

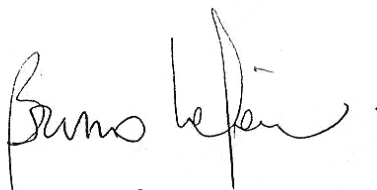
## ACKNOWLEDGEMENTS

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## SUGGESTIONS AND ADDITIONS

This resource guide is by no means exhaustive. Rather, it is a preliminary attempt to compile lessons learned and information resources available in countries across Sub-Saharan Africa, and make them available to the countries of ECOWAS. We welcome any useful suggestions and additional information, and invite readers to send them to:

[accra@unesco.org](mailto:accra@unesco.org)

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## LIST OF ACRONYMS

ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immune Deficiency Syndrome
ECOWAS	Economic Community of West African States
HAART	Highly Active Anti-retroviral Therapy
HIV	Human Immuno-deficiency Virus
IEC	Information, Education and Communication
MTCT	Mother to Child Transmission
MTT	Mobile Task Team
N. A.	Not Available
POPFL	Population and Family Life Education
SADC	Southern African Development Community
SHEP	School Health Education Programme
STI	Sexually Transmitted Infection
VCT	Voluntary Counselling and Testing
WAZAM	West Africa/Zambia Learning Programme

## LIST OF SYMBOLS

	website, e-mail address
	Postal address
	Telephone Number
	Fax Number

# 1.0 INTRODUCTION

This resource guide is designed to help policy makers and practitioners to access resources and to build on best practice in order to combat HIV/AIDS in the education sector. Based on the recommendations and proceedings of the Elmina Conference on HIV/AIDS and Education, it highlights strategies for government, educational institutions and civil society agencies in the Economic Community of West African States (ECOWAS).<sup>1</sup> It is divided into five main sections, based on the Elmina Call for Action.<sup>2</sup>

- Section 1 highlights the recommendations from the Elmina Conference
- Section 2 explores some strategies and tools for the prevention and control of HIV/AIDS
- Section 3 examines protection of learners, educators and educational quality
- Section 4 highlights countries' experience in managing the HIV/AIDS crisis within the education sector
- Section 5 considers regional initiatives to combat HIV/AIDS in the education sector

## THE ELMINA CONFERENCE

The Senior Experts' Conference on HIV/AIDS and Education in ECOWAS was held in Elmina, Ghana, March 19 to 23, 2001. It was organised by the UNESCO office in Ghana in cooperation with the UNAIDS Secretariat and the Ministries of Education and Foreign Affairs of the Republic of Ghana. During the five-day conference, experts from around Africa reviewed the impact of HIV/AIDS and shared experience of combating it through the education sector. Over 170 participants from 30 countries attended, most of whom were from West Africa.

This document aims to bring the Elmina "Call to Action" to life by helping readers implement the conference's recommendations and provide countries across West Africa with practical guidelines and strategies. The recommendations from the Elmina Conference were widely circulated at the African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases held in Abuja in April, 2001 and more recently at the UN General Assembly Special Session on HIV/AIDS held in New York in June, 2001.

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<sup>1</sup> ECOWAS includes the following countries: Côte d'Ivoire, Burkina Faso, Togo, Nigeria, Ghana, Sierra Leone, Liberia, Guinea Bissau, Benin, Mali, Gambia, Senegal, Guinea, Niger, and Cape Verde.

<sup>2</sup> The Call for Action was developed during the Senior Experts Conference on HIV/AIDS and Education in Ghana, 2001. It can be seen on [www.onusida-aoc.org/Eng/UNESCO%20meeting.htm](http://www.onusida-aoc.org/Eng/UNESCO%20meeting.htm)

## 2.0 HIV/AIDS POLICY

### 2.1 MOBILISING LEADERSHIP ACROSS THE CONTINENT

The need for commitment to combating the spread and reducing the impact of HIV/AIDS has been debated in several conferences over the last year beginning with the Education for All Conference held in Senegal (April, 2000); the Africa Development Forum in Addis Ababa (December, 2000), and the African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in Abuja, Nigeria (April, 2001). These conferences focussed on lessons from Southern and Eastern Africa, highlighting the crucial role of African leaders and need for the political will to combat HIV/AIDS in Sub-Saharan Africa.

Common conclusions reached by these conferences include the need for more democratic, sustained leadership by the highest levels of government. This echoes a 1997 World Bank publication, *Confronting AIDS: Public Priorities in a Global Epidemic*, which stated, "An early active government response encouraging safer behaviour among those most likely to contract and spread the virus, has potential to avert untold suffering and save millions of lives." Government responses should include strategies which aim to influence individual choices and ease social constraints to safer behaviour.

The outcomes of these and other international or sub regional conferences on HIV/AIDS provide useful tools for lobbying senior policy makers within the education sector, notably by reminding them of the promises made at these conferences. Box 1, 2 and 3 highlight some of the key conference outcomes

### **Box 1: Strategies from Education For All (EFA) Sub-Saharan Conference**

(Johannesburg, South Africa, 6-10 December 1999)

The following strategies were adopted at the Conference to combat HIV/AIDS.

- Put in place HIV/AIDS education programmes and response mechanisms
- Teacher training must be accelerated to balance personal losses
- Systems must be developed for keeping orphans in school, and solutions found for their long-term care and development
- Life skills and HIV/AIDS education shall be strengthened or introduced in all education programmes
- Working partnerships shall be forged with the media, religious organisations, civil society and communities to build consensus on implementing HIV/AIDS curriculum and develop effective and viable strategies to fight the HIV/AIDS pandemic
- In collaboration with other Ministries and stakeholders, the education sector shall take a leading role in AIDS campaigns, and urge men, including those in the teaching profession, to respect women's dignity and the right to protect themselves.

### **Box 2: Recommendations from the African Development Forum, December 2000**

(Addis Ababa Conference)

African Heads of State agreed that within the education sector it should be recognised that :

- The Education Sector is central to the HIV/AIDS response and sex education should be in every school curriculum
- Schools should be models of equitable gender relations
- All school fees and other charges must be abolished
- Donors should provide special support to the education sector
- Youth out-of-school including street children should be targeted
- Drug prevention and rehabilitation programmes for youth and the out of school should be implemented.

### **Box 3: Abuja Framework for Action, April 2001:**

African Heads of State Agreed to:

- Devote 15% of all national budgets to spending on health including HIV/AIDS campaigns.
- Set up a 10 billion dollar fund to combat HIV/AIDS in Sub-Saharan Africa

Some of the priority areas for intervention include:

- Leadership at national, regional and continental levels to mobilise society
- Improve Information, Education and Communication (IEC)
- Protection for human rights
- Access for treatment, care and support
- Access to affordable drugs and technologies

(Contact: [www.oau.org](http://www.oau.org))

**Table 1: The Elmina Strategic Framework for Action**

PRIORITY AREAS	STRATEGIES
<p><b>Preventing and controlling the spread of HIV/AIDS</b> <i>especially among young people in and out of school, college and university and among educators</i></p>	<ul style="list-style-type: none"> <li>■ Develop life skills curricula on HIV/AIDS issues in all learning institutions and make them examinable.</li> <li>■ Develop, distribute and use learner-friendly and gender-sensitive life skills materials.</li> <li>■ Encourage the participation of young people in the response through peer education.</li> <li>■ Provide pre-service, in-service education and training on HIV/AIDS issues to schoolteachers, counsellors, educators and managers.</li> <li>■ Implement Information, Education and Communication (IEC) campaigns to reach young people in and out of school.</li> <li>■ Make available youth-friendly health education and counselling services to address HIV/AIDS, STDs and reproductive health related issues</li> <li>■ Engage and mobilise a wide range of partners including parents, religious and traditional leaders and the media in the preventive work within the education system.</li> </ul>
<p><b>Reducing the traumatic impact of HIV/AIDS on learners, educators and the education system itself.</b></p>	<ul style="list-style-type: none"> <li>■ Develop care and support programmes for orphans and vulnerable children.</li> <li>■ Identify innovations in education delivery and outreach to take account of complex and changing issues.</li> <li>■ Put in place workplace policy and guidelines on HIV/AIDS in all learning institutions and ministries of education.</li> <li>■ Embark on regular assessment of the impact of HIV/AIDS on the education sector.</li> </ul>
<p><b>Improving management capacity and procedures to ensure that effective action can be taken to respond to the crisis</b></p>	<ul style="list-style-type: none"> <li>■ Involve the Ministry of Education in the country's UN Theme Group on HIV/AIDS.</li> <li>■ Establish a unit in each country, staffed and equipped with adequate resources to drive HIV/AIDS and education strategies nationally and at decentralised levels.</li> <li>■ Mobilise substantial resources against HIV/AIDS.</li> <li>■ Systematically collect, store, disseminate and use data to support a comprehensive national and regional research agenda.</li> <li>■ Strengthen the capacity of managers and planners at all levels to cope with HIV related difficulties of students and teachers.</li> <li>■ Sectoral management procedures and structures within the education sector should be implemented in collaboration with the health sector.</li> <li>■ Policies related to HIV/AIDS should be reviewed, revised and rigorously applied.</li> <li>■ Ongoing monitoring and evaluation of the education sector's performance in fighting the epidemic.</li> </ul>

Note: see Annex 7.1 for full text



## **2.2 THE UNAIDS INTER-AGENCY WORKING GROUP ON HIV/AIDS, SCHOOLS AND EDUCATION**

The Inter-Agency Working Group on HIV/AIDS, Schools and Education (IAWG) is comprised of representatives from WHO, UNESCO, UNICEF, the World Bank, UNFPA, UNDCP and UNDP. The IAWG was created to: (1) enhance advocacy on life skills and HIV/AIDS prevention in schools, especially through documentation, and (2) to facilitate training on life skills and HIV/AIDS prevention in schools. It has recently expanded its focus to also provide leadership for addressing the impact of HIV/AIDS on the education sector and improve the quality of HIV/AIDS prevention in the education sector.

Recently, the IAWG has developed a draft Global Strategy Framework on HIV, Schools and Education to stimulate discussion and action for an expanded response to HIV/AIDS through educational systems (full text at [www.unicef.org/programme/lifeskills/assets/framework.pdf](http://www.unicef.org/programme/lifeskills/assets/framework.pdf))

## **2.3 THE IMPACT OF HIV/AIDS ON THE EDUCATION SECTOR**

This section presents an overview of the impact of HIV/AIDS on the education sector, and of the response of countries across West Africa. This information will assist ministries and agencies to become better equipped to advocate for support for HIV/AIDS programming within their respective countries. The section is based on the report *The Impact of HIV/AIDS across West Africa* (Casely-Hayford, 2001) presented at the Elmina Conference. The report states that:

*"The full brunt of AIDS impact on the educational institutions is yet to be felt. Core professional support institutions such as pre-service teacher training colleges and INSET [in-service] structures composed of inspectors, primary education advisors, etc. - are likely to be affected."*

*"In many countries the AIDS epidemic has substantially undermined the institutional capacities relied upon by society to protect the well being of the family and support its' development. Experienced teachers are dying faster than new teachers can be trained, seriously affecting the supply and quality of education. AIDS is also threatening recent gains in education that provide the most disadvantaged with access to school."*

UNAIDS estimates that by the year 2010 a total of 41 million orphans will have lost their mother or both parents to HIV/AIDS worldwide. This poses a major threat to the well-being and development of communities in which they live. Table 2.0 reviews the current status of HIV/AIDS within Sub-Saharan Africa and ECOWAS in particular.

**Table 2: Indicators of the HIV/AIDS Burden, December 1999.**

KEY INDICATORS	GLOBAL INDICATORS <sup>3</sup>	SUB-SAHARAN AFRICA	ECOWAS <sup>4</sup>
New HIV infections in 2000	5.3 million	3.8 million	N.A.
Number of people living with HIV/AIDS (end of 2000)	36.1 million	25.3 million	4.782 million
Deaths due to AIDS in 2000	2.6 million	2.2 million	462,800
Adult prevalence rate (%) <sup>5</sup>	1.1 %	8.8%	3.7%
Percentage of HIV-positive adults who are women (%)	47%	55%	55%
AIDS orphans as of 2000 (under 15 years of age)	N.A	N.A	1.9 million
Cumulative number of AIDS orphans since the beginning of the epidemic	13.2 million <sup>6</sup>	12.1	2,7 million

(N.A. = not available)

Currently the situation in West Africa is slowly deteriorating. Cote d' Ivoire is amongst the 15 worst affected countries in the world, with an adult prevalence rate of 10.8%. In Burkina Faso and Togo, the rates are 6.4% and 5.9%, while in Nigeria, the rate of over 5% represents more than 2.7 million people. (UNAIDS, 2000.)

## 2.4 MEASURING THE IMPACT ON THE EDUCATION SECTOR

A variety of indicators can be used to measure the impact of HIV/AIDS within the education sector. These include overall demographic indicators as well as those related more closely to the demand and supply sides of the education sector. Table 3 identifies several key areas which are affected in the education sector by the impact of HIV/AIDS, include both the supply and demand for education..

The maps presented on the back cover of this Resource Guide outline the spread of HIV in Africa over the last fifteen years. They show that West and Central African countries are increasingly touched by the epidemic.

<sup>3</sup> Global and Sub-Saharan figures are based on UNAIDS Update 1999, while ECOWAS country figures are based on UNAIDS 2000 Update using 1999 figures.

<sup>4</sup> Data not available on Cape Verde

<sup>5</sup> The proportion of adults (15-49 years of age) living with HIV/AIDS in 1999 using 1998 population figures.

<sup>6</sup> Report on the Global HIV/AIDS epidemic (UNAIDS, 2000b).

