



SADC HIV/AIDS IN EDUCATION STRATEGIC FRAMEWORK

**SADC Human Resources Development Sector
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1.0 INTRODUCTION

- 1.1 The Southern African region is one of the regions worst hit by the HIV/AIDS epidemic. 3.8 million people in the region became infected with HIV in sub Saharan Africa last year, bringing the total number of people living with AIDS to 25.3 million. At the same time, 2.4 million people died of AIDS in Africa. AIDS is one of the leading causes of death in this sub-continent, and the region has about one-third of all the people infected with HIV in the world. In some countries, up to one-quarter of the adult population is infected with the virus. Realisation is dawning that HIV/AIDS is not just a health issue, but it is also a development issue: both in terms of differing levels of susceptibility and vulnerability to infection among different groups and in terms of the socio-economic impact of the epidemic.
- 1.2 In June 1999 the SADC Human Resources Development (HRD) Ministers directed the Sector to initiate the development of a regional strategy to complement member States efforts in the fight against the scourge within the education and training sector. Since then, a number of activities have been undertaken which have culminated in the development of a Framework for Regional Action. First of all, a Task Force consisting of Mozambique, Namibia, Swaziland and Zimbabwe was established which initiated the process of developing an education and training sector programme on HIV/AIDS. This process later became part of the broader SADC Multi-Sectoral initiative coordinated by the SADC Health Sector. A total of seven SADC sectors participated in the Multi-Sectoral initiative, namely: health, mining, transport and communications, tourism, culture and information, employment and labour, and human resources development. Each participating sector was to develop its own sector-specific programme which would then be integrated to form the regional Multisectoral Programme.
- 1.3 A draft SADC HRD Sector's Strategic Action Plan was developed and approved by the SADC HRD Ministers in June 2000, with a proviso that a sectoral mobilization workshop be undertaken as a pre-implementation activity. This arose from recognition of certain inherent weaknesses in the document as it had been developed without the full input of all member States and without taking into account the initiatives of other non-government key players involved in combating HIV/AIDS in the education sector. Consequently, it was not sufficiently detailed and representative of the region. There was, therefore, a need to redevelop the document in terms of, *inter alia*, the impact of the disease on the education sector, as well as how member States and other organisations have responded to the challenge.
- 1.4 This current document reflects the outcomes of the SADC regional sectoral mobilization workshop on HIV/AIDS and Education held in Pretoria, South Africa in February 2001. The workshop, implemented

with support from the Belgium Government, brought together participants from ministries of education, the non-government sector, various cooperating partners and private individuals and organizations supporting or involved with HIV/AIDS in education activities in the region. The outcome of the Workshop was this SADC HIV/AIDS in Education Strategic Framework. The Strategic Framework constitutes a statement of selected priorities for regional action by ministries of education, education and training institutions, non-government and community organisations in this sector.

1.5 Underlying this Strategic Framework is a number of assumptions and principles:

- A foundation for action must be in place if effective action is to occur. This means a high level of senior government commitment and resources need to be in place.
- A dual approach to the epidemic which focuses both upon behavioural change (preventative strategies) and addresses the structural and contextual factor (mitigating strategies) is essential to effectively combat HIV/AIDS in the sector.
- A sector wide approach is needed as ministries alone cannot solve the crisis. They must work in partnership within their own sectors, across sectors and within the region.

1.6 The Strategic Framework will provide the basis for preparing a costed action plan for SADC support to national and regional interventions. SADC HRD SCU has commissioned a consultant to develop a 5-year action programme based on the Strategic Framework and Country Sector Reports on their preparedness in dealing with the epidemic.

2.0 IMPACT OF HIV/AIDS ON THE EDUCATION AND TRAINING SECTOR

2.1 It is acknowledged that education and training is the cornerstone for achieving lasting and sustainable development. It is the sector that provides the skills and builds the necessary human capital vital for economic and social development. The HIV/AIDS epidemic affects people of all ages; however, it is more prevalent among the young population between the ages of 15-29 years, the group that is school going, trainable and at its most productive stage. Moreover, this section of the population is the group which is also at the peak of childbearing, particularly for females. Thus HIV/AIDS is eroding not only the hard-built human capital, hence depriving families, communities and societies of experienced, skilled and active members, but also hits hard at families, leaving children orphaned and without support.

