



UNESCO Nairobi Cluster

Consultation on HIV/AIDS and education

**4 to 6 March 2003
Kigali, Rwanda**

**March 2003
Nairobi, Kenya**



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Report of consultation

Introduction

1. UNESCO convened a consultation on HIV/AIDS and education from 4 to 6 March 2003 in Kigali, Rwanda. The consultation was hosted by the Kigali Institute of Science, Technology and Management (KIST). The consultation brought together senior officials from the four countries in the UNESCO Nairobi Office country cluster grouping – namely, Burundi, Kenya, Rwanda and Uganda. The Heads of the Teacher Service Commissions, Heads/Coordinators of the AIDS Control Units within Ministries of Education and senior Directors responsible for curriculum development also participated. Members of the consultation included the Secretaries-General of the UNESCO National Commissions from the cluster countries and UNESCO Officers from the Nairobi Cluster Office, the UNESCO Bujumbura Office and the UNESCO Kigali Office. The Honourable Minister of State for Primary and Secondary Education, Rwanda, opened the meeting.

2. The consultation benefited from technical support provided by the Mobile Task Team on HIV and Education (MTT)¹ along with other leading experts in the field of HIV/AIDS and education. [The *consultation agenda* and *list of participants* are appended.] The consultation took into consideration and built on the outputs from the World Bank's Sub-Regional Seminar on Accelerating the Education Sector Response to HIV/AIDS in Africa that took place in Mombasa, Kenya, in November 2002, at which representatives from Kenya and Uganda participated.

Purpose of the consultation

3. The purpose of the consultation was twofold: (1) to raise awareness and understanding on how HIV/AIDS affects education and how education affects HIV/AIDS; and (2) to identify the way forward with regard to a strategic response to HIV/AIDS in and through education. In considering issues and challenges facing Ministries of Education and, more broadly, education sectors the consultation deliberated on:

- i) How Ministries of Education should address the impact of HIV/AIDS on teachers, learners, and the educational system itself.

¹ The Mobile Task Team (MTT) on the Impact of HIV/AIDS on Education has been co-developed and supported by the United States Agency for International Development (USAID), Bureau for Africa, Office of Sustainable Development, in collaboration with the Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban, South Africa. The MTT has been set up to help Ministries of Education and their partners to develop sustainable responses to the impact of HIV/AIDS on education. The MTT is composed of a team of Southern African professionals committed to promoting a proactive education sector response to the epidemic.



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- ii) Policy frameworks that are needed for Ministries of Education to guide strategic planning and implementation.
- iii) How Ministries of Education can mount effective prevention and education to protect learners and educators from exposure to infection including applying the principles of school health and healthy learning environments.²
- iv) How Ministries of Education can ensure that learners affected by HIV/AIDS do not jeopardize their educational opportunities and what actions that are needed to ensure that these children are reached by basic education services of good quality.
- v) The need to review the role of Teacher Service Commissions (TSCs) in protecting teachers and other educational personnel from HIV-infection and how TSCs can contribute to care and support of teachers and other educational personnel infected with HIV.
- vi) How the terms of service and employment of teachers may need to be revised to incorporate the effects of HIV/AIDS and how teacher replacement and recruitment schemes may need to be reformulated.
- vii) The need for higher education establishments to develop institutional policies on HIV/AIDS and education.

HIV/AIDS and education in Africa: overview on issues and challenges

4. Since the 1980's when HIV/AIDS began to appear, it became increasingly clear that HIV/AIDS had the potential to obstruct the provision of educational services and challenge educational goals. Since the early 1990s UNESCO has undertaken training and preparation of educational planners for the impact of HIV/AIDS on educational systems.³ More recently, UNESCO developed an African strategy on HIV/AIDS and education that was presented to the African Minister of Education at the *Eighth Conference of the Ministers of Education of the African Member States (MINEDAF VIII)* that took place in Dar es Salaam in December 2002. Despite these and other efforts, Ministries of Education have been generally slow to respond to HIV/AIDS.⁴

² See: UNESCO/UNICEF/WHO/World Bank. 2000. *Focussing Resources on Effective School Health: A FRESH start to enhancing quality and equity of education*. Final report at the World Education Forum. Paris/New York/Geneva/Washington DC.

³ Courses and training have been conducted through UNESCO's International Institute for Educational Planning (IIEP), in Paris, France.