**Table 3: Impact on the Education Sector**

<b>FACTOR</b>	<b>IMPACT IN THE EDUCATION SECTOR</b>
Demographic	Decline in size of school-age population due to: <ul style="list-style-type: none"> <li>■ High death rate among people of reproductive age (which lower the fertility rate and population growth rate)</li> <li>■ HIV/AIDS deaths among children</li> <li>■ Transmission of HIV to infants</li> </ul>
Demand side	<ul style="list-style-type: none"> <li>■ Fewer resources for schooling children</li> <li>■ Reduction in the size of the school-age population</li> </ul>
Supply side	<ul style="list-style-type: none"> <li>■ Increased mortality particularly among teachers</li> <li>■ Increased absenteeism among teachers</li> <li>■ Increased unproductive work hours due to poor health</li> </ul>
Potential clientele for education	<ul style="list-style-type: none"> <li>■ Number of children being orphaned as a result of the epidemic</li> <li>■ Increasing number of orphans</li> </ul>
Educational planning	<ul style="list-style-type: none"> <li>■ Increased need for effective educational planning</li> </ul>

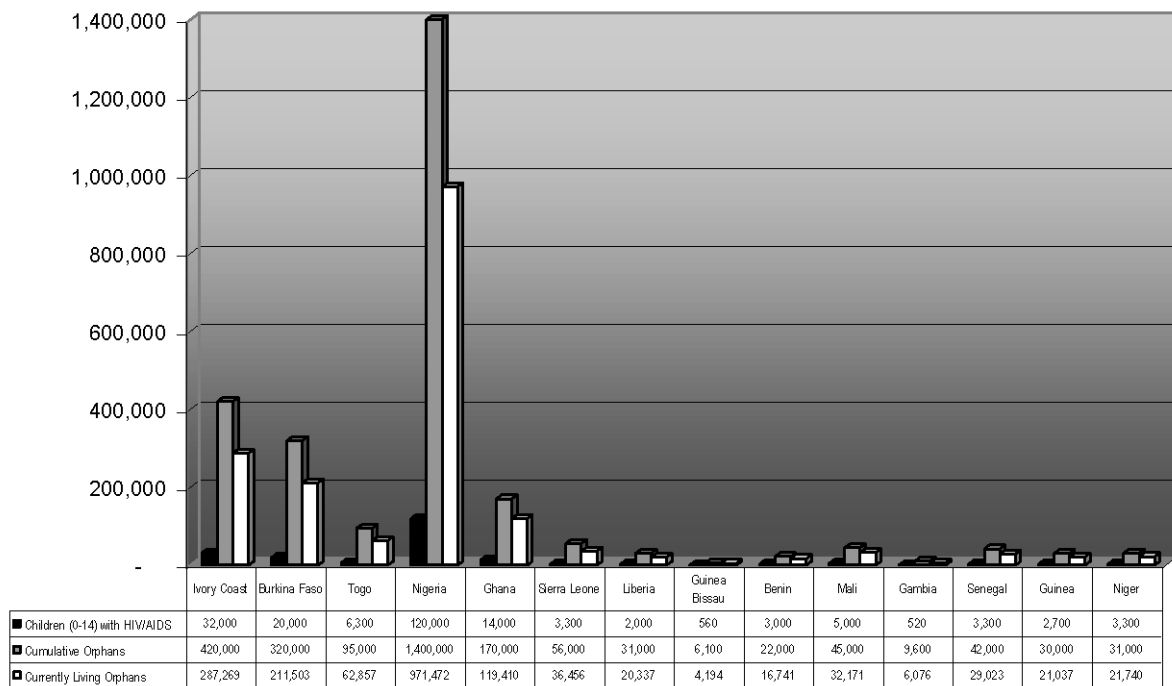
(World Bank, 2000)

The recent paper "The Impact of HIV/AIDS on Schooling in Zambia" (Kelly, 1999) identifies the following key areas in which the education sector is affected by the epidemic:

- Demand for education
- Supply of education
- Availability of resources for education
- Potential clientele for education
- Process of education
- Content of education
- Role of education
- Organisation of education
- Planning and management of education
- Donor support for education

From this list it is clear that all aspects of educational planning and management are affected by HIV/AIDS. Finding ways to minimise and cope with the impact is thus essential to sustaining any education system.

**Figure 1: Children affected by HIV/AIDS as of 1999**



Source: UNAIDS/ECA, 2000

### Children Affected by HIV/AIDS

UNAIDS uses two statistics - the number of children dying of AIDS and the number of children who have become orphans due to HIV/AIDS - as key indicators to track impact within the education sector. Figure 1 represents data on the cumulative number of orphans and the number of children living with HIV/AIDS in ECOWAS countries. The graph indicates that Nigeria has the highest number of currently living children orphaned by AIDS, followed by Côte d'Ivoire and Burkina Faso, Ghana and Togo. Apart from Nigeria, the number of orphans has not yet reached the large numbers experienced in Southern Africa. Data was not available on the number of children who have died of AIDS during recent years in ECOWAS.

### Teachers Affected by HIV/AIDS

Teachers are high on the list of countries' most precious resources. Their health and well-being can affect the ability of an educational system to develop and produce valuable citizens for a country. Little data is available on the impact of HIV/AIDS among teachers across ECOWAS. More is available in Southern Africa. In Botswana, for example, over 40% of the teaching force is living with HIV/AIDS. Other countries in Southern Africa are beginning to lose large sections of their teaching force before they have reached Universal Primary Education, let alone higher levels of educational proficiency. A further consequence is that educational reforms, which so many African countries are implementing, can be severely affected by HIV/AIDS.

So far the rates of infection among teachers are relatively low across West Africa compared to the southern and eastern regions of Africa. Nonetheless, the impact on education systems and the young people they serve is serious. UNAIDS and UNICEF have modelled several aspects of this impact, including the number of children estimated to have lost a teacher to HIV/AIDS. Table 4 highlights some of the key findings.

**Table 4: Key findings based on projected teacher mortality due to HIV/AIDS**

<b>COUNTRY IN ORDER OF HIV/AIDS PREVALENCE</b>	<b>IMPACT ON THE EDUCATION SECTOR (based on the number of teachers who may die from HIV/AIDS)</b>
Côte d'Ivoire	<ul style="list-style-type: none"> <li>■ In 1996/97 64% and 70% of teachers' deaths were HIV related</li> <li>■ Out of a sample of 1.7 million primary school students at least 23,000 are estimated to have lost a teacher to AIDS in 1999 (approximately 1.4%)</li> </ul>
Burkina Faso	<ul style="list-style-type: none"> <li>■ Out of 700,000 primary school children, about 7,400 lost a teacher to AIDS in 1999 (1.06%)</li> </ul>
Togo	<ul style="list-style-type: none"> <li>■ Out of a sample of 830,000 children, about 7,300 lost a teacher to AIDS. (0.9%)</li> </ul>
Nigeria	<ul style="list-style-type: none"> <li>■ Out of 14.8 million primary school children, some 85,000 lost a teacher to AIDS in 1999 (0.6%)</li> </ul>
Ghana	<ul style="list-style-type: none"> <li>■ Gains made in enrolment will decline with the HIV/AIDS infection</li> </ul>
Sierra Leone	<ul style="list-style-type: none"> <li>■ Increasing numbers of orphans and children's growing responsibilities as a consequence of AIDS in the household will lead to reduced enrolment and hence lower literacy rates.</li> <li>■ A model developed by UNICEF suggests that from a cohort of 420,000 primary school students, about 1,900 lost their teacher to AIDS in 1999 (0.5%).</li> </ul>
Benin	<ul style="list-style-type: none"> <li>■ Out of 750,000 primary school students, about 1,800 lost a teacher to AIDS in 1999 (0.2%).</li> </ul>
Mali	<ul style="list-style-type: none"> <li>■ Out of a total of 780,000 primary school students, about 2,000 lost their teacher to AIDS in 1999 (0.2%).</li> </ul>
Senegal	<ul style="list-style-type: none"> <li>■ Out of 900,000- primary school pupils at least 2,000 are estimated to have lost a teacher to AIDS (0.2%) in 1999.</li> </ul>
Gambia	<ul style="list-style-type: none"> <li>■ Out of 140,000 primary school students, 353 lost a teacher to AIDS in 1999 (0.2%).</li> </ul>
Guinea	<ul style="list-style-type: none"> <li>■ Current gains in enrolment of 46% could be reduced through HIV/AIDS</li> <li>■ Out of 650,000 primary school pupils, about 1,300 lost a teacher to AIDS in 1999 (0.2%).</li> </ul>
Niger	<ul style="list-style-type: none"> <li>■ Of 480,000 primary school pupils, some 820 lost a teacher to AIDS in 1999 (0.17%)</li> </ul>

Source: UNAIDS/ECA, 2000

## 2.5 THE RESPONSE BY ECOWAS

Countries across ECOWAS have been taking steps to systematically prevent and control the spread of HIV/AIDS. According to UNAIDS more than 11 countries have developed HIV/AIDS strategic plans and frameworks since 1997. Table 5 highlights the current status of country responses across ECOWAS. Senegal, Ghana and Nigeria currently have the most advanced national responses, having put in place all the recommended macro-level structures and programmes to tackle the pandemic.

**Table 5: Status of National Responses**

COUNTRY IN ORDER OF HIV PREVALENCE	NATIONAL HIV/AIDS POLICY	HIV/AIDS POLICY IN ANY SECTOR	HIGH LEVEL STRUCTURE TO SUPPORT NATIONAL RESPONSE	NATIONAL STRATEGIC PLAN ON HIV/AIDS	BUDGET TO IMPLEMENT THE PLAN
Cote d'Ivoire	Yes	No	Yes	Yes	Yes
Burkina Faso	Yes	Yes	No	Yes	Yes
Togo	Yes	No	Yes	Yes	N.A.
Nigeria	Yes	Two sectors <sup>7</sup>	Yes	Yes	Yes
Ghana	Yes	All sectors	Yes	Yes	Yes
Sierra Leone	No	No	Yes	No	N.A.
Liberia	No	No	Yes	Yes	No
Guinea Bissau	No	No	No	No	No
Benin	Yes	No	Yes	Yes	N.A.
Mali	Yes	No	Yes	Yes	No
Gambia	Yes	Four sectors <sup>8</sup>	Yes	No	Yes
Senegal	Yes	All sectors	Yes	Yes	Yes
Guinea	Yes	No	No	Yes	Yes
Niger	Yes	No	Yes	No	No
Cape Verde	Yes	Three sectors	Yes	Yes	No
Total countries with measures in place	12	6	12	11	7

(Based on UNAIDS Data provided by Inter-Country Team for West and Central Africa, 2001)

### Major Features of an effective response

When planning national responses, governments and agencies should consider a variety of key factors which can either support or constrain efforts to tackle the epidemic. These factors are summarized in Table 6 below.

<sup>7</sup> The health and military sector have both formulated policies.

<sup>8</sup> Policies exist for education, health, sports and youth.

**Table 6: Major factors which support and constrain effective national responses.**

<b>MAJOR FEATURES COMMON TO EFFECTIVE NATIONAL RESPONSES (from UNAIDS, 2000a)</b>	<b>MAJOR FACTORS WHICH CONSTRAIN NATIONAL RESPONSES (Wijermars, 1993)</b>
<ul style="list-style-type: none"> <li>■ Political will and leadership</li> <li>■ Societal openness and determination to fight against stigma</li> <li>■ A strategic response</li> <li>■ Multi-sectoral and multi-level action</li> <li>■ Community-based responses</li> <li>■ Social policy reform to reduce vulnerability</li> <li>■ Long term and sustained response</li> <li>■ Learning from experience</li> <li>■ Adequate resources</li> </ul>	<ul style="list-style-type: none"> <li>■ Literacy rates and communication channels</li> <li>■ Access to health care</li> <li>■ Economic situation</li> <li>■ Stigmatisation and discrimination</li> <li>■ Sexual behaviour and attitudes</li> <li>■ Religious concepts</li> <li>■ Topography and geographic location</li> <li>■ Location</li> </ul>

### 3.1 STRATEGIES AND PRIORITIES

The Elmina conference highlighted the need for the education sector to place increasing emphasis on the prevention and control of HIV/AIDS. Education has great potential as a vehicle for attitudinal change. Both formal and informal educational approaches to HIV/AIDS can have a great impact on attitudes, particularly among youth.

In countries where sexual activity begins at an early age and young people have high rates of partner change, promoting safe behaviour among adolescents is essential in slowing the spread of HIV/AIDS. Even in societies where sexual activity does not begin until after people have completed schooling, reproductive health education in the school system is a powerful intervention (World Bank, 1997). Besides preventing HIV among students, preventive programmes aim to:

- prevent STIs and associated infertility
- Prevent unwanted pregnancy which may lead to abortion or girls' dropping out of school.

Planning programmes for the prevention, control and spread of HIV/AIDS requires several different stakeholders. Box 4 highlights some of these different stakeholders.

#### Box 4: Key Stakeholders involved in prevention

- Strategies to prevent and control the spread of HIV/AIDS should include several key stakeholders, and understand their objectives and aspirations:
- **Children and young people:** want to be heard; want to avoid gender-based violence and abuse; want to be a solution to AIDS rather than a problem.
- **Communities:** (including parents, religious leaders, community based organisations, service providers) want to protect children from HIV; educate them; promote values; and ensure that their children are cared for.
- **Teachers and other school personnel** want children to learn through functioning schools; want support and recognition for their job and to protect themselves or cope with HIV/AIDS
- **Persons living with HIV/AIDS** want to be cared for and contribute to society
- **The media** are an integral part of the response, able to inform and raise awareness in society
- **Supporters: donors, NGOs and other civil society organisations** want to invest in programmes for sustaining healthy productive populations and ensure human rights
- **The private sector and industry** want healthy workers and consumers to contribute financially
- **Governments and decision makers** want economic growth and poverty reduction
- **Academic Institutions and schools** want healthy and vibrant youth to educate.

Based on Global Strategy Framework on HIV/AIDS, Schools and Education (IAWG, 2001)

### 3.2 PLANNING AND ASSESSMENT TOOLS TO GET STARTED



There are several tools which have been developed to assist governments to stabilise the education system and mitigate the pandemic's potential impacts. These include:

**UNAIDS** offers a technical resource guide for strategic planning called the **Guide to the Strategic Planning Process for National Responses to HIV/AIDS** (1998a). Its four parts include: situational analysis, response analysis, strategic plan formulation and resource mobilisation. The guide has been designed to assist countries to plan strategically as they develop programmes to combat HIV/AIDS. (*Contact: UNAIDS Inter-Country Team for West and Central Africa, ☎ 225 22 404401, 📠 225 22 404409, ✉ eip.onusida@aviso.ci. For more resources on strategic planning, see the ICT website at [www.onusida-aoc.org/Eng/TRNs%20SP.htm](http://www.onusida-aoc.org/Eng/TRNs%20SP.htm)*)

**The Mobile Task Team (MTT)** in Southern Africa has developed a "Rapid Appraisal" methodology for helping education sector personnel and facilitators working with government ministries to guide strategic planning and develop action plans (Coombe, 2001a). It assists planning by prompting users to ask questions concerning a range of issues. The guide has been tested in several southern African Countries including South Africa. (*Contact: Carol Coombe, University of Pretoria Faculty of Education and the Centre for the Study of AIDS, South Africa, ✉ coombe@mweb.co.za*)

The **MTT** have also developed an **HIV/AIDS Resource Kit for District Education Managers** . The Kit is designed to guide the collection of local indicators and help district-level officers to track the impact of HIV/AIDS within the education sector using a modified Education Management Information System (EMIS). The approach can be integrated into existing school census and other data collection procedures. It helps to get district officers thinking about the kind of data which might be needed to make decisions, and triggers early warning signals of dysfunction within the education system. (*Contact: Peter Badcock Walters, University of Natal, South Africa, ✉ peterbw@eastcoast.co.za*)

**UNESCO** has developed a **Strategy for HIV/AIDS Prevention Education** to assist with planning of this important activity. The strategy identifies the following five core tasks which should guide any government in its implementation of prevention programmes:

- Advocacy at all levels
- Customise the message
- Change risk behaviour
- Care for the infected and affected
- Cope with institutional impact of HIV/AIDS.

