

***DISCUSSION DOCUMENT:***

***DRAFT HIV/AIDS AND EDUCATION  
POLICY AND STRATEGIC PLANNING  
FRAMEWORK  
2002-2006***

***MINISTRY OF EDUCATION, SCIENCE, TECHNOLOGY AND  
SCIENTIFIC RESEARCH  
RWANDA***

**HIV/AIDS UNIT  
MINEDUC**

**KIGALI  
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## Contents

Strategic Considerations.....	3
Draft Policy Document.....	12
Draft Strategic Planning Framework 2002-2006.....	17
Development and Planning Phase Priorities 2002-2003.....	26
What Do We Mean by HIV and Education?.....	33

## Preface

This document sets out provisional policy and strategic priorities identified by MINEDUC in the education sector's fight against HIV and AIDS. The battle against the HIV/AIDS pandemic is not only about limiting its spread. It must also address the needs of those who have suffered personal loss or who may be sick and dying, as well as the health and well-being of the system of education itself, as more and more educators and officials are affected by the disease and its consequences.

The Ministry believes that it is the role of the education sector – all its personnel, institutions, and nongovernment partners as well as international agencies – to

- *contain the spread of the virus* through lifeskills teaching and other learner-focused activities
- *provide a basic level of care and support* for educators and learners infected and affected by HIV/AIDS
- *protect the system of education* so that the sector can provide education and training of suitable quality and
- *strengthen the capacity of the sector* to respond to and manage the pandemic.

In this consultation paper, MINEDUC sets out strategic planning concerns, before introducing the draft policy paper on HIV and education, and the draft strategic planning framework. It is essential now that ways be found to cooperate in adjusting proposed priorities, planning for action, ensuring that the goals of the sector are consistent with those of the national HIV/AIDS plan, and achieving agreed objectives.

HIV/AIDS Unit  
MINEDUC  
Kigali  
January 2002

*Note: This document has been prepared by the HIV/AIDS Unit with the assistance of Carol Coombe and is for discussion only. It is not a statement of Ministry policy.*

## STRATEGIC CONSIDERATIONS

Two principal considerations need to be stated at the outset. First, experience in countries which have contained the spread of HIV and AIDS (Thailand, Senegal, and perhaps Uganda) show it is essential for success that

- safe-sex message programmes must be implemented very early in the onset of the virus/pandemic,
- coverage must be extensive (through strong government leadership, media, health and social support teams, schools and other learning institutions) and
- interventions must be intensive, they must be consistent, regular, and appropriate to culture.

Rwanda is past the stage where immediate, extensive and intensive programmes can limit the damages being done by the HIV pandemic which is spreading quickly. Therefore, while safe sex messages are being delivered, the education sector's strategic response must extend to embrace social support, treatment and care for those who are infected and affected, and limit the impact of the pandemic on the quality of education itself.

Second, global experience has demonstrated that delivering safe sex messages to young people and their communities through schools and other learning institutions is a necessary, but not sufficient response to the pandemic. Considerable prominence is therefore given to other kinds of interventions in this strategic framework.

### 1. THE ROLE OF THE MINISTRY OF EDUCATION

Ministry of Education alone cannot fight AIDS in the education sector. It is the responsibility of all officials and educators, inside and outside government, to work together with NGOs, communities, faith-based organisations, and international agencies, to prepare a sector-wide strategy to limit the spread of AIDS, and keep the quality of education in Rwanda high.

The sector draft strategy takes account of four principal areas of sector responsibility which have been designated nationally and internationally. They represent current understanding of how best educators can respond to the pandemic. The role of the education sector is to

- *contain the spread of the virus* through lifeskills teaching and other learner-focused activities
- *provide a basic level of care and support* for educators and learners infected and affected by HIV/AIDS
- *protect the system of education* so that the sector can provide education and training of suitable quality and
- *strengthen the capacity of the sector* to respond to and manage the pandemic.

The Secretary-General has established an HIV/AIDS Unit and delegated authority to the Director to develop the national HIV and education programme. MINEDUC will factor HIV concerns into all education programmes.

### 2. KEY CHALLENGES TO HIV/AIDS AND EDUCATION PROGRAMMES

The context in which the battle against AIDS is being fought makes planning and action difficult.

**Context**

- poverty is widespread and deeply-rooted (Rwanda 164 of 174 on UNHDI 2001)
- Rwanda has suffered profound social and cultural dislocation due to civil war and regional conflict
- political stability is threatened (though this should be overcome by rapid decentralisation)
- cultural norms are antithetical to women's and children's rights and security
- behaviours which are conducive to the spread of AIDS include high rates of multiple sex partners, early onset of sexual activity, extensive commercial sex, women who have lost husbands sharing men in order to have more children, stigma and discrimination attached to being HIV positive, and resistance among adults to talking about sex, death and condoms

**HIV and AIDS**

- HIV/AIDS is one problem among many in this nation and it is difficult to give it the priority it demands
- potentially high levels of HIV/AIDS infection are impacting on individuals, families and communities
- systematic information on the pandemic's spread is not available from surveillance sites. Analysis of rate of infection in 1996-97 (11.8%) has not been updated since. It is likely that the infection rate is considerably higher now.
- in 1997, 30% of pregnant women in Kigali, and 10-15% elsewhere, tested HIV positive

**Population**

- the rural population (94%) is growing rapidly
- 60% of Rwandans are women
- women are more susceptible to HIV infection than men
- women make up 92% of subsistence farmers, over 60% of adults infected by HIV, 54% of those who are illiterate
- 40% of all women are widows, 72% are economically active
- women are often politically, economically and culturally disempowered
- life expectancy among Rwandans is anticipated to drop from 55 to 38, if AIDS continues unabated; it has already been reduced from to 42 years as a result of AIDS

**Children**

- 400,000 children are orphaned
- the number of AIDS orphans is reported to be increasing
- 300,000 children head households
- 3,000 children live in the streets
- 600,000 children are said to be traumatised by the genocide
- over 30,000 of those who are HIV-infected are less than 14 years old
- adolescents who have not been to school have higher infection rates than those who have attended school

**Management Capacity**

- management infrastructures are fragile and in transition
- decision-making and funding procedures in education sector, in transition towards decentralisation, have not yet been fully operationalised
- there is an extreme shortage of experienced, qualified professionals
- the work of government, agencies and nongovernment organisations has been poorly coordinated in the past

There are approximately 35,000 teachers in primary and secondary schools, and additional professional staff in the university, post-secondary institutions and offices at various levels, who need to be informed about HIV and AIDS, and to translate their knowledge into practical messages for Rwanda's 2.6 million children and young people in learning institutions.<sup>1</sup>

### 3. POLICY AND PLANNING FRAMEWORK

#### *Planning Concepts*

In preparing its strategy for fighting AIDS in the education sector, MINEDUC has recognised

- the **problems** it faces with regard to HIV and AIDS
- the **goals** it must set to overcome these problems and
- **resources, tools and strategies** achieving these goals.

Previous plans tended to concentrate on tools, strategies and resources without identifying the problems or setting targets. Identifying overarching problem areas – prevention, social support, mitigation, and management capacity – has made it possible to plan coherent actions for resolving them, and the draft strategic framework sets out sets of potentially achievable goals in each area, along with suggestions for action.

#### *Draft Approval*

The draft five-year strategic planning framework 2002-2006, and the draft MINEDUC policy paper on HIV/AIDS and education have been prepared for wide consultation, and ultimately clearance by MINEDUC senior management and CNLS. Final approval may take some time. In the interim, the draft documents (as adjusted following consultations) will be used as a framework within which to work until such time as final clearance is obtained.

#### *The Scope of the Draft Strategic Planning Framework*

The plan speaks to the needs of all learning institutions in Rwanda: not just schools, but pre- and post-school institutions as well. There is however need for further strategic planning to elaborate the detail of strategies in preschool, vocational and nonformal, and the post-secondary subsectors. More work will need to be done on orphans and those whose learning has become more random. It is anticipated that work will begin without delay to develop subsector strategic plans for preschool, postschool and out-of-school subsectors.