1.2 HIV/AIDS affects the education and training sector in the SADC region in many respects. This is particularly so because of the 'person-intensive' nature of the education sector. Professor Michael J. Kelly¹ likens the effect that HIV/AIDS has or will have on the whole education system to what happens to a person when he/she becomes infected with HIV. The invasion on the person's immune system is gradual until the system is overcome and too weak to protect the individual against opportunistic infections and eventually succumbs to death. Similarly, HIV/AIDS erodes the 'vital' cells of the education system – the individuals, organizations, structures, programmes, projects, etc. that propel the functioning of the education system. When the pandemic takes its toll, the system becomes vulnerable to opportunistic infections – uncertainty, disarray, paralysis, bewilderment, turbulence – a crisis of untold proportions. Professor Kelly postulates that HIV/AIDS has thus the potential to affect

- the demand for education
- the potential clientele for education
- the supply of education
- the content of education
- the process of education
- the organisation of schools
- the role of education
- the availability of funds for education
- aid agency involvement in education
- the planning and management of the education system.

The impacts of HIV/AIDS on the education system can broadly be summarized in terms of demand, supply and quality, as follows: -

2.2.1 Demand (learners and school enrolments)

2.2.1.1 The high incidence of HIV/AIDS affects the demand for education in that a reduced number of children enter the system as the majority of those who are born with the virus die before their fifth birthdays. Furthermore, there may be higher dropout and repeater rates due to AIDS-related stresses on the household economy and family unit. This may lead to a decline in enrolments, which in the long run will lead to inefficient use of educational facilities. Kelly cites demographic projections from various studies (e.g. World Bank, 1993) as pointing to reductions ranging from 12- 24% in some countries in the number of school-going children within the next decade or so. In addition, the youth is the most exposed group to the epidemic and this will result in a significant decline in

¹ Michael J.Kelly: "Planning for Education in the Context of HIV/AIDS", UNESCO International Institute of Educational Planning, Paris 2000.

enrolments not only at the secondary school level but also more acutely at the tertiary level, hence reducing the base for skills development in the region. This will further exacerbate the problem of shortages of skilled personnel currently prevailing in the region. In summary, HIV/AIDS affects demand for education because²,

- ❑ There will be relatively **fewer children needing education** due to fewer children being born because of early death of one or both parents;
- ❑ There may be relatively **fewer children wanting education** (or fewer parents wanting their children to be educated) due to, among other things, reluctance of parents to make considerable educational investments for a child likely to die before the investments yield any benefits; and to the increased randomness of education (absenteeism of both teachers and pupils);
- ❑ There will be **fewer children and their families able to afford education**, due to: the direct loss of income owing to the illness and death from AIDS of productive members of the family; the expenditure on treatment, care and funeral costs; and the expansion of extended families;
- ❑ There will be **fewer children able to complete their education** because of illness in school, the need for children to work and care for ill adults, the trauma related to illness and death of family members, and the discrimination and stigma suffered by affected and infected children;

2.2.2 Supply (Teachers, Personnel, Teaching and the Provision of Education and Training)

2.2.2.1 Though there is little data in support of this, there is no doubt that HIV/AIDS negatively affects the provision of education and training. A number of factors may be cited in this regard:-

- The sector is experiencing significant losses in teacher numbers and other personnel (supervisors, inspectors, higher level managers, etc.) due to HIV/AIDS in some parts of the region. Kelly (op.cit) cites examples from studies carried out in the early 1990s. For example, World Bank Projections were that by 2010 some 14,460 teachers would have died from HIV/AIDS in Tanzania, rising to 27,000 by 2020. In Zambia, teacher mortality stood at 39 per 1000 in the late 1990s, which is 70% higher than in the general population. In Botswana it is estimated that 2-5% of teachers are lost annually; while

² From Sheffer, Sheldon: "The Impact of HIV/AIDS on Education: A Review of Literature and Experience", UNESCO

infection rates in South Africa are estimated at 20-30%. Many teachers are themselves, like other families, taking on the orphans of those who have died of AIDS, and increased time is spent going to funerals, and caring for the sick. This is seriously undermining member States' efforts to increase the pool of trained teachers and other personnel in a bid to improve both the quality and quantity of education. In Zambia, for instance, it was found that in 1998 teacher deaths were equivalent to the loss of about two-thirds of the annual output of newly qualified teachers, which, when retirements and departures due to other reasons are considered, results in a zero net gain to the system (ibid.).

- Issues of finance may also affect the supply of education as the level of investment in education will be affected. The reasons for this include: increase in replacement costs for personnel lost to the pandemic, and diversion of already meagre educational resources to health-related costs (treatment and care, insurance, death benefits). Indeed, the efficiency of the sector itself is reduced due to higher costs of service delivery (e.g. payment for sick leave and/or erratic attendance to school versus payment for actual work undertaken, increased output regarding teacher training to fill vacant posts, etc.).
- According to Shaeffer (op.cit) lower demand for education (i.e., declining enrolments and high drop-out rates), will likely lead to a decline in the number of classes and schools in the long term, as fewer students need a smaller supply of facilities and places. Eventually, either it may not be practicable or communities and governments may ill-afford, to maintain schools if they have enrolments below a certain minimum. Thus these schools may close and remaining pupils moved to other schools, which themselves might not be equipped to take on additional pupils.