In its strategy, UNESCO emphasises the importance of educating girls and including prevention messages in the wider context of health and sex education programmes. (*Contact:* UNESCO [www.unesco.org.iiep](http://www.unesco.org.iiep) or [information@iiep.unesco.org](mailto:information@iiep.unesco.org))

### 3.3 PREVENTION STRATEGIES

Reproductive health education has the potential to help alter social norms and behaviour in the next generation of adults. Reviews of school-based programmes have found that youth participating in such programmes do not, as it is sometimes feared, start sexual activity early (UNAIDS, 1997).

Prevention and control of HIV/AIDS can be categorised under primary and secondary approaches. Primary prevention means averting the transmission of the infection in individuals and communities where the infection is not yet present. Secondary prevention is aimed at containment of the infection in individuals and communities where the infection is already present.

Strategies for prevention are different for areas with low and high prevalence rates. The following section describes these different strategies.

#### **Prevention Strategies in High and Low Prevalence Areas**

##### *Low Prevalence Areas*

- Prevention aimed at core risk groups
- Health education campaigns (IEC, etc)

##### *High Prevalence Areas*

- Mass education campaigns
- Secondary preventive strategies
- Campaigns targeted at those not yet sexually active
- Targeted interventions for pregnant women, youth, etc
- Maintain risk reduction strategies in vulnerable groups, e.g. sex workers, sexually active people.

NGOs in West Africa have been testing different approaches to prevent HIV/AIDS among communities. A conference in Nigeria sponsored by the Catholic Fund for Overseas Development (CAFOD, 2000a) brought together several agencies working in HIV/AIDS control across West Africa. Evidence presented indicates that different strategies have had varying degrees of effectiveness. Table 7 outlines some of the main findings. (Note that these successful and unsuccessful experiences were related to particular settings and socio-cultural contexts. The same strategies may work differently in other settings and at different times of the epidemic's life.)

**Table 7: Results of NGO prevention strategies**

<b>PREVENTION STRATEGY</b>	<b>INDICATORS OF EFFECTIVENESS</b>
■ Radio programmes about reducing number of sexual partners	■ Little change in behaviour in communities
■ Community education drama, songs, videos and posters	■ Increased level of awareness
■ Most institutions target youth	■ Some community leaders awareness
■ HIV testing (pre- and post-test counselling)	■ Not enough testing kits and lack of co-ordination
■ Community education	■ Successful
■ Youth Alive movement encouraging youth to abstain from sex before marriage	■ Many youth have chosen to follow the Youth Alive message
■ Peer Counselling	■ There is a high demand for services.
■ Counselling	■ People are ready to accept their status
■ Universal precautions for health workers	■ Health workers are more aware

(Based on CAFOD, 2000a)

Research conducted by UNAIDS (2000c) on peer education for HIV/AIDS suggests that peer education is very effective in many areas of public health education including nutrition education, family planning, substance abuse and violence prevention. UNAIDS further indicates that peer education stands out due to the number of agencies working with its use and to its popularity in HIV/AIDS prevention programming particularly among youth (see section 3.7).

### **3.4 LIFE SKILLS AND SCHOOL BASED CURRICULA DEVELOPED IN AFRICA**

There is a wide range of curricula currently used within Sub-Saharan Africa that provide basic knowledge and information concerning reproductive health, and more specifically HIV/AIDS. Several Ministries of Education are currently integrating HIV/AIDS education within life skills curriculum and school health education programmes (SHEPs). Some of these curricula also include “value-based information” which assists children and youth consider important choices they need to make while growing up.

Table 8 lists curricula which have been developed in ECOWAS and in some Southern African countries for primary, junior secondary school (JSS) and senior secondary school (SSS). Copies of the curricula can be obtained from the respective Ministries of Education or from the countries’ National Commissions on HIV/AIDS (contacts have been provided wherever possible, you may wish to contact Elmina Conference Participants – see Annex 7.3).

**Table 8: Country Experience of Life Skill Curriculum**

COUNTRY	LEVEL	EXPERIENCE WITH LIFESKILLS CURRICULUM
Burkina Faso	Primary	<ul style="list-style-type: none"> <li>HIV/AIDS training introduced in primary school curriculum</li> <li>Integration of HIV/AIDS into 7 subject areas of SSS Syllabus</li> <li>HIV/AIDS in syllabus of teacher training colleges and institutes</li> </ul>
Gambia	Primary JSS	<ul style="list-style-type: none"> <li>HIV/AIDS has been integrated into the life skills curriculum and tested. It is available in English for primary and JSS levels.</li> <li>A School Based Peer Health Education Programme has also been implemented in over 20 Junior Secondary Schools (see Box 6).</li> </ul>
Ghana	Primary JSS	<ul style="list-style-type: none"> <li>SHEP is responsible for school based AIDS education activities such as IEC campaigns; training of peer educators, school health teachers, guidance and counselling co-coordinators; anti-AIDS clubs; curriculum development.</li> </ul>
Mali	Primary JSS	<ul style="list-style-type: none"> <li>Population and Family Life Education (POPFILE) introduced on experimental basis in school curriculum - gradually being scaled up.</li> <li>Production of IEC materials in French and local languages.</li> <li>Full costs of the POPFILE and HIV/AIDS education in school curriculum are supported by the Ministry of Education (MOE).</li> </ul>
Nigeria	Primary JSS SSS	<ul style="list-style-type: none"> <li>UNFPA has supported Nigerian Education, Research and Development Council to prepare Family Life Education curriculum including HIV/AIDS. Teachers and guidance counsellors being trained to provide HIV/AIDS information at SSS.</li> <li>Local NGO Action Health Inc. developed an SSS curriculum called "Sexuality Education" with support from UNICEF and UNFPA. (<a href="http://www.siecus.org.inter.nigeria/acti">www.siecus.org.inter.nigeria/acti</a>)</li> <li>World Bank supports HIV/AIDS education for teachers and pupils in 1,100 primary schools. (<i>Contact: Dr Sareer Ara, <a href="mailto:sara@unicef.org">sara@unicef.org</a></i>)</li> </ul>
Liberia	Primary JSS	<ul style="list-style-type: none"> <li>Population and Family Life Education Curriculum is part of SHEP</li> <li>Emphasis on increasing awareness of benefits of reproductive health services for both teachers and students in and out of school.</li> </ul>
Uganda	Primary JSS	<ul style="list-style-type: none"> <li>Comprehensive SHEP is integral part of national curriculum. Initially knowledge-based only, it was revised following evaluation to include life-skills taught using interactive, learner centred teaching methods.</li> <li>MOE has set up Health Education Network which uses health and community workers to carry out reproductive health awareness creation among young people in the wider community.</li> </ul>
Zimbabwe	Primary (grades P1 to P5)	<ul style="list-style-type: none"> <li>"Lets Talk" is an AIDS action programme developed by the Curriculum Development Unit of MOE, featuring a teacher's book and workbook for students at primary levels. The programme aims to develop the knowledge, attitudes and emotional support needed for safe protective behaviour.</li> </ul>

In some parts of Africa, religious authorities have made important contributions to awareness and education about AIDS among young people through religious schools. Such schools often reach a large segment of the population, and have the trust of both students and their parents.

### **Box 5: Religious schools and HIV/AIDS prevention**

Uganda's Madarasa AIDS Education and Prevention Project (MAEP) shows that religious institutions responsible for the spiritual education of children can be a highly effective and motivated conduit for HIV/AIDS information (UNAIDS, 1998b).

In 1995, the Islamic Medical Association of Uganda (IMAU), working with UNICEF, developed an HIV/AIDS education programme for Muslim youth in Madarasa schools. The curriculum has 36 lessons, each of which can be covered in a 40-minute session on a Saturday or Sunday morning.

Uganda's Madarasa schools - informal schools attached to mosques - teach young people important principles of Islamic culture and behaviour. Each school is attended by approximately 50 children ranging up to 15 years of age. Classes include in-school as well as out-of-school children. Teachers are Imams or Assistant Imams, and some are members of the Uganda Muslim Teachers Association. Students are taught how to care for HIV/AIDS patients and are encouraged to help people in their own communities who are living with HIV/AIDS. Teachers and their assistants organize activities that include music, drama, and games. Parents and guardians are encouraged to talk to their children about HIV/AIDS.

The curriculum includes: understanding adolescence; adolescent friendships; peer pressure; understanding sexuality; facts and myths about HIV/AIDS; Islamic teachings on safe sex; responsible healthy living; breaking the stigma; peer counselling; building positive dreams; discussing HIV/AIDS with parents.

*(Contact: Islamic Medical Association of Uganda  
P.O. Box 2773, Kampala, Uganda  
☎ +256 42 251-443 or 272-812*

### **Other Resource Materials**

UNICEF has published a considerable amount of information about life skills education. Much of this can be consulted on the UNICEF website at [www.unicef.org/programme/lifeskills/mainmenu.html](http://www.unicef.org/programme/lifeskills/mainmenu.html)

Several materials have been produced by international agencies to assist Governments to develop school-based curriculum which integrate HIV/AIDS education. These include:

**Training and Resource Manual on School Health and HIV/AIDS Prevention** (*Education International/WHO, 2001*)

This manual was developed to strengthen school health programmes and prevent HIV infection and STIs among students and the teaching force, and improve teachers' advocacy skills through the use of participatory teaching methods. The manual also aims to increase efforts of teachers unions to support HIV-related curricula and training programmes for teachers and other members of the community. The manual was developed through interactive seminars with teachers and trade unions in Eastern Europe and Southern Africa. The manual can be downloaded from [www.ei-ie.org/educ/aids/eepublication.htm](http://www.ei-ie.org/educ/aids/eepublication.htm) (*Contact:* ✉ Education International, 5 Boulevard du Roi Albert II, 1210 Brussels, Belgium. 📠 [headoffice@ei-ie.org](mailto:headoffice@ei-ie.org) or [psattergood@edc.org](mailto:psattergood@edc.org))

**Reaching Young People. Overview Packet 5: Resource Guide Containing Teaching Learning Materials for Educators** (*John Hopkins School of Public Health, 1994*)

This package of games, comic books and activities helps young people aged 9-15 to understand the process of sexual maturation during puberty and what this implies in terms of sexual impulses. The programme encourages young people to adopt responsible sexual behaviour. (*Contact:* Johns Hopkins School of Public Health, Centre for Communication Programmes, Population Communication Services 111 Market Place, ✉ Baltimore Maryland 21202-4024 USA.)

**Guide to Peer Education on HIV/STDs and Reproductive Health in Primary Schools** (*GTZ Regional AIDS Control Project in collaboration with Ministry of Health and Ministry of Education, Mbeya Regional AIDS Control Programme (MRACP) Tanzania*)

The manual aims to guide peer educators and facilitate programmes for changing sexual health attitudes and behaviours in school. It contains the basic information that community based peer educators (adults) need to transmit messages in primary schools. (*Contact:* GTZ Mbeya Regional AIDS Control Programme, Tanzania).

**AIDS: A Catholic Educational Approach to HIV - Ontario Catholic Schools Edition Teacher's Manual.** (*Institute for Catholic Education, 1993*)

This is a comprehensive teachers manual developed to help teachers integrate the issues of HIV/AIDS into their syllabus from Grade 1 to Grade 12. It contains extensive resource materials, games and pedagogic methods organized by age category and grade. It also provides a religious and value-based approach to teaching HIV/AIDS, sexuality and human responsibility. (*Contact:* Institute for Catholic Education, ✉ Suite 604, 10 St. Mary Street, Toronto, Ontario M 4Y 1P9, ☎ 416 962 0031)

### **HIV and Sexual Health Education in Primary and Secondary Schools: Findings from Selected Asia-Pacific Countries.** *(University of New South Wales, 2000)*

This study highlights the key findings from a curriculum review across the Asia Pacific regarding current practice on policy, curricula, teacher training and modes of delivery for HIV/AIDS education. The report describes primary and secondary school based HIV/AIDS and sexual reproduction health education programmes. It offers a summary of descriptions from different country's policies and practices in school based HIV/AIDS prevention. Detailed reports on each country are available. (*Contact:* National Centre in HIV Social Research, The University of New South Wales, [www.arts.unsw.edu.au/nchr/](http://www.arts.unsw.edu.au/nchr/))

### **3.5 MATERIALS FOR OUT-OF-SCHOOL YOUTH**

Out-of-school youth are very difficult to reach with AIDS-related information. In some countries, there are more school-age youth outside school than those undertaking formal education, and many are illiterate. Moreover, sexual matters are hard to discuss publicly in many West and Central African cultures, and mass media are often not allowed or motivated to broadcast frank discussions of these topics. Existing options for reaching out of school youth include: youth centres (including the "listening centres"- centres d'ecoute – pioneered in francophone Africa); programmes of organisations such as Scouts, clubs or sports teams; workplace education; community programmes using adult health professionals or peer educators; projects with young people in rehabilitation or detention centres.

#### **Youth Talk!** *(Planned Parenthood Association of Ghana.)*

This is a 14-module curriculum addressing youth counselling, peer education and life skills education for youth in Ghana. The manual is written for organisations that work with young people. It is aimed at increasing knowledge about reproductive health, changing attitudes, and giving young people behavioural and social skills needed for responsible adulthood and other youth development issues. The objectives of this curricula is to equip youth organisations with the knowledge and skills to educate and train young people, and to provide information and skills of interest to youth, especially concerning reproductive health issues. (*Contact:* Planned Parenthood Association of Ghana, [✉](mailto:ppa@ppa.org) P.O. Box 5756, Accra, Ghana, [☎](tel:+233027554150) 233 027 554150, [☎](tel:+23321773611) 233 21 773611)

#### **A manual for Trainers of Peer Educators of the Red Cross and Red Crescent AIDS Network for Youth - West Africa** *(RANY-WA Secretariat)*

This is a manual for increasing trainers' knowledge and skills in training youth peer educators. It assists peer educators with their educational activities in HIV/AIDS/STD prevention programmes and gives them a chance to access information through a wide range of youth friendly approaches. The manual systematically explains the knowledge and skills peer educators need when passing on

messages to young people 15-24 years of age. (*Contact: RANY-WA Secretariat, Ghana Red Cross Society, ✉ P.O. Box 835, Accra, Ghana, 📧 rany-wa@idngh.com*)

### 3.6 TRAINING OF TEACHERS ABOUT HIV/AIDS

The following section describes some of the resources available on training teachers about HIV/AIDS. (Our review indicates that relatively few resources currently exist in this field.)