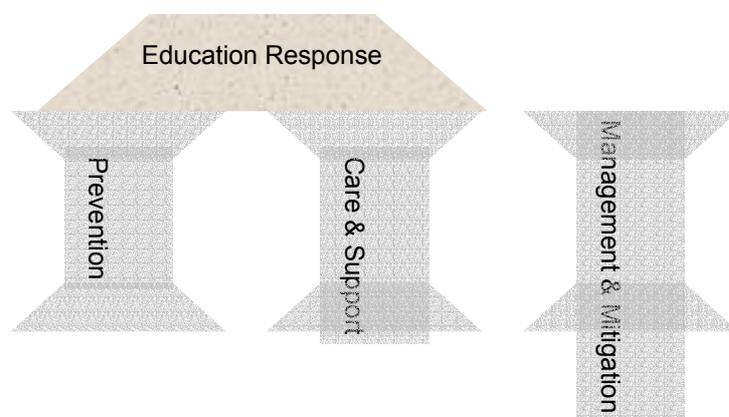
⁴ See: UNESCO. 2002. *Towards an African Response: UNESCO's Strategy for HIV/AIDS in Education in Sub-Saharan Africa*. Dakar, Senegal.



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5. The Kigali consultation looked at the global scale of the HIV/AIDS epidemic and noted the disproportionate burden carried by the Africa region in terms of infections, deaths and AIDS orphans. Sub-Saharan Africa with the epicentre of the disease in Eastern and Southern Africa accounts for only 10.4% of the global population yet for 71.3% of all HIV infections in the world, 73.3% of the AIDS-related deaths (2001) and 11 million AIDS orphans (78.6% of the AIDS orphans in the world). While focus has been on Africa, the more recent explosion of HIV infections in Eurasia namely, China, India, Russia has demythologized the epidemic as an ‘African disease’. One spin-off of the Eurasian epidemic may be an increased investment in vaccine research. Another may be less resource availability to the Africa region to fight the disease.⁵

6. Education has two major tasks in the response to HIV/AIDS. The first is to minimize the impact of the epidemic on the education sector and to keep educational systems functioning and performing. Teachers must teach, children and young people must learn and complete the basic education cycle, higher education institutions must prepare the future cadre to drive national development. The second task is to maximize the impact of education on the epidemic through using education to prevent new HIV infections and to provide care and support to those affected by HIV and AIDS. The three pillars on which the education response rests are as follows⁶:



7. HIV/AIDS has ushered a new area for education managers. Models for action applicable to education sectors to fight the disease are lacking. This is due in part to the fact that HIV/AIDS has been seen as a disease and health problem not an education management problem. Typically, the education response has been to create awareness about HIV/AIDS through didactic teaching on the etiology of the disease and its prevention. Understanding cultural and sexual practices, beliefs and attitudes and behavioral change as they relate to the transmission of the infection are often overlooked. There is also denial and negative reactions to the infection that lead to stigma, discrimination and fear. Children orphaned by AIDS are dropping out of school due to

⁵ Presentation by Professor M. Kelly and Professor Otaala on “HIV/AIDS and education in Africa”. UNESCO Nairobi Cluster Consultation on HIV/AIDS and Education, March 2003, Kigali, Rwanda.

⁶ Op Cit. Kelly and Otaala.



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the loss of parental support for their education. HIV/AIDS constitutes one of the biggest threats to the global Education for All (EFA) agenda. Where the prevalence of the HIV/AIDS is high countries are encountering serious difficulties in terms of maintaining progress toward EFA goals. It is estimated that the overall cost of achieving the EFA goals of primary education is likely to be about 20% higher than would be in the non-AIDS scenario.⁷

Principal responsibilities of the education sector

8. The consultation examined the principle responsibilities of the education sector in the fight against HIV/AIDS. These responsibilities can be summarized as:

- i) The prevention of the spread of HIV/AIDS in all educational institutions and learning centers among all learners and educators;
- ii) The provision of basic social and psychological support to learners and educators affected and infected by HIV/AIDS;
- iii) The provision of the delivery and quality of educational services in AIDS affected countries including effective school health; and
- iv) Assuring that Ministries of Education have commitment, structures and the financial resources required to be effective in managing the response to HIV/AIDS competently and extensively.

9. HIV challenges all levels of education from early childhood to higher education. Teachers and educators need support as well as learners. As long as no vaccine exists and treatments remain unaffordable to many, education is the most effective strategy in the fight against AIDS. There is need for more education on HIV/AIDS at all levels.⁸

10. In the area of HIV prevention, life skills curriculum is necessary but not enough. There is need for pre-service and in-service teacher training to prepare educators for new roles. Good opportunities are to be gained from training 'peer health educators' that can work with young people on attitude and behavioural change. Direct interventions are also important in prevention such as improved environmental health conditions in educational establishments, enforcing sexual abuse regulations, testing and treatment of sexually transmitted infections (STIs), condom availability, etc. Here, the principles of "Focussing Resources on Effective School Health (FRESH)" can help education policy-makers and

⁷ Presentation by Professor M. Kelly on "HIV/AIDS and the Attainment of the Dakar EFA Goals". UNESCO Nairobi Cluster Consultation on HIV/AIDS and Education, March 2003, Kigali, Rwanda.