2.2.3 **Quality of education:** - The net result of the impact of HIV/AIDS infection on supply, demand, process, content and other areas, is the negative effect on the quality, efficiency and effectiveness of the education and training system. As Shaeffer (ibid. p.23) aptly puts it "Relatively fewer pupils, students and adult learners may seek an education; those that do, may be faced with fewer available places, a more 'random' sequence of teaching and learning, and fewer teachers. And those teachers that remain in the system may be less experienced and less well-trained and supervised by fewer inspectors. ...The 'work place' itself (school, learning institution) may also be affected by the psychological effects of having infection, illness and death in its midst." Quality time spent on teaching as well as the learning process of the pupils as both learners and educators have to deal with AIDS related stresses such as caring for the sick, increased time spent going to

funerals and absenteeism due to illness. On the management and planning side, the mortality and sickness of education officials (managers, planners, supervisors, etc) also results in the erosion of considerable competence and the system's capacity to plan, manage and implement educational policies, programmes and plans. Thus the quality and efficiency of the education system is seriously undermined.

2.2.4 **Additional challenges** that the pandemic presents the education and training sector include the following: -

- *Provision of education and training to HIV positive learners and educators and their treatment.* Coming to terms with the reality of HIV/AIDS in schools and training institutions, and the need to find effective approaches for care and support for those affected, is a big challenge for member States.
- *AIDS Orphans:* - The region is alarmed at the growing numbers of orphans and the implications of this on future generations and the development of the region as a whole. Estimates of orphan numbers due to AIDS for 2010 were projected to account for more than 90% of all orphans for Botswana, South Africa and Zimbabwe, and between 74% and 83% for Malawi, Mozambique, Tanzania and Zimbabwe (see Table 1). The number of children who have lost both parents is particularly significant for those countries with high prevalence rates. This has a number of implications in terms of schooling, entry into the labour market, and quality of life of these children (many of whom are likely to join the growing number of children living under difficult circumstances created by economic and political hardships).

Table 1: Orphan Estimates, 2010

Country	Maternal & Double Orphans from all Causes	Percentage of maternal & Double Orphans from AIDS	Total Orphans as a Percentage of Children Below Age 15
Botswana	113 000	96.3	36.8
D.R.C.	1 912 000	43.1	10.6
Malawi	553 000	78.4	21.5
Mozambique	1 219 000	73.8	26.9
South Africa	1,970 000	92.3	30.8
Tanzania	1,182 000	83.2	11.1
Zambia	645 000	82.4	22.6
Zimbabwe	695 000	94.6	34.2

Source: UNESCO 2000 From Table 4.2 (p.58)

- *Stigmatization and Discrimination:* - Both learners and educators encounter problems of stigmatization due to lack of knowledge on how to deal with people living with HIV/AIDS. The school children

also suffer psychological effects due to peer pressure and exposure to AIDS related death. This creates demand for teachers to provide counseling services to children to mitigate poor performance. Hence the Sector has to deal with the challenge of providing counselling services in schools.

- *Planning for Education and Training*:- All of the impacts of HIV/AIDS as discussed above present serious challenges for the planning of education and training. The planning system will not only have to take account of the profile of the education system's clients (e.g. drop-outs, orphans, frequent absentees, girls, etc) and their needs due to HIV/AIDS, but also the role, process and content of education.
- Other challenges as stated by SADC member States themselves at the recent HIV/AIDS in Education Workshop include the following:-
 - Developing coherent and implementable national HIV/AIDS strategic plans for the education sector;
 - Inadequate financial and human resources to appropriately deal with the scourge;
 - Despite that there is considerable knowledge and evidence of the existence HIV/AIDS, and measures taken to deal with the scourge, there is no visible corresponding change of attitudes and behaviour in the sector clients. The issues of confidentiality, human rights, and culture seem to be some of the critical factors in this regard.

3.0 INITIATIVES UNDERTAKEN BY SADC MEMBER STATES, COOPERATING PARTNERS AND OTHER (SUB-) REGIONAL AND INTERNATIONAL ORGANISATIONS

3.1 Member States' Initiatives

3.1.1 Most countries in the region have devised strategies to mitigate the impact of the epidemic at national and sectoral levels. In coming up with a regional strategy to fight against HIV/AIDS in the education and training sector, it is necessary to take cognizance of these initiatives so as to draw lessons from them and to avoid duplication of efforts. Please refer to Appendix One for a summary of country preparedness in terms of areas agreed at the Regional HIV/AIDS and Education Workshop.