#### **School Health Education to Prevent AIDS and STD: a resource package for curriculum planners.** (*UNESCO/WHO, 1994*)

This is a package developed by UNESCO and WHO, which contains a handbook for curriculum planners, teachers' guide and students' activities. It contains all the basic information needed for developing curriculum for designing HIV/AIDS programmes in schools. The materials are aimed at 12 to 16 year olds. (*Contact: UNAIDS, 📧 www.unaids.org or www.unesco.org to order the package*).

While published materials are scarce, Ministries of Education and agencies in several African countries are working on pre- and in-service training programmes for teachers. Contact information includes:

- Ministry of Education, Zimbabwe (*Contact: ✉ P.O. Box CY 121, Causeway, Harare, Zimbabwe, ☎ 263743 or 734067*)
- Ministry of Education, Zambia (*Contact: ✉ P.O. Box 50093 Lusaka, Zambia, ☎ 260-250855*)
- Ministry of Education, Malawi (*Contact: Dr Kuthemba Mwale, 📧 kmwale@malawi.net*)
- UNICEF Kenya: ESARO (*Contact: Roselyn Mutemi- Wangahu, 📧 roselynmutemi-angahu@unesco.org*)
- Senegal, Ministère de l'éducation nationale, Direction de la planification et de la réforme de l'éducation. (*Contact: ✉ B.P. 4025, Dakar, Sénégal. ☎ (221) 821 07 62 📠 (221) 821 13 76*).

### 3.7 PEER EDUCATION PROGRAMMES

Much information is available on informal approaches such as peer counselling and guides for youth leaders involved in training on HIV/AIDS. Peer education is widely seen as one of the most effective methods for passing on information between and within similar age groups.

Many NGOs are involved in HIV/AIDS peer counselling in Africa, including ActionAid, Red Cross, and Family Health International (FHI). Box 5 and 6 highlight two programmes on peer education currently running in West Africa.





### **Box 6: School -Based Peer Health Education**

Initiated by the Nova Scotia-Gambia Association (NSGA)

The programme started in 1990/91 with peer health education teams in ten health centres in ten Gambian high schools. It also trains teacher-counsellors as project co-ordinators in these schools. The project developed a successful model for empowering youth with knowledge, skills and confidence to influence and inform their own personal health, and impacted positively on the health-related knowledge, attitudes and behaviour of their peers. The high school peer educators take their messages to younger children in school, out of school and in the community at large.

**Achievements:** At the end of the 2 years, 26 Junior and Secondary Schools in the Gambia had established peer health education teams. Sixteen additional teams had been trained. In one year more than 100 youth applied to be peer educators but only a few were selected from each school.

**Method and Materials:** included dramatic techniques, role-plays, skits and short dramas, posters and visual displays, video programmes and speakers on health topics to address student assemblies.

*(Contact: Burris Devanney, Executive Director,  
Nova Scotia-Gambia Association, Gambia,  
 902-423 1360,  902 429 9004)*

### **Box 7: Red Cross and Red Crescent AIDS Network For Youth, West Africa**

RANY was established in 1997 and is operational in all the sixteen countries in West Africa. The Network was created as a strategic initiative by the International Federation of the Red Cross and Crescent to foster regional collaboration and networking to maximise the impact of the response in the fight against HIV/AIDS.

**Achievements:** During the implementation of the first phase of the network, there was an expansion of youth peer education programmes in member countries, adaptation of IEC materials, expansion of membership of the network. RANY has also stimulated the organisation of regional training of trainer's workshops and exchange programmes, and has established partnerships with other organisation to implement in-country projects and promote peer education.

**Target Group:** Young people between 12-25 years are trained to educate their peers. The target groups include in-school and out-of-school youth, rural and urban youth.

Materials available through the Red Cross Peer Counselling Programme include:

- Video tapes, training manuals, participants manual
- Extensive network of peer counsellors

*(Contact:  rany-wa@idngh.com)*

### 3.8 INFORMATION, EDUCATION AND COMMUNICATION CAMPAIGNS

Some IEC campaigns are at local community level, some are focussed at district level and others are nation-wide. Table 9 highlights some of the most effective modes of transmission for IEC according to different target groups. Table 10 highlights ongoing IEC campaigns which have been developed and tested across Africa.

**Table 9: Target Audiences and Media for IEC Campaigns**

TARGET AUDIENCE	MEDIUM
Policy makers and Ministers of Education	<ul style="list-style-type: none"> <li>■ Visual presentations highlighting the impact of HIV /AIDS in a given country (e.g. PowerPoint presentations)</li> <li>■ Newspaper articles and radio interviews</li> </ul>
District and national populations	<ul style="list-style-type: none"> <li>■ Radio shows featuring people living with HIV/AIDS</li> <li>■ Documentaries on the lives of people living with HIV/AIDS, particularly teachers</li> <li>■ Television shows</li> </ul>
Community	<ul style="list-style-type: none"> <li>■ Drama and popular theatre (in local language)</li> <li>■ Radio programmes (especially in local language)</li> <li>■ Women's groups</li> </ul>
Teachers	<ul style="list-style-type: none"> <li>■ Peer counselling</li> <li>■ Speeches</li> <li>■ Newsletters published by teachers unions</li> </ul>
School level media	<ul style="list-style-type: none"> <li>■ Posters targeting children and junior youth</li> <li>■ Stories (moral and educational)</li> <li>■ Posters targeting teachers</li> <li>■ Video clips (See FAWE or UNICEF projects described elsewhere in this document)</li> <li>■ Peer counselling</li> <li>■ Child to child approaches<sup>9</sup></li> </ul>

<sup>9</sup> Child to Child approaches have proved effective in conveying health education messages to children in Africa (Zambia and Ghana). The approach often involves children between the ages of 8 to 15 years of age.

**Table 10: Examples of IEC Campaigns in West Africa**

COUNTRY	CAMPAIGN (Mode and Media)	DESCRIPTION OF INTERVENTION (Target Audience, Number of Years in Operation, Experience etc.)	ADDRESS FOR MORE INFORMATION
Ghana	Bill boards	<ul style="list-style-type: none"> <li>Strong campaigns to promote the usage of condoms.</li> <li>"Love Life" and "Journey of Hope" campaigns</li> </ul>	Ghana Social Marketing Agency Johns Hopkins (✉ <a href="mailto:office@jhuccp.org.gh">office@jhuccp.org.gh</a> )
	Radio	<ul style="list-style-type: none"> <li>Radio announcements using drama and actors</li> <li>Television cartoon targeting</li> </ul>	UNICEF Head of HIV/AIDS (✉ <a href="mailto:aosei@unicef.org">aosei@unicef.org</a> )
	Television	<ul style="list-style-type: none"> <li>Programmes for children to deter them from sexual activity</li> <li>National Theatre play group drama</li> </ul>	UNICEF (✉ <a href="mailto:aosei@unicef.org">aosei@unicef.org</a> )
	Popular Theatre	<ul style="list-style-type: none"> <li>"AIDS is Real"</li> </ul>	National Theatre, GTZ and UNESCO (✉ <a href="mailto:accra@unesco.org">accra@unesco.org</a> )
Cameroon	Audio visual materials	<ul style="list-style-type: none"> <li>AIDS-related tools for community development and family planning include a slide series targeting health workers and general public.</li> </ul>	The Atelier de Materiel Audio-Visual, Cameroon, Yaounde
Zambia	Mass media, special events, walk in's	<ul style="list-style-type: none"> <li>Range of tools to reach the general public includes special events, "walk-ins, phone-ins and write-ins". The multi-pronged approach has reached over 90% of population, and mounting evidence suggests many people have changed their sexual behaviour.</li> </ul>	Copperbelt Health Education Project (CHEP) (✉ <a href="mailto:wildaf@zamtel.zm">wildaf@zamtel.zm</a> or <a href="mailto:afro.net@zamtel.zm">afro.net@zamtel.zm</a> )

### IEC campaigns for youth

A number of IEC campaigns have been launched in Africa which target youth and the most vulnerable groups (e.g., girls between 15-20). These types of campaigns help to raise the awareness of people in the community and bring to the general public the need to act.

**Les jeunes se mobilisent contre le SIDA** (Young People mobilize against AIDS) is an IEC project using drama performed by young people to disseminate key prevention messages (UNESCO/BREDA 2001). Supported jointly by UNAIDS and UNESCO, the project culminated in a national competition at which young people performed their plays. (More information can downloaded from ✉ [http://www.dakar.unesco.org/news/sida/010629\\_final.shtml](http://www.dakar.unesco.org/news/sida/010629_final.shtml). or from the UNESCO office in Dakar. ✉ B.P. 3311, DAKAR, Sénégal ☎. (221) 849.23.23 E-mail: [dakar@unesco.org](mailto:dakar@unesco.org).)

**Straight Talk**, Uganda. Created in 1993, the Straight Talk Foundation has long experience with IEC for conveying HIV/AIDS information to youth and the general population. (More information can be obtained from their website at [www.straight-talk.or.ug](http://www.straight-talk.or.ug), or contact: [sttalk@swiftuganda.com](mailto:sttalk@swiftuganda.com))

**Soul City** is an IEC campaign which uses "edu-tainment" (i.e. education and entertainment) and mass media to combat HIV/AIDS in Southern Africa. They have produced 13 one-hour prime time TV drama's in South Africa, 45 fifteen-minute radio dramas in 11 languages and have distributed over one million print materials to the largest newspapers in South Africa. They also have an advocacy strategy which targets both adults and children. (More information can be obtained from their website [www.soulcity.org.za](http://www.soulcity.org.za) or by contacting John Molefe, Marketing Manager, Soul City, Institute for Health and Development, ☎. 27 011 643 5852.)

**Johns Hopkins University Centre for Communications** has developed several tools for educating youth through entertainment. "Enter-Educate" approaches are proving effective due to their popular, personal, passionate persuasive, profitable and practical nature. (*Contact: Manager, Media/Materials Clearinghouse, Johns Hopkins Population Information Programme, ✉ 111 Market Place, Suite 310, Baltimore, Maryland 21202-4012, USA, ☎ 410-6596266, ✉ mmc@jhu.edu*):

- The **Love Life. Stop AIDS Campaign** in Ghana is aimed at prevention and care for young people 15-24 years of age. The first year is focused on preventive messages using radio and print materials. The second year focuses on activities for the compassion and care of people living with HIV/AIDS. Activities include the development of AIDS music videos, testimonials, radio and television theme spots, community-based road shows and rural outreach through audio and video vans, along with a host of T-shirts, caps, posters signboards and bumper stickers. Year 3 is aimed at sustaining behavioural change among youth and introduces an initiative to target commercial drivers. The programme is described at [www.africanhiphop.com/crew/ghana-aids.htm](http://www.africanhiphop.com/crew/ghana-aids.htm).
- Also in Ghana, **Journey of Hope** is an innovative package of tools developed to help organisations to communicate messages of prevention and management of the disease. The approach uses a number of participatory methods such as drama, group discussion and symbols to help young people analyse their situation and future options. The tools have been tested and proven effective with young people in Ghana. (*Contact: Johns Hopkins University Centre for Communication Programmes Ghana, ☎ 233-21-770552 or 770553, ✉ office@jhuccp.org.gh*)

### **IEC packages for African children and junior youth**

The following IEC packages are aimed at children and junior youth in school and out of school. They have been tested in Africa and are available for work with children.

**SARA** is a multi-media package developed by UNICEF in East and Southern Africa to educate and at the same time entertain youth, especially girls aged 10-15, and their families. The package contains animated videos, comic books and posters and leaflets for advocacy, a radio series, resource books and user guides for parents and teachers working with the materials. Some of the themes covered in

the package are: sexual harassment, female genital mutilation, "sugar daddies", teenage pregnancy, domestic child labour and AIDS orphans. The package has been introduced into West Africa through the UNICEF offices in Ghana, Nigeria and Cote d'Ivoire.

(See [www.unicef.org/programme/lifeskills/strategy/media.html](http://www.unicef.org/programme/lifeskills/strategy/media.html).)

**Stepping Stones: A Training Package on HIV/AIDS, Communication and Relationship Skills.** This is a multi-media package for peer groups, which helps people learn more about reproductive health and HIV/AIDS. The package, which is described at [www.actionaid.org/stratshope/tp.html](http://www.actionaid.org/stratshope/tp.html), is designed to help peer educators discuss with their friends some of the issues about HIV/AIDS and reproductive health. (*Contact:* TALC, [P.O. Box 49, St Albans, Herts AL1 5TX, UK.](mailto:P.O.Box.49@stalbans.org) [talcul@btinternet.com](mailto:talcul@btinternet.com)).

**Child-to-Child:** This is a health information series for children to help them discuss health concerns to their parents and other peers. It has been tested extensively in Zambia and Ghana by the Child-to-Child Trust, U.K. Various language versions of Child-to-Child products are available. (*Contact:* Institute of Education, University of London Child-to-Child Unit, <http://www.child-to-child.org>).

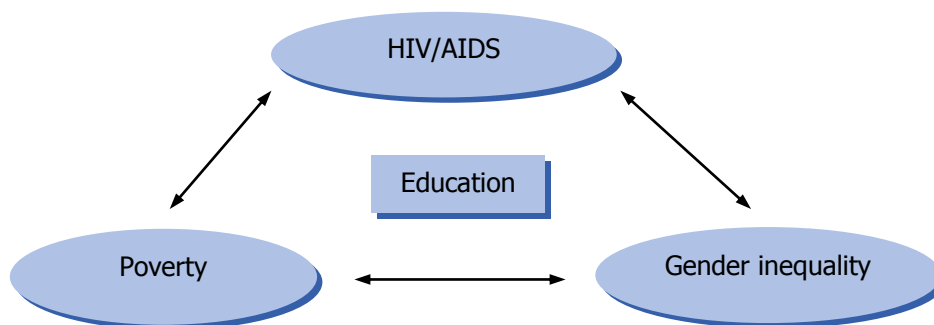
### 3.9 SPECIAL PROGRAMMES FOR GIRLS AND YOUNG WOMEN

The following section presents strategies for the tackling the special needs of girls and young women, particularly those aged 15-20. The urgency is illustrated by the following facts:

- Girls between 15-18 are the most vulnerable also due to the mode of transmission
- Girls are also least able to say no to sexual threats
- Women in sub-Saharan Africa are more vulnerable (13 women to every 10 men contract HIV/AIDS in Africa) due to high levels of poverty, negative traditional practices and lack of education.

Kelly (2001b) and others argue that there is strong interrelationship between HIV/AIDS, poverty, and gender inequality. The relationship between these factors is sketched in Figure 3, with education highlighted as the key tool for reducing the impact of HIV/AIDS among young women and girls.