⁸ Presentation by C. M. Coombe on "What does HIV do to education and how can we fight back". UNESCO Nairobi Cluster Consultation on HIV/AIDS and Education, March 2003, Kigali, Rwanda.



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local school authorities identify and solve health problems that undermine EFA goals including HIV/AIDS.⁹

11. For basic social support, educators need help in identifying those who are infected and affected by HIV/AIDS to be able to provide them with basic counselling support and referral. Educators must be accountable for safe and secure learning environments that are also caring and supportive to those affected by HIV.

12. Sustaining the quality of education provision can be assured through addressing HIV in all education sub-sectors and maintaining the EFA goals and targets, adjusting and improving pre-service and in-service training programmes to take into account the need for new skills required by educators and to make up for the loss of teachers and managers. Improving the management of the teaching service is critical and this involves reviewing teaching service regulations and their application, revisiting existing codes of conduct, revising pension plans and medical benefits schemes, and guidance on roles and responsibilities of teachers.

13. Managing the response to HIV/AIDS requires informed and committed leadership that knows what needs to be done, why it needs to be done and how it needs to be done.¹⁰

Managing the response to HIV/AIDS effectively needs: ¹¹
1. Informed and committed leadership.
2. Research and analysis to inform policy, planning and implementation.
3. An education sector policy on HIV/AIDS.
4. Priority-setting and detailed plans of action.
5. Senior managers responsible for HIV in the education sector.
6. Partnerships and collective dedication.
7. Funding.
8. Monitoring and measuring progress.

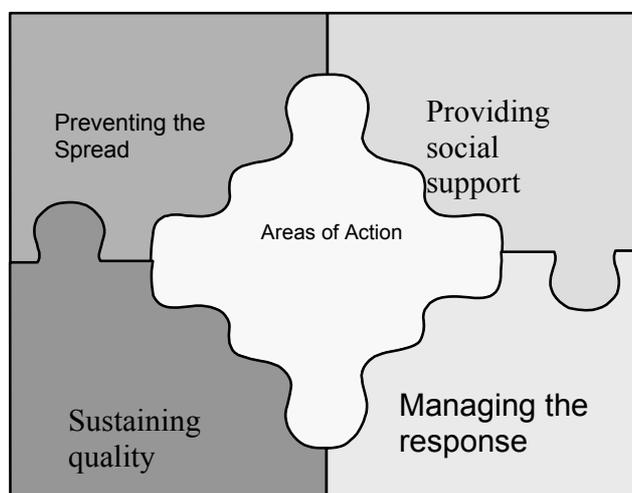
⁹ Presentation by Dr. S. Nkinyangi on “Education for All: A school health approach to HIV/AIDS and education”. UNESCO Nairobi Cluster Consultation on HIV/AIDS and Education, March 2003, Kigali, Rwanda.

¹⁰ Op. cit. Coombs..

¹¹ Adapted from C. M. Coombs.



14. The four areas for education sector action were proposed as follows¹²:



Challenges to institutions of higher education and the need for an institutional response to HIV/AIDS

15. Institutions of higher education are directly responsible for the physical welfare and education of a large number of young people many of whom will be leaders of social, economic and political development.¹³ Typically, university students engage in high-risk sexual practices such as unprotected sex, frequent change and exchange of partners, sex for financial gains and prostitution. Alcohol consumption is also common among students and this often leads to irresponsible behaviour. The high incidence of pregnancy and STIs are also an indication that students engage in unprotected sex. Sexual harassment, un-negotiated sexual intercourse between female and male partners, rape and violence against women are also common on university campuses.

16. The HIV/AIDS pandemic has had a marked impact on higher education and will continue to do. Higher education institutions have a responsibility in developing effective strategies to deal with HIV both within the institutions themselves and the wider community. Given the seriousness of the threat posed by HIV/AIDS to the core business of higher education institutions, a clear vision is critical about what needs to be done to minimize the impact of the epidemic on students and staff. Such institutions must develop effective policies and practices to deal with the need to integrate HIV/AIDS into teaching, research and community service activities. There must be provision for

¹² Op Cit. Coombs.

¹³ Presentation by Professor B. Otaala on "Higher education and the need for a policy and strategic response to HIV/AIDS: The case of the University of Namibia". UNESCO Nairobi Cluster Consultation on HIV/AIDS and Education, March 2003, Kigali, Rwanda.



