevention into lessons on literacy, mathematics and other subjects for Grades 1 to 5. Lessons are broadcast in 30-minute sessions between 9.30am and 4.30pm from Monday to Friday, and drama, songs and participatory activities are used to introduce the lessons. To register, communities must identify a mentor who is literate and understands English, and a meeting place for children, as well as providing radios, pencils, chalkboards, texts and exercise books. Mentors are trained so that they can guide lessons delivered via the radio to children in homes, churches and makeshift classrooms.

USAID, YouthNet and the Education Development Center, Inc. (EDC) provide financial and technical support. Churches and communities have provided space for classrooms, books and supplies. Formal schools are encouraged to share resources and infrastructure with the learning centres. Current mentors actively recruit and train other mentors. The MoE assesses students to make sure they are doing as well as those in conventional schools. The programme is operating in 450 sites, covering 180,000 children. Most of the children enrolled are orphans, and almost 50% of them are girls. Attendance registers show that children are regularly attending the centres, and pre- and post-tests indicate that children are learning skills via these radio lessons. Key success factors include: the use of a range of interactive teaching methods; the combination of academic and life skills; and the capacity to reach adults as well as children. Key challenges include: motivating and retaining mentors; sustaining the cost of training and broadcasting; and expanding the programme to include higher grades to enable students to sit for national exams for secondary school.

The Sistema de Aprendizaje Tutorial (SAT) is an innovative approach used in Colombia, Costa Rica, Ecuador, Guatemala and Honduras to reach rural youth who live far from schools or whose agricultural and domestic responsibilities prevent them from attending school. SAT provides a mix of formal curriculum content and practical agriculture, micro-enterprise and health skills, including HIV education. Students meet for at least 15 hours classroom work a week and graduate with the equivalent of a high school diploma. The programme has also been shown to improve knowledge of HIV prevention, confidence and communication skills.

Source: YouthNet, 2004.

Linking education to livelihood, literacy and numeracy skills

Flexible approaches are necessary to provide education to young people who are out of school, including open and distance learning and links to livelihood and poverty reduction strategies.

While developing skills for future employment is critical, vocational training should be complemented by basic cognitive education so that young people have the opportunity to learn literacy and numeracy skills and to re-enter the formal education system. It is important to develop links between formal and non-formal education systems so that students can move in and out of school as their circumstances change.

Another way to learn... Case studies (UNESCO, 2007b)

Another way to learn is a UNESCO initiative that supports non-formal education projects in Africa, South Asia, the Caribbean and Latin America. The long-term goal of these projects is to develop sustainable livelihoods for low-income, low-literate populations by addressing vulnerability to HIV and drug misuse, a lack of education and social exclusion. Central to all of these projects are the creative and innovative methods used to communicate in a meaningful way, engage people and encourage their participation. The projects all focus on capacity-building, empowerment, and creating learning opportunities.

The purpose of this publication is to share UNESCO's experience from these projects that have sought to address the needs of some of the most disadvantaged young people and in particular those impacted by drug misuse.

An integrated approach

UNESCO and UNAIDS are supporting NGOs to improve marginalised young people's HIV and AIDS knowledge through an integrated approach involving prevention, basic education, entrepreneurial skills, training and micro-credit in Brazil, Colombia, Costa Rica, Mexico and South Africa. Activities in South Africa focus on improving rural livelihoods, integrating basic education, farming and business skills training and HIV- and AIDS-related life skills. Activities in the Latin American countries focus on building the capacity of NGOs in HIV prevention and harm reduction through non-formal education and self-employment strategies.

OIC International in Ethiopia runs youth centres for students who have dropped out of school. The centres provide basic education,

skills training (including life and business skills and computer tutorials), and HIV & AIDS and reproductive health information and counselling. This integrated approach has improved young people's confidence, self-esteem and HIV awareness, and some trainees have secured employment or started their own businesses (USAID-PVO Steering Committee, 2003).

In Cambodia, the NGO Friends works with street children. The NGO runs a training centre, which provides vocational training in 11 different trades and also offers basic literacy and remedial classes to enable children to reintegrate into the school system or to run their own businesses, as well as operating a mobile library for children living on the streets (International HIV/AIDS Alliance, 2004).

3. LEARNER PROTECTION

Schools should be places where children are protected from physical and sexual violence and from the risk of HIV infection. Unfortunately, schools are not always safe havens for learning and it is not uncommon for students to experience bullying, verbal abuse, intimidation and physical harm, sexual harassment, abuse and rape. The World Health Organizaton (WHO) states that 'for many young women the most common place where sexual coercion and harassment are experienced is in school' (WHO, 2002).

Violence, or the threat of violence at or on the way to and from school, is one of the most significant challenges to learning, although there has been limited analysis of links between violence and health and educational outcomes. While girls are most affected, and violence appears to be an important factor in under-achievement and drop-out rates among girls, there is little information about the impact of violence on boys in schools. Violence, especially gender-based violence, also needs to be addressed

because of the related risk of HIV infection, other sexually transmitted infections (STIs), and pregnancy.

Much gender-based violence in schools is unreported because of fears of victimisation. When violence is reported, the perpetrators are rarely prosecuted. Laws, policies and programmes are needed to ensure the physical and sexual safety of students while they are at school and while they are travelling to and from school. The situation is similar in and around schools. Furthermore, perceptions exist among boys, male teachers and some parents that this is acceptable and normal behaviour, and among girls that they will not be believed if they report sexual violence. Girls are particularly vulnerable in certain areas of schools, such as toilets, empty classrooms and hallways, dormitories and school grounds, as well as on their way to and from school, either because of travelling on crowded public transport or because of walking long distances (ActionAid International, 2004).

Gender-based violence at school

A study in Free State and Limpopo provinces in South Africa reported that 21% of teachers and learners and 35% of head teachers believed that sexual relationships between teacher and learners were frequent or very frequent (Schierhout et al., 2004).

A 2001 Botswana survey of 560 secondary students found that 67% of girls reported sexual harassment from teachers. It also suggested that sexual abuse in schools may contribute to drop out rates; 11% of girls said they wanted to quit school because a teacher had asked for sexual favours. At the time, the national code of conduct for teachers did not address sexual harassment and, in cases where teachers were reported, the accused was usually given a warning or transferred to another school (Rossetti, 2001).

In a study of primary school pupils in Uganda, 11% of girls said they had been forced to have sex with a teacher (Shaeffer, 1994).

In another study in Zimbabwe, of 73 girls aged 13 to 17 years interviewed in four schools, 14 reported being propositioned by a teacher for sex and almost half had experienced unsolicited physical contact with boys in school. Some younger girls reported being too frightened to leave their classroom at lunchtime (Leach, Machakanja and Mandoga, 2000).

In South Africa, the 1998 demographic and health survey (DHS) assessed the frequency of rape and found that 1.6% of 11,000 women had been raped before the age of 15 years. Of these 33% named their teacher as the rapist (Jewkes et al., 2002).

A Human Rights Watch study found that girls who had experienced sexual violence reported being unable to concentrate, not being interested in school and leaving school altogether (Human Rights Watch, 2001).

Specific strategies and actions to address these problems include:

3.1 Sensitise and train educational authorities, teachers and communities

Improve data collection, monitoring and documentation of violence

Schools need to have systems in place for recording and reporting incidents of violence and sexual harassment in schools.

UNESCO is leading a campaign against violence in schools through the Associated Schools Project Network (ASPnet). The campaign includes studies on young people and violence, promotion of conflict mediation, and identifying alternative forms of discipline than corporal punishment.

Include gender and violence issues in pre-service and in-service training for teachers

Teachers need training to help them address violence in schools. They also need training on the rights of learners and educators and appropriate conduct. Lastly, they need training to recognise learners who may be victims of violence in school and build skills in child communication in order to provide learners with the appropriate counselling.

Training teachers to address gender-based violence in schools

To address the high incidence of gender-based violence in South Africa, the Gender-Based Violence Project in Cape Town is training primary school teachers to help them address this issue. Training focused on identifying and challenging teachers' knowledge and attitudes about gender and gender-based violence, reflecting on the messages they convey to students, and identifying strategies to address gender-based violence in their schools.

In 2002, the Project decided that pre-service training would have a greater impact, focusing on student teachers majoring in psychology and being trained to be guidance teachers and life orientation educators. The original training was adapted in order to provide student teachers with the knowledge, skills, values and attitudes required to address gender issues and to design, implement and evaluate gender-sensitive activities in the school and the classroom. Themes covered included: sexual harassment and rape; child sexual abuse; teachers as healers; gender-violence-free schools; and practical classroom skills. Evaluation of the impact on teachers' knowledge and attitudes and their confidence in addressing gender-based violence in the classroom found that both training models changed teachers' attitudes and their perceptions about the role of schools in tackling gender-based violence. However, the whole school approach was more effective in obtaining commitment from school management and the school as a whole.

Unsafe Schools: A literature review of school-related gender-based violence in developing countries (Wellesley Centers for Research on Women, 2004)

This review includes an overview of the situation, implications for education and health, as well as a review of what is being done in developing countries to address gender-based violence in schools in terms of curricula, teacher training, community interventions and policies. Furthermore, this paper provides suggested actions for educational institutions, teacher training programmes and MoEs.

Also in South Africa, *Opening our eyes: Addressing gender-based violence in South African schools* is a set of materials developed for use in interactive workshops with school governing boards, school management and teachers to raise awareness of gender-based violence and its link with HIV and AIDS (Mlamleli et al., 2001).

Work with school governing bodies, parent-teacher associations, communities, head teachers and staff to agree upon school and community norms around protection of learners

Building a gender friendly school environment: A toolkit for educators and their unions (EI-EFAIDS, 2007)

This toolkit was developed by the EI-EFAIDS partners (Education International – EI, EDC and WHO) to provide educator unions with the tools to create healthy, safe and gender-equitable environments for learners of all ages. The toolkit is organized around five identified priority areas and contains key background information and activities aimed at helping teachers' unions and educators to challenge gender stereotypes and helping learners to develop a healthy gender identity.

3.2   Introduce laws, policies and programmes to tackle violence

Introduce and enforce legislation and policies that prohibit sexual and physical abuse of students by staff

Laws and policies are needed to prohibit and punish serious educator misconduct, and steps must be taken to ensure they are enforced. Even in countries that have explicit regulations banning sexual relations between educators and learners, these are not always enforced.

Codes of conduct for staff are critical to protect children, as well as to increase community confidence and demand for schooling. Unions can play an important role, working with governments to establish educator codes of conduct and ensure that these are adopted. Ministries of education and teacher unions should establish disciplinary procedures that result in the dismissal and prosecution of teachers and other staff who abuse students, and assist schools to introduce and enforce these procedures.