**Figure 2: The Vicious Cycle of Poverty, HIV/AIDS and Gender Inequality**



(Based on Kelly, 2001)

### **Girls' Education and Strategies that Support the Prevention of HIV/AIDS**

Inability to access and complete school makes girls vulnerable not only to child poverty but also to HIV/AIDS. The 'sugar daddy' factor is common across many African countries, as recently documented by GTZ migration studies on HIV/AIDS. Girls often sell themselves to older men to pay for their basic needs at school (Casely-Hayford, 2001). Low expectations and negative attitudes from parents, teachers and community members reinforce girls' low self-esteem and vulnerability. Studies on gender violence suggest that girls are often unable to convince partners to use condoms. Protecting girls from unsafe sex requires programming which boosts their self-esteem and confidence while ensuring their basic needs are met. Table 11 highlights key strategies for helping girls avoid HIV/AIDS in schools, based on discussions with key NGOs working in Ghana.

Value-based education models are beginning to emerge which emphasise abstinence and help girls avoid situations where they are pressured into unsafe sex. Action research with teachers in West Africa (World University Service of Canada, 2000) suggests that drama and role models are effective tools for building girls self-esteem.

The Forum for African Women Educationalists (FAWE) has also conducted research into strategies for helping girls remain in school. Some of their main research studies include collaboration on "Gender and Primary Schooling In Africa", which was conducted in Malawi, Uganda, Zambia, Mali and Senegal. Findings reveal that girls are able to build self-confidence through the formation of girls' clubs (FAWE, 2000). They gain experience from forming the clubs and also learn to facilitate a group which helps them build confidence. FAWE is promoting the creation of girls clubs in many parts of Ghana, and encouraging them to incorporate issues on HIV/AIDS in their programmes and magazines. (*Contact:* [www.fawe.org](http://www.fawe.org) and [www.ids.ac.uk](http://www.ids.ac.uk) or contact by e-mail [fawegh@africaonline.com.gh](mailto:fawegh@africaonline.com.gh)).

The Ministry of Education/UNICEF in Zambia has also produced a training module for making schools more "friendly" to girls.

**Table 11: Strategies to improve girls' educational conditions and prevent HIV/AIDS**

STRATEGY	PROBLEMS FOR GIRLS	ACTIVITIES
<b>Material support to schools</b>	<ul style="list-style-type: none"> <li>Basic needs of girls not met</li> </ul>	<ul style="list-style-type: none"> <li>Provision of toilets</li> <li>Food aid</li> <li>Sponsorship of girls</li> </ul>
<b>Increasing gender awareness in schools</b>	<ul style="list-style-type: none"> <li>Lack of gender sensitivity of teachers and parents</li> </ul>	<ul style="list-style-type: none"> <li>Gender awareness of educational administrators, teachers and children</li> <li>Workshops by NGOs</li> </ul>
<b>Improving parental care of children</b>	<ul style="list-style-type: none"> <li>Lack of parental care of girls</li> </ul>	<ul style="list-style-type: none"> <li>Strengthening of the SMC/PTA</li> <li>Income generation activities</li> <li>Awareness campaigns</li> </ul>
<b>Methods for reaching girls</b>	<ul style="list-style-type: none"> <li>Low self esteem of girls</li> <li>Lack of direction</li> </ul>	<ul style="list-style-type: none"> <li>Role modelling</li> <li>Peer education</li> <li>HIV/AIDS and reproductive health</li> <li>Gender awareness</li> </ul>
<b>Avoidance of HIV/AIDS</b>	<ul style="list-style-type: none"> <li>Low self-esteem</li> <li>Low knowledge of basic hygiene</li> <li>Poor access to potable water</li> <li>Widespread rape and other forms of child abuse in schools</li> </ul>	<ul style="list-style-type: none"> <li>HIV/AIDS in school health programme</li> <li>Use non curricula initiatives, especially drama (northern Ghana)</li> <li>Girls Clubs to exchange views freely and attempt to redefine girl/boy relationships (Malawi)</li> <li>Making schools more girl- and child-friendly (improving attitudes of teachers, providing toilet facilities)</li> </ul>

(based on materials from the Ministry of Education, Ghana, 2001a)

Incorporating HIV/AIDS in all school curricula, especially tied to moral or value-based health education, is a great challenge. Solutions include building a gender-sensitive teaching force through training, using mass media for delivery of HIV/AIDS prevention messages, and encouraging community stakeholders and NGO's and CBO's to incorporate HIV education in all their programming. The greatest challenge for HIV/AIDS programmes is to break the "culture of silence" regarding sex issues in the home. As well, women and girls should be given education, economic empowerment and life skills.

### **World Association of Girl Guides and Girl Scouts**

The World Association of Girl Guides and Girl Scouts, working with UNAIDS and the NGO association ICASO, has a special AIDS curriculum for girls. A badge can be earned through undertaking activities which address several aspects of HIV/AIDS awareness: prevention through change in behaviour;

eliminating discrimination; care and support for HIV-positive members of their community (including Girl Guides/Girl Scouts who are living with HIV/AIDS). The curriculum can be downloaded from <http://www.wagggsworld.org/documents/index.html#AIDS>, and further information can be requested from the Girl Guides/Girl Scouts organizations in individual countries.

### Research projects that highlight the special needs of girls

Recent projects in this important area include:

- **Gender and Primary Schooling in Ghana:** Research Commissioned by FAWE and the Rockefeller Foundation. (*Contact:* International Development Institute, [✉ ccolclough@ids.ac.uk](mailto:ccolclough@ids.ac.uk))
- **The Impact of HIV/AIDS on Primary and Secondary Education in Botswana:** Developing a Comprehensive Strategic Response. (*Contact:* [✉ pbennell@bennell.u-net.co.uk](mailto:pbennell@bennell.u-net.co.uk))
- **Abuse of Girls in African Schools** (DFID sponsored research in Malawi and Ghana). University of Sussex, International Centre for Education, Fiona Leach. (*Contact:* [✉ Fleach@sussex.ac.uk](mailto:Fleach@sussex.ac.uk))

In conclusion, prevention strategies must focus on the right target group, identify the best medium and mode of dissemination, and place emphasis on the systemic issues which prevent countries from breaking out of poverty, gender inequality and HIV/AIDS. Box 7 summarises the key elements proposed by Kelly (2001c) for any comprehensive prevention programme for HIV/AIDS.

#### **Box 8: Designing a comprehensive HIV/AIDS prevention programme includes:**

- HIV/AIDS policy and strategic development
- Developing culturally appropriate preventive messages
- Tackling socio-economic factors
- Sustaining awareness and education
- Challenging denial and stigma
- Situating prevention in a community context
- Linking care to prevention
- Rigorous scientific reflection



### 4.1 CARE AND SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

The number of children affected by HIV/AIDS directly and indirectly is growing. Since the death of parents and other caregivers due to AIDS can have serious psychological, emotional, and physical impacts on a child, adjustments to family and education will be needed when children are orphaned. Two main issues emerging in the area of caring for vulnerable or orphaned children (both sero-positive and negative) include the need for psychological relief to children in distress and the question of whether children should be placed in community based or institutional accommodation.

Three types of support programmes are emerging in Africa for children who are orphaned by AIDS. These can be categorised as programmes which:

- (A) help orphaned children receive support within the community and extended family
- (B) care for orphans within the institutional settings
- (C) care for children during the parent's illness.

These categories are used in Table 12 to describe some current programmes operating in Africa.

### 4.2 HIV/AIDS SUPPORT PROGRAMMES FOR TEACHERS

There appear to be very few programmes providing counselling and support specifically for teachers in Africa. Rather, most programmes assist the entire community, including teachers.

### 4.3 CARE AND SUPPORT FOR CHILDREN, YOUTH AND ADULTS

This section highlights care and support programming for adults and children. Activities can include:

- Home visiting and pastoral care, including praying with the sick
- Training family members and volunteers to care for the sick, using basic nursing skills
- Use of herbal and home remedies
- Offering material support such as food, seeds for planting, vegetable gardens, funeral assistance
- Prescription of basic medicines for the relief of pain and other common conditions
- Counselling services and psycho-social care
- Developing referral systems for, and providing, Voluntary Counselling and Testing (VCT)
- Developing referral mechanism for, and providing, diagnosis and treatment of STIs
- Prescription of essential drugs for the treatment of opportunistic infections

- TB treatment, notably Directly Observed Therapy-Short Course (DOTS)

**Table 12: Support programmes for HIV/AIDS-affected children**

COUNTRY	DESCRIPTION OF SUPPORT PROGRAMMES
South Africa	<p><b>SOS Children's Village</b></p> <p>Over 109 children orphaned by AIDS live in this village. which is set in a park and has a kindergarten and community hall. 10 children live in each house, with a housemother who has been trained for about six months. (<i>Described at:</i> <a href="http://www.sosvillages.org.za/soshome1.htm">www.sosvillages.org.za/soshome1.htm</a>)</p>
Tanzania	<p><b>WAMATA</b><sup>10</sup></p> <p>Emphasising community participation, WAMATA aims to provide people living with AIDS and their families with home-based medical care social and material assistance. It brings families together for mutual support, care and counselling. It focuses on children whose parents have or have already died of HIV/AIDS. (<i>Contact:</i> <a href="mailto:wamata@ud.co.tz">wamata@ud.co.tz</a> or <a href="mailto:roselillymaeda@hotmail.com">roselillymaeda@hotmail.com</a>)</p>
Uganda and Zambia	<p>Programmes in which the community traditional coping mechanism have been reinforced (i.e. extended family). In Lusaka, Zambia, the Kenneth Kaunda Foundation is working for orphaned children in urban shantytown dwelling. (<i>Contact:</i> <a href="mailto:kkfound@zamnet.zm">kkfound@zamnet.zm</a>)</p>
Côte d'Ivoire and Senegal	<p>Working on documents that describe the principles of orphan programming for starters and best practices of children's well being. (<i>Contact:</i> Professor Andrea Cornia <a href="mailto:gacorni@unicef.org">gacorni@unicef.org</a> or <a href="http://www.unicef-icde.org">www.unicef-icde.org</a>)</p>
Rwanda	<p>Foster surrogate family care</p>

### The importance of targeting

According to the Catholic aid organization CAFOD, "Many projects run into difficulties because they start too large. Part of the skill of developing an effective programme is to start small, develop skills and ensure that the programme is delivering a quality service. Only then should the issue of scaling up be addressed." Starting small can also avoid the problem where programmes do not deliver what they promised. (CAFOD, 2000)

### The importance of volunteers

A number of important lessons have been learned about the use of volunteer carers. One is that volunteers should be clear on their motives for volunteering. It has also been established that there should be ongoing training and support for volunteers. Finally, because volunteers are often as needy

<sup>10</sup> A Swahili acronym for Peoples Groups Fighting Against AIDS.

as those that they work with, they should be provided with resources in order to undertake their work.

#### 4.4 CARE AND SUPPORT RESOURCES

The following are published materials that can be useful in care and support activities.

**The Fleet of Hope** (*Bernard Joinet and Theodore Mugolola*): Towards an Adapted and Personalised AIDS Prevention Programme (*Contact: CAFOD, [www.cafod.org.uk](http://www.cafod.org.uk)*)

**Strategies for Hope** produce a wide range of very helpful HIV/AIDS publications and videos about prevention, care and support, orphan care and working with youth. Single copies are available free for individual projects/programmes. Of particular interest in the context of this document is **AIDS Orphans: A Community Perspective from Tanzania** by C. Mukoyogo and G. Williams). Strategies for Hope No.5 (*Contact: [www.stratshope.org](http://www.stratshope.org)*)

**HIV, Health and Your Community: A Guide for Action** (*Granich R. and Jonathan Mermin, 1999*). This is a good reference text. (*Contact: Reuben Granich and Jonathan Mermin, Stanford University Press, Stanford, California. [www.hivbook.org/index.html](http://www.hivbook.org/index.html)*)

#### **Box 9: The WAZAM (West Africa/Zambia Learning Programme)**

The Catholic Fund for Overseas Development (CAFOD) has developed a programme that aims to share experience and lessons learned between NGO partners working in HIV programmes in Zambia and West Africa. CAFOD partner agencies from West Africa visited two CAFOD-supported HIV programmes in Lusaka and the Copperbelt region of Zambia in 2000. The lessons learnt from this experience by the West African partners were shared in a workshop (see Hidden Treasure Document by CAFOD)

HIV prevalence in Zambia is one of the highest in the world. The WAZAM project aims to:

- Contribute to the reduction of HIV infection rates and improve the quality of life of people living with HIV/AIDS in resource poor urban settings.
- Increase the regional impact of CAFODs partner programmes
- Reflect on the successes and limitations of past interventions and on programme learning
- Learn from regional and inter regional responses to the HIV/AIDS pandemic in Zambia and West Africa.
- Ensure that partners are adopting and implementing good practice methodologies and interventions.

*Contact: [www.cafod.org](http://www.cafod.org)*

#### 4.5 Workplace Policy Guidelines in the Education Sector

Educational institutions are not just places of learning, but places of work. According to experts on workplace-based HIV/AIDS prevention and care, good employment practices that should be adopted include: comprehensive prevention programmes (information, behaviour change and contraception), counselling with and without testing, medical support and modifying employee benefits (Bennell et al, 2001).

Research in Southern Africa within the education sector and research suggests that few countries have developed workplace HIV/AIDS policies for teachers. South Africa is working on the development of a programme document that would help provide guidelines for provincial, district and school based policies on HIV/AIDS. Zambia has a workplace HIV Education Co-ordinator who is part of the Family Health Trust. Botswana, where the impact of HIV in the education sector is most severe, has no comprehensive workplace policy for teachers.

The International Labour Organisation has developed a comprehensive guideline for designing workplace policy. A document entitled An ILO code of Practice on HIV/AIDS and the World of Work (ILO, 2001) is available ([www.ilo.org/public/english/protection/trav/aids/pdf/acodeen.pdf](http://www.ilo.org/public/english/protection/trav/aids/pdf/acodeen.pdf)). The guide outlines the key principles, rights and responsibilities of the government, employers and workers as well as educational programmes. Box 10 outlines key elements for workplace policies within the education sector.

##### **Box 10: Developing a Workplace policy on HIV/AIDS**

The following factors should be considered when designing an HIV/AIDS workplace policy for teachers, educational managers and workers.