3.2 Initiatives by Cooperating Partners

3.2.1 A number of Cooperating Partners (donors, multilateral organisations, institutions, etc) are intervening in some or all of the member States through various initiatives. For example: -

IIEP: - Is involved on studies on the impact and interventions to respond to the impact of HIV/AIDS. Currently working in Namibia, and Zambia. They have developed a SADC-focused training programme for educational planners dealing with HIV/AIDS issues.

UNESCO (Harare office): - Is primarily focusing on curriculum development – HIV/AIDS appropriate materials for use in the classroom – and information management issues -the collection of statistical information for the development of key indicators for HIV/AIDS in education. It has an interest in strengthening the SADC region in the area of information, education and communications i.e collecting information and providing access to users.

Sida :- Has been providing support to UNAIDS, IIEP, UNICEF and others.

THE NETHERLANDS GOVERNMENT: - Supports awareness and counseling programmes on HIV/AIDS. Has a budget of 50 million Guilders for 3 years to support HIV/AIDS across the education and training sector in the SADC region.

JICA: - Provides support in the area of HIV/AIDS prevention, care and support as well as providing research and development for international public good. JICA is currently operating in five SADC countries namely Botswana, Tanzania, South Africa, Zambia and Zimbabwe.

UNDP / Association for the Development of Education in Africa: - Supports HIV/AIDS in Education documentation, prevention and mitigation activities in Africa.

UNICEF / Eastern and Southern Africa (ESARU): - Interested in supporting activities to strengthen capacity to respond positively to the pandemic.

FAWE: - Main area of focus is girls' education during the period 2001-2005. Other areas include policy dialogue, advocacy at school and community level and girls empowerment through peer education.

Mobile Task Team (MTT)- This is a team of regional education experts who assist ministries of education with assessment studies, strategic planning and implementation tasks associated with tackling HIV/AIDS in education. The MTT is based at the University of Natal's Health Economics Research Unit that has specialised in HIV/AIDS consultancy work.

UNAIDS – Is playing a key role in disseminating information and materials appropriate for educators and learners dealing with HIV/AIDS. They are presently discussing setting up a major electronic information dissemination centre for the SADC region.

Additionally, there are a number of international NGOS that are playing a critical role in the SADC region in supporting the fight against HIV/AIDS in the education sector, in particular, Save the Children UK and Oxfam. Acknowledgement also needs to be made of the numerous national NGOs, working closely with all roleplayers in advocating HIV/AIDS prevention through materials, drama and facilities.

3.3 Lessons for the Region

3.3.1 A few lessons can be drawn from the current responses and initiatives.

- First, despite this pandemic being prevalent in the region for the last two decades, practical action on prevention and mitigation is long overdue, particularly in the education and training sector. Most attempts (particularly those of SADC member States) at fighting the scourge have tended to focus on prevention measures, the main strategy being integration of HIV/AIDS into the curricula of schools. However, the effectiveness of this strategy in achieving the desired effect is yet to be established.
- Member States are at different levels of development in the fight against HIV/AIDS - very few have even assessed the impact on the disease on their education and training sector. Some, however, have concentrated considerable resources and expertise in refining their strategies in dealing with the pandemic. Given this, therefore, a regional intervention would be to identify these resources and best practice to share among ministries of education, since they would learn from each other and complement each other's strengths in this area.
- It seems imperative that a dual approach is adopted which focuses on preventative strategies -advocacy, training, counselling and integrating knowledge on the disease within the school curriculum – as well as mitigating strategies – assessing, planning and monitoring impact, developing innovative approaches to stabilizing education provision and quality. As already observed above, where member States have

undertaken some practical action, it has tended to be largely around preventative strategies. In order for this dual approach to be effective, there must be high commitment from government and appropriate policy, planning and regulatory frameworks in place.

- Further clarity is needed on (1) the extent of education's responsibility for fighting the pandemic, and for caring for those affected by the disease; (2) at what point educators should hand over responsibility for learners in difficulty to health and social service agencies; and (3) the extent to which schools and other educational institutions are (or should be) part of the community response to the pandemic.
- A number of cooperating partners have responded to the challenge in various ways and focusing on various areas. Perhaps one drawback of these interventions is a lack of coordination of these initiatives so that the available resources can be used for maximum benefit.
- Finally, a sector-wide approach seems essential as ministries alone cannot solve the problem – they must work in partnership within their own sectors, across sectors and within the region.