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education and prevention of HIV¹⁴, with care and support services to students and staff living with HIV/AIDS. Appropriate management structures are needed to ensure that HIV/AIDS policies and strategies are implemented.

Reports from the cluster countries on HIV and education

17. Each of the country teams made presentations on the impact of HIV/AIDS on education, and measures being taken to manage and mitigate the impact of HIV/AIDS. These reports provided insights on priorities, strengths and weakness and direction on the way forward.

- *Highlights from the Burundi country report*

18. Over the past years, Burundi has experienced a decline in school participation with some improvement in 2000-2001 (68% enrolment rate in primary school). HIV/AIDS is associated with civil conflict in the country and increasing levels of poverty. The Ministry of Education predicts a major impact on the sector with the increased loss of teachers due to AIDS-related deaths and with an increased number of AIDS orphans many of whom become marginalized from the educational system. There is urgent need to assess the impact of HIV/AIDS on the education sector and develop an education sector policy.

19. Burundi is one of the African countries most affected by HIV/AIDS ranking 13 in terms of adult HIV infection rates. It is estimated that a large number of children and youth within the educational system are 'at risk' of HIV/AIDS. A study conducted in 1997 showed that 23% of primary school children, 33% of secondary school students and 59% of university students were sexually active with only some 43% practicing safe sex. A more recent socio-behavioural study (2000) showed an average age of first sexual encounter as 14.7 years. Teachers have an important role to play in the prevention and spread of HIV. The Ministry recognizes, however, the need for teachers themselves to be informed and protected from infection through safe sexual practices. Major efforts are required to train teachers on HIV/AIDS and to keep them HIV-free.

20. The Ministry of Education has been developing a sectoral approach to HIV/AIDS based on: prevention, care and support of the infected and building human and institutional capacities. Some of the strategies developed include: 1) testimonials from people living with HIV and AIDS; 2) use of audiovisual media; and 3) peer education and counselling. In terms of school-based education, materials have been developed for grades 6 and 7 (5ème and 6ème). In secondary schools, information, education and communication (IEC) materials have been produced and disseminated. There are also school radio programmes on HIV/AIDS. 'Stop-AIDS clubs' have been set up in secondary schools and more are expected to be established even in primary schools. A number of other training, IEC, and preventive education activities are underway. In terms

¹⁴ The University of Namibia, for example, has introduced a compulsory examinable module for all first year university students.



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of care and support, the Ministry of Education is planning to create a support fund for people living with HIV/AIDS. The fund would be sustained through monthly contributions from educational personnel. There is also a move to create a solidarity fund for the provision of antiretrovirals (ARVs) and other medication for opportunistic infections. Nonetheless, obstacles are many: large numbers of teachers, large numbers of pupils and students that need to be reached through prevention, increasing poverty in the population, many children orphaned by AIDS (230,000), limited number of social organizations providing support to orphans, high cost of ARVs, limited counselling and testing services.

- *Highlights from the Kenya country report*

21. Kenya reported that the demand, provision and quality of education have been affected by HIV/AIDS. Studies on HIV/AIDS have found that the median age for initiating sexual activities is very young -- 11.7 years. Traditional practices such as circumcision and other customs affect sexual practices among youth. Peer pressure also influences behavioral practices of the youth. Over the past five years there has been increased mortality among teachers and the number of AIDS orphans unable to access educational services has increased. The Ministry of Education and the Kenya Institute of Education have been focusing largely on the development of AIDS education curriculum and IEC materials and working on prevention and advocacy through capacity-building, health clubs, integration of AIDS messages into drama, music, and sports. HIV/AIDS is integrated into the draft EFA plan and mainstreamed in the provincial and districts EFA plans. Keeping children affected by HIV/AIDS in school is a major problem and a threat to EFA targets, especially the new government's policy on free primary education. At the secondary school level, there are bursaries for AIDS affected students but these are limited. There is need to protect teachers from infection and infecting others through preventive education and advocacy. Teacher recruitment schemes and teacher training need immediate attention.

22. Among the challenges in managing and mitigating the effects of HIV/AIDS include the development and use of teaching/learning materials on HIV/AIDS and building the capacity for teachers to implement AIDS curriculum in schools, develop life skills curriculum to facilitate skills-based teaching and peer education. In terms of care and support, guidance and counseling services if well-designed and implemented can provide education on prevention and care and support. The Ministry of Education has a school feeding programme that helps to keep disadvantaged children including children affected by HIV/AIDS in school. Some NGOs are providing support for the treatment of teachers and their families. Challenges identified for care and support include: lack of clear-cut policies on support and care including treatment of teachers and access to ARVs, lack of reliable data on affected and infected teachers and learners, financial constraints, stigma, denial and lack of a legal framework for HIV/AIDS. Kenya identified the need for capacity-building and in-service training for teachers, development of an education sector HIV/AIDS policy, conducting an impact assessment, developing



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an education strategic plan for HIV/AIDS and the mobilization of resources as its priority areas.