#### *Planning Principles*

A set of commonly-agreed principles will need to be established among cooperating partners in the sector. The following practical principals recommend themselves:

- Choose a limited number of priority goals for the short- and medium- term.
- Focus on those priorities, and do them well.
- Don't be overwhelmed by detail; concentrate on agreed collaborative goals, and what is achievable.
- Strengthen management and coordination capacity within the sector as a matter of priority at every stage.
- Contract out as much work as possible.
- Set clear terms of reference, and create job descriptions and schemes of delegation for everyone involved in HIV planning and implementation.

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<sup>1</sup> Information from MINEDUC (2002), National AIDS Control Programme (1999), and Action Aid Rwanda (2002).

- Set a prioritised research agenda and keep it moving by commissioning work.
- End ad hocism, and concentrate on an integrated, systematic, long-term programme. Project enclaves are not acceptable.
- Monitor, evaluate and reflect, within the terms of MINEDUC's policy, planning and regulatory framework.

#### 4. FUNDING

Once the interim policy and the strategic planning framework are tabled for the Secretary-General's approval, and circulated widely for discussion and comment, the HIV/AIDS Unit must be able to move swiftly on priority actions.

The establishment of a Standing Committee on HIV/AIDS and Education has been proposed in the draft strategic framework. A smaller technical sub-committee of the Standing Committee might meet once each quarter to determine (1) availability of resources; (2) requirements for further resources; (3) whether funds are flowing appropriate and adequately; (4) what procedures – in government or in agencies – may hinder or delay the work of the Unit; (5) the implications of decentralisation for HIV/AIDS and education budgeting at district levels.

#### 5. TRAINING

##### *MINEDUC and NGOs*

MINEDUC has established the HIV/AIDS Unit, and will mobilise funding, coordinate and evaluate the HIV/AIDS and education work, and provide a strategic and regulatory framework for tackling HIV in the education sector. MINEDUC staff however cannot alone deliver the HIV and education campaign.

How many require regular, repeated and systematic training on HIV/AIDS and education issues?

- c 500 teacher educators (aetiology, pedagogy, care and counselling, curriculum, INSET strategic planning, PRESET adjustment)
- c 100 officials at all levels (aetiology, pedagogy, care and counselling, INSET support, and system planning)
- c 3000 heads of schools (aetiology, school planning, care and counselling for educators and learners, curriculum support, information collection and reporting, support for school health teams/Anti-AIDS Clubs)
- c 6000 teachers annually (2-3 from each school in aetiology, pedagogy, care and counselling, universal guidelines, human rights, working with the community and support for school health team)
- c 15,000 (5 from each school) members of school health teams/Anti-AIDS Clubs (aetiology, care and counselling for peers, communication, treatment and testing, care for those who are ill, support for educators in difficulty)

Two training strategies have been discussed thus far:

- (1) Contracting training work out on a tender basis to NGOs, institutions, agencies, faith-based organisations, province by province, working to TORs formulated by the HIV/AIDS Unit. Responsibilities would include training, and also reasonable ad hoc care and counselling services to educators and learners affected or infected by HIV and AIDS.

A number of agencies working in Rwanda (including multilateral, bilateral, NGO and faith-based organisations) already have infrastructure and trained staff in place, materials which have been tested and might be adapted quickly for use, and experience in running appropriate upgrading events. There is some concern that agency staff would not have sufficient status to be acceptable to educators, although this has not been a concern in other countries.

- (2) Mandating provincial inspectorates, through the Inspector General, to carry out training. The part-time HIV/AIDS Inspector and colleagues would be responsible for mounting and systematically maintaining appropriate upgrading training for educators and learners. They would need to be trained initially in a short-term ad hoc programme in order to enable them to plan and carry out this responsibility. Inspectors know the system and their clients well but it may be that inspectors do not have skills in HIV/AIDS would need to be adequately trained in all components. Many inspectors are already under strain, which could be exacerbated by taking on an additional training responsibility and sustaining it.

Technical advice on appropriate, collaborative training strategies is required. If necessary, pilots could be mounted in four provinces to determine which system is likely to work efficiently.

#### *Distance Education*

The potential of using distance learning strategies for upgrading the knowledge and skills of educators, managers and learners needs to be investigated more fully, particularly where self-study or peer-group study is possible, as in the case of the school health teams.

## 6. LIFESKILLS CURRICULUM

Rwanda is fortunate in that new curriculum materials for years 1-6 will be introduced to the system over the next three years. They contain lifeskills components including HIV/AIDS. The junior secondary science curriculum is now being revised, and it is anticipated that it too will contain age-appropriate lifeskills components. This means that lifeskills education is already being incorporated into the standard curriculum.

It is essential that INSET training for educators responsible for teaching these materials accompany their introduction to primary schools.

## 7. PROVISION OF GUIDELINES AND MANUALS

MINEDUC's HIV/AIDS Unit intends to establish its presence in the sector during 2002 by (1) adapting materials available in Rwanda or from other countries in the region for teachers, teacher educators, and young people (peer health teams/Anti-AIDS Clubs) and getting them out to institutions; (2) launching a youth-focused media campaign to a large agency, using materials which have been successful elsewhere in the region; and (3) circulating its draft strategic planning framework widely.

Materials which suggest themselves for rapid adaptation to Rwandan requirements, printing and widespread distribution include:

- HIV/AIDS emergency guidelines for educators (from South Africa or Zambia)
- care and counselling guidelines for educators (from South Africa)
- handbook on the aetiology of HIV/AIDS (from Unicef, local agencies, or South Africa)

- practical activity materials for peer health educator teams/Anti-AIDS Clubs (from Botswana, local agencies and NGOs)
- guidelines on the draft plan and the goals of the HIV/AIDS Unit for 2002.

*In South Africa, Soul City is a multi-media 'edutainment' project now extending into Botswana, Namibia and other countries in the region. It integrates health and development issues into prime-time television and radio dramas, backed up by full-colour easy-to-read booklets, posters and other materials. HIV/AIDS has been one of its core topics. Evaluation of the programme during 2001 shows that programmes reach more than 16 million people, many of them youth, and that personal values seem to be shifting towards greater acceptance, inclusion, and support for people who are HIV positive. Qualitative and quantitative evidence shows that Soul City has played a significant role in increasing accurate knowledge about HIV/AIDS and in shifting youth attitudes and subjective social norms, as well as directing practice towards sustained safer sexual behaviours. Future work is expected to focus on care (counselling, treatment and care of the ill) and a social climate that minimises discrimination and stigmatisation through social mobilisation and advocacy for human rights (University of Natal, 2001).*

## RAPID RESPONSE STRATEGIES

The strategic planning framework is couched in development terms, and although efforts have been made to look for possibilities of moving swiftly, it is nevertheless probable that progress will be slower than anticipated.

There is therefore merit in considering rapid response strategies that have potential to save lives in the short-term while the broader plan is being implemented:

### ***Prevention: Limiting Spread by Decreasing Risk***

- **STDs:** Make it possible for every post-secondary institution, secondary school, upper primary school and school hostel to be visited by a health worker twice each month, to identify and treat young people with STDs, providing the correct medication and assisting with medical advice according to established protocol. Ensure drugs are available for distribution to those with STDs through the international community and protocol procedures.
- **Condoms:** Provide every post-secondary institution, secondary school and school hostel condoms for learners and educators. Provide them in sufficient numbers to meet demand, they will be available in places which are easily accessed by students and educators, and make information available on their use through health workers, and the peer health educator team.
- **Student health volunteers:** Provide training for peer health educator teams in every post-secondary institution, secondary school and school hostel, with support from local health workers and NGOs, along the lines of well-established models from Zambia and Botswana, in the aetiology of HIV/AIDS, safer sex practices, STD symptoms and treatment, physical care for those who are sick, counselling for those affected, and the use of condoms. Initial sensitisation and training of tertiary students should begin during the Solidarity Camps held for all newly-enrolled post-secondary students for two months prior to orientation.
- **Education health day:** Conduct a yearly or six-monthly national check-up on the physical condition of all learners, organised in conjunction with national health week, to establish the nutritional status of learners, and to identify infections like STDs (other than HIV) which



make learners more susceptible to HIV infection. The education health day would introduce learners to health workers, and vice versa.