4.0 PROPOSED REGIONAL STRATEGIC FRAMEWORK

The Strategic Framework is a set of regionally agreed priorities and focus areas for regional intervention guided by a particular approach which recognizes three critical areas of focus if the campaign against HIV/AIDS is going to yield any benefits. These areas are: Foundation for Action, Mitigation, and Prevention. The approach also assumes initiatives will be sector-wide.

4.1 Priority Areas For Regional Intervention

From the Sectoral Workshop, a number of areas of priority for regional level action emerged, namely:

- (i) Facilitation of the development of appropriate policies
- (ii) Facilitation of training opportunities
- (iii) Coordination and commissioning of regional research
- (iv) Information dissemination and exchange, sectoral mobilization
- (v) Resource Mobilization

4.2 Overall Goal

The overall goal for regional intervention is the SADC-wide overarching goal which was developed by the Multi-Sectoral initiative, namely: -

To decrease the number of HIV/AIDS infected and affected individuals and families in the SADC region so that HIV/AIDS is no longer a threat to public health and to the socio-economic developments of member States.

4.3 Purpose of the Education and Training Sector Strategic Framework

To promote, coordinate and support individual and collective efforts of member States in reducing the transmission, incidence and impact of HIV/AIDS infection within the education and training sector.

4.4 Three Strategic Objectives

There are three major strategic objectives of the Education and Training Sector Strategic Framework and these are derived directly from the three-pronged approach mentioned above. These objectives are as follows: -

- i) To create a conducive environment for action against HIV/AIDS in the education and training sector at national and regional levels (Foundation for Action);
- ii) To develop and implement mechanisms and strategies for mitigating the impact of HIV/AIDS on learners, educators and the education system as a whole (Mitigation Strategies); and
- iii) To develop and implement mechanisms and strategies for preventing the spread of the HIV/AIDS on the education and training sector (Prevention Strategies).

These concepts (their meaning and intent) and some selected priorities for national and regional action which will provide the basis for preparing costed action plans for national and regional interventions, are elaborated below.

4.4.1 STRATEGIC OBJECTIVE 1: CREATING A FOUNDATION FOR ACTION

It will be possible to move forward nationally and regionally if there is – in each country, and within SADC itself – a foundation for action which includes the following building blocks:

- a) **Dual approach:** strategies to counterattack the pandemic in education that take account of both (1) how to help prevent the

further spread of the disease by using resources available to the education sector, and (2) how to reduce the consequences of the pandemic on the education sector itself.

- b) *Committed and informed leadership:*** politicians, senior education department officials, and senior international agency staff who are knowledgeable **and** committed, who are convinced that our situation is grave, and recognize that our learning structures are being steadily undermined.
- c) *Collective dedication:*** understanding that HIV/AIDS in education is not the problem of ministries of education alone. They can only overcome the effects of this pandemic by working with partners inside and outside government. A holistic approach by all sector stakeholders to problems in the whole education sector is now required.
- d) *Research and information:*** a research agenda, along with research principles, priorities, and resources. It should also be possible to identify a set of benchmarks and crisis indicators – alarm bells indicating trouble – which can be monitored over time.
- e) *Effective management:*** recognising that current bureaucratic structures in governments and agencies are not conducive to attacking AIDS. Fighting the pandemic is not a part-time assignment, but a full-time mandate until the situation stabilises. Ministries and agencies must **anticipate** its consequences, and harness resources to counteract it.
- f) *Policy, planning and regulatory framework:*** working arrangements coordinated within a framework of understanding about the pandemic, and its impact on the sector, and disseminated to those responsible for implementing them.
- g) *Resources:*** adequate funds allocated to the fight against HIV/AIDS, including much more substantial funding and support for local and national *non-government* partners through government or non-government funding mechanisms, including fundholders.
- h) *Monitoring and evaluation:*** assessing what has and has not been accomplished, that is, testing current prevention and mitigation programmes, starting with life skills interventions – their content, the way they are implemented, and the extent to which they achieve their designers' intentions.