- *Highlights from the Rwanda country report*

23. Rwanda similarly reported that demand, provision and quality of education are being affected by HIV/AIDS. A high proportion of the HIV infections in the country are associated with war, genocide, violence and rape. Rwanda is in the process of conducting an impact study of HIV/AIDS and results are forthcoming. Preliminary findings from the impact study indicated weakness in the education sector with no proper follow-up of children outside school. Students in institutions of higher learning are at high risk. The Government of Rwanda has added the prevention of HIV/AIDS infection and limiting its expansion within and outside the school environment as the seventh objective for the national Education for All (EFA) plan of action. The Ministry of Education is providing school feeding for children affected and infected by HIV/AIDS including Orphans and Vulnerable Children (OVCs). Teachers are being encouraged to form associations that bring AIDS awareness up front. New strategies for teacher recruitment and treatment will be derived from the impact assessment. Among the prevention measures include training of teachers in HIV prevention, introducing HIV and life skills education in the curriculum, production of teaching materials, promoting media campaign and establishing Anti-AIDS clubs in schools.

24. Among the challenges in the provision of HIV/AIDS care and support in Rwanda is the lack of capacity and trained personnel to provide the needed support, lack of follow-up system of learners from school, no established system of referral or cycle of care and support, and lack of funds. The Ministry of Education will need to strengthen its capacity to deal with challenges of HIV/AIDS and work closely with other sectors. The Ministry of Education will need to be realistic in planning what can be achieved and what is sustainable. The education sector policy on HIV/AIDS needs to be finalized.

- *Highlights from the Uganda country report*

25. Uganda reported much along the same lines in terms of the impact of HIV/AIDS on the supply, demand and quality of education. Some studies have been conducted in selected districts on the impact of HIV/AIDS on formal schooling and best practices have been reviewed. Salient findings are: guidance and counselling in schools have given vulnerable children relevant information and psychosocial support, however, guidance and counselling programmes lack personnel and clear guidelines. There is very little HIV/AIDS education in the formal curriculum and this may be attributed to views that HIV/AIDS topics are embarrassing to parents, teachers, and students. Official reporting on sickness and death of teachers is meagre. AIDS orphans report being unloved and financially deprived with many subjected to excessive labour demands from guardians. Caring for sick parents who later die of AIDS has a lasting impact on children. There is no systematic method for orphan identification.



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26. Uganda expressed the need for the development of HIV/AIDS policy in the education sector that is consistent with the draft health education policy and draft guidelines for guidance and counselling in schools. There is need to intensify advocacy for HIV/AIDS at all levels to incorporate HIV/AIDS issues across the curriculum and to promote HIV/AIDS education. Counselling and health services are also needed and these will help promote the welfare of HIV/AIDS orphans and infected teachers and students. Joint planning, coordination, monitoring and evaluation of HIV/AIDS activities in the sector are needed. There is a strategic plan in place for HIV/AIDS that has identified the need for policy formation. There has been production and distribution of IEC materials for Head teachers and students and HIV/AIDS health clubs are being formed.

27. As a means of mitigating impact a number of measures are being proposed such as health clubs in schools and institutions, a welfare scheme for infected teachers, promotion of voluntary counselling and testing (VCT) for teachers, teacher sick leave for up to 3 months, floating teachers posted to schools to backstop absent/sick and overloaded teachers, regular supply of IEC, condoms to Ministry of Education personnel. Plans for care and support include a welfare scheme for needy HIV/AIDS orphans, assessment of educational needs for HIV/AIDS orphans and lobbying for 50-100% subsidizing fees/tuition for orphans.

Common issues and concerns that emerged from the country reports

28. There were many similarities between the countries in terms of approaches and problems. The main focus is on prevention. While countries said they were concentrating on school-based prevention activities, the actual scope of the work they are undertaking is unclear for the most part. Countries did not seem to distinguish sharply enough between what they are actually doing, what they are planning to do and what they would like to do. The reports highlighted a great deal of focus on pilot projects, but that very few of these appeared to be scaled-up. Countries are also focusing heavily on responding to the epidemic through the curriculum with much attention on materials development. They are paying less attention to issues of care and support, management, coordination, and protecting the quality of education provision. There is also need to incorporate cultural and traditional perspectives more