### *Social Support: Vulnerable Learners*

- **School feeding scheme:** Provide every secondary and primary school which is vulnerable or at high risk with a feeding scheme for all learners, irrespective of their individual socio-economic condition. In some cases a feeding scheme which covers all schools can be justified. Special provision must be made in school hostels to upgrade nutritional levels. School feeding schemes can be linked to **homebased care**, and **orphan supplementation schemes**.
- **Potable water:** Ensure that every school has a supply of potable water: a borehole, well or piped water.
- **Latrines:** Ensure that every school has sufficient and well-maintained latrines, separate for boys and girls.

Water and latrines are basics, and should be guaranteed at every learning institution. Their presence will create an orderly and hygienic environment in which basic health is guaranteed, and good health messages can prevail. School becomes a normal place for children who would otherwise drop out of school.

### **DATA COLLECTION AND MONITORING**

It was anticipated late in 2001, that the Centres for Disease Control Atlanta would have established HIV sentinel sites in Rwanda, to establish as accurately as possible how HIV/AIDS is spreading in Rwanda. The sites are not in operation as yet. MINEDUC intends to improve its own information collection and monitoring capacity by collecting information from officials and schools, to enhance its understand of how HIV/AIDS is affecting education. It will undertake an assessment of the impact of HIV/AIDS on education during 2002.

### **HIV/AIDS UNIT**

The HIV/AIDS Unit is staffed by a Director, two public servants/programme officers, and a programme coordinator provided by VSO (UK). The tasks of individual members of the Unit will be clarified, and additional administrative and technical support sought to improve the capacity of the Unit to deliver this major national programme of action.

Regular meetings of the Unit, and consultation with the HIV and Education Standing Committee will ensure a common vision of what can be achieved in the short- and medium-term, encourage evaluations of the Unit's performance, and serve as a basis for regular reporting on the Unit's activities.

An HIV and education resource centre, using materials from a variety of sources both national and international, and making use of the internet, is expected to be in place and accessible to cooperating partners as soon as possible.

## WORKING WITH PARTNERS

### *An Education Sector-Wide Approach*

MINEDUC management continues to struggle to rebuild following heavy losses sustained by the education sector during the 1990s. With regard to HIV/AIDS plan implementation therefore, MINEDUC anticipates it will be responsible for guiding policy, planning, coordination and resource mobilisation, while working with educators in and out of Government to deliver HIV/AIDS prevention, social support and planning programmes.

Implementation of the HIV/AIDS and education strategic plan will be guided and driven by MINEDUC. Partners within the sector will work with MINEDUC within the context of the Ministry's policy and operational plan. Contractual associations are expected to evolve in which partners do not focus on their own parochial projects but work to deliver programmes within the sector's strategic framework.

At the same time, MINEDUC will review its capacity to plan, research, analyse and manage, to work inter-departmentally and inter-ministerially, to work in a decentralised manner in keeping with current policy, to manage and monitor the implementation of HIV/AIDS programmes, and to allocate resources appropriately.

### *Local and International Partnerships*

Interviews with education sector agencies working on HIV and AIDS suggest a general willingness to cooperate with MINEDUC. It should therefore be possible to supplement useful government resources by drawing on the experience, human resources, materials and structures of nongovernment agencies. Investigations show the extent of material and human resources available in the nongovernment sector:

- Unicef resource materials, potential for training inspectors, peer groups and teachers on HIV/AIDS and lifeskills, potential for providing monitoring and evaluation services.
- PSI potential for training peer educators or school peer health education teams at its Butare Counselling Centre, and developing condom programmes.
- World Relief counselling materials, potential for training inspectors and school heads on HIV/AIDS aetiology and care and counselling techniques.
- RCC potential for training peer groups and educators in care and counselling techniques, providing therapy, helping to design a social support programme.
- Johns Hopkins potential for cooperating with government, including MINEDUC, in delivering a national media campaign, targetted directly at young people in and out of school.
- IMPACT materials, potential for training in aetiology, care and counselling.

Harnessing the capacity of potential partners will require planning and coordination, including the establishment of effective consultative committees (including an HIV/AIDS and Education Standing Committee) which meet regularly. As potential providers, partners will be expected to help to plan education's strategic response to HIV/AIDS, and to develop terms of reference for work to be done. Contractual and funding procedures will need to be designed which are efficient, legally and financially correct, and appropriate to getting the job done.

## **ADDITIONAL PROFESSIONAL SUPPORT**

The HIV/AIDS Unit will require additional professional support, short-term, highly-skilled and experienced technical personnel – for the impact assessment, for developing subsector strategies, for developing the materials supply programme during 2002, and so forth. There are not enough people with the right skills in government, and specialists will have to be contracted to enhance the strength of the HIV/AIDS Unit and the sector HIV/AIDS programme.

## **MONITORING AND EVALUATION**

At every stage and every level, progress will be regularly measured, by using an HIV and education Rapid Appraisal Pro Forma developed for the region, as well as action-specific indicators. Monitoring should be the responsibility of a semi-autonomous senior institution, supported by research and professional advice as required.

Benchmarks have already been established by using the Pro Forma to assess the status of Unit work as of September 2001.

**DRAFT POLICY DOCUMENT:  
THE HIV/AIDS AND EDUCATION PROGRAMME OF THE  
MINISTRY OF EDUCATION, SCIENCE, TECHNOLOGY  
AND SCIENTIFIC RESEARCH**

Note: This draft requires substantial revision (January 2002). Refer to Emmanuel Rusanganwa, MINEDUC HIV/AIDS Unit. (CEC)

***HIV/AIDS AND EDUCATION***

Until more information is available from Ministry of Health and the National AIDS Commission, Rwanda must learn from experience in other parts of Africa, and particularly from the Southern African Development Community, where HIV and AIDS appeared over twenty years ago. Studies in those countries suggest that where many people – including learners and educators – are infected or affected by the disease the education system will suffer:

- *Fewer children will enrol in school* because HIV+ mothers die young, with fewer progeny, children are dying of AIDS complications, and children who are ill, impoverished, orphaned, caring for younger children, or earning and producing, stay out of school.
- *Qualified educators, teacher educators, and officials will be lost to education* through death, illness or departure for other jobs. The capacity of teacher education programmes to keep up with attrition will be undermined by their own staff losses. Rates of enrolment in post-secondary institutions will decline as secondary school output and quality goes down, and as higher education institutions lose academic staff.
- *Management, administration and financial control in the education system are already fragile*, and AIDS may make it even more difficult to sustain the structures necessary to provide formal education of the scope and quality envisioned by the democratic government's policies.
- *The costs of illness, burials, and death benefits will rise*, along with *additional costs for educator training*. However financial contributions from parents and communities will likely decline as poverty deepens and many households will no longer be able to keep learners in school. Demand on the state to increase education budgets will intensify.
- *Profound psycho-social trauma*, will demoralise educators, learners and their families.
- *School effectiveness will decline* where a significant proportion of educators and learners are ill, lacking morale, and unable to concentrate.
- *Ultimately, there will be a real reversal of development gains, further development will be more difficult, and current education development goals will be unattainable within the foreseeable future.*

***THE RESPONSIBILITY OF THE MINISTRY OF EDUCATION***

The Ministry of Education cannot alone address the challenges of HIV and AIDS in the sector. It must work with partners – faith-based organisations, NGOs, CBOs, international and national agencies, as well as other Government ministries – to keep HIV in check. It must learn from the experience of Governments and agencies elsewhere in sub-Saharan Africa about how to work effectively to combat AIDS.