Protecting learners from sexual harassment

In South Africa, new laws have been introduced to protect school students from sexual harassment and abuse by teachers, which require dismissal of teachers found guilty of serious misconduct. Department of Education guidelines state: that educators must not have sexual relations with students, even if the learner consents, as this is against the law; that strict disciplinary action will be taken against any educator who has sex with a learner; that educators who have sex with learners without consent will be charged with rape; and that educators who are aware of a colleague having sexual relations with a learner must report this to the head teacher and, if the learner is aged under 16 years, to the police (Department of Education, South Africa, 2000).

HIV and AIDS workplace policies for the education sector are needed to provide a supportive environment for education sector staff (including teachers and non-teaching personnel) and learners. Most importantly, they can:

- provide a policy framework for mitigating the impact of HIV and AIDS on the sector;
- ensure a supportive and non-discriminatory learning environment;
- provide vital information on HIV and AIDS to educators and learners; and
- ensure awareness of availability and access to services: prevention programmes, treatment, care and support.

Even though workplace policies focus primarily on staff, looking at the learning environment from the workplace point of view, these are important tools to address and should include:

- codes of conduct between learners and educators;
- responsibilities of educators towards learners with HIV;
- rights of students living with and/or affected by HIV (including flexible learning for ill students, access to services, and the right to a stigma-free learning environment).

Policies must be developed in partnership with all key stakeholders – teachers' unions, networks of people living with HIV (in particular teachers), students and students' associations, civil society and community-based organizations.

ILO/UNESCO HIV and AIDS Workplace Policies for the Education Sector

In 2004, the 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.

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

This project has now been implemented at the regional level – in the Caribbean and 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;
- action plans or strategy for each country participating in the development of the regional policy;
- specific sections on the rights of learners, necessary actions at school level to create a safe and protective learning environment, and code of conduct.

Introduce school programmes to prevent and address violence

In addition to introducing programmes specifically to address gender violence, MoEs and authorities should also encourage existing school-based HIV and AIDS programmes and initiatives to include components that address this issue.

Learners need to be sensitised to issues related to violence and sexual harassment. These issues can be introduced into the curriculum as a stand-alone topic or as part of life skills, family health education, HIV and AIDS curricula, and addressed through extra-curricular activities. Learners also need gender-sensitive learning materials and environments to maximise the benefits of curricula that address gender-based violence. Young people themselves can also take the lead in tackling violence and sexual harassment in schools.

Making room in Brazil

UNESCO Brasilia and the Brazilian government have collaborated on the *Making room: education and culture of peace* project. The project works with youth, communities and schools to reduce violence in schools, in order to improve the quality of education and address social exclusion. The project uses school premises during weekends to offer cultural activities, sports, and vocational and occupational workshops for youth and their parents. Piloted in 108 schools in Rio de Janeiro and 30 schools in Pernambuco, there are now more than 6,000 schools open at the weekend, reaching more than 5 million people. Evaluations have identified the following outcomes:

- Improved relationships between schools and communities – there was increased ownership of schools and participation in education among young people and adults who had been alienated from formal education; adults who are barely literate are valued as learners and teachers; compensatory education is provided for children with learning difficulties; parents, especially fathers, are becoming more involved in school activities.

- Diminished violence – the police reported decreased violence in and around schools; head teachers, teachers and students reported declines in bullying, gangs, robbery, sexual aggression, drug trafficking and use of alcohol in schools; young people have a safe place to go at the weekend where there is adult companionship and supervision and anti-social behaviour is not accepted.

- Improved quality of education – learning conditions in the classroom improved as a result of better relations between students and between students and teachers, and absenteeism declined.

Factors critical to the success of the project included: sound research to assess the situation of young people in urban areas, which identified a lack of opportunities to access culture and sports but aspirations among youth to participate in productive activities and stay away from crime and violence; strong commitment to the themes of health, sport and culture; working with local government, head teachers and teachers, youth and community representatives to form local teams to plan activities; giving communities a major say in project content and organization at school level; partnership with NGOs already working with youth and popular football clubs; strong government financial, administrative and monitoring support, with district officials providing support for supervision, networking and sharing of resources between schools.

Source: UNESCO, 2002.

Tackling violence and sexual harassment in South Africa

Various initiatives have been implemented in South Africa to tackle violence and sexual harassment. The Centre for the Study of Violence and Reconciliation works in schools to combat violence and abuse, providing advice, educational materials – including manuals on trauma management and building safety – and skills training workshops for educators and learners (UNESCO, 2003).

The Storyteller Group uses comic stories to explore gender-based violence. The group publishes stories created by two production teams, one male and one female, and creates interactive stories for readers and listeners to community radio that address gender inequities in sexual relationships and question social acceptance of sexual violence against women. The NGO Sexual Harassment Resisters Everywhere (SHREWS) seeks to help students recognise sexual harassment and understand what they can do to stop it. Students participate in school drama festivals, which illustrate the detrimental effects of violence, and encourage other young people to be part of the solution (Wellesley Centers for Research on Women, 2004).

3.3   Take practical steps to protect learners

Set up confidential complaint systems

Schools should establish confidential and independent complaints systems for students to report harassment, bullying and sexual exploitation. One approach is to appoint community protection officers or counsellors in schools, who are separate from the teaching structure and who have links to the criminal justice system.

Establish mechanisms to empower and protect girls

Head teachers should consult with parent-teacher associations (PTAs) and school governing bodies to identify ways to protect girls. Possible approaches include providing separate toilet facilities for girls, and monitoring of areas where girls may be more vulnerable to violence and abuse.

Empowering girls

In Nigeria, the Girls' Power Initiative aims to empower girls. Activities include promoting comprehensive sexuality education, which includes the issue of sexual violence, through advocacy and training of teachers and teaching girls economic skills such as financial planning. For more information on the programme refer to the initiative's website: http://www.gpinigeria.org

The Tanzanian female guardian programme in primary schools is an initiative involving parents and communities, which aims to reduce the sexual exploitation of schoolgirls. Each primary school has one trained guardian, who is a teacher chosen by colleagues; around 180 have been trained to give advice to girls on issues related to sexual harassment and sexual and reproductive health. Evaluation found that the programme had significantly increased the rate at which girls seek advice or help. In schools with a guardian, 52% of girls said they would consult them about harassment from boys and teachers; in schools without a guardian, not a single girl said she would report harassment (Mgalla et al., 1998).

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3.4 Introduce health and safety procedures to prevent HIV transmission

Educational establishments should implement health and safety procedures, and train staff in universal precautions and first aid, to protect pupils and staff from infection with HIV or any other blood-borne virus. Teachers need to be aware that HIV is not easily transmitted, and that normal school activities and teaching duties do not include any activity that carries a risk of HIV transmission.

Since the main risk of cross-infection is through contact with blood and body fluids, schools should adopt universal precautions as standard practice. These include: hand washing before and after giving first aid and after cleaning spillages; covering wounds or skin lesions with waterproof dressings; and wearing disposable gloves, if available, to clean up spills of blood or body fluids.

Managing HIV and AIDS in schools

The National Policy for HIV and AIDS Management in Schools in Jamaica (Ministry of Education, Youth and Culture, Jamaica, 2001) includes clear guidelines for implementing universal precautions in schools, including recommended contents of school first aid kits. Likewise, Zambian MoE guidelines (*Republic of Zambia, 2003*) for educators provide guidance on preventing HIV infection in schools, including universal precautions, managing injuries and accidents, and the contents of first aid kits.

4. LEARNER KNOWLEDGE, ATTITUDES AND SKILLS

Children and young people need to be able to protect themselves against HIV infection and to cope with the impact of HIV and AIDS. Schools are important settings for education about HIV prevention, treatment, care and support. They can provide children with the knowledge, attitudes and skills required to make healthy choices about when and how they have sex, and to develop respect for themselves and others.

Educators and school curricula play a key role in equipping children and young people with accurate information, in influencing their ideas about sex, gender and relationships, and in providing them with the opportunities to learn and practice life skills.

Young people who are out of school also need accurate information about HIV & AIDS and available services, as well as the skills to protect themselves. Innovative strategies are required to reach and engage this group.

There is evidence that effective HIV and AIDS education programmes can improve knowledge and change attitudes. It is more difficult to assess the extent to which school-based HIV & AIDS and life skills programmes change young people's sexual behaviour, although there is some evidence that such programmes contribute to delayed sexual debut, reduced sexual partners and increased condom use.

Impact of sex education programmes

A review of 83 studies of sex and HIV & AIDS education programmes in developed and developing countries shows strong evidence that sex education programmes can have a positive impact on behaviour. Of these studies, 65% found a positive impact on one or more types of sexual behaviour or outcomes, while 33% had a positive impact on two or more types of sexual behaviour or outcomes. Most programmes increased knowledge about HIV and AIDS, delayed the initiation of sex, increased condom use and reduced the number of sexual partners (Kirby et al., 2005). The analysis led to the identification of 17 common characteristics of effective curricula and their implementation (Senderowitz and Kirby, 2006).

Characteristics of effective curriculum-based programmes

Process of Developing the Curriculum

1. Involved multiple people with different backgrounds in theory, research, and sex/HIV education to develop the curriculum.

2. Used a logic model approach to develop the curriculum that specified the health goals, the behaviours affecting those health goals, the risk and protective factors affecting those behaviours, and the activities addressing those risk and protective factors.

3. Assessed relevant needs and assets of target group.

4. Designed activities consistent with community values and available resources (e.g. staff time, staff skills, facility space, and supplies).

5. Pilot-tested the programme.

Content of the Curriculum

1. Created a safe social environment for young people to participate.

2. Focused on clear health goals – the prevention of STI/HIV and/or pregnancy.

3. Focused narrowly on specific behaviours leading to these health goals, gave clear messages about these behaviours, and addressed situations that might lead to them and how to avoid them.

4. Addressed multiple sexual psychosocial risk and protective factors affecting sexual behaviours (e.g. knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy).

5. Included multiple activities to change each of the targeted risk and protective factors.

6. Employed instructionally sound teaching methods that actively involved the participants, that helped participants personalise the information, and that were designed to change each group of risk and protective factors.

7. Employed activities, instructional methods, and behavioural messages that were appropriate to the young people's culture, developmental age, and sexual experience.

8. Covered topics in a logical sequence.

Implementation of the Curriculum

1. Whenever possible, selected educators with desired characteristics and then trained them.

2. Secured at least minimal support from appropriate authorities such as ministries of health, school districts, or community organizations.

3. If needed, implemented activities to recruit youth and overcome barriers to their involvement (e.g. publicized the programme, offered food, or obtained consent).

4. Implemented virtually all activities with reasonable fidelity.

Source: Senderowitz and Kirby, 2006.