Strategic Objective 1: CREATING A FOUNDATION FOR ACTION

SUB-AREA	NATIONAL TARGETS	REGIONAL SUPPORT ACTIVITIES	TIMEFRAME
Dual Approach	<ul style="list-style-type: none"> • Countries to adopt an education sector-specific dual approach to dealing with HIV/AIDS 	<ul style="list-style-type: none"> • Advocacy at the ministerial and senior official level for a dual approach 	2001 ongoing
Leadership	<ul style="list-style-type: none"> • Public commitment/declaration made • Appropriate percentage of time spent on advocacy and sensitisation • Adequate funds/resources allocated and moving through the sector • Officials held accountable for delivery 	<ul style="list-style-type: none"> • A Regional Declaration on HIV/AIDS is made • Advocating high priority advocacy for HIV and education issues <ul style="list-style-type: none"> - within Ministries of Education - with technical committees implementing the Protocol - within SADC Secretariat - with HRD Ministers and Senior Officials 	2001 ongoing
Partnerships	<ul style="list-style-type: none"> • Approach to HIV and education is sector-wide <ul style="list-style-type: none"> - includes stakeholders in and out of government - includes all education subsectors (from early childhood development to post-school, training and out-of-school programmes) • All available expertise identified and harnessed nationally and within region • Create working networks/regular forums • Partnerships inclusive across sector and multi-sectorally – where 	<ul style="list-style-type: none"> • Information dissemination and exchange - putting people in touch within the region <ul style="list-style-type: none"> - through clearinghouse activities - through a website, linked with other sites both regionally and internationally, - through regular forums on specific issues, with consistent attendees, focused and practical agendas • Establish a regional steering committee involving all major stakeholders including representatives of active co-operating partners in the region dealing with HIV/AIDS and Education to co-ordinate and synthesize activities. • Ensure representation on the SADC multi-sectoral committee on HIV/AIDS. 	2001 ongoing

	appropriate including young people/traditional leaders/the elderly		
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SUB-AREA	NATIONAL TARGETS	REGIONAL SUPPORT ACTIVITIES	TIMEFRAME
Managers	<ul style="list-style-type: none"> • Effective Management - Managers appointed at all levels who are <ul style="list-style-type: none"> - full-time - appropriately skilled - held accountable at the highest level - appropriately skilled, managerially and technically - supported by information and monitoring systems 	<ul style="list-style-type: none"> • Appointing a regional full-time HIV/AIDS and education manager to implement the SADC regional action programme. • Achieving consensus that an HIV/AIDS education manager must be full-time, high-level, suitably skilled and accountable directly to the permanent secretary in the Ministry of Education.. • Identifying effective managers in the region to support HIV and education work nationally and in the region 	
Policy, Planning and Regulatory Framework	<ul style="list-style-type: none"> • Policy, plans, and regulations are <ul style="list-style-type: none"> - in place in Ministries of Education and aligned with other sectoral and national policies. - regularly reviewed and adjusted - comprehensive and integrated - not hostile to HIV work - communicated and consistently applied 	<ul style="list-style-type: none"> • Promoting a review of HIV and education policy in the region among all Ministries of Education which have not yet undertaken this step. • Identifying good practice in the development of comprehensive policies, plans and regulatory frameworks by disseminating existing resources in this area. • Developing and disseminating a set of generic guidelines on policy, planning and regulation for the region. • Facilitating the development and implementation of national HIV and education policies, plans and regulations • Facilitating the provision of training opportunities for policy developers and planners to undertake specialised training in analysing and preparing policy. • Supporting the implementation of impact assessments in every SADC countries so as to enable effective planning. • Monitoring policy and planning for HIV and education 	

SUB-AREA	NATIONAL TARGETS	SADC SUPPORT ACTIVITIES	TIMEFRAME
Resources	<ul style="list-style-type: none"> • Resources are <ul style="list-style-type: none"> - channelled to those who can best use them - used transparently and accountably - channelled for cost-efficiency - targeted at risk and vulnerable groups • Adequate resources are allocated by national ministries 	<ul style="list-style-type: none"> • Mobilising resources for regional programmes and where possible on behalf of activities in member states • Providing information to member states on available regional and international resources and expertise. • Helping to coordinate and facilitate the mobilisation of resources for action in the region • Exploring the role of SADC as a fundholder for development aid resources. 	5 years
Research and Information	<ul style="list-style-type: none"> • Information requirements and baselines specified • Research agenda established • Information collected, stored and disseminated, analysed and used 	<ul style="list-style-type: none"> • Disseminating information and research in collaboration with existing clearinghouses and research institutions focusing on HIV/AIDS • Maintaining various databases and making them accessible in cooperation with other existing databases (e.g. NESIS and IIEP) • Supporting development of a research agenda on basis of regional needs. E.g. Researching the appropriate teaching models and modes for bringing about behaviour changes among educators and learners. 	5 years
Monitoring and Evaluation	<ul style="list-style-type: none"> • Monitoring HIV and education activities carried out regularly by inspectors / education advisors (for schools) and planners, researchers and others (for the sector) 	<ul style="list-style-type: none"> • Updating country profiles • Commissioning regional surveys and regional impact assessments • Monitoring regional progress – practice and research 	<ul style="list-style-type: none"> • Annually • Every second year • Annually

4.4.2 STRATEGIC OBJECTIVE 2: MITIGATING THE IMPACT OF HIV/AIDS ON THE EDUCATION SYSTEM

'Mitigating the impact' of HIV and AIDS means, in essence, protecting education quality and provision, and reducing the effects of the pandemic on educators, learners, and the system itself.