The Ministry believes, on the basis of experience in the region, that education itself can act as a vaccine to protect young people from infection and the risk of AIDS. The Ministry continues to be committed to achieving its Education for All targets for enrolment, progression and completion, and to providing education of acceptable quality to all learners.

The Ministry of Education has identified three further responsibilities within the context of the national campaign to halt the advance of AIDS:

- (1) *Limiting the advance of the disease:* to work with others to teach people how to stay free of infection
- (2) *Providing care and counselling:* to ensure that all education and training institutions are safe and secure places especially for girls and women, so that learners stay in school
- (3) *Mitigating the impact of HIV on education:* to reduce the likely impact of HIV/AIDS on the education sector by stabilising the quality and performance of the teaching service, and responding to the needs of learners who are affected by HIV and AIDS.

To achieve its goals the Ministry and its partners will commit substantial financial and managerial resources appropriate to implementing its policy and its strategic plan for HIV and education.

### ***THE ROLE OF THE MINISTRY OF EDUCATION WITHIN THE EDUCATION SECTOR***

To provide a comprehensive HIV and Education Programme, the Ministry of Education will work with partners throughout the sector including

- Ministry Units and Departments including HIV/AIDS Unit, Planning, Curriculum, Primary and Secondary Schools, Inspectorate and Teacher Management Departments, primary teacher training institutions.
- Other Government ministries and agencies: the President's Office and the Poverty Relief Support Programme (PSRP), the Public Service Commission, Ministry of Local Government, Ministry of Youth, Sports and Culture, the National AIDS Council.
- Universities and colleges, public and private.
- Faith-based organisations including Christian and Muslim communities.
- Nongovernment and community-based organisations.
- International development agencies, multilateral, bilateral and trusts.

The Ministry's HIV and Education Programme, to promote awareness and sensitise learners and educators to the challenge of AIDS, and to ensure that an acceptable quality of education provision can be sustained, will be implemented principally in cooperation with partners. The Ministry itself, at national and local levels, will focus on providing a policy, planning and regulatory framework for the HIV and Education Programme

- identifying priorities for action.
- designing programmes and preparing terms of reference for potential partners in and outside government.
- guiding and coordinating the work of partners.
- mobilising and channelling funds to the sector through contractual, grant, fundholding mechanisms or other procedures.
- convening consultative policy, planning and technical consultations.
- sensitising and informing Cabinet and the public, and
- monitoring Programme implementation.

## *WORKING WITH PARTNERS IN AND OUT OF GOVERNMENT*

The Ministry of Education's policy and regulatory framework will provide the context within which all partners work. HIV projects – in which an agency funds and carries out its own programme of action – have succeeded in the past in stimulating community awareness, helping many young people to stay healthy, and caring for those affected by HIV. It is possible now to extend the lessons of those projects more widely, and it is necessary that ways be found for this to be done. The Ministry proposes that HIV and education resources be allocated to selected policy priorities consistent with both the policy and the sectoral plan, and that wherever possible, partner programmes be linked with that policy, and integrated with the work of others. Only in this way can a comprehensive national attack on AIDS in the education sector be sustained.

In order to work collaboratively, it will be necessary to create structures and procedures which can promote integration among education stakeholders. That will mean, first of all, sensitisation and capacity-building within the Ministry of Education senior management cadres at both national and provincial levels and creating consultative mechanisms for working inter-departmentally on HIV.

Teacher training colleges, other colleges and our universities have a special role to play. They will be required to institute prevention programmes in their institutes; they will need to provide counselling services; and they will need to find ways of protecting their staffing levels. The Ministry of Education, and the sector, will require further commitment from our senior institutions: they need to be knowledge banks which can generate knowledge about the virus and the pandemic, help to plan for the future, and provide information to the nation's economic, social, public and private, and health sectors about HIV.

As the education system becomes increasingly decentralised, it will be the responsibility of officials at national and local levels to determine appropriate structures for harnessing the energies and human resources of nongovernment agencies and civil society. Appropriate structures and procedures will make possible regular consultation, and joint planning, and indicate how best to commit partners to action. Contractual arrangements and fundholding mechanisms – partnership arrangements which might, for one purpose, include MINEDUC's teacher managers, KIE and one or two NGOs or, for another purpose for example, MINEDUC's planners, university researchers and private sector consultants – are foreseen.

Finally, it will be necessary for each school to prepare an HIV and AIDS plan for the school, prepared jointly by teachers, parents and learners, which indicates (1) how the school can help implement national policy to limit the spread of HIV, create a secure environment for children, and help those affected by HIV; and (2) the responsibilities of the school for fighting the impact of AIDS within the wider community in which it is located.

**\*\*\*RESEARCH, INFORMATION COLLECTION, AND ANALYSIS**

PLANNING, DATA COLLECTION AND DATA ANALYSIS

RESEARCH AGENDA

MOBILISING AND COORDINATING RESEARCHERS

**\*\*\*RESOURCES**

MOBILISING FUNDS

ALLOCATING RESOURCES

USING FUNDHOLDERS AND OTHER MECHANISMS FOR RAPID

RESPONSE

**\*\*\*MONITORING AND EVALUATION**

SIGNIFICANCE

MINEDUC

UNICEF

BENCHMARKS: RAPID APPRAISAL

*DRAFT 4  
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*HIV/AIDS AND EDUCATION:  
DRAFT STRATEGIC PLANNING FRAMEWORK 2002-2006*

Ministry of Education, Science, Technology, and Scientific Research  
HIV/AIDS Unit  
Kigali  
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**1. HELPING TO PREVENT THE SPREAD OF HIV/AIDS IN ALL LEARNING INSTITUTIONS (SCHOOL AND POST-SCHOOL):** MINEDUC has a duty, along with its partners in education, to provide information to educators and learners about the disease, and how to live safely in a time when HIV/AIDS is spreading rapidly.

<p><b>The Problem</b></p> <ul style="list-style-type: none"> <li>HIV/AIDS infection rates among learners and educators are rising. Educators are ill, absent and dying; children are leaving school or performing poorly; trauma affects all.</li> </ul>	<p><b>The Purpose</b></p> <ul style="list-style-type: none"> <li>Improve the knowledge of learners and educators about HIV/AIDS.</li> <li>Change the social behaviour of young people and educators to reduce risk of infection.</li> <li>Reduce infection rates among learners and educators.</li> </ul>	<p><b>Who is responsible?</b></p>
<p><b>How will we achieve our goals?</b></p> <p><b>P1.</b> Provide all educators with HIV emergency guidelines (including instructions on condom distribution and use) and other materials.</p> <p><b>P2.</b> Introduce lifeskills teaching in upper primary and secondary schools, and in post-secondary institutions, promoting values which inculcate respect for girls and women.</p>	<p><b>What needs to be done?</b></p> <p>1.1 Adapt/ translate emergency guidelines (South Africa, Zambia).</p> <p>1.2 Publish and distribute these and other materials (Unicef, World Relief, South Africa MoH among others) to all learning institutions.</p> <p>1.3 Agree codes of conduct for teaching service, disseminate and apply.</p> <p>2.1 Develop curricula.</p> <p>2.2 Develop materials.</p> <p>2.3 Distribute materials to all education and training institutions.</p> <p>2.4 Train inspectors and institutional directors on HIV aetiology and social support.</p> <p>2.5 Develop inservice programmes for educators.</p> <p>2.6 Train teacher educators.</p> <p>2.7 Adjust TTC preservice programmes.</p> <p>2.8 Evaluate lifeskills curriculum content, implementation and outcomes.</p>	
<p><b>P3.</b> Design and promote national media campaigns targeting young people.</p>	<p>3.1 Cooperate with BBC radio production (Urunana) and others.</p> <p>3.2 Contract out media campaign initiatives (viz KUBA, and Love Life and Soul City in Southern Africa).</p>	
<p><b>P4.</b> Establish peer health educator teams in learning institutions (extension of Anti-AIDS clubs)</p>	<p>4.1 Cooperate with NGOs (PSI, World Relief, RCC) to develop plans for peer health educator team training, and proposals for implementing them.</p> <p>4.2 Adapt and distribute appropriate materials.</p> <p>4.3 Train peer health educator teams.</p>	