Specific strategies and actions include:

4.1 Advocate for school-based HIV & AIDS education

Secure the support of administrators, school governing bodies and head teachers

Even if national MoEs have clear policies and have developed training, curricula and learning materials, implementation of HIV and AIDS education in schools depends on the support of district education authorities and school governing bodies. Advocacy also needs to target head teachers, who are often influential in the community and can be role models for HIV prevention and stigma and discrimination reduction. Recognising this, the Zimbabwe Teachers' Association is running a project to engage head teachers in HIV prevention programmes.

Head teachers also play an important role in defining parts of the school curriculum and can ensure that HIV education is sensitive to local community concerns. They need information to help them counter parental fears and resistance to HIV-related education or to allowing children with HIV to attend school. Where the curriculum is overloaded, head teachers can be instrumental in setting up youth clubs and other extra-curricular activities, such as non-formal, peer-based education on HIV and AIDS.

Targeting school leadership

UNESCO Santiago is supporting a project called the Regional Network for School Director Leadership for HIV and AIDS Prevention Education. In Mendoza, Argentina, for example, directors and teachers from 20 special schools – whose students are particularly vulnerable, economically marginalised or have disabilities and behavioural problems – have been sensitised and trained to plan and implement HIV prevention activities. The project has increased awareness of the HIV situation, identified the need for information about HIV prevention and special education, and helped to address challenges to addressing sexuality in the school curriculum, including resistance from families and the diversity of needs and problems of children in special schools. In Colina, Chile, workshops have been held with municipal head teachers and teachers to train them to design, implement and evaluate HIV prevention education curricula. In Hidalgo, Mexico, a workshop was organized for 25 directors of technical and vocational training schools from around the country, to build their knowledge of HIV and AIDS and enable them to design and implement activities in their schools. UNESCO Santiago is providing follow-up support to assist head teachers to put into practice the curricula they have developed and encouraging them to network with each other through a regional website http://www.edupreves.org (in Spanish).

Engaging head teachers

The Untapped Potential of School Directors to Strengthen School-based Responses to HIV/AIDS, developed by UNESCO Bangkok, aims to engage head teachers and plans to develop materials to equip them with the knowledge and skills to be effective advocates in their schools and communities (UNESCO Bangkok, 2005b). The UNESCO Bangkok Office is also initiating projects that empower head teachers to become involved in and responsible for school-based education and policies on HIV and AIDS.

Sensitise and involve parents and communities

Schools need to ensure that parents are aware of the objectives, content and approach of HIV education. It is equally important to secure the support of communities for HIV education in schools. Objections from parents, community and religious leaders, or the perception that they will object, can stop teachers from educating pupils about HIV and AIDS.

It may sometimes be necessary to educate adults in the community about HIV and AIDS issues so that they understand why HIV education in schools is important, and to address community norms and attitudes that undermine school HIV and AIDS programmes.

Sensitising communities

A project in Tanzania involved representatives from the local community in committees responsible for the School Youth HIV and AIDS programme. Their active involvement strengthened the programme and parent support for teachers responsible for guidance and counselling (Rugalema and Khanye, 2002).

In the Dominican Republic, school health committees have been established to address HIV and AIDS, teenage pregnancy and other sexual and reproductive health issues. The committees include school administrators, teachers, doctors, parents, students and other community members.

A UNFPA-supported reproductive health education project in Ecuador developed an innovative 'school for parents' approach to educate parents.

In India, the NGO CHETNA, which conducts an AIDS education programme in 70 urban and rural schools, started by running advocacy workshops to orient head teachers and parents and to obtain their permission and support for the programme. (For more information on CHETNA refer to the organization's website http://www.chetnaindia.org).

Getting parents on board

Research in Tamil Nadu State in India and Nyanza Province in Kenya found that, in contrast to the beliefs of teachers, there was support from parents and communities for young people to be taught about HIV and AIDS, and that the minority of parents who were strongly opposed had overly influenced teachers' perceptions. Parents also viewed schools and teachers as playing an important role in educating children about HIV and AIDS, often because parents felt unable to do this themselves, and in countering unhelpful messages in the media (ActionAid International, 2003).

It is also critical to involve religious leaders and faith-based organizations (FBOs), which may be less opposed to teaching about HIV and AIDS than many teachers suppose. Engaging these groups will also help to ensure consistency between messages given by schools and by religious institutions.

Using schools as community learning and resource centres can help to secure the support of parents. In Cameroon, support for school health clubs has included training for club leaders, PTAs and school nurses. In some countries, schools used as adult literacy and non-formal education centres have integrated HIV prevention and treatment education into adult education. Use of school events to promote awareness can also help to sensitise parents and community leaders, as can school health clubs that involve parents.

PTAs can play an important role. Some schools have systematically introduced HIV- and AIDS-related topics in PTA meetings to engage parents in the HIV education of their children. In Malawi, head teachers have been trained to encourage them to organize PTA meetings about young people and HIV & AIDS.

Involving parents and community members in the design of curricula and educational materials and using methods that are culturally appropriate can improve acceptability of HIV education programmes. For example, a youth centre in Lao PDR promotes itself as a venue for traditional art and recreation activities, as well as a resource for counselling and information about HIV & AIDS and sexual and reproductive health. This helps to make it more acceptable to parents. It is also important to make sure to use, and make parents aware of the existence of, age-appropriate curricula for younger students, which build basic skills such as self-esteem, problem-solving and negotiation and open up discussion about family roles and stigma, rather than explicitly dealing with sexuality.

4.2 Introduce appropriate curricula delivered by trained educators and supported by relevant learning materials

Develop school-based programmes on the basis of good formative research

Experience in many countries shows that good formative research is important, both to inform the design of appropriate school-based programmes and to provide baseline data. An understanding of when and why young people choose to have sex, or choose not to have sex, is essential to the design and implementation of relevant curricula.

Analysing the impact of HIV and AIDS

Part of a series of learning modules by UNESCO IIEP and ESART, the module *Analysing the impact of HIV/AIDS in the education sector*, aims to familiarise learners with the issues and options involved in conducting assessments of the impacts of HIV and AIDS on the education sector. The module also prepares learners to develop strategies that are appropriate to fulfilling their objectives for an assessment.
Source: UNESCO IIEP and ESART, 2007.

Quantitative studies on knowledge, attitudes and practice should be complemented by the use of qualitative techniques, such as focus groups, case studies and problem trees, to ensure that curricula respond to the needs of students and to establish clear objectives and indicators.

Involve key stakeholders and educational experts in curriculum development

In many countries, HIV & AIDS and sex education curriculum development has faced legal, cultural and religious barriers and opposition from parents, teachers and government officials, resulting in a lack of agreement about subjects, instructional methods and age groups to be taught (the latter despite substantive evidence that education before children start to have sex is most effective). It is essential to remove policy barriers to communicating consistent and explicit messages and to ensure that these stakeholders are consulted and involved in the process of developing curriculum policies and content.

Curricula should be developed by experts who are competent in curriculum planning, didactic and participatory teaching techniques, and who have a good understanding of communicating about sexuality.

Life skills education on HIV and AIDS

In Senegal, a new family life education (FLE) curriculum was introduced into secondary schools and colleges in order to improve teaching about sexual and reproductive health and to encourage responsible behaviour among youth. Supporting activities included: establishing FLE clubs in schools, which also conduct outreach activities in the community; providing teachers and peer educators with training; developing materials for learners; and providing schools with audiovisual and computer equipment. Lessons learned included the need to: address initial opposition from some parents, head teachers and teachers; plan school timetables to include FLE lessons and cross-curricula approaches; incorporate FLE into the teacher training curriculum; provide refresher training; and take a centralised approach to training and validation of educational materials (World Bank and Partnership for Child Development, 2003).

The School-based HIV and AIDS Prevention Project in Sichuan Province, China, aims to enhance the capacity of the education system to promote HIV prevention and AIDS-related care and support among local school communities. The project trains teachers using a cascade model, monitors teachers carefully, and gives awards for excellence to schools and individual teachers. Consultation with and involvement of the MoE, Ministry of Health, National Health Education Institute and head teachers was critical to acceptance of the project, as were efforts to gain the support of local government and the local media. HIV and AIDS issues are integrated into the curriculum; training focuses on life skills and interactive teaching methods; and activities in schools include drawing and writing competitions, plays and developing written materials. A pilot evaluation indicated as a result of the project that students had better knowledge, more positive attitudes towards people with HIV, and communicated better with their parents (Warwick and Aggleton, 2002).

UNESCO Islamabad Office aims to strengthen local values, norms and practices that help prevent the transmission of HIV and clarify misperceptions or practices that contribute to the spread of HIV, focusing on mainstreaming HIV and AIDS education into formal and non-formal education. It has undertaken a number of activities, including contributing to the UNESCO/UNAIDS project, *A Cultural Approach to HIV and AIDS*. In the formal education sector, activities included orienting policy-makers, curriculum developers and teacher educators about HIV and AIDS, and sensitising educationalists about the need to integrate culturally acceptable approaches into curricula. UNESCO Islamabad supported the MoE

to develop, publish and disseminate an advocacy booklet on HIV and AIDS prevention education for policy-makers and education planners; to adapt, translate, publish and disseminate the Manual for Training of Teacher Trainers in HIV and AIDS Prevention Education; and develop a teacher guidebook on health education of adolescent students. The National AIDS Control Programme, Curriculum Wing of the Ministry of Education, Provincial Institutes of Teacher Education and educationalists were involved in developing and reviewing these materials, which have been disseminated in university education departments, teacher training institutes, provincial curriculum bureaus and schools. While it is too early to judge outcomes, the process of developing these materials has broken the silence among educationalists about HIV and AIDS, increased awareness, and contributed to a supportive environment for integration of HIV prevention education into the school curriculum.

There are approximately 10,000 adult literacy centres and 8,000 non-formal basic education schools in Pakistan. Lack of materials to sensitise learners about HIV and AIDS was identified as a gap. In partnership with government and NGOs, UNESCO Islamabad took the lead in developing relevant materials. These include the *Guidebook for Non-formal Education Teachers on HIV and AIDS Prevention Education*, story books for adult learners based on real life cases of people with HIV, and advocacy posters with information about HIV and AIDS.

In Namibia, the Ministry of Education, with support from UNICEF, is implementing two extra-curricular life-skills programmes for young people in schools. The Window of Hope programme targets children 10-14 years (grades 4 to 7) and aims at behaviour formation with emphasis on responsible sexual behaviours The children learn to form and maintain positive life styles and behaviour though the development of knowledge, attitudes and skills. The programme makes use of a variety of participatory learning approaches which assist children to deal effectively with the demands and challenges of every day life. It helps children and adolescents make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others, and manage their lives in a healthy and productive manner. Rolled out in 2004, the programme is facilitated by teachers but schools are encouraged to involve parents, secondary school learners, care givers and community members to help implement and support Window of Hope clubs.