- Targeted HIV education for teaching staff
- Anti discriminatory policies against denial of teachers' professional rights, including those regarding promotion and deployment, and secrecy of information
- Testing and counselling among teachers
- Deployment and transfers predisposing staff to HIV infection (high transfer rates increase the HIV risk profiles of teaching staff)
- Teaching cover: what action should be taken in the short and long term when teacher absenteeism is high due to HIV/AIDS-related illnesses.
- Sickness, retirements and other benefits
- Medical support: coverage by teachers with HIV/AIDS or related illnesses
- Access to anti retroviral drug therapies
- Sexual misconduct

(Based on Bennell et al, 2001)

Providing for prevention programming and for care of those affected by HIV/AIDS is a difficult task. The education system must attempt to become more inclusive and provide the necessary services in order to cope with the changes that will be brought about by HIV/AIDS. Kelly (2001c) outlines the following measures that will be necessary:

- Evaluate the nature and extent of impact and responses to the education system
- Undertake strategic and operational planning exercises
- Establish advocacy, planning and implementation structures
- Build capacity to manage the system
- Establish AIDS related financial management systems
- Provide for personnel replacement and training

Section 5.1 describes some initiatives currently being undertaken to stabilise education systems.

### **5.1 ESTABLISHING HIV/AIDS CAPACITY: LESSONS FROM THE NGO AND PARTNER AGENCY SECTOR**

The Elmina conference called for the enhancement of HIV/AIDS-related capacity through the establishment of HIV/AIDS units in Ministries of Education, training of key decision-makers and planners, and consistent data collection for tracking the epidemic's impact.

Building HIV/AIDS capacity to mitigate impact and protect the educational system will demand significant effort from all sectors of society including the NGO sector. The following programmes exemplify the role that multilateral agencies and NGOs are undertaking to assist governments in Sub-Saharan Africa.

#### **Family Health International/IMPACT Programme**

Family Health International (FHI) is an NGO with the mission to improve the well-being of populations worldwide through research, education and service in family planning. FHI is presently implementing the Implementing AIDS Prevention and Care (IMPACT) programme, designed to help countries expand and improve HIV/AIDS prevention and care. In Ghana, for instance, the IMPACT programme works in partnership with various community organisations such as the Ghana Red Cross Society, the Salvation Army, the Girl Guides and local churches (Presbyterian and Church of Pentecost) to improve knowledge of HIV/AIDS throughout Ghana. IMPACT also provides technical assistance to the police, military and the prison services. It runs workshops/seminars which enable them to integrate

HIV/AIDS prevention and care activities into their systems and structures. Activities include peer education programmes and training educators and counsellors. IMPACT is described at greater length on the FHI website at [www.fhi.org/en/gen/corpreport/corprep2000/corprep3.html#better](http://www.fhi.org/en/gen/corpreport/corprep2000/corprep3.html#better).

### **Focus on Resources on Effective School Health (FRESH)**

FRESH is a joint initiative of UNESCO, WHO, UNICEF and the World Bank which promotes skills-based health education. It provides a basic framework for an effective school-health, nutrition programme and core framework for action in all schools.

According to the FRESH World Education Final Report of 2000,: "The interagency initiative has identified a core group of activities recommended by agencies, that capture the best practices from programme experience. The initiative focuses on a core set of activities, which allow concerted action by agencies and consistent advice to country programmes and projects. The approach intends to increase the number of countries able to implement school health components of child friendly reforms and ensure that these programmes go to scale." The basic framework for an effective school health and nutrition programme include:

- Health related school policies
- Provision of safe water and sanitation
- Skills based health education
- School based health and nutrition services

FRESH has produced a number of resources for teachers working in health promotion and HIV/AIDS. See "Training and Resource Manual on School Health and HIV/AIDS Prevention" in section 2.2 for details. (*Contact: Inon Schenker, WHO/FRESH 20, Ave Appia, ☒ Geneva 27, CH-1211 Switzerland, ☎ (41-22) 7914275, 📠 (41 22)-7914851, ✉ schenkeri@who.int*)

### **Resources for NGOS working on HIV/AIDS**

An excellent resource book for NGOs working in the sector has been compiled by the Catholic Fund for Overseas Development (CAFOD). "Hidden Treasure: The Power Of Community In Responding To The Challenge Of HIV" guides NGOs wanting to start up programmes in the sector, particularly those in West Africa. It draws on the needs and experience of NGOs in West Africa and southern Africa. (*Contact: CAFOD, 🌐 [www.cafod.org.uk](http://www.cafod.org.uk)*)

### **International NGOs and Research Institutions**

The Elmina conference identified a number of experienced and capable NGOS and research institutions which are currently working in HIV/AIDS education in West Africa. Table 13 highlights some of these agencies.

**Table 13: Agencies working on issues of HIV/AIDS**

NAME	AREA OF EXPERTISE IN HIV/AIDS	CONTACT
Action Aid	<ul style="list-style-type: none"> <li>Programmes for prevention and care of HIV/AIDS patients</li> </ul>	<a href="http://www.actionaid.org.uk">www.actionaid.org.uk</a>
Foundation for African Women Educationalists (FAWE)	<ul style="list-style-type: none"> <li>Girls Education</li> <li>Advocacy</li> <li>Community Based Research</li> </ul>	<a href="http://www.fawe.org">www.fawe.org</a> Ghana chapter P.O.Box C.12 17, Accra <a href="mailto:fawe@africaonline.com.gh">fawe@africaonline.com.gh</a>
Red Cross Society Red Cross AIDS Network for Youth-West Africa (RANY-WA)	<ul style="list-style-type: none"> <li>Peer Counselling</li> <li>HIV training and material production</li> </ul>	Ghana Red Cross Society P.O. Box 835, Accra <a href="mailto:suezwen@excite.com">suezwen@excite.com</a>
Catholic Action Foundation Overseas Development (CAFOD)	<ul style="list-style-type: none"> <li>Advocacy</li> <li>Networking and partner support</li> <li>Material Development</li> </ul>	<a href="http://www.cafod.org.uk">www.cafod.org.uk</a> <a href="mailto:hqcafod@cafod.org.uk">hqcafod@cafod.org.uk</a>
Education Research Network for West Africa (ERNWACA)	<ul style="list-style-type: none"> <li>Educational Research across West Africa</li> </ul>	P.O Box 125 233 21 232 486
National Education Research and Development Council of Nigeria	<ul style="list-style-type: none"> <li>Research</li> <li>Curriculum development on HIV/AIDS</li> <li>Advocacy</li> </ul>	Prof. Maduewesi 09 58821614 234 882 1047

### Educational Associations and Student Unions

Organizations which have or are planning HIV/AIDS-related activities include the following:

**Association of African Universities (AAU):** The AAU is an NGO set up to promote co-operation among universities in Africa. It undertakes advocacy and policy development, and does research related to universities, including on HIV/AIDS. It is planning to develop a module on HIV/AIDS for Senior University Management (SUMA). (*Contact:* P.O Box 5744 Accra-North, Ghana or email [dtarpeh@aau.org](mailto:dtarpeh@aau.org). See also [www.aau.org](http://www.aau.org))

**All African Students Union (AASU):** The AASU is an umbrella organisation for all student movements in Africa. It has organised advocacy workshops for "empowering women-building national capacity to combat HIV/AIDS". (*Contact:* P.O Box M274 Accra, Ghana tel. 233 21 663450)

**West African Exams Council (WAEC):** is the West Africa academic examination body. It is planning to develop a proposal for HIV/AIDS in schools for Anglophone West African countries. It is

also planning social marketing activities on HIV/AIDS using display boards, leaflets. (*Contact: West Africa Examination Council Headquarters, P.O.Box 125 Accra, Ghana; tel 233 237 784 or email [waechqrs@africaonline.com](mailto:waechqrs@africaonline.com)*)

## **5.2 COLLECTION, STORAGE AND DISSEMINATION OF INFORMATION AND DATA**

The need for a co-ordinated and systematic effort to collect, store and disseminate information and data was a theme running through most of the Elmina Conference. This cannot be overemphasised if countries are to avoid duplicating efforts. The role of information is particularly important in the education sector where wide-scale reform often takes years before impact is felt.

The UNAIDS Secretariat collects, analyzes and disseminates data on HIV/AIDS at country, regional and global level. The Secretariat publishes the yearly 'AIDS epidemic update', focusing on regional and global trends in December and the bi-annual 'Report on the global HIV/AIDS epidemic', including detailed country figures and estimates. The UNAIDS Secretariat is represented in the sub-region by the Inter-Country Team for West and Central Africa, based in Abidjan, Côte d'Ivoire. UNESCO's International Institute for Educational Planning (IIEP) is establishing an information clearinghouse on the impact of HIV/AIDS on the education sector. Other UN agencies such as UNICEF and the World Bank are also currently working on monitoring the impact of HIV/AIDS within the education sector.

Participants at the Elmina Conference stressed that more work is needed to collect information on the education sector, but this must be systematised, co-ordinated and disseminated on a regular basis. They called for sustainable systems to monitor and evaluate the impact of HIV/AIDS both for Sub-Saharan Africa in general and for the education sector in particular. As well, they voiced the need to form a network of institutions, including one central location where information would be available. Table 14 outlines potential resource sites for such information.



**Table 14: Existing resource centres for information**

LOCATION	AREAS OF EXPERTISE
West Africa-focussed	<ul style="list-style-type: none"> <li>UNAIDS offices across ECOWAS house up to date information on HIV/AIDS.</li> <li>GTZ has an extensive documentation centre in Ghana and a programme for West Africa.</li> </ul>
Sub-Saharan Africa	<ul style="list-style-type: none"> <li>UNAIDS Geneva is the main centre. Each country (through the Ministry of Health) submits data to it on a yearly basis.</li> </ul>
Other initiatives	<ul style="list-style-type: none"> <li>World Bank has started a case study programme to track the impact of HIV/AIDS called <b>ED-SIDA</b></li> <li>UNESCO has recently created the IIEP Clearinghouse on the Impact of HIV/AIDS in the education sector.</li> </ul>

### Key Websites on HIV/AIDS and Education

Most of the information needed to design programmes and search for information on HIV/AIDS can be obtained by exploring the following web sites. In particular, UNAIDS, USAID and other international agencies have web sites with extensive HIV/AIDS information. (Source: IIEP Clearing House and GTZ, Ghana)

<a href="http://www.unaids.org">www.unaids.org</a>	UNAIDS
<a href="http://www.onusida-aoc.org">www.onusida-aoc.org</a>	UNAIDS Inter-Country team for West and Central Africa
<a href="http://www.unicef.org">www.unicef.org</a>	UNICEF
<a href="http://www.aidsonline.com">www.aidsonline.com</a>	Official Journal of the international AIDS society
<a href="http://www.usaid.gov/pophealth/resource">www.usaid.gov/pophealth/resource</a>	USAID
<a href="http://www.cdcnpin.org/hiv/start">www.cdcnpin.org/hiv/start</a>	CDC National Prevention information network
<a href="http://www.unesco.org/iiep">www.unesco.org/iiep</a>	IIEP/UNESCO, Impact clearinghouse Database
<a href="http://www.hivnet.ch/fdp/forums">www.hivnet.ch/fdp/forums</a>	Foundation du Present / Geneva, Switzerland
<a href="http://www.aidsnet.ch/aid/e overview">www.aidsnet.ch/aid/e overview</a>	AIDS info documentation Switzerland
<a href="http://www.idrc.ca">www.idrc.ca</a>	International Development Research Centre Ottawa
<a href="http://www.fhi.org">www.fhi.org</a>	Family Health International
<a href="http://www.iaen.org">www.iaen.org</a>	International AIDS Economic Network
<a href="http://www.worldbank.org">www.worldbank.org</a>	World Bank
<a href="http://www.hivdev.org.uk">www.hivdev.org.uk</a>	UNDP HIV and Development Programme
<a href="http://www.unesco.org/education/">www.unesco.org/education/</a>	UNESCO
<a href="http://www.aidsalliance.org">www.aidsalliance.org</a>	AIDS Alliance
<a href="http://www.unesco.ibe">www.unesco.ibe</a>	International Bureau of Education (IBE, UNESCO)
<a href="http://www.unesco.iiep">www.unesco.iiep</a>	International institute for Educational Planning (IIEP, UNESCO)
<a href="http://www.specialweb.com.ais">www.specialweb.com.ais</a>	AIDS Resource Listing and resources
<a href="http://www.enda.sn">www.enda.sn</a>	RESODOC: Reseau Panafricain de documentation sur le SIDA
<a href="http://www.gtz.de/aids">www.gtz.de/aids</a>	German Development Agency (GTZ)
<a href="http://www.healthlink.org.uk">www.healthlink.org.uk</a>	Healthlink worldwide

## 5.3 PLANNING AND STRATEGIZING FOR HIV/AIDS

### Building partnerships

Experience in Southern Africa suggests that governments wishing to mitigate the impact of HIV/AIDS need to work on developing partnerships at local, national and international levels. Examples include:

- **Local partnerships** between social welfare, education and health sectors.
- **National partnerships** facilitated by the appointment of HIV/AIDS co-ordinators in sectoral ministries responsible for driving the AIDS campaigns
- **International partnerships** between countries and the international agencies such as UNAIDS etc.

Experience suggests that apart from committed leadership, countries must also have collective dedication, research and monitoring systems, effective management, policy and regulatory frameworks (Coombe, 2001). In the paper HIV/AIDS and Education in Eastern and Southern Africa: Responses and Challenges (2001c), Kelly suggests that there is a great deal of networking and co-ordination between line ministries, co-operating development partners and NGOs in these countries, which can be learned from.

### Technical Assistance

Developing capacity for HIV/AIDS monitoring and strategic planning is an extremely important activity. A number of examples are discussed below.

#### The Mobile Task Team (MTT) on HIV/AIDS in Education

The MTT consist of a team of education and HIV/AIDS professionals who provide rapid response to the needs of Ministries of Education across Southern Africa (Zambia, Malawi and Namibia). The team makes available skills in the fields of education, economics, health management, information systems and modelling. The types of services they provide include: national action planning, ongoing monitoring and evaluation systems, and workshops for building capacity. (*Contact: University of Natal, South Africa, Health Economics and HIV/AIDS Research Division, University of Natal, ☒ Durban 4041, South Africa, 📧 peterbw@eastcoast.co.za*)

#### GTZ West and Central Africa Regional Office

The West Africa regional office of the German development agency GTZ features support programmes focussed on the alleviation of the socio-economic impact of HIV/AIDS in West and Central Africa. The regional office houses advisors and contains an extensive documentation centre for agencies working on HIV/AIDS. GTZ has also developed innovative public awareness materials in local languages targeted at youth and children through comics and small readers. (*Contact: GTZ Regional AIDS programme for West and Central Africa RAP/GTZ, ☒ P.O. Box 9698, K.I.A Accra, Ghana, 📧 www.gtz.de/aids or gtzrap@ncs.com.gh*)

### **UNAIDS Inter-country Team for West and Central Africa**

The UNAIDS Inter-Country Team for West and Central Africa promotes and facilitates research into the socio-economic impact of HIV/AIDS by establishing a network of technical resources and a database of existing impact studies and by providing technical support to institutions and agencies wishing to undertake impact studies. The Team is also conducting a literature review of the impact and response to the epidemic in ECOWAS countries, to be updated annually, and disposes of a documentation center. (*Contact:* UNAIDS Inter-country Team for West and Central Africa, ✉ 04 BP 1900 Abidjan 04 Cote D'Ivoire, 🌐 [www.onusida-aoc.org](http://www.onusida-aoc.org))

### **UNESCO's International Institute for Educational Planning (IIEP/UNESCO)**

The IIEP supports country initiatives seeking to manage education systems, providing services such as information sharing, action research and capacity building. It has recently established an information clearinghouse regarding the impact of HIV/AIDS on the education sector as part of its HIV/AIDS programme. (*Contact:* International Institute for Educational Planning (IIEP), ✉ 7–9 Rue Eugene-Delacroix, 75116 Paris, France, 🌐 [www.unesco.iiep](http://www.unesco.iiep)).