**PREVENTION (CONT)**

How will we achieve our goals?	What needs to be done?	Who is responsible?
<p><b>P5. Strengthen Anti-AIDS Clubs in all institutions.</b></p>	<p>5.1 Provide Clubs with materials.            5.2 Provide Clubs with programme ideas.            5.3 Support development of annual action plans by Clubs.            5.4 Encourage Clubs to travel to other schools, and more broadly, to share experience and assist others.            5.5 Use peer health educator teams and PLWHAs to help Club members improve knowledge and skills.            5.6 Develop Club outreach programmes to provide community help to those affected by HIV/AIDS.            5.7 Regularly assess work of the Clubs.</p>	
<p><b>P6. Instruct all learning institutions to develop an HIV and AIDS plan and monitor its implementation.</b></p>	<p>6.1 Develop regulations and guidance notes in consultation with heads of learning institution, Anti-AIDS Clubs/peer health educator teams.            6.2 Issue materials and provide professional health, education and social support to learning institutions, Anti-AIDS Clubs/peer health educator teams.</p>	
<p><b>P7. Establish research priorities and commission investigations on issues related to behaviour change.</b></p>	<p>7.1 Establish research priorities.            7.2 Commission or obtain research on initial priorities: (1) cultural values (negative and positive); (2) violence and abuse against women and girls; (3) sexuality and lifeskills education, and parental roles and responsibilities; (4) factors that make learners and educators vulnerable to infection; (5) baseline KAP; (6) factors related to behaviour change; (7) how do young people learn about safe sex?; (8) proposals for a condom programme (providing, accessing, and using).</p>	
<p><b>Short-term Outcomes</b></p> <ul style="list-style-type: none"> <li>• Educators are introducing learners to HIV-related information across the curriculum.</li> <li>• Educators have access to gender-sensitive materials and INSET support.</li> <li>• All education and training institutions have trained peer health educator teams.</li> <li>• Teacher education programmes reflect the HIV emergency.</li> <li>• Lifeskills interventions are being monitored.</li> </ul>		<p><b>Medium-term Outcomes</b></p> <ul style="list-style-type: none"> <li>• Infection rates among educators and learners start to flatten out and/or fall.</li> <li>• Rate of unplanned adolescent pregnancies starts to decline.</li> <li>• Acceptable levels of educator and learner performance are sustained.</li> </ul>

**2. SOCIAL SUPPORT FOR LEARNERS AND EDUCATORS:** Educators need to be sensitive to the material, psycho-social and other needs of learners and educators, so they continue learning and teaching. All institutions of learning need to be places of safety and security for staff and learners.

The Problem	The Purpose	
<ul style="list-style-type: none"> <li>Learners and educators are suffering from the traumas of orphanhood, terminal illness and loss, which affect education quality and overall performance.</li> </ul>	<ul style="list-style-type: none"> <li>Create an environment in all education and training institutions that is safe and caring for all learners and educators.</li> </ul>	
How will we achieve our goals?	What needs to be done?	Who is responsible?
S1. Provide counselling and care for learners and educators including psychosocial support.	1.1 Liaise with social and health workers at commune level to develop local programmes for learners and educators infected or affected by AIDS. 1.2 Train selected teachers (2-3) in each learning institution in HIV/AIDS aetiology, and care and counselling techniques. 1.3 Develop peer health educator teams in education and training institutions with counselling, health, and care skills. 1.4 Use NGO, PLWHA, faith-based and community-based counselling support programmes to help learning institution staff. 1.5 Improve access of learners to social and health services. 1.6 Provide counselling materials for educators and Anti-AIDS Clubs. 1.7 All learning institutions to have designated and trained students and educator who provide health information, care and counselling.	
S2. Improve nutritional, health, and medical services for orphans and other vulnerable children, young people and educators infected and affected by HIV/AIDS.	2.1 Commission research on national feeding scheme for all children (Africare and WFP) in primary schools, and in school hostels. 2.2 Analyse recommendations and take appropriate action. 2.3 Improve access of learners to social and health services, including VTC and STI treatment. 2.4 Investigate possibility of providing an AIDS emergency kit for all learning institutions. 2.5 Provide free education for all children in difficulty, including AIDS orphans.	
S3. Improve liaison among professionals in the social sector (educators, social workers and health workers) to help both educators and learners.	3.1 School heads to encourage regular visits of social and health workers to assist learners and educators. 3.2 Devise school-community local referral scheme between school and social services. 3.3 Work towards a circle of care for orphans and vulnerable children.	

**SOCIAL SUPPORT (CONT)**

How will we achieve our goals?	What needs to be done?	Who is responsible?
<p>S4. Establish human rights codes in all learning institutions.</p>	<p>4.1 Review human rights conventions (international and national) particularly relating to children's rights, and to stigmatisation and discrimination linked to HIV and AIDS. 4.2 Develop a handbook on human rights and distribute to all learning institutions. 4.3 Create opportunities for sensitising staff and learners about human rights of children, and particularly of those who are infected and affected by HIV/AIDS.</p>	
<p>S5. Practice zero tolerance for violence, harassment and sexual abuse in any learning institution.</p>	<p>5.1 Teach women and girls about the law. 5.2 Enact legislation criminalising sexual relations between educators and learners in learning institutions, and with any child under the age of where sex constitutes defilement. 5.3 Implement the laws through regulations. 5.4 Prosecute cases legally through the courts. 5.5 Create sectoral policy on protection of minors.</p>	
<p>S6. Establish research priorities and commission investigations on issues related to behaviour change.</p>	<p>6.1 Establish research priorities. 6.2 Commission or obtain research on initial priorities including (1) rapid appraisal for the condition of orphans and other vulnerable children in Rwanda; (2) coping with childhood trauma; (3) the particular traumas associated with HIV and AIDS; (4) developing care and counselling programmes around the learning institution and community; (5) the capacity of educators to undertake care and counselling responsibilities.</p>	
<p><b>Short-Term Outcomes</b></p> <ul style="list-style-type: none"> <li>• There is a peer health educator team in every institution.</li> <li>• Learners have access to health and counselling services.</li> </ul>	<p><b>Medium-Term Outcomes</b></p> <ul style="list-style-type: none"> <li>• A culture of care is established in each institution including learners, educators, health and social workers.</li> <li>• Learners remain in school because of improved care and nutrition.</li> <li>• All institutions are safe places.</li> <li>• There is zero tolerance for violence and sexual abuse in all institutions.</li> </ul>	

**3. MITIGATING THE IMPACT OF THE HIV/AIDS PANDEMIC ON THE EDUCATION SECTOR:** Reducing the impact of HIV and AIDS means protecting education quality and provision, making sure there are enough educators, making sure that children are able to remain in school, and making sure that levels of trauma among staff and learners are contained. The system needs to be stabilised and quality of performance sustained.