My Future is My Choice (MFMC), another life skills programme, has operated for over 10 years for HIV prevention at secondary and combined (primary and lower secondary) schools. It aims to protect young people from HIV and other sexually transmitted Infections, unwanted pregnancies and alcohol and drug abuse, by encouraging young people (15 to 22) to think for themselves and take responsibility for their future and their own development. Central to the programme is that people learn best by doing and when learning is fun. The MFMC facilitators are mainly unemployed secondary school graduates who are trained for 10 days and assigned to a school to run four MFMC courses per year. They receive a cash allowance for each completed course and are assisted by MFMC contact teachers at the different schools. On completing the MFMC course, participants are encouraged to continue with HIV and AIDS prevention and life skills activities in their school AIDS Awareness clubs.

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Deliver HIV and AIDS education in specific timetabled lessons as well as integrated into related curriculum subjects

There has been much debate about the best way to deliver HIV and AIDS education. Many countries have taken an 'integration and infusion' approach, where HIV-related topics are incorporated into the teaching of other subjects. However, experience indicates that this approach is not very effective, especially in exam-oriented education systems, where teachers tend to focus on the scientific knowledge aspects of HIV and AIDS rather than the attitudes and skills aspects, which are less easy to examine. Various reviews recommend specific timetabled lessons on HIV & AIDS and the integration of the subject specifically into personal development, health and life skills teaching.

> *"If AIDS is not an examinable subject then teachers may give it a very low cover or no teaching at all."*
>
> Community leader, Kisumu, Kenya.

Provide appropriate training and support for educators

In many settings, educators lack the competence and commitment to teach about HIV and AIDS in already crowded and exam-driven curricula. Most educators receive little or no training on the subject, which is unacceptable.

Training is essential because:
- Before educators can expect to help other adults and students prevent HIV infection, they will need to examine their own vulnerability to infection, their own knowledge of the disease and its spread, and their own attitudes towards helping others, especially learners, to avoid infection.
- Before educators can expect to help learners acquire the skills needed to prevent HIV infection,

they themselves will need to acquire skills to use participatory learning activities to enable their learners to acquire prevention skills.

In addition, the following criteria are all critical: careful selection of educators to be trained; training that addresses attitudes and values; teaching methodologies and skills as well as curriculum content; and setting consistent, quality standards for learning materials. Educator training and support is discussed in more detail in Booklet 3 of UNESCO's current series, *Good Policy and Practice in HIV and AIDS and Education*, under the title Educator Development and Support (UNESCO, 2008b).

Reducing HIV and AIDS vulnerability among students in the school setting: a teacher training manual

UNESCO's Asia and Pacific Regional Bureau for Education in Bangkok developed this manual as part of its project on Strengthening and Expanding the Provision of HIV and AIDS Life Skills and Preventive Education in Teacher Training Colleges (UNESCO Bangkok, 2005a). The manual has already been translated into several languages. It was piloted and peer-reviewed by participants from thirteen countries in the Asia Pacific region. The result is a generic manual that may be adapted, translated and modified to suit the different needs and cultural and social environments of different countries. An updated and more interactive version of the manual is planned for 2008.

The target audience of the manual is teachers and teacher educators involved in pre- and in-service training and aims to help teachers analyse basic information, core messages, values and practices related to HIV prevention education; sharpen teachers' skills in using life skills techniques and learner-centred activities; and support the integration of HIV preventive education within school curricula.

Module 6 of the manual is titled HIV/AIDS and Human Rights. It aims to support teachers in training to:

1. Understand the concept of human rights;
2. Identify the relationship between HIV & AIDS and human rights;
3. Understand how society stigmatises PLHIV;
4. Understand how society discriminates against PLHIV and the negative consequences of stigma;
5. Find ways of ensuring human rights and minimising discrimination and stigma.

Teacher Formation and Development in the Context of HIV and AIDS (Module 4.2) (UNESCO IIEP and ESART, 2007)

This module addresses the importance of teacher formation and development regarding HIV and AIDS, and suggests key planning and management actions to be taken at different system levels within the education sector. This publication is particularly useful for education planners in MoEs, programme managers and teacher training institutions.

To download all modules in the series, individually, visit the website:

http://www.unesco.org/iiep/eng/focus/hiv/hiv_5.htm

Monitor and evaluate HIV and AIDS education in schools and in non-formal education settings

Knowledge of how HIV and AIDS education is being implemented in schools is limited and often anecdotal, and MoEs need to take active steps to assure quality and assess impact of teaching.

AIDS Action Programme

The UNICEF AIDS Action Programme for schools in Zimbabwe introduced a compulsory weekly lesson on life skills and AIDS for children aged from 9 to 19 years. The programme included teacher training and the development of learning materials on relationships, growing up, life skills, and HIV & AIDS. Cartoons, discussion points and real life case studies are used to promote dialogue and communication. For example, the student book, Think About It, provides practical information about HIV & AIDS and issues such as drugs, alcohol, teenage pregnancy, taking risks, making important life decisions, gender roles, family relationships and love (Government of Zimbabwe, 1994).

Formal and non-formal education activities in Uzbekistan

In 2003, UNESCO Tashkent initiated a project to support formal and non-formal HIV prevention education. Attention was mostly focused on the public education system, which has almost universal enrolment up to secondary school level. With UNESCO Tashkent assistance, a new subject, Healthy Lifestyle and Family, was introduced into the school curriculum as a compulsory subject for Grades 5-11. A new manual was developed for teachers, using as a model the *Reducing HIV/AIDS vulnerability among students in the school setting teacher training manual (UNESCO Bangkok, 2005a)*. After a successful pilot, the Ministry of Public Education adopted the manual as its main HIV and AIDS teaching aid for secondary school educators. UNESCO Tashkent also supported the development and publication by local experts of a Healthy Lifestyle and Family textbook for secondary school students, as well as a series of workshops that have so far trained approximately 1,000 teachers.

Lessons learned reported by UNESCO Tashkent staff include the importance of ensuring that teaching and learning materials on health and sexual education respect traditions and norms; involving the MoE, school administrators, teachers, parents, religious leaders and students; using local technical expertise; and piloting and testing materials before they are more widely disseminated.

UNESCO Tashkent's activities in non-formal education have focused on peer approaches, providing peer educators with training in leadership and interactive communication skills. Working with young people from the UNESCO ASPnet schools, summer peer-to-peer training of trainers camps have been organized. Through these camps, a cadre of master peer trainers has been developed. Peer educators are involved in producing and piloting information materials and are supported through web-based resources and a resource centre at a local youth NGO. The most active and effective peer educators receive additional training, awards and certificates. To build on the success of the summer camp model and continue to motivate students, a school league has been created that has a membership of over 20 schools in Tashkent. UNESCO Tashkent commissioned a local social research group to conduct an independent assessment of the project.

Findings from the evaluation show that students' awareness and knowledge of HIV, STIs and drug issues have improved; that peer activities provide young people with skills for positive behaviour change and reinforce their capacity; that incentives and competition stimulate participation; and that activities are welcomed by school administrators, teachers and parents. However, effectiveness depends on the specific school setting, in particular the understanding and support of school directors and administrators in schools where peer education is viewed as a second-best activity because it is non-formal. Lessons learned include the need for: ongoing investment to address turnover as trained peer educators leave school; proper planning, coordination, monitoring and evaluation of non-formal activities; materials tailored to specific contexts and including clearly formulated facts and messages about HIV, STIs and drugs; peer educator participation in planning, implementation and monitoring of activities; incentives to motivate the participation of young people; access for peer educators to a comprehensive and convenient resource centre; and youth-friendly resources to support peer educators. A website has also been created to reinforce the skills developed at the peer training summer camps, as well as to provide support to young people with access to the internet.

4.3 Take a comprehensive approach to HIV and AIDS education

Avoid selective teaching

Attempts to deliver HIV education in schools are often hampered by social and cultural constraints to discussing HIV and AIDS, sexual relations and power inequities. These constraints often result in 'selective teaching', where messages are either not communicated at all, or education is restricted to overly scientific discussions without direct reference to sex, sexuality or sexual relationships.

Selective teaching that omits important issues limits the effectiveness and impact of HIV education. For example, HIV & AIDS and sex education, often as part of family life education, tends to focus on issues such as reproductive physiology, STIs and responsible parenthood within marriage while ignoring other important issues such as gender, sexuality and relationships.

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Delivering the curriculum in classrooms

A key problem is ensuring that curricula are implemented in the classroom. For example, qualitative research in Uganda suggested that teachers are reluctant to teach about condoms and avoided the more participatory elements of the curriculum. Reasons included their personal beliefs (including the belief that condoms will encourage promiscuity), the influence of the Catholic church, and fear of being dismissed by the head teacher. Other anecdotal evidence also suggests that teachers avoid teaching about HIV and AIDS for a variety of reasons (Kelly, 2000).

Similarly, in addition to information about HIV transmission, students need information about a range of approaches to prevention. In many countries the education sector has no clear formal policy on condom availability or promotion in schools, leaving school governing bodies and head teachers to decide on their own policies. While schools in some countries provide condoms to students, there are anecdotal reports that students found with condoms in their possession are expelled from school in other countries (UNESCO IIEP, 2004). Teaching that promotes abstinence as the only option or that ignores the subject of condoms does not help students who are already sexually active, nor does it help them to make healthy choices when they do become sexually active. There is evidence to show that teaching students about sex education does not lead to sexual experimentation, but on the contrary can delay sexual debut and decrease the number of sexual partners (Kirby et al., 2005).

Health prevention in schools

In 2003, the Brazilian Ministries of Education and Health, in cooperation with UNESCO Brazil, launched a pilot project called Project Health and Prevention in Schools. This project aims to contribute to addressing the vulnerability of adolescents to HIV and unwanted pregnancy. The project is directed to young people between 10 and 24 years of age and articulates actions for schools and basic health units. It depends on the participation of the school community (students, staff, families) and the health and education departments and aims to construct spaces for dialogue between young people, teachers, health professionals and the community.

Develop appropriate learning materials for learners

Materials for learners need to be age-appropriate and relevant to the social and cultural context. Involving children and young people in the production of materials can help to ensure that they are relevant and appropriate.

**Manual for integrating HIV and AIDS education in school curricula
(UNESCO International Bureau of Education, 2007, third version)**

The HIV & AIDS curriculum manual was developed to respond to the needs and requests from the field for tools to guide the effective integration and mainstreaming of HIV & AIDS education in schools.

The manual is a practical toolbox designed to address the following questions:

- How well is HIV and AIDS education currently integrated in a given curriculum?
- How can HIV and AIDS education be better integrated in the curriculum?