- a) **Impact assessment:** assessments of the likely impact of the pandemic over the next two-three decades on learners and educators, and on the health of the sector itself. Policy formulation and planning need to take account of the evidence provided by the assessments, which need to be updated regularly.
- b) **Projecting future supply and demand:** reasonably accurate predications of future demand for education and , in terms of numbers of learners in various age groups, how many teachers and trainers will be required. A qualitative assessment will be required of the likely characteristics of learners in future, taking account of those who are infected and affected by AIDS.
- c) **Stabilising education provision and quality (system self-preservation):** even under attack by the pandemic, the system should work so that teachers are teaching, children are enrolling and staying in school, managers are managing, and personnel, financial and professional development systems are performing adequately.
- d) **Reducing the Impact on Institutions of Learning (counteracting the pandemic):** those affected and infected by the pandemic can work and learn in a caring environment which respects the human rights of all
- e) **Responding Creatively to New Learning Needs (outwitting the disease):** the system continues to provide meaningful, relevant educational services to learners in and out of school, in complex and demanding circumstances.
- f) **Supporting Orphans and Other Vulnerable Children and Youth:** an environment in which children who have lost parents or who are otherwise affected by HIV and AIDS, receive material, psycho-social and other benefits which enable them to continue learning.

MITIGATING THE IMPACT OF HIV/AIDS ON LEARNERS, EDUCATORS AND THE EDUCATION SYSTEM

SUB-AREA	NATIONAL TARGETS	REGIONAL SUPPORT ACTIVITIES	TIMEFRAME
Impact Assessment	<ul style="list-style-type: none"> • Sector impact assessment undertaken • Impact assessment and its results factored into planning 	<ul style="list-style-type: none"> • Advocating for completion of impact assessments in all SADC countries by 2002 • Obtaining agreement on critical variables and scope of impact assessments so as to allow regional comparability. 	- 2002
Projecting Future Supply and Demand	<ul style="list-style-type: none"> • Analysis and projections for sector undertaken including enrolment, attendance, completion, dropout, and transition rates; educator attrition rates; risk and vulnerability of schools, students, and teachers 	<ul style="list-style-type: none"> • Developing, in consultation with all SADC Ministries of Education, key performance indicators that assess the impact and response of ministries to the pandemic. • Facilitating capacity development of EMIS units in SADC ministries to track the pandemic and reallocate resources to mitigate its effect 	- 2002
Stabilising Education Provision and Quality	<ul style="list-style-type: none"> • Strategies and action plan formulated based on impact assessment and projections • Education support services maintained by <ul style="list-style-type: none"> - training additional teachers - identifying areas for skills transfer - improving teacher counselling skills, and knowledge about HIV 	<ul style="list-style-type: none"> • Facilitating educator deployment policy and practice in the region. • Facilitating the development of Strategic Action Plans in all countries by 2002 • Supporting research into models of transmission of information that leads to behaviour change; • Supporting exchange of information on policies, legislation and best practice. 	2002 onwards

Reducing the Impact on Institutions of Learning	<ul style="list-style-type: none"> • Schools and other education and training institutions designated safe places for children and young people • Policies in place which <ul style="list-style-type: none"> - protect the rights of learners and educators - inhibit violence in education and training institutions • Counselling and care provided in education and training institutions • Peer sensitisation ongoing • School feeding scheme in place 	<ul style="list-style-type: none"> • Supporting research into models of decentralised management that can effectively support severely affected school communities. 	5 years
Responding Creatively to New Learning Needs	<ul style="list-style-type: none"> • Industrial training scheme in place • Out-of-school learning opportunities (distance education, nonformal, peer group) created • Greater vocational content included in syllabi to help those leaving early (sector flexibility to meet special and more random needs of complex cohorts) 	<ul style="list-style-type: none"> • Supporting the links between post-secondary institutions and higher education institutions in learning best practice from each other in dealing with this crisis. • Supporting the development of alternate non-contact modes of education delivery for affected and infected learners. 	5 years
Supporting Orphans and Other Vulnerable Children and Youth (girl child, disabled, peri-urban and rural, infected and affected)	<ul style="list-style-type: none"> • Policy in place on orphans and other vulnerable children • Bursaries scheme operational • School fee review completed (foster parent scheme) (homebased care scheme) 	<ul style="list-style-type: none"> • Facilitating the sharing of information on best practice in dealing with this complex problem 	5 years

4.4.3 STRATEGIC OBJECTIVE 3: HELPING PREVENT THE SPREAD OF HIV/AIDS

Educators need to define: (1) the extent of education's responsibility for fighting the pandemic, and for caring for those affected by the disease; (2) at what point educators should hand over responsibility for learners in difficulty to health and social service agencies; and (3) the extent to which schools and other educational institutions are (or should be) part of the community response to the pandemic.