The Problem	The Purpose
<ul style="list-style-type: none"> <li>The HIV pandemic is starting to have an impact on the education sector, on sector performance, management and quality, and on the viability of the teaching service.</li> </ul>	<ul style="list-style-type: none"> <li>Improve understanding of the likely impact of the virus and the pandemic on the education sector.</li> <li>Plan to mitigate the consequences of HIV/AIDS for education.</li> <li>Sustain an acceptable level of education quality and provision.</li> </ul>
How will we achieve our goals?	What needs to be done?
<p>M1. Undertake an assessment of the impact of HIV/AIDS on the education sector.</p>	<p>1.1 Develop terms of reference. 1.2 Commission impact assessment. 1.3 Launch completed study.</p>
<p>M2. Analyse the conclusions of the impact assessment and integrate them in policy and planning procedures.</p>	<p>2.1 Analyse assessment and develop a model for future planning. 2.2 Review and adjust provisional policy and plan in light of assessment findings. 2.3 Develop and distribute sector policy to all education and training institutions, and to stakeholders. 2.4 Distribute guidance on sectoral plan to all educators.</p>
<p>M3. Develop data collection and planning capacity to monitor the effects of the pandemic on education.</p>	<p>3.1 Adjust the capacity of MINEDUC's planning department. 3.2 Develop appropriate planning and data capture procedures. 4.3 Create a strategic database for planning and management purposes.</p>
<p>M4. Improve levels of knowledge among senior education professionals so they can mainstream HIV in their programmes and institutions.</p>	<p>4.1 Establish HIV senior management committee at MINEDUC headquarters convened by Secretary-General. 4.2 Establish appropriate structures at provincial, district and commune levels.</p>
	Who is responsible?

**MITIGATION (CONT)**

How will we achieve our goals?	What needs to be done?	Who is responsible?
<p>M5. Review education training programmes (preservice and inservice) to take account of predicted impact of HIV/AIDS on the teaching service, especially in terms of annual outputs required to keep up with demand and attrition.</p>	<p>5.1 Analyse predictions of educator shortages of impact assessment and adjust training programmes accordingly: increase intakes, reduce training period, and increase number of training institutions for example, 5.2 Review and adjust teacher training curricula and materials to take account of new learning requirements.</p>	
<p>M6. Establish research priorities and commission investigations on issues related to behaviour change</p>	<p>6.1 Establish research priorities. 6.2 Commission or obtain research on initial priorities including (1) evaluate possibilities for using distance education to increase educator capacity and numbers; (2) analyse impact of pandemic on management cadres and prepare programmes for replacement; (3) develop teaching service management policy and practice (pensions, health care, absenteeism policy inter alia) and implement; (4) prepare cost estimations of pandemic; (5) analyse new learning needs among orphans and other vulnerable children, and develop programmes to respond to them.</p>	
<p><b>Short-Term Outcomes</b></p> <ul style="list-style-type: none"> <li>• Better planning model and data is available.</li> <li>• Impact studies complete.</li> <li>• Further research and analysis ongoing.</li> <li>• National HIV and Education Programme responds to impact predictions.</li> <li>• HIV is factored into all subsector planning.</li> </ul>	<p><b>Medium-Term Outcomes</b></p> <ul style="list-style-type: none"> <li>• Better understanding of likely impact.</li> <li>• System and teaching service is stabilised and institutions operating at acceptable levels of performance.</li> <li>• Acceptable levels of educator and learner performance are maintained.</li> <li>• Levels of supply and demand for education are more or less in balance.</li> </ul>	

**4. CREATING A FOUNDATION FOR ACTION:** It will only be possible to achieve priority goals if there is management and other capacity for taking action.

<p><b>The Problem</b></p> <ul style="list-style-type: none"> <li>• Policy, planning and management procedures and infrastructures for addressing HIV-related problems need to be improved in order to provide a foundation for fighting AIDS.</li> </ul>	<p><b>The Purpose</b></p> <ul style="list-style-type: none"> <li>• Create the foundation for managing the HIV/AIDS and education strategic plan and implement it effectively.</li> </ul>	
<p><b>How will we achieve our goals?</b></p> <p><b>F1.</b> Promote committed and informed leadership within the sector.</p> <p><b>F2.</b> Establish cooperative mechanisms for effective implementation and ongoing monitoring and evaluation.</p>	<p><b>What needs to be done?</b></p> <p>1.1 Sensitise senior management at all levels. 1.2 Keep senior management informed through appropriate structures.</p> <p>2.1 Create appropriate consultative mechanisms for senior management (HIV and Education Standing Committee) at national and provincial levels and technical sub-committees including NGOs and others as required. 2.2 Participate in inter-departmental/inter-sectoral committees. 2.3 Create HIV focal points in provinces reporting regularly on provincial action to MINEDUC. 2.4 Support the creation of an HIV and education focal point at a senior institution (University of Rwanda, or Kigali Institute of Education for example) to undertake research and monitoring of progress, inter alia.</p>	<p><b>Who is responsible?</b></p>
<p><b>F3.</b> Establish a research agenda, and commission studies, data collection and analysis.</p>	<p>3.1 Identify and develop research capacity. 3.2 Identify research priorities. 3.3 Analyse and disseminate research findings. 3.4 Create information and data collection procedures, including district reporting, and factor them into planning process. 3.5 Create a materials resource centre, using internet where possible.</p>	
<p><b>F4.</b> Enhance sector management capacity for plan implementation.</p>	<p>4.1 Strengthen the capacity – staffing, equipment and transport – of the HIV/AIDS Unit appropriate to the nature of this crisis. 4.2 Establish job descriptions, schemes of service and delegation for staff and focal points.</p>	
<p><b>F5.</b> Establish a policy, planning and regulatory framework.</p>	<p>5.1 Complete and approve policy and strategic planning framework.. 5.2 Develop plans and strategies for early childhood development, vocational training, post-secondary institutions, and those who are out-of-school.</p>	

**FOUNDATION FOR ACTION (CONT)**

How will we achieve our goals?	What needs to be done?	Who is responsible/Deadline
<p><b>F6.</b> Establish strategic principles and plans for training and capacity building.</p>	<p>6.1 Develop principles for training at various levels (national, provincial, local and schools), in different subjects (HIV aetiology, care and counselling and strategic planning), for several important cadres includes inspectors, peer groups, learning institution heads and selected educator-counsellors.</p> <p>6.2 Create strategic plans for inservice and preservice training which are sustainable, regular and systemic, and cover large numbers of educators and learners.</p>	
<p><b>F7.</b> Mobilise, allocate and disburse resources efficiently.</p>	<p>7.1 Continue to mobilise resources for the HIV and education plan.</p> <p>7.2 Agree efficient procedures for channelling funds to those who can use them.</p> <p>7.3 Consider contracting out programmes through fundholding mechanisms.</p>	
<p><b>F8.</b> Set priorities for action.</p>	<p>8.1 Establish a number of priorities for action and do them well.</p>	

Short-Term Outcomes	Medium-Term Outcomes
<ul style="list-style-type: none"> <li>• Sector senior management prioritise HIV concerns.</li> <li>• Stronger HIV/AIDS Unit works within a capacitating and cooperative environment.</li> <li>• Sector HIV strategies take effective account of existing resources and constraints, and can be implemented effectively.</li> <li>• Funds move to where they can be used.</li> </ul>	<ul style="list-style-type: none"> <li>• Plan is being implemented systematically and efficiently, with maximum effect.</li> </ul>



## **DEVELOPMENT AND PLANNING PHASE PRIORITIES 2002-2003**

(References are to components of Draft Strategic Planning Framework)

### **1. STABILISE AND STRENGTHEN HIV/AIDS UNIT**

#### **1.1 (F4) Orient VSO and other staff as required**

on (1) HIV and AIDS in education in Rwanda; (2) structures and processes, including decentralisation and relations with MINELOC inter alia, in the education system; (3) financial and decision-making procedures in particular; and (4) the characteristics of the education sector in Rwanda, including government, institutions, community-, faith-based and nongovernmental organisations, their individual and collective strengths and weaknesses.

#### **1.2 (F4) Develop operational principles**

within the HIV/AIDS Unit of MINEDUC, including

- strategic assumptions (see section one)
- Unit vision statement
- job descriptions
- provision for regular Unit meetings and
- performance targets for 2002 in the first instance.

#### **1.3 (F7) Assess resources**

available to the Unit, within and outside government, within the education sector.

#### **1.4 (F3) Get the HIV/AIDS and education materials resource centre up and running.**

including prevention curricula, care and support materials, research and appraisals of orphans and other vulnerable children, using materials collected by Care International for MINEDUC, VSO and others. Arrange to make it available to those who need to use it. Download materials from the website of the International Institute for Educational Planning, UNESCO Paris. Use resource manuals on HIV/AIDS and education (planning, prevention, social support, general) provided by CfBT for the Unit. Improve levels of knowledge – substantive and strategic – among Unit staff.

### **2. ESTABLISH REPORTING, MONITORING AND CONSULTATIVE MECHANISMS**

#### **2.1 (F1, F2, M4) Establish consultative mechanisms**

through which government officials and agency staff can be sensitised, informed and coordinated. Sensitisation of senior officials at national, provincial and local levels must be done now, and effective standing structures are required for this to happen.

## 2.2 (F2) Regularly convene a government-agency Standing Committee

including principal stakeholders in HIV/AIDS and education: MINEDUC HIV/AIDS Unit and Planning Directorate, World Bank social sector programme, DFID education programme, CfBT education sector support team, Unicef, NCDC for example, in order to

- finalise draft HIV/AIDS and education policy document, and promote its approval
- plan cooperatively, starting with review, adjustment and agreement of the draft strategic framework
- obtain approval from appropriate authorities for draft strategic framework
- agree priorities for action
- report on and monitor programmes of action, budgeting and flow of funds, and achievement of Unit targets.

Regular reporting by the Unit to the Standing Committee, as well as MINEDUC senior management is essential to ensure synchronicity of action priorities, flow of funds, budgeting and mobilisation of appropriate human and financial resources as required. A financial technical committee of the Standing Committee may be required to meet from time to time as circumstances require.

- 2.3 (F6) **Promote the establishment of an HIV and education focal point** at a senior education institution (University or KIE) to provide research support to MINEDUC and the sector, and also to undertake regular monitoring of progress in achieving strategic planning targets, working to terms of reference established by the Standing Committee, Director of the Unit and the Secretary-General, regularly and as from time to time requested. If a focal point is not established, regular monitoring will need to be undertaken regularly by an alternative designated authority. Regular evaluation of curriculum content, implementation and outcomes is essential, and the quality of work of cooperating training providers.

The Rapid Appraisal Pro Forma (Appendix \*\*\*) provides guidelines for assessing the general progress of MINEDUC in implementing its policy and strategic plan.

### 3. **ESTABLISH AN INTERIM POLICY AND PLANNING FRAMEWORK**

#### 3.1 (F5) Finalise draft policy paper,

seek conditional approval from senior management MINEDUC, and distribute as draft consultation paper, for discussion and comment.

#### 3.2 (F5) Finalise draft strategic planning framework

seek conditional approval from senior management MINEDUC, and distribute as draft consultation paper, for discussion and comment.

#### 3.3 (F5) Convene national forum

to review final draft policy and planning documents, to agree priorities for action. Refer both documents to senior management for final approval.

### 3.4 (F5) Work to draft/interim strategic planning framework

as approved by senior management, until such time as a final version is officially approved within the national strategic framework.

## 4. *SECURE FINANCIAL, ADMINISTRATIVE AND TECHNICAL SUPPORT FOR UNIT*

### 4.1 (F4) Identify the staffing, equipment and transport requirements of the Unit

including support personnel (administrative, secretarial and financial) for the national Unit, and professional support at provincial and/or commune levels, concomitant with the vision of the draft strategic plan, and get them in place.

### 4.2 (F4) Identify additional professional short-term support to the Unit for 2002-3, including

- (M1, M2) **TA Impact Assessment:** to undertake an assessment of the potential impact of HIV/AIDS on the education sector
- (F6) **TA Training Strategies:** to assist in designing a collaborative, systematic training programme, according to agreed priorities and making use of nongovernment training resources through contractual arrangements
- (S6) **TA Children in Need and Education:** to undertake, in collaboration with agencies and government, a rapid appraisal of orphans and other vulnerable children, and the implications of large numbers of disadvantaged, orphaned and traumatised children for the education sector
- (P2) **TA Materials Development and Distribution:** to assist with micro-planning materials: identifying existing materials within Rwanda and the region for adaptation<sup>2</sup>, then planning to adjust, edit, review, medically approve, design, print, store and distribute appropriately by the end of 2002.
- (F5) **TA Subsector Strategies:** to develop priorities for action and appropriate strategies for the tertiary sector, including the University, Kigali Institute of Education, Kigali Institute of Science and Technology, Kigali Institute of Health Education, and the public service training institute. Teacher education should be a priority issue here, and extend to include the new teachers' centres currently being established.
- (S1) **TA Social Support:** to liaise with social development and health ministries, and workers at local levels to develop strategies to reach learners and educators infected or affected by HIV and AIDS.

### 4.3 (F7) Agree effective funding mobilisation and disbursement procedures

with MINEDUC, MINELOC, Ministry of Finance, CfBT and World Bank, to start with, at national and at decentralised levels, through the mechanism of the financial technical committee of the standing committee when required.

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<sup>2</sup>South Africa HIV Emergency Guidelines for Educators; Zambia guidelines for teachers; South Africa teacher manual on caring for learners in difficulty; curricula and other materials from Rwandan NGOs like World Relief, PSI, MSF; materials currently being prepared by Unicef; materials from UNESCO materials resource centre in Harare, for example.

5. <b>INITIATE FOUNDATION ACTIVITIES</b>
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5.1 (P1, S4) **Print**

emergency guidelines, educator manuals, training and resource materials, curriculum inserts, materials for peer health educator teams/Anti-AIDS Clubs, and create secure storage for materials.

5.2 (P1) **Distribute**

materials to all institutions – for educators, heads of institutions and learners, and ‘AIDS Clubs’ or preferably ‘peer health educator teams’ – as well as to officials and partner organisations.

5.3 (P7, S6, M6, F3) **Agree research agenda and priorities, develop terms of reference and commission research**

including the following:

**(P7) Prevention**

- investigate the implications of local cultural and religious values for child security and women’s safety; levels of violence and abuse against women and girls generally, and in the sector; the safety of learning environments including secondary and tertiary hostels; factors that make learners and educators vulnerable to infection; factors related to behaviour change
- identify appropriate components of sexuality and lifeskills education, and educator and parental responsibilities; the condition of unsocialised children (orphans, street children, inter alia); how children and young people learn about sex and factors related to behaviour change; possibilities for launching a condom programme among learners at secondary and tertiary level
- develop strategies, working with Impact, to strengthen Anti-AIDS Clubs/peer health educator teams in every post-primary learning institution.

**(S6) Social Support**

- conduct a rapid appraisal of the condition of orphans and other vulnerable children in Rwanda, and implications for the education sector in terms of socialisation, HIV/AIDS prevention, social support, and responsive educational opportunities for learners whose education has become random; how children cope with trauma and implications for educators; the particular traumas associated with HIV and AIDS; developing care and counselling programmes in educational institutions and communities; the responsibility of educators to provide care and counselling
- investigate the vulnerability of the teaching service to HIV infection, and requirements for providing social support, counselling, testing, pensions and early medical boarding for educators infected (or in some cases affected) by HIV/AIDS.

**(M6) Mitigation**

- evaluate possibilities for using distance education and other alternative learning techniques to deliver HIV/AIDS training, and to increase educator capacity, qualifications and numbers

- undertake an impact assessment to identify the impact of the HIV/AIDS pandemic on education sector cost, supply and demand, to analyse the impact of the pandemic on management cadres, and help with succession planning
- develop proposals for teaching service management policy and practice (pensions, health care, absenteeism policy, inter alia)
- analyse new learning needs among orphans and other vulnerable children, and develop programmes to respond to them, whether or not they are out of school because of HIV/AIDS or for any other reason; identify ways of providing material as well as education support to orphans and OVCs (including orphan subsidies, abolition of any school fees, school feeding scheme (WFP and AfriCare), and home-based care programmes) which would serve to keep children in school.

Commissioning the assessment of the impact of HIV/AIDS on the education sector and the study to identify the implications of large numbers of orphans and other vulnerable children for the education sector should have first priority here.