- How can HIV and AIDS education be more effective?
- How can HIV & AIDS teaching and learning materials be developed or adapted more effectively to specific contexts?
- What are the implications of HIV and AIDS education for teacher training?

For more information on the manual:
http://www.ibe.unesco.org/HIVAids.htm

Provide education that changes attitudes and improves skills as well as increasing knowledge

Knowledge alone is not enough to change behaviour. Effective education helps young people to assess their attitudes and to develop practical communication, negotiation, assertiveness and decision-making skills in addition to learning about basic information about reproduction, contraception, STIs, HIV and AIDS. For example, secondary schools in Jamaica are using inter-active educational methods that include a self-administered questionnaire to help students assess their lifestyle risk profile.

Teaching generic life skills without a clear focus on sex and sexuality is not effective. Young people need to learn how to make sound decisions about relationships and sex, how to recognise and avoid situations that may become risky, and how to resist pressure to have unwanted sex. An effective programme: focuses on life

skills, negotiation and decision-making; personalises risk through role play and discussion; discusses clearly the possible results of unprotected sex and how to avoid these outcomes; explains where help is available; uses positive social norms and questions negative social norms; and provides sufficient time for discussion.

HIV and AIDS education should also challenge gender relations by giving space to discuss gender issues and power dynamics in relationships. It is important to allow for single sex as well as mixed group discussions so that young people can express views as well as learn to communicate openly with the opposite sex. Experience suggests that single sex sessions are more effective for addressing puberty, sex and reproduction issues, and mixed groups for fostering communication and respect between boys and girls.

Developing life skills

In Thailand, the Life Skills Development Foundation is encouraging schools to teach life skills for children in difficult circumstances, including those with or affected by HIV. The foundation helps schools to take a learner-centred approach and to use active learning to develop self-esteem and communication skills and to cope with bereavement and stress.

Educate children and young people about care and treatment as well as HIV prevention

As antiretroviral therapy (ART) becomes more widely available, children and young people need simple, clear, culturally appropriate and age-specific information about HIV treatment. The success of programmes to scale up and ensure universal access to treatment will require more than simply the reliable provision of antiretrovirals (ARVs) and related monitoring and laboratory tests by qualified clinical staff. HIV is a chronic disease, requiring lifelong adherence to sometimes complicated treatment regimens with significant side effects and psychosocial complica-

tions. Education is, therefore, required to enable people with HIV and their supporters to appropriately manage health care and social services to support good health outcomes (UNESCO and WHO, 2006). Treatment education for educators and learners will require a shift away from prevention-only education on HIV and AIDS.

Education about treatment, care and support is essential to support universal access and combat fatalism, denial, stigma and discrimination.

The project Absolute Return for Kids in South Africa has developed a treatment information form that shows pictures of each medication — identifying shapes and colours of different pills, a warning label for storage and dietary restrictions and information on side effects and adverse events. This is distributed along with a medication diary for patients to record when they take their drugs and any side effects.

http://www.epi.uct.ac.za/artrollout

4.4 Use innovative methods and participatory approaches

Use methods that entertain and engage learners

Didactic teaching methods and passive learning from text-books are not effective ways to educate children about HIV and AIDS, whether they are in or out of school. Innovative approaches to HIV education are needed to avoid prevention message 'fatigue' and to engage children and young people in ways that change their attitudes and build their skills as well as improve their factual knowledge.

Useing methods such as drama, music, dance, storytelling, role play, arts and sports have proven very effec-tive in some countries, while others are exploring the potential use of Information and Communication Technology (ICT) and e-learning as mediums for discussion and interactive learning.

Effective learning approaches to HIV and AIDS are discussed in more detail in Booklet 5 of the current UNESCO series, *Good Policy and Practice in HIV and AIDS Education* (UNESCO, 2008b).

Using drama and theatre

UNESCO has developed manuals for youth groups on use of drama for HIV and AIDS education. The manuals provide practical guidance on how to use theatre in HIV and AIDS through participatory communication methods based on lessons learned and the experiences of theatre groups in different geographical regions. The original manual was written in French (developed in West Africa) and has been adapted and translated into Arabic (developed in Morocco), Spanish (developed in Latin America) and English (developed in Eastern and Southern Africa).

The manuals outline the steps involved in developing a drama on HIV and AIDS, including how to:

- Hold a workshop with young people and communities to discuss HIV prevention, cultural beliefs, practices and taboos that are barriers to HIV prevention, and ways to address these barriers;
- Work with a group of young people to increase their knowledge and awareness of HIV & AIDS; and
- Train young people on interactive theatre and drama techniques; and support young people to create scenarios and develop dramas to address cultural beliefs, practices and taboos.

The manuals can be accessed at:
http://portal.unesco.org/unesco/ev.php?URL_ID=36066&URL_DO=DO_TOPIC&URL_SECTION=201

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Examples of using ICT, radio and sports

To strengthen non-formal education in Angola, UNESCO Windhoek is supporting the establishment of multimedia learning centres, training literacy and extension workers in computer skills and production of culturally relevant learning materials. UNESCO Windhoek is also supporting exchange visits to learn from the Mozambican experience of developing community radio and community media centres.

UNESCO supports the Young Digital Creators Project, which involves young people in creating and communicating about HIV and AIDS. The project is a web-based initiative, which enables youth to express their thoughts and feelings about HIV and AIDS using digital creations. For more information, see http://portal.unesco.org/digiarts

UNESCO Bangkok is working with the Southeast Asian Ministers of Education Organization (SEAMEO) on a joint ICT and prevention education project targeting in- and out-of-school youth in the cross-border areas of the Greater Mekong region. The project is developing ICT learning materials for HIV prevention education in local languages, and building the capacity of teachers and other providers of HIV prevention education. SEAMEO is focusing on in-school youth and UNESCO is focusing on out-of-school youth, especially those from ethnic minorities and other vulnerable populations. The project includes developing educational radio programmes and audiotapes for highland minority groups focusing on HIV and AIDS, trafficking and drug use. The project works with local researchers, broadcasters and ethnic minority authors and communities to produce soap operas in local languages, based on real life stories that address issues affecting the lives of young people.

The Department of Physical Education in Cambodia has identified sports as a key strategy for educating young people about HIV and AIDS. With UNESCO Phnom Penh support, the department produced a poster campaign using images of well-known sportsmen and public figures. This is linked to a telephone hotline that provides free counselling on HIV, AIDS and sexuality. The department also trained sports instructors on HIV & AIDS and produced basic information for distribution to young people at sporting events.

Involve children and young people in developing materials and delivering messages

Active participatory methods are more effective than lectures. Children and young people should be involved in the development of curricula and can develop their own learning materials, such as maps, calendars, posters, comics and magazines. Advocacy events and awareness-raising days that are planned and organized by children and young people themselves are another approach.

Peer education can be an effective approach, as many young people prefer to talk about sensitive issues or topics pertaining to HIV and AIDS with their peers rather than with adults. There is anecdotal evidence of the positive outcomes of peer education on knowledge, but less evidence about its influence on longer-term behaviour.

Factors that contribute to the effectiveness of peer education include: careful selection and training of peer educators; ongoing supervision and support; clear expectations about roles and incentives; and involvement of peer educators in planning and design of interventions.

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"Previously I was a little bit sceptical about the use of peer education in HIV prevention. I thought that young people may not be in a position to deliver the correct messages and that their peers will not trust them much. But after two years of using peer education approaches in our prevention efforts I am absolutely convinced that this really works and makes a real change in young people's attitudes and behaviour."

Education Programme Officer, HIV and AIDS Focal Point, UNESCO Tashkent.

Working with young people to develop key messages and tools

UNESCO Santiago supported young people in Chile to produce comic magazines for young people on HIV prevention and, based on their success, plans to support youth to produce additional comics and soap opera videos.

Similarly, in Uganda, young people have been involved in producing *Straight Talk*, a monthly magazine about HIV, AIDS and sexual health, since 1993. The magazine targets young people aged from 15 to 24 years in secondary schools and tertiary institutions, and is distributed to secondary schools, universities, NGOs and churches. As a result of its popularity, by the end of 2005, young people in Uganda had established over 800 *Straight Talk* clubs in schools and communities, to promote discussion of adolescent and HIV- and AIDS-related issues. For more information on Straight Talk refer to the programme's website: http://www.straight-talk.or.ug

In El Salvador, the NGO Homies Unidos used gangs to translate terms into street slang to transmit information to their peers, while in Brazil, graffiti, hip hop and music have been used to convey HIV and AIDS information to young men in jail, making the messages more credible and appealing (YouthNet, 2004).

UNESCO Kingston supported the University of Technology in Jamaica to hold an HIV and AIDS Graffiti Wall Art Competition in 2003, encouraging student groups to paint positive messages about HIV and AIDS on the temporary zinc fencing surrounding the Caribbean Sculpture Park while construction work was taking place on a neighbouring building. The event encouraged students from various tertiary institutions to think about HIV and AIDS. Each student group carefully researched the issues before developing their messages, with a level of engagement not as easily possible through a formal lecture. Students reported that participating had increased their knowledge, encouraged them to see HIV and AIDS as issues that concern the Caribbean and motivated them to want to help people who are affected. The competition also created an outdoor art gallery, which was seen by other students, university staff and visitors to the park as well as by construction workers and security guards, spreading the message in an effective and inexpensive way and stimulating wider community discussion about HIV and AIDS. In 2004, the University ran a song competition called *Songlink – Music with a Message*, as part of its AIDS education activities. The competition had 16 entries from students, which were judged by professionals from the music industry.

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Examples of peer education activities

The Nigeria National Youth Service Corps (NYSC), in collaboration with UNICEF, runs the peer education programme *Empowering Youth through Young People*. New graduates serving a compulsory one-year NYSC programme conduct peer education in and out of schools, and evaluation found that the programme had had a positive impact on knowledge and on attitudes towards people living with HIV and AIDS.

Peer educators conduct activities in secondary schools in Cambodia and organize information days in school and for out-of-school youth in Guinea. In India, the Thoughtshop Foundation programme, *Ignited Minds*, trains young people aged 15 to 25 to conduct outreach programmes for in- and out-of-school youth in schools and slums using innovative and participatory methods, such as stories, games and models (International HIV/AIDS Alliance, 2004).

A review of a participatory peer education programme in South Africa found that the following factors could undermine efforts: highly regulated school environment and teacher control of the programme; discussions focusing on biomedical rather than social content; negative gender dynamics among peer educators; poor adult role models and an unsupportive community and wider social environment; and limited learner capacity for critical thinking and autonomy (Campbell and McPhail, 2002).