- a) ***Installing curricula:*** integrated or separate life skills programmes at primary, secondary and post-school levels, along with programmes for young people who are permanently or temporarily out of school.
- b) ***Developing and using appropriate materials:*** promoting the use of contextually specific and relevant learning materials.
- c) ***Developing educator knowledge and skills:*** providing skills training for educators on dealing with affected and infected learners.
- d) ***Upgrading teacher educators:*** improving the skills, behaviours, attitudes and knowledge of those responsible for INSET and pre-service preparation of teachers of life skills programmes.
- e) ***Evaluating curriculum interventions:*** assessing the content, implementation and outcomes of life skills and similar curricula – at all levels from preschool to universities – to determine if this is education's most appropriate contribution to preventing AIDS.
- f) ***Providing counseling and care for learners:*** establishing a link with care-services (whether governmental or community based) that will support affected and infected learners.
- g) ***Providing counseling and care for educators:*** ensuring that affected and infected educators have access to counseling services and medical care.
- h) ***Working in partnership:*** identifying organisations and working with them to support their activities.

HELPING PREVENT THE SPREAD OF HIV/AIDS

SUB-AREA	NATIONAL TARGETS	SADC SUPPORT ACTIVITIES	TIMEFRAME
Installing Curricula	<ul style="list-style-type: none"> • HIV/AIDS-related issues mainstreamed in schools' curricula • Curriculum framework in place • New curriculum developed by local experts • Needs assessment complete and factored into planning 	<ul style="list-style-type: none"> • Developing a set of generic guidelines on curriculum practice (the appropriate content, infusion of HIV/AIDS across subjects versus it being a separate subject, etc) • Reviewing progress on curriculum implementation • Identifying and supporting a mobile task team on curriculum development, materials development, and evaluation • Creating opportunities for member States to work cooperatively on curriculum issues 	2002 onwards
Developing and Using Appropriate Materials	<ul style="list-style-type: none"> • Teaching and learning materials developed, distributed and in use 	<ul style="list-style-type: none"> • Assisting member States to <ul style="list-style-type: none"> - access generic and country curriculum materials - develop appropriate materials • Providing capacity building opportunities for curriculum planners within Ministries of Education 	2002 onwards
Developing Educator Knowledge and Skills	<ul style="list-style-type: none"> • Serving teachers oriented to new curriculum • New teachers oriented to HIV/AIDS issues and curriculum 	<ul style="list-style-type: none"> • Providing capacity building opportunities for curriculum developers and trainers in post-secondary, VETT and higher education institutions. • Advocating HIV/AIDS inclusion in regional teacher organisations such as SATU. 	2002 onwards

Upgrading Teacher Educators	<ul style="list-style-type: none"> • INSET and PRESET curricula materials adjusted • Teacher trainers and advisory support personnel sensitised and trained 	<ul style="list-style-type: none"> • Facilitating training opportunities for teacher educators (INSET and PRESET) 	2002 onwards
Evaluating Curriculum Interventions	<ul style="list-style-type: none"> • Evaluation ongoing of <ul style="list-style-type: none"> - curriculum content - implementation of curriculum in the classroom - outcomes 	<ul style="list-style-type: none"> • Facilitating a regional assessment of current regional curriculum interventions. 	2002 onwards
Providing Counselling and Care for Learners .	<ul style="list-style-type: none"> • A policy on counseling and care for learners developed. • Links with ministries of Health and Social Welfare involved in child/youth care established to support school and post-secondary learners. 	<ul style="list-style-type: none"> • Facilitating research on appropriate models of counseling and care for learners . 	2002 onwards
Providing Counselling and Care for Educators	<ul style="list-style-type: none"> • A policy on counseling and care for educators is in place • Service conditions for support of infected and affected educators. 	<ul style="list-style-type: none"> • Facilitating information exchange on regional best practice. 	2002 onwards
Working in Partnership	<ul style="list-style-type: none"> • Directory of organisations from grass-roots to national level working on HIV/AIDS issues is available. • Working relations with active organisations sought at the level of <ul style="list-style-type: none"> - school - district - national 	<ul style="list-style-type: none"> • Developing a database on current co-operating partner initiatives at the regional level. • Regularly disseminating information to national non-governmental role-players • Creating forums for engagement of dialogue with all stakeholders. 	2002 onwards

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