### **UNICEF's West and Central Africa Regional Office, HIV/AIDS Unit.**

The HIV/AIDS Unit in UNICEF's regional office offers important expertise in HIV/AIDS efforts related to young people. Recently, the Unit has produced a document called AIDS Prevention and Care in West and Central Africa: A Strategic Framework for UNICEF, which contains a variety of information useful to those working in education and other aspects of the response to AIDS in the region. (*Contact:* UNICEF/WCARO Regional Office, HIV/AIDS Unit ✉ B.P. 443 Abidjan 04 Côte d'Ivoire 📞 (+225) 2020.8157/58)

## **5.4 MONITORING AND EVALUATION SYSTEMS**

There are several monitoring and evaluation systems set up across West Africa to monitor HIV/AIDS. UNAIDS has been monitoring the impact of HIV/AIDS on the socio-economic context across West Africa. The Ed-SIDA initiative by the World Bank is a research and monitoring network set up to explore the impact HIV/AIDS on the demand and supply of education. The following are some of the agencies undertaking monitoring and evaluation of HIV/AIDS within the education sector.

### **UNAIDS**

UNAIDS is providing tools for the monitoring of the impact of HIV/AIDS on the socio-economic environment. These instruments include the publication 'Guidelines for Studies of the Social and Economic Impact of HIV/AIDS', and two CD-ROMs 'Economics and AIDS in Africa' and 'Economics in HIV/AIDS planning'. The publication and most elements of the CD-ROMs can be downloaded from [www.unaids.org/publications/documents/economics/index.html](http://www.unaids.org/publications/documents/economics/index.html)

(*Contact:* 🌐 [www.unaids.org](http://www.unaids.org) or [www.onusida-aoc.org](http://www.onusida-aoc.org))

## **UNICEF**

Modelling programme for tracking the impact of HIV/AIDS on the teaching profession.

(Contact: [www.unicef.org](http://www.unicef.org))

## **World Bank**

ED-SIDA is a World Bank initiative to monitor the impact of HIV/AIDS in Sub-Saharan Africa. Studies have been carried out in nine countries across West Africa (Benin, Burkina Faso, Gambia, Ghana, Guinea, Niger, Nigeria, Senegal and Togo). This is a statistical model for projecting the impact of AIDS on the education sector through the use of educational management information systems (EMIS). (Contact: Rosemary Bellew, Sector Manager for West Africa ED-SIDA initiative, [rbellew@worldbank.org](mailto:rbellew@worldbank.org))

## **Association for the Development of Education in Africa (ADEA)**

ADEA is carrying out a qualitative study on the impact of HIV/AIDS in West Africa through its partners. A workshop on promising approaches to HIV/AIDS and Education was recently organised in Swaziland for Anglophone African Countries. (Contact: [R.sack@iiep.unesco.org](mailto:R.sack@iiep.unesco.org))

## **Institute of Education Planning (IIEP), UNESCO**

IIEP provides a clearing house of documentation on the impact of HIV/AIDS on education. It provides support for regional database development, particularly within the education sector. It is planning to conduct training for educational planners for the management of the impact of HIV/AIDS across Africa. (Contact: [h.craig@iiep.unesco.org](mailto:h.craig@iiep.unesco.org))

## **Bureau for International Education (BIE), UNESCO**

The BIE provides documentation on pedagogic issues such as curriculum development, including HIV/AIDS and Education. (Contact: [www.unesco.bie](http://www.unesco.bie))

## **5.5 STABILISING THE UNIVERSITY EDUCATION SYSTEM**

The impact of HIV/AIDS at the university level appears quite significant and requires special consideration. A research paper on the impact of HIV/AIDS at the university level, Challenging the Challenger: the response of University in Africa to HIV/AIDS (Kelly, 2001a) is the most current resource. It suggests that universities across Sub-Saharan Africa need to carry out:

- Situational analysis
- Response analysis
- Form broad and guiding principles for combating HIV/AIDS

- Set clear targets and identify priority areas within an action plan
- Determine an institutional framework and structure for implementation

Two basic strategies are needed to undertake a comprehensive university response. These include an inward-looking strategy, which seeks to protect the functioning of the university and an outward looking strategy, which focuses on human welfare and seeks to serve the needs of society. Kelly argues that the key to success is "totally dedicated, committed leadership from the universities top management." Table 15 outlines some of the best practices from selected countries related to key components of HIV/AIDS strategic plans.

**Table 15: Priority Components of a National Strategy Country Assessment**

COUNTRY	PRIORITY COMPONENTS OF NATIONAL STRATEGY
Kenya	<ul style="list-style-type: none"> <li>■ Advocacy</li> <li>■ Promotion of behavioural change</li> <li>■ Blood safety</li> <li>■ Providing a continuum of care and support</li> <li>■ Prevention of mother to child transmission</li> <li>■ Mitigation of socio-economic impact</li> </ul>
South Africa	<ul style="list-style-type: none"> <li>■ Prevention, treatment, research and human rights.</li> <li>■ Four universities have put in place institutional policies for HIV/AIDS</li> </ul>
Zambia	<ul style="list-style-type: none"> <li>■ Identified priority areas according to geographic areas with the highest prevalence rates</li> <li>■ Sub populations are also targeted: people living with HIV/AIDS, orphans, youth, commercial sex workers, private sector workers</li> <li>■ Anti-AIDS clubs in schools and universities</li> </ul>
Namibia	<ul style="list-style-type: none"> <li>■ Special funds for research on HIV/AIDS to extend knowledge about the course of infection.</li> </ul>

Source: Kelly, 2001

### 6.1 DEVELOPING A REGIONAL WEB SITE

UNESCO Ghana is planning to launch a regional web site for HIV/AIDS and Education across West Africa. This web site will update information on a regular basis concerning HIV/AIDS in West Africa and strategies which have proven effective for combating it.

### 6.2 REGIONAL RESOURCES FOR RESEARCH IN ECOWAS

There are several agencies and institutions across West Africa which are documenting and collecting information related to HIV/AIDS, or conducting research related to health and education.

#### Nigeria

National Education, Research and Development Council, Nigeria

☎ 095882 1614  
☎ 234 882 1047

#### Ghana

Noguchi Memorial Institute  
✉ Box 6402 Accra-North, Ghana

ERNWACA: Educational Research Network for West and Central Africa

✉ P.O. Box 125 Accra, Ghana  
☎ 00233 - 21 - 232 486 or 763 516

#### Senegal

Department of Education,  
School Health Division  
✉ BP 5252 Dakar, Senegal  
✉ sembene@ucad.refer.sn

RESEDOC Reseau Panafricain de Documentation sur le SIDA  
✉ BP 3370, 54 rue Carnot, Dakar, Senegal  
✉ resedoc@enda.sn

#### Cote d'Ivoire

West and Central Africa  
UNAIDS Inter-Country Team for West and Central Africa

✉ 04 BP 1900, Abidjan 04, Côte d'Ivoire  
✉ www.onusida-aoc.org  
✉ eip.onusida@aviso.ci

#### Uganda

Makerere University  
Professor James Sengendo  
UNESCO  
✉ P.O Box 4962 Kampala, Uganda

#### South Africa

University of Natal, Health Economics and HIV/AIDS Research Division (HEARD)  
Conducting social impact studies on HIV/AIDS

University of Pretoria, Faculty of Education  
Carol Coombe  
✉ 184 Lisdogan Avenue, Pretoria, South Africa 0083  
✉ coombe@mweb.co.za

#### Zambia

University of Zambia, School of Education:  
Dept. of Educational Administration and Policy Studies

Michael Kelly  
✉ P.O. Box 32379, Zambia  
☎ 291 606  
☎ 293 763  
✉ Mjkelly@zamnet.zm

## 6.3 RESOURCES FOR MOBILISING THE EDUCATION SECTOR

This final section outlines the main resources used in developing this strategic guide, as well as other materials which might be used by readers when planning HIV/AIDS programming. It should be remembered that time is short and that, as this document has shown, a range of curriculum and training packages have already been produced and tested in other countries in Africa. Readers will be well advised to find out what already exists that can be adapted to their own situation.

### Manuals and guides

**Gordon G. (1999):** Choices - A Guide for Young People. Macmillan Education Ltd, London and Oxford, 1999 (*Contact:* TALC, P.O. Box 49 St Albans, Herts AL1 5TX UK, [✉ talkuk@btinternet.com](mailto:talkuk@btinternet.com))

**Healthlink Worldwide HIV Testing - A Practical Guide.** The briefing paper contains practical information on HIV testing and counselling. (*Contact:* Healthlink Worldwide, [☎ 442075391570](tel:+442075391570), [☎ 4420 75 39 1580](tel:+442075391580), [✉ info@healthlink.org.uk](mailto:info@healthlink.org.uk))

**Casey, Neil and Anna Thorn (1999):** Lessons for Life: HIV/AIDS and Life Skills Education in Schools. Brussels, Office for Official Publications of the European Communities. Can be downloaded from <http://europa.eu.int/comm/development/aids/dump/ehivschoools.pdf>

**UNAIDS. Best Practice Collection.** The collection contains a great variety of documents on HIV/AIDS, including aspects of education and AIDS. Most of these documents can be consulted online through the UNAIDS website at [www.unaids.org](http://www.unaids.org). (*Contact:* UNAIDS, [✉ 20 Avenue Appia 1211 Geneva 27, Switzerland](mailto:unaids@unaids.org), [✉ unaids@unaids.org](mailto:unaids@unaids.org))

### Research Reports

**Baku, J. (2001):** The Impact of HIV/AIDS on Education (Paper delivered at the UNESCO Senior Experts Conference, Elmina, Ghana 2001)

**Bennell, P. et al (2001):** The Impact of HIV/AIDS on Primary and Secondary Education in Botswana: Developing a Comprehensive Strategic Response. Ministry of Education Botswana/Department for International Development, UK.

**Casely-Hayford, L. (2001):** The Impact of HIV/AIDS Across West Africa, Paper Delivered at UNESCO Senior Experts Conference, Elmina, Ghana, 2001



**Coombe, C University of Pretoria, Faculty of Education (2001):** HIV and Education: Some Practical Tools, A paper presented at the Elmina Senior Experts Conference on HIV/AIDS and Education in ECOWAS Towards Regional Mobilisation, 19 –23 March 2001

**Coombe, C. University of Pretoria, Faculty of Education (2001):** HIV and Education Bibliography (University of Pretoria, Faculty of Education)

**Kelly, M.J. (2001a):** Challenging the Challenger: Understanding and Expanding the Response of Universities in Africa on HIV/AIDS – a synthesis report for the working group on Higher education (WGHE) Association for the Development of Education in Africa (ADEA)

**Kelly, M.J. (2001b):** Deprivation, Disadvantage and Disease: Poverty Disempowerment of Women HIV/AIDS – a paper presented at Ireland Aid Educational Forum, 2<sup>nd</sup> March

**Kelly, M.J. (2001c):** HIV/AIDS and Education in Eastern and Southern Africa: Responses and Challenges. A paper presented at the Elmina Senior Experts Conference on HIV/AIDS and Education in ECOWAS Towards Regional Mobilisation {19 –23 March 2001}

**Ministry of Education, Liberia (1999):** Identifying Effective Responses to HIV/AIDS in the Education Sector

**Schenker, I., WHO (2001)** Production, development and implementation of pedagogical approaches and methods for HIV/AIDS prevention in Schools (Contact: [✉ schenkeri@who.int](mailto:schenkeri@who.int))

**UNESCO (2000):** The Encounter Between HIV/AIDS and Education, UNESCO, Sub Regional Office for Southern Africa, Zimbabwe.

**UNESCO/UNICEF (2000):** A Framework for Action in Sub-Saharan Africa, Education for All Document.


### **Magazines and Newsletters**


**AIDS Information Exchange (AIE):** A newsletter published by CAFOD AIDS Section, 3 times per year. (Contact: [✉ jmaher@cafod.org.uk](mailto:jmaher@cafod.org.uk))

**AIDS Action:** An international newsletter on AIDS prevention and care published by Healthlink World wide. (Contact: [✉ www.Healthlink.org](http://www.Healthlink.org))

**SAFCO - AIDS in West and Central Africa:** an electronic discussion and exchange of information forum on HIV/AIDS in West and Central Africa for a global audience (*Contact:*  [safco@hivnet.ch](mailto:safco@hivnet.ch))

**Email discussion fora:**

**AF-AIDS:** a specific email discussion group on HIV/AIDS and Africa, (*Contact:*  [af-aids@hivnet.ch](mailto:af-aids@hivnet.ch))

**ProCAARE:** provides a forum for health and other professionals from the developing world to communicate and exchange information with colleagues around issues of HIV/AIDS. (*Contact:*  [owner-procaare@usa.healthnet.org](mailto:owner-procaare@usa.healthnet.org))

## 7.1 RECOMMENDATIONS OF THE ELMINA CONFERENCE

### Elmina, Ghana, 19-23 March 2001

*"The threat posed by HIV/AIDS to the achievements of EFA goals and to development more broadly, especially in sub-Saharan Africa, present an enormous challenge. The terrifying impact of HIV/AIDS on education demands, supply and quality requires explicit and immediate attention in national policy-making and planning. Programmes to control and reduce the threat of the virus must make maximum use of education's potential to transmit messages on prevention and to change attitudes and behaviours."*

World Education Forum, The Dakar Framework for Action, April, 2000 para 27, p.14

*"We have to rise above our differences and combine our efforts to save our people. History will judge us harshly if we fail to do so now, and right now"*

Nelson Mandela, Closing 13<sup>th</sup> International AIDS Conference, Durban, July 2000

Senior experts from the ministries of education and from other ministries, such as health, ministry of manpower and employment, youth and sports, social welfare coming from 13 ECOWAS nations, from universities, from social partners in education, non-governmental organisations, from UN system organisations at headquarters, regional and national levels, as well as from most major international cooperation agencies, met in Elmina 19-23 March 2001.