## **6. IMPLEMENT ACTION PRIORITIES**

### **PREVENTION**

#### ***Training and Sensitisation***

##### **6.1 (P2) Sensitise and train education officials and managers**

at national, provincial and district levels through MINEDUC/Unit structures.

##### **6.2 (P2) Sensitise and train teacher educators**

at national, provincial and district levels, in all education subsectors, from early childhood development to tertiary level by contracting training out to NGO or agency providers.

##### **6.3 (P2, S1) Sensitise and train selected educators**

in all subsectors on (a) HIV/AIDS aetiology, and (b) techniques for teaching lifeskills messages for all learners by contracting training out to NGO or agency providers, by province.

##### **6.4 (P4, P5) Sensitise and train AIDS Clubs/peer health educator teams**

for all post-primary institutions by contracting out to partner NGOs, and strengthen their operations by improving cooperation among educators, health workers, and social work personnel.

##### **6.5 (P3) Design and promote an educator/learner-focused national media campaign,**

- through a cooperating nongovernment partner, using KUBA, LoveLife and SoulCity (South Africa, Namibia, Botswana) and SARA (Tanzania) techniques and adapted materials for example

- through contractual agreements with BBC/Urunana and others which set out terms of reference designed by the HIV/AIDS Unit.

### *Curriculum Adjustment*

#### 6.6 (P2) Identify adjustments required to schools, post-school and teacher education curricula

by contracting a national institution to convene a technical working group for this purpose, and identify procedures for (1) operationalising them; and (2) upgrading educator and teacher educator knowledge and skills as required. This exercise will take account of new 1-6 curricula which includes HIV/AIDS and lifeskills material, and the intention to develop junior secondary curricula which *should* include the same.

### SOCIAL SUPPORT

#### 6.7 (S1,S3) Implement strategies to provide basic support to learners and educators infected or affected by HIV and AIDS

including training of teacher-counsellors, provision of AIDS Kits to all learning institutions inter alia, taking account of research findings and local experience in designing the training.

#### 6.8 (S2) On orphan subsidies, fee relief, homebased care programmes and/or school feeding schemes

make a decision on whether or not to promote national or local material and social support schemes.

#### 6.9 (S5) Develop strategies – including application of existing criminal legislation, development or adaptation of service regulations on behaviour appropriate to learning institutions, and codes of conduct for educators - for promoting **zero tolerance for violence, harassment and sexual abuse in any learning institution**, and apply them.

### MITIGATION

#### 6.10 (M1, M2, M4) Undertake the impact assessment, working with the impact assessment team, and when complete, analyse conclusions of the assessment, and integrate them in policy, planning and strategies.

#### 6.11 (M3) Work with impact assessment team to improve the data collection and planning capacity of the planning directorate MINEDUC, with regard to HIV and AIDS.

**FOUNDATION FOR ACTION**

6.12 (F1-F7) Commit to the following management priorities as a basis for achieving Unit objectives:

- informed and committed leadership
- collective dedication by partners within the sector
- research, along with information and data collection
- management capacity consistent with the vision and goals of the Unit and MINEDUC, and to the size of the task
- policy, planning and regulatory framework
- appropriate and timeous fund allocations and funding flows.

HIV/AIDS Unit  
MINEDUC  
January 2002

## ***WHAT DO WE MEAN BY HIV AND EDUCATION? A DRAFT CONSTRUCT***

Education can no longer be 'business as usual'. Our understanding of curriculum development will never be the same again; our educational support services can no longer focus narrowly on autistic children while ignoring the needs of vast numbers of orphaned, abused and suffering children; our failure to establish school-based support systems will not cost lives, rather than merely perpetuating incompetence; our managers cannot rely on the models of the past to drive education into the future.

The paradigm of education is shifting, and we must change our concepts and planning principles, or watch the achievements registered by EFA being steadily undone. We must move from a narrow 'HIV education' curriculum campaign towards a broader 'HIV and education' paradigm.

What does 'HIV and education' mean? The pandemic-as-phenomenon is vastly complex, and individual educators, researchers, policy makers and analysts, planners and funders each confront this plague from a different perspective.

A broad multidisciplinary approach by educators to the pandemic is essential. The following 'HIV and education' construct is a work in progress. It attempts to set out particularly significant issues for education practitioners and researchers coming to it from different perspectives; there are clearly more facets to be added.

***General issues:*** Learning to contend with the pandemic's impact on the education sector; identifying (1) the nature and extent of education's responsibility for fighting HIV/AIDS and caring for those affected; (2) at what point educators should transfer responsibility for learners in difficulty to social services; and (3) the extent to which schools and other educational institutions are (or should be) part of communities' response to the pandemic.

***Education and training subsectors:*** In higher education (for example), protecting learners and staff as well as the institution itself; understanding within the university community how the pandemic will affect national and community life, and revising taught curricula in all faculties appropriately; creating a knowledge bank about the pandemic capable of serving national development and security; training for predicted labour shortages starting with teachers, health workers, and social welfare staff; undertaking research in priority areas, on orphanhood and thanatology for example, on the psych-social roots of the pandemic, on economic impact.

***Management, policy and planning issues:*** Understanding and predicting the pandemic's implications for management and development within the education sector; managing the pandemic in a way that protects learners, educators and institutions; developing appropriate policies and strategic plans, and implementing them; systematically collecting and disseminating information and data as a basis for informed decision-



making; establishing partnerships for action; mobilising and allocating resources effectively within the sector.

*Pedagogical issues:* Mainstreaming life-skills curricula in all learning institutions, and developing and evaluating appropriate materials; improving educator knowledge and skills; providing appropriate support to educators; evaluating content, implementation and outcomes of life skills curriculum; developing teacher competencies in care and counselling.

*Psycho-social and care issues:* Learning to be more sensitive to learner wellbeing, including children of trauma – those who are abused, harassed or victims of incest, who are vulnerable and at-risk, who are orphaned, who are heading households, or are caregivers; understanding adolescent sexuality, customary and imported behaviours, homosexuality and bisexuality and HIV/AIDS-related sexual behaviour; understanding ‘orphanhood’ and responding to it; learning from our past experience with school hostels, institutional care, and homebased care; analysing and planning for homebased care and school feeding schemes; defining the school’s links with the community’s response to the pandemic.

*Educator development and support issues:* Establishing HIV workplace policies in all learning institutions; supporting educators infected or affected by HIV; creating and applying appropriate codes of conduct; understanding the limitations of teachers as mentors, care-givers and guides and supplementing their efforts from social and health sector resources; reconstituting a culture of care and respect in learning institutions.

*Gender concerns:* Keeping issues related to the girl-child at risk at centre stage; recognising schools as unsafe places for girls and taking action; closely linking gender and HIV programmes for maximum efficiency; continuing advocacy, research and action on violence, abuse and rape in learning institutions.

*Values, and moral and ethical issues.* Understanding how values and customary and religious beliefs can either profoundly inhibit our understanding of this pandemic, or empower educators and learners to challenge the pandemic.

*HIV and international agreements, legislation and application of the law, regulations, codes and human rights issues:* Reviewing existing international and national conventions, education legislation and policy; establishing an appropriate legislative and regulatory framework; analysing issues of testing; identifying and protecting the rights and responsibilities of teachers; dealing rigorously with harassment and abuse, stigmatisation and discrimination in learning institutions; establishing codes of conduct and applying them.

*Training, manpower and economic implications of HIV:* Understanding the ramifications of HIV/AIDS for the teaching service including teacher attrition, replacement and deployment; identifying new teacher competencies required to cope with complex cohorts of learners; enabling training institutions to produce appropriately

qualified teachers; helping to mitigate HIV's consequences for economic growth through education and training.

This broader concept of HIV and education means in practice that each educator is responsible in his or her own domain to make sense of what is happening, and to react appropriately. We are moving into unknown territory here, for few of the right questions and answers have as yet been tabled.

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