The Sevadham Trust HIV prevention activities in schools, featured in a best practice case study on school-based HIV prevention education programmes in Maharashtra, India, aim among other objectives, to sensitise head teachers and train focal teachers and peer educators. Evaluation found that the selection of peer educators is critical to success. Criteria used to select peer educators included: self-motivation, communication skills, leadership qualities, and knowledge of subject matter. Trained peer educators were found to be motivated, confident and able to handle questions from students with limited help from teachers. Girl educators were found to be more effective than boys. This was attributed to their greater sincerity and commitment, empathetic attitude, and ability to perceive the real issues.

Involve adults and children living with HIV

People with HIV, as individuals or through associations, put a face to the epidemic and bring meaning to prevention, care and support messages. Meeting a person who is living positively can do much to reduce the fear and stigma associated with HIV and AIDS. Schools can invite representatives from local organizations of people living with HIV to speak to students. More importantly, the meaningful engagement of people with HIV at all stages of the development and implementation of programmes ensures relevance.

For example, the LAAFI LA VIIM association (ALAVI) of people living with HIV in Burkina Faso works in partnership with teachers in schools on HIV prevention. The active involvement of infected and affected young people is also critical, to raise awareness of their situation and promote peer support, as well as to ensure that curricula and learning processes take account of their situation and are responsive to their needs.

Involving people living with or affected by HIV in developing messages and activities

In Cambodia, UNESCO supported a group of 30 young people living with or affected by HIV to present a drama performance on HIV and AIDS, focusing in particular on discrimination, during the November water festival. The water festival is the most popular event in Cambodia and is attended by thousands of people, many of whom come from the countryside to Phnom Penh for the occasion. The festival takes place near the time of World AIDS Day and so has become an important day for national HIV and AIDS activities. To prepare for the drama, young people took part in a series of artistic workshops where they learned about staging, costumes, sets, lighting and sound techniques. An Indian choreographer was hired to help write the scenario, prepare the actors and direct the stage work. Performances were held at the Sovanna Phum theatre, on a large boat, and on a stage in the centre of Phnom Penh.

UNESCO, in collaboration with the Centre for HIV and AIDS Networking at the University of KwaZulu Natal (HIVAN) in South Africa, supported the publication of Babiza's Story: the story of a 9-year-old boy described in his own words about how it feels to grow up in a family affected by HIV. The publication is the first in a series entitled *By Children for Children Through Books*, which aims to enable children to share their stories with other children. As Babiza said at the launch of his book in South Africa: '*I used to think that I was the only child with a mother who is HIV-positive. When I was able to join a youth support group I found out that lots of children have a parent who is HIV-positiveand some have parents who have died from AIDS… I feel happy because the youth group has answered the questions I had before*'. For more information see the website: http://www.hivan.org.za/resources/booklets.asp.

Draw on outside expertise and local resources

The involvement of NGOs, community groups and other key partners can increase the effectiveness of HIV and AIDS education. Sometimes it is easier for other trained HIV educators to raise sensitive issues in communities than it is for teachers. In Uganda, for example, theatre groups travel to rural villages, using drama and puppets to raise awareness and support school HIV and AIDS education efforts. Likewise, using outside educators who are known and trusted by the community and students to provide HIV and AIDS education can alleviate student concerns about confidentiality and allow them to talk more openly about sexual behaviour.

Experience also suggests that learning resources should be context-specific and culturally appropriate, drawing on local data and case studies, to enable students to see HIV as something relevant to their lives.

Civil society partnerships

In Ghana, World Education is promoting collaboration between NGOs and schools and supporting NGOs to implement school-based HIV and AIDS activities. The aim is to address the limited capacity of school health coordinators. Key lessons learned include the importance of involving national and local education officials from the start and of focusing on opportunities for collaboration around specific activities rather than on theories.

UNESCO Cairo jointly organized a workshop in September 2004 for NGOs belonging to the Egyptian NGO Network Against AIDS, to build their capacity to design and implement HIV and AIDS programmes with young people. Topics covered included community approaches to youth development, managing youth volunteers and the role of young people in responding to HIV and AIDS.

UNICEF, the World Food Programme and 35 NGOs are collaborating to provide life skills-based education for HIV prevention in southern Sudan as part of *Operation Lifeline Sudan*. In populations displaced by drought and civil war, a life skills approach is taken to education for school and post-school age students, women and community groups through community centres. The initiative seeks to provide well-trained teachers and supportive, child-friendly and gender sensitive 'classrooms'.

4.5 Provide HIV and AIDS education to young people out of school

Extend HIV and AIDS education beyond the classroom

School-based programmes do not reach the millions of out-of-school young people in the world. These young people are often from the poorest and most vulnerable families and communities, and are potentially at greater risk of HIV infection than children who are within the formal education system. In addition, in many countries, HIV and AIDS education is only provided in secondary school even though many children drop out after completing primary school. Strategies to extend HIV and AIDS education to children and young people where they live and work are essential.

Street Children and HIV & AIDS: Methodological Guide for Facilitators (UNESCO and P.A.U. Education, 2006)

Street children often face violence on a daily basis, which goes hand in hand with the risks linked to drug taking and STIs. They are particularly vulnerable to HIV and AIDS. Dealing with the issues of HIV and AIDS is a major challenge for the institutions and associations that work with these children.

This methodological guide is comprised of five autonomous dossiers, each containing tools and techniques that can be used to facilitate work with out-of-school children such as identifying street children, developing messages and intervention tools or assessing the impact of interventions.

The manual can be downloaded at:
http://unesdoc.unesco.org/images/0014/001473/147354e.pdf

Reaching young people

The NGO Conrado de Cruz provides HIV and AIDS information to young women from rural areas working in factories and assembly plants in Guatemala City. In Thailand, the NGO Lifenet reaches out to young migrant construction workers in bars and clubs (YouthNet, 2004).

Integrate HIV & AIDS and life skills education into literacy and vocational education

In Cambodia, HIV prevention education is integrated into the vocational training curriculum and literacy programmes conducted by the Ministry of Education, Youth and Sports in isolated areas of the country.

A literacy programme in Nepal for girls aged 10 to 14 supported by World Education and the Center for Development and Population Activities (CEDPA) includes information about reproductive health and the risks associated with trafficking of young girls to work in the sex industry (YouthNet, 2004).

UNESCO Beijing is working with the All China Youth Federation to mainstream life skills for HIV prevention into livelihood/vocational skills training programmes for rural out-of-school youth.

With support from UNESCO New Delhi, the Salaam Baalak Trust and the Ishara Puppet Theatre Trust are training street children in Delhi, India to spread awareness about HIV & AIDS and drugs, using puppets. The aim is to give these children a vocation and employment, as they will take the puppet shows to schools and different centres in the city.

UNICEF-supported project in Mali has trained trainers at the Ministry of Youth and Sport, secondary school teachers and adolescents as HIV prevention outreach workers, and integrated information about HIV into literacy and post-literacy training.

Link HIV and AIDS education to service provision

Using drama and dance

Use of drama and dance for youth audiences in Belize resulted in an increase in the proportion of out of school young people using the local clinic (YouthNet, 2004).

The UNESCO Brasilia Office started a project with the MoE and the Ministry of Health entitled Saúde e Prevenção nas Escolas or Health and Prevention in Schools. This project set out to strengthen the engagement of the education sector in the national HIV and AIDS response. The proposal process involved all education secretariats and health secretariats in 27 states in order to promote collaboration between the two sectors. UNFPA and UNICEF are also involved and are represented on the inter agency project management team. The project includes youth peer education components in public schools, making condoms available and training teachers and health professionals on issues of sexuality and human rights. Schools are linked with a local health service, which serves as a resource for students, teachers and the school community at large. UNESCO Brasilia and the National AIDS Programme collaborate on the monitoring and evaluation of the project.

5. LEARNER CARE AND SUPPORT

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Support for children needs to go beyond access and enrolment if children are to maximise their learning potential. Children with HIV and those from affected households may be frequently sick because of HIV-related illness, inadequate living conditions, lack of parental care and lack of access to health services. They may be undernourished or worried about the situation at home. Children who are sick, hungry or anxious may be unable to concentrate and find it more difficult to learn.

Schools and other educational settings play an important role in care and support for learners with HIV infection and those affected by HIV and AIDS, including by providing emotional and psychosocial support and taking steps to protect children's health and nutrition. Schools need to develop policies and to define the roles and responsibilities of head teachers and educators for identifying and monitoring vulnerable children, networking with other sectors and developing effective referral systems to meet their basic needs, and providing counselling, guidance and other care and support within the school environment.

Extract from Republic of Rwanda's Education Sector Policy on HIV and AIDS

1. Provide counselling and care for learners and educators including psychosocial support.

2. Improve nutritional, health, and medical services for orphans and other vulnerable children, young people and educators infected and affected by HIV and AIDS.

3. Improve liaison among professionals in the social sector (educators, social workers and health workers) to help both educators and learners.

Specific strategies and actions include:

5.1 Expand the role of schools in providing care and support

While many may argue that an educational institution's response to HIV and AIDS should be limited to education about HIV prevention, schools and other institutions can – and do – play a significant role in supporting all the dimensions of a comprehensive response to HIV and AIDS: including prevention, treatment, care and support.

Schools in Southern Africa, for example, are responding to the HIV-related needs of their students, teachers and communities – as part of the efforts to achieve universal access to HIV prevention programmes, treatment and care, but also as a necessary part of achieving international targets including EFA and the MDGs (UNESCO, 2008a).

Schools as centres of care and support

Essential components:

Although programmes vary across and within countries, a key set of elements of an integrated treatment, care and support programme based in schools may include the following components:

Ensuring the continuation of education

- Identifying and referring of children in need to social services, and monitoring children's attendance and some rudimentary indicators of vulnerability;
- Conducting home visits to encourage children who are not enrolled to enrol;
- Waiving school fees or providing scholastic support such as uniform, pens or books;
- Making lessons more flexible to suit the needs of students who might be working or have care duties in the household.
- Providing psychosocial support
- Training existing counsellors to understand the impact of HIV and AIDS on students;
- Referring vulnerable children to social services or NGOs that provide psychosocial support;

- Alerting teachers to the needs of vulnerable children and providing some elementary support to children.

Universal precautions

To reduce fear and discrimination, schools need to inform all staff and students about the infection-control policy and address concerns through open discussion.

Treatment education

- Supporting HIV-positive students to take treatment;
- Supporting teachers and students to visit medical centres for frequent checkups (and providing cover for absent teachers);
- Understanding ART side effects and how these might impact on a teacher's ability to teach or a student's ability to learn;
- Adapting HIV and AIDS curriculum to include up-to-date and accurate information on treatment. Literacy education for the treatment of tuberculosis, malaria, intestinal illnesses and other health areas is equally important. Singling out HIV and AIDS will ultimately only add to the possibility of stigma;
- Teaching students about treatment so that they are better able to support their parents and families in accessing and adhering to treatment.

Home-based care and education

In many schools teachers and students are providing outreach work to support sick community members. Very broadly, this support can be categorised as students supporting ill community members or teachers providing home-based education to ill students.

Responding to basic needs

Communities are dealing with the compounded effects of HIV, poverty, hunger and other socio-economic and development issues. Many people believe schools are not an ideal context for the provision of basic needs. However, it is clear that some schools are achieving positive results with communities by, for example, creating vegetable gardens and providing school feeding programmes.

Developing livelihood skills

When parents fall ill and perhaps die as a result of AIDS, their children can be marginalised and vital agricultural knowledge and life skills may not be passed down, leaving children vulnerable to hunger, malnutrition and illness. Some schools have developed livelihood programmes to improve children's skills in terms of livelihood support and food security.

Successful principles

Five broad principles have been identified that should all be in place in order to provide a comprehensive response to treatment, care and support, which in turn will reinforce prevention efforts:

1. Develop a caring school environment
2. Strengthen schools as a centre for integrated service delivery
3. Develop child-centred programming
4. Build on existing services
5. Involve communities, including guardians and caregivers

Source: UNESCO, 2008a.

Establish model or child-friendly schools

Policies and programmes should encourage schools to create a supportive and caring environment for infected and affected children. For example, the joint UNESCO, Caribbean Community (CARICOM) and Inter-American Development Bank (IDB) Caribbean Education Sector HIV and AIDS Response Capacity Building Programme is supporting the establishment of model schools where care for infected and affected students is prioritised.

Creating child-friendly schools

The Support to Orphans Project in the Sanpatong district of Thailand promotes the health, psychosocial well-being and resilience of affected children as part of a wider child-friendly schools initiative. Supported by UNICEF and implemented by the Thai Life Skills Development Foundation (LSDF) with the Office of the National Primary Education Commission and the Community Development Department, the project works with district government, NGOs, CBOs and local temples. LSDF research had found that schools were not perceived as child-friendly environments, and did not meet learners' basic needs for safe water, sanitation, food, recreation and transport or their psychosocial needs. The objectives of the project were to: improve the child friendliness of schools by providing a caring and nurturing environment; increase school and community awareness of child rights; enable schools and caregivers to provide emotional and psychosocial support to affected children and children in distress; and use active participatory learning to develop life skills, including coping skills for affected children. Steps in developing a child-friendly school included:

1. A school self-assessment process involving teachers, parents and pupils, which includes sensitisation on child rights, allowing learners to present their ideas about the current situation in their school and what would make it more child friendly, developing criteria and school inspections. Based on this assessment each school identified goals (for example, to have clean toilets, students to be respectful and polite, teachers to help children having problems with schoolwork) and these were incorporated into a school improvement plan.

2. Training on active learning for teachers and training teachers, administrators, parents and community leaders on supporting children to increase their self-esteem and deal with bereavement.

3. A psychological assessment of children, which found high rates of depression and low self-esteem. Teachers discussed the findings and identified ways to address problems and their causes, including counselling, home visits, meetings with parents, and camps for children in distress and their parents or guardians to help build children's confidence, self-esteem and coping skills and improve family relationships, including changing the expectations of parents and guardians with regard to schooling and employment.

The project showed that teachers can learn to recognise emotional distress and abuse in children and simple ways to help them. An evaluation, involving teachers, parents and pupils, found improvements in the school environment, including better discipline, less punishment, and better relationships between children and teachers. Teachers reported that children were more cheerful, positive and self confident, and less aggressive, depressed and sad, although there were still challenges related to the home environment, including drugs, gambling, parental death and divorce. Children reported improvements in family relationships, the ability to express their feelings and opinions, more responsible attitudes, and a desire for more activities involving students and parents or guardians.

Factors that contribute to success in child-friendly schools programming include:

- involving all stakeholders in school self-assessment and improvement;
- involving head teachers and teachers in analysing the causes of the findings of psychological tests in children;
- training educators in active learning and counselling;
- organizing camps for students and their parents or guardians;
- holding participatory seminars for teachers and for parents and teachers;
- following up and monitoring to ensure teachers put training into practice;
- supporting teachers to apply content to the school curriculum; and
- providing greater opportunities for pupils to input their ideas for activities.

Establish links with service providers and communities

Schools cannot do everything alone, and MoEs need to promote partnerships with other ministries, NGOs, FBOs and communities to ensure that children have access to social welfare and health services, good nutrition and psychosocial support.

Schools need to establish links with service providers and to develop referral networks and protocols. Networking is essential so that schools and teachers are aware of local service providers, including government, NGOs, faith-based and community organizations. Schools and teachers need to agree upon guidelines with service providers on how and where to refer children who need health, social and welfare services. PTAs, communities and FBOs can also play an important role in care and support. Partnerships with teachers' unions and other teacher networks, in particular networks of teachers living with HIV, are also important.

Case study: Thailand

In Northern Thailand, the Sangha Metta Project has trained Buddhist monks and nuns in life skills education and child-centred learning. Monks and nuns are encouraged to protect and care for affected children, conduct awareness raising and teaching in schools, and work with schools to create child-friendly learning environments. The project has contributed to increased community awareness, and acceptance of and support for those affected by HIV and AIDS.

"The teachers at Huarin Child Friendly School were very friendly and helped students a lot. Both my parents died from AIDS and I received help from my teacher. I am now in a club that visits other people affected by AIDS."

7-year-old student, Thailand.

"We work very closely with several organizations that provide capacity-building for us on child rights and counselling techniques. The teachers at our school are very committed to abide by the child friendly protocol, and we try our best to improve the lives of children in need."

Head teacher, Huarin School, Sanpatong, Thailand.

5.2 Provide support for children in distress

Sensitise teachers to recognise children who need help

Parental or family illness and death causes severe emotional distress in children and they may become depressed and withdrawn. Children experiencing grief and loss, anxiety and fear about the future, isolation, stigma and discrimination need special help to remain in school. Educators need to know how to recognise and help children experiencing these problems. They also need to be aware of the impact of HIV and AIDS on other children in their classes so that they can help learners who have lost their friends or whose friends are ill.

Educators also play an important role in identifying children suffering from neglect, physical or sexual abuse. They need to be able to recognise physical and behavioural signs of neglect and abuse such as malnutrition, poor hygiene, sadness, withdrawal, anxiety, aggression, bruises, burns, genital pain, itching or infections, nightmares and sleeping problems, using inappropriate words, and acting out sexual scenes. Educators may be able to help children who are neglected by talking to caregivers or assisting with referrals to service providers. Educators need training so that they are able to identify children with special needs, build skills on child communication, and support access to counsellors and social services.

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Train teachers in counselling or employ school counsellors or guidance officers

After home and family, school plays the most significant role in the lives of children, in their social and emotional development and in helping them to develop resilience. School is even more important for children without parents. They need extra support from teachers, as adults they can trust, people who are interested in their lives and who help to build their confidence and self-esteem.

Teachers play an important role in providing psychosocial support. They can help students whose family members are ill or who have lost someone close to them because of AIDS to deal with grief, stigma and other stresses. By showing that they care and by treating infected or affected students with kindness and understanding, educators can also help to reduce stigma and discrimination and promote the message that day-to-day contact does not transmit the virus. Taking a positive attitude to infected and affected children, recognising that they are survivors who are coping and showing initiative and creativity, rather than viewing them as passive victims, helps to acknowledge and build on their strength and skills.

School-based guidance

A survey in three countries, Botswana, Malawi and Uganda, found that the implementation of effective school-based guidance and counselling services faced a number of constraints including: lack of trained counsellors, especially in primary schools; lack of time of teachers trained as counsellors to provide counselling services; lack of guidelines about roles and responsibilities; and lack of space to provide confidential advice (Bennell, Hyde and Swainson, 2002).

MoEs and schools need to develop guidance for teachers to help them provide psychosocial support to their students. UNESCO Windhoek has supported training of trainers on providing psychosocial support for OVC, including the development of a training manual *Training Program to provide Education to Orphans and Vulnerable Children* in different local languages in Lesotho, Namibia and Swaziland. The training manual was also translated into Portuguese for Angola. Steps also need to be taken to integrate guidance and counselling services, including bereavement counselling, within schools. In Zambia, for example, every school is expected to have a guidance and counselling educator. Schools should also identify a place for counselling that is private and safe.

Strengthening guidance in schools

UNICEF is collaborating with a regional training programme on guidance, counselling and youth development for Africa to establish and strengthen guidance and counselling services within education systems in 28 countries. Regional centres on guidance, counselling and youth development have been established in Lilongwe, Malawi and Bamako, Mali, and training modules have been developed. An evaluation in 2004 found that the programme had had a positive impact on national strategies. Countries such as Malawi and Zambia have integrated guidance and counselling on care for OVC into the education sector.

Scaling up peer counselling

The Indian NGO Y.R. Gaitonde Centre for AIDS Research and Education (YRG CARE) is training peer educators in schools to counsel other students and to make referrals. Similarly, the African Youth Alliance has been working with the Botswana YWCA and MoE to scale up peer counselling for adolescents.

Encourage peer support in schools

Infected and affected children gain considerable psychosocial benefits from peer support, for example, through peer counselling, self-help groups or clubs. Schools should take steps to support the establishment and functioning of peer support activities.

Steps to help to build resilience in children affected by HIV and AIDS

The STOP system is a useful checklist:

S – Security and Structure – Schools give children security and structure in their lives. School is a place where children feel that they belong and it provides a safe haven when things are difficult or in crisis at home. Going to school after the death of a parent gives children a sense of security, helps them to feel normal and allows them the space to behave like a child.

T – Talk, Teaching and Training – The role of teachers and classroom activities is critical when children's home lives are disrupted by HIV and AIDS. Teachers play an important role in helping children to cope by listening and encouraging them to express their feelings.

O – Organized play as an Opportunity for children to express themselves – Play is an important part of children's development, especially when they have to take on adult responsibilities at home. Schools need to offer substitute play activities.

P – Participation in Peer group activities, Peer group support – Spending time with peers allows children to be children. Children need friends, and peer groups provide them with a sense of belonging and identity.

Source: Mallmann, 2003.

Creating safe and supportive learning environments

Establish systems of support related to direct responsibilities, e.g. alternative/flexible education; counselling and psychosocial support; after-school supervision; protection from discrimination and recreation; as well as support related to more indirect responsibilities, e.g. referrals for shelter, food, clothing, health care, social security, protection from exploitation and skills building and income generation.

Provide material support with:
- School fees and bursaries – such as providing information to learners and caregivers on how to access bursaries or fee exemptions.
- School uniforms – such as donations of old uniforms, collecting uniforms from learners who are leaving the school, etc.

Create safe spaces for learners to:
- Talk to teachers.
- Do homework.
- Access peer support.

Provide psychosocial support to:
- Help learners who are caring for ill parents and/or siblings.
- Help bereaved learners deal with grief and loss.

Provide education support to:
- Help learners catch up with school work after long absences.
- Create alternative learning situations for infected and affected learners who cannot participate in normal schooling (for whatever reason).

Collaborate with agencies offering services and support to children to:
- Find out about other organizations in the area that help vulnerable children and their families.
- Keep contact details of organizations easily accessible to learners.
- Invite organizations to deliver talks at the school, explaining what services they offer and how they can be reached.

Create educator support teams to support one another and to share lessons and experiences with colleagues.

Source: UNESCO Nairobi, 2005.

5.3 Provide health, sanitation and nutrition support

Introduce school health policies and programmes

Ministries of education should initiate school health programmes that promote a healthy school environment and refer students to health services, in order to keep children healthy and provide support to children who are sick.

Provision of safe water and adequate sanitation is an essential aspect of a healthy school environment and is especially important for children with HIV, who are more vulnerable to common infection such as diarrhoeal disease.

Schools can establish links to health services in order to refer students for health care and, where appropriate, to providers of VCT, condoms, family planning advice and other sexual and reproductive health services. Some schools provide on-site services such as counselling and condom machines.

Children with HIV infection may get sick frequently or have less energy and strength. These children need special support, without being overprotected, to help them be at school as much as possible and to take part in school activities. Possible approaches include providing longer rest periods and adequate, quiet space for a rest or sick room, and identifying a resource person in the school who is linked to local health care providers or facilities.

In settings where HIV treatment is available and children with HIV are taking medication, teachers need information so that they can support children to adhere to treatment and recognise treatment side effects. Schools should make sure that at least one teacher is trained in HIV treatment and support for children to take ARVs and other medications, and work with NGOs and health facilities to develop practical tools to support treatment adherence.

Uganda: WFP and UNHCR

WFP and UNHCR have been partners in school feeding programmes since 2001. The partnership is based on an integrated multisectoral approach that focuses on self-reliance, emergency and environmental activities. It targets people living with HIV and tuberculosis, young people in- and out-of-school, young mothers and food-insecure adults. UNHCR distributes food to schools with school feeding programmes and trains peer educators to serve as role models for students. WFP provides food to UNHCR-funded adult literacy programmes, which incorporate HIV and AIDS awareness into the lessons.

Source: WFP, 2004.

Effective school health

The Focusing Resources on Effective School Health (FRESH) framework is a joint partnership between 14 organizations (including UNESCO, UNICEF, Education International, UNAIDS, WHO and the World Bank). It aims to enhance overall health and nutritional status as an important way to reduce vulnerability to diseases such as HIV and to sustain the health of learners who are already infected. Acknowledging that healthy learners and environments are essential for effective learning and educational outcomes, FRESH combines four core components for a comprehensive school health approach: school health policies; school health services; skills-based health education; and water, sanitation and environment. The FRESH toolkit (available on CD-ROM or as a website) contains policy documents and has extensive tools on a variety of themes such as HIV and AIDS, malaria, and violence.

The FRESH framework is used in Senegal to promote young people's sexual and reproductive health within a wider programme of activities that aim to improve school health. The Ministry of Education and Ministry of Health work with other ministries responsible for school buildings and

sanitation to improve school health. Health issues such as malaria, as well as HIV and AIDS, are included in the national school curriculum, and educators have been provided with teaching and health education guides (Warwick and Aggleton, 2002). Other FRESH activities have been organized in India, Uganda and Zambia and extensively throughout the Asia-Pacific region.

Since FRESH was launched in 2000 in Dakar, UNESCO and other FRESH partners, such as Partnership for Child Development (PCD), have organized sub-regional meetings (in Chiangmai in 2002, Manila in 2003, Adoua in 2006) and national level meetings inviting representatives from the Ministries of Education and Health, FRESH partners and national and international NGOs, aimed at raising awareness of the important link between health, nutrition and the value of adopting the FRESH approach.

For more information refer to the FRESH website: http://portal.unesco.org/education/en/ev.php-URL_ID=34993&URL_DO=DO_TOPIC&URL_SECTION=201.html

Promoting healthy learning environments

A UNESCO workshop in the Dominican Republic attended by representatives from 12 Caribbean and Latin American countries found that most education systems focused on health education; few were looking at ways to promote healthy learning environments, and the link between health and provision of safe water and sanitation was not given high priority. UNESCO also supported a workshop attended by participants from 15 Latin American countries to assess the extent to which health problems, and specifically HIV and AIDS, affect schooling and educational outcomes. The workshop has been followed by national seminars to train trainers and students on school health and HIV & AIDS.

In Namibia, UNESCO Windhoek has worked with the Ministry of Health and Social Services and other development partners to promote school health in primary and secondary schools, including the development of school health policies and guidelines, training for district health officials, and implementation of school health programmes.

What should be included in a school health policy?

- Explicit goal of preventing HIV infection and reducing the negative impact of HIV and AIDS.
- Rationale for educating staff and learners about HIV and AIDS.
- Strategy for inclusion of HIV and AIDS in the curriculum, including integration into specific subject areas, allocation of time.
- Measures to establish a supportive school environment, including non-discrimination towards staff and learners.
- Protection for teachers who address sensitive issues in a way that is consistent with school and national policies.
- Guidance on universal precautions.
- Protection for the privacy and confidentiality of staff and learners with HIV.
- Protection of the rights of staff and students to employment and education.

Source: WHO, UNAIDS and UNESCO, 1999.

Take practical steps to maintain and improve nutrition

Children who are malnourished or hungry find it difficult to concentrate and learn. Schools, working with parents and communities, can play an important role in improving children's nutritional status. Possible approaches include providing practical nutrition education and skills, school feeding programmes, providing rations, and establishing school nutrition gardens.

Learning institutions and development agencies should consider the following broad suggestions when developing school feeding programmes:

- Give children food at the start of the school day to help them concentrate; many children come to school without having breakfast.

- Plan nutritional content depending on whether the school meal is intended to complement or substitute for home meals.

- Use indigenous foods and source food locally to support the local economy, reduce transport costs and promote sustainability.

- Provide meals to all needy children to avoid stigmatising children affected by HIV and AIDS.

- Encourage local management, for example by PTAs and communities.

Improving nutrition

The *Projet pour la prevention du SIDA dans les Écoles du Congo* represents a collaboration between the Ministry of Education, Ministry of Health, UNDP and the private sector to provide VCT and free medical care for teachers and students and to conduct condom promotion campaigns in schools.

In Thailand, Médecins Sans Frontières (MSF) Belgium together with the Prachomklao Hospital for children has developed diaries and calendars with stickers to remind children when to take their medicines.

In Mozambique and Cambodia, FAO supports junior farmer life schools to support OVC with limited livelihood options and ensure that agricultural skills are transferred from one generation to the next. The intention is to meet children's nutritional and emotional needs and to develop their agricultural skills and future food security. Local teams consisting of a teacher, agricultural extension worker, social animator and volunteers, supported by public health, nutrition and livestock officers, help groups of children to grow staples, vegetable gardens, crops for longer-term income, and medicinal plants. Outcomes reported include increased self-esteem and improvements in nutrition status, agricultural knowledge and livelihoods (Mavanga, 2004).

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UNESCO'S RESPONSE TO HIV AND AIDS

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

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

- **Coherence and focus:** UNESCO coordinates and focuses its efforts in areas where it has a comparative advantage and can provide added value, in keeping with the UNAIDS division of labour and other recommendations to improve coordination;

- **Ownership and partnership:** UNESCO supports country-led, multi-stakeholder processes aiming to achieve internationally agreed goals;

- **Effectiveness:** To promote efficient and effective responses, UNESCO supports approaches grounded upon available and emerging evidence, approaches that are holistic, rights-based, culturally appropriate, age-specific and scientifically accurate, and seek to involve people living with HIV and other key stakeholders in a meaningful way, promote gender quality, and build on the strengths of all UNESCO sectors;

- **Flexibility:** To meet different needs in different contexts, UNESCO promotes 'knowing your epidemic';

- **Sustained action:** AIDS must be recognised as a long-term emergency that will require decades of sustained strategic intervention.

The five core actions of UNESCO's HIV and AIDS programme are:
- Advocacy and Support for Evidenced-Informed Policies and Practices;
- Policy and Programmatic Guidance;
- Technical Support and Capacity Enhancement;
- Coordination and Harmonisation;
- Monitoring, Assessing and Evaluating Progress.

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

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

EDUCAIDS IMPLEMENTATION SUPPORT TOOLS

Technical Briefs

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

Overviews of Practical Resources

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

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

Complete list of Technical Briefs:

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

Please visit the EDUCAIDS website, http://educaids.org, for updated editions and additional briefs as well as other EDUCAIDS Implementation Support Tools. All resources are available in the six UN langages (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 Education[2]

— 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

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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 early 2008). The direct link to the single entry point is not yet available, but it will be provided through http://www.unesco.org/aids

UNAIDS Co-sponsors

— ILO - International Labour Organization
http://www.ilo.org/public/english/protection/trav/aids/

— UNDP - United Nations Development Programme
http://www.undp.org/hiv/

— UNESCO - United Nations Educational, Scientific and Cultural Organization
http://www.unesco.org/aids

— UNFPA - United Nations Population Fund
http://www.unfpa.org/hiv/index.htm

— UNHCR - The Office of the United Nations High Commissioner for Refugees
http://www.unhcr.org/cgi-bin/texis/vtx/protect?id=401915744

— UNICEF - United Nations Children's Fund
http://www.unicef.org/aids/

— UNODC - United Nations Office on Drugs and Crime
http://www.unodc.org/unodc/drug_demand_hiv_aids.html

— WFP - World Food Programme
http://www.wfp.org/food_aid/food_for_hiv/index.asp?section=12&sub_section=1

— WHO - World Health Organization
http://www.who.int/hiv/en/

— The World Bank
http://www.worldbank.org/aids

— UNAIDS Secretariat
http://www.unaids.org

BOOKLET N° **2**

SECOND EDITION

GOOD POLICY AND PRACTICE IN HIV & AIDS AND EDUCATION

HIV & AIDS and Supportive Learning Environments

This booklet is the second in a series of publications that address key themes of UNESCO's work on HIV & AIDS and the education sector. It 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 1 provides an overview of why HIV and AIDS are important issues for the education sector, identifies weaknesses in current policy and programming responses, and highlights evidence gaps. Booklet 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*