We met to consider how educators are responding to the impact of HIV/AIDS on education in West Africa, where **access and equity, quality and relevance, capacity building and partnerships** and our **ability to provide education services** appropriate to national development are under threat.

We considered the current and potential impact of the disease on all education sub sectors – from early childhood to higher education, of course including non-formal education. We are convinced that, in counterattacking AIDS, ministries of education can – and must – work in close partnership with all ministries and in particular the Ministry of health, parents, students, teachers, the media, non-governmental organizations (NGOs), teacher trade unions, faith-based and community-based organisations.

**We reviewed evidence in our own countries, communities and learning institutions** of the inexorable spread of HIV/AIDS, and the clear indications that our education systems are already under attack throughout West Africa. We believe that we must be proactive now as a

matter of utmost urgency, to protect both the lives and well-being of our people, our potential for development and the rich cultural heritage of our region.

While West Africa is still relatively less affected than East and Southern Africa, prevalence rates in some countries are creeping up. Increasing mobility of populations and conflict situations will continue to exacerbate the region's already tenuous position regarding HIV/AIDS. Cote d'Ivoire is already among the 15 worst affected countries in the world (prevalence rate: 10.76%), prevalence rate in Burkina Faso is 6.44%, Togo 5.98% and Ghana 4.6%. In Nigeria over 5% of adults are infected with the HIV virus or more than 2.7 million people (Report on the Global HIV/AIDS epidemic for 2000, UNAIDS).

### **Leadership Commitment**

**We urge ECOWAS education ministers to fulfil** the national and international commitments they have already made to prevent the spread of AIDS, and to protect the health of our children and of the education system itself. These include the need, identified in Addis Ababa, for Heads of States and national decision-makers to lead the fight personally. These also include commitments made recently at the Sub-Saharan Conference on Education For All (Johannesburg, December 1999), in the Dakar Framework for Action (World Education Forum, Dakar, April 2000), the Africa Development Forum (Addis Ababa, December 2000), as well as those made in national HIV strategies and international debt-reduction agreements and a host of other agreements made earlier in the past decade.

**We recognize that ultimate responsibility for AIDS and education is national**, and that our main efforts must be concentrated within countries. At the same time, we believe that **practical possibilities exist for working cooperatively on a regional basis**, in order to move decisively against the epidemic. We consider, however that each one of us has a role to play as individuals and that until we each take that role seriously, little will happen.

**In this context, while we recognize that all ECOWAS educational systems must sustain their national education goals and reform efforts, the participants**, taking account of international and national strategies, experience elsewhere in Africa and conditions in our own region, **identified the following strategic lines of action for education sectors in ECOWAS countries.**

***Preventing and controlling the spread of HIV/AIDS:*** especially among young people in and out of school, and among educators

***Reducing the traumatic impact of HIV/AIDS*** on learners, educators and the education system itself

***Improving our management capacity and procedures*** to ensure that effective action can be taken to respond to this crisis.

We finally need to foster **regional co-operation within ECOWAS** to deal with common problems, save costs and gain time.

Moreover, we need to develop linkages and synergies between:

- HIV/AIDS prevention and impact mitigation
- Poverty eradication
- Overcoming the disadvantage experienced by women and girls,
- the manifestation of human rights, and
- the achievement of education for all (EFA) goals and targets.

A major thrust would be to re-orient education, health and development staff and co-operating partners to the way these areas are intertwined, so that there might be greater cohesion and a more holistic response in the approach of each country and of the region to the achievement of these various development goals.

### **Preventing and Controlling the Spread of HIV/AIDS**

It must be ensured that:

1. Concerted steps are taken to ensure the achievement of the education for all goals (EFA), with special attention to ensure that girls have access to schooling, can continue in school, can complete the basic school cycles, and are given the opportunity to perform as well as boys.
2. Life skills curricula (including HIV/AIDS issues appropriate to each age group) are in place in all learning institutions. ,
3. Learner-friendly, age-relevant and gender sensitive life skills materials are developed and distributed, and are used.
4. Young people are made full participants in the response through peer education, peer participation in the development of curricula and materials (where appropriate), and other child-to-child or youth-to-youth activities.
5. Teachers, teacher educators, school counsellors, managers and other education sector staff receive systematic pre-service and in-service education and training on HIV/AIDS issues.
6. On the job professional and psychological counselling also needs to be made available to help teachers successfully learn to overcome cultural, religious and personal inhibitions in teaching HIV/AIDS related subjects and improve their skills.
7. Information, education and communication (IEC) campaign/materials on HIV/AIDS are implemented to reach young people in and out of school.
8. Youth-friendly health, skill based health education and counselling services are available within educational institutions, which address problems related to HIV/AIDS, STDs and reproductive health.
9. Extensive use is made of co-curricular approaches and activities, and also of community resources, for the delivery of AIDS-related education.
10. A range of partners are included in the education system's prevention work (including parents, persons living with HIV/AIDS, religious and traditional leaders, media, local community groups,

local and other NGOs, the private sector). Other sector Ministries must also be associated to the education sector programmes

11. Strong school-community linkages are established that give the community a real say in the affairs of the school and enable the school to be a service resource for wide-ranging community needs in HIV/AIDS education and health but also in agriculture and other areas.
12. Focus on the establishment of a strong prevention to care continuum within the education sector that would support the education ministry and other partners in their efforts to ensure the involvement of PLWHAs, exclude all denial, stigma and discrimination, and extend care to infected or affected educators and learners.

### **PROTECTING LEARNERS, EDUCATORS, OTHER EDUCATION SECTOR STAFF AND EDUCATION QUALITY, ACCESS & PARTICIPATION**

It must be ensured that:

1. Care and support programmes for orphans and vulnerable children are in place, and measures are taken to ensure the basic learning needs of orphans and vulnerable children, through formal schooling or other means.
2. HIV support programmes are in place including:
3. counselling and support for learners affected by HIV/AIDS in all learning institutions
4. counselling and support for educators helping learners to cope with HIV/AIDS
5. support (psychological, counselling, social work, financial) for teachers who are infected, affected and coping with their own problems. This may, especially at the initial stage be supported by a referral.
6. school programmes for the support and care of HIV/AIDS affected families in the community.
7. Innovations in education delivery and outreach are identified which take account of complex and changing learning needs such as outreach brigades, peer education, youth clubs and any other people to people approaches.
8. Renewed efforts are made to promote flexibility and innovativeness in learners, with more achievement in teaching learners how to learn and how to think for themselves.
9. The school curriculum pays more attention to the development of vocationally useful skills in order to respond to the needs of school-leavers who will face the need to support themselves economically immediately upon completion of school (and for some while they are still attending school).
10. Workplace policy and guidelines on HIV/AIDS are in place in all learning institutions and ministry of education offices (including employee benefits for educators affected by AIDS and mechanisms for the speedy payment of terminal benefits to the family of an employee who has died).
11. HIV/AIDS training is available in the workplace for all educators, Ministry of Education staff, and staff in the various support areas (curriculum development, examinations, etc.).

12. Assessment of the impact of HIV/AIDS on the education sector has been done, and action plans are being implemented to stabilise demand for and supply of education, and protect its quality
13. Financial and personnel mechanisms are put in place to provide for teacher absenteeism and to provide emergency training for replacement teachers.

### **Managing the HIV/Aids Crisis in the Educational Sector**

It must be ensured that:

1. At the national level, the Ministry of Education is involved in the UN Theme Group on HIV/AIDS directly or through National Aids Commissions.
2. Where absent, a unit in each country with **responsibility for HIV/AIDS (and if necessary, related health issues) and education** is established, staffed at senior levels and provided with adequate resources to drive HIV/AIDS and education strategies, nationally and at decentralized levels.
3. **Substantial resources** for the fight against HIV/AIDS are mobilised, allocated and used effectively.
4. **Information and data** on the pandemic is systematically collected, stored, disseminated and used, within a coherent and comprehensive national and regional **research agenda** for HIV and education.
5. **An AIDS related finance and management system is established and implemented.**
6. **The capacity of managers and planners** at all levels to understand and ensure that effective action is taken to respond to HIV-related difficulties of students, other education staff and teachers is strengthened.
7. **Intersectoral and sectoral management procedures and structures** within the education sectors and implemented in collaboration with the key sectors, ministries, private sector, NGOs, religious bodies and communities, are flexible, coordinated and able to cope with the demands of the pandemic.
8. **Policies relating to HIV/AIDS and education issues** are reviewed, revised, in place, and rigorously applied (including education sector workers and learners' rights and responsibilities, discrimination in learning institutions, sexual harassment, safety and human rights). Ensure that the provision of education is grounded in a strong human rights framework and implements the various commitments in the Convention on the Rights of the Child.
9. **Mechanisms are in place for ongoing monitoring and evaluation of the performance** of the education sector in fighting HIV/AIDS, with agreed benchmarks and indicators of progress agreed and co-ordinated with National Aids commissions.

### **Regional Co-operation within ECOWAS**

We are convinced that practical possibilities exist for working cooperatively within the region.

In the same way that the education sector's response to the epidemic is set within a larger context of each National Strategic Plan on HIV/AIDS, so a country's planning has a regional context. Each

ECOWAS nation is affected by the problems and issues of its neighbours, and is linked to them socially, economically and epidemiologically. To respond effectively to HIV/AIDS, every country should take into account its geographic location and recognize the problems and opportunities linked to regional relationships.

Key opportunities include:

- The creation of regional frameworks for cooperation in order to share data, best practices, and other insights into planned responses. These could take the form of agreements, protocols, associations and any other means to assure both cooperation and access to information.
- The establishment or reinforcement of regional assets including institutes (e.g., to research and develop generic resources such as training and educational materials for country adoption), task teams (to provide a combined regional competence and body of knowledge available to all), training (to provide training of trainers) and cost-effectiveness by creating regional economies of scale.
- The organisation of regular meetings of core groups of policy makers and senior HIV/Education managers who need to share, support each other, develop common understanding and targets perhaps within the EFA context.
- Co-ordination among ECOWAS to act as a lobby for regional and country needs and concerns.
- Develop and reinforce synergies among national programmes to create a regional forum for advocacy
- Foster the expansion of expert networks, including linking institutions of learning to support and supplement country capacity.

At the regional level, the West African Health Organization, which is a part of ECOWAS, should cooperate more closely with UNAIDS and the concerned UN Agencies in HIV/AIDS and education activities.

Finally, the participants expressed thanks to UNESCO for taking the initiative of organizing the Elmina Conference and to donors for supporting this activity. They insisted that the organisers ensure that the proper follow-up be given to this important meeting.



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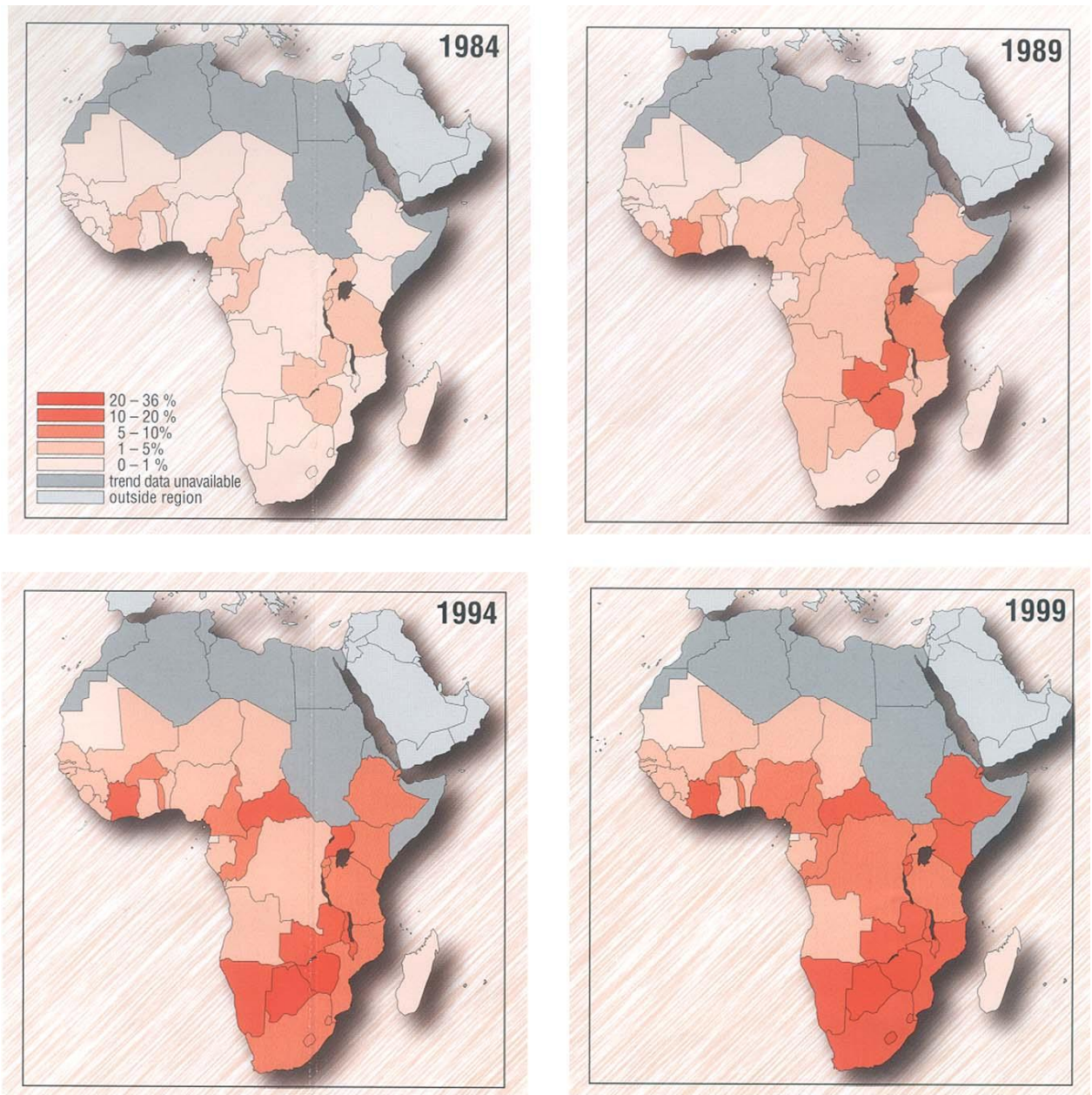
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**FIGURE 3: THE GROWING PREVALENCE OF HIV IN SUB-SAHARAN AFRICA**



Source: UNAIDS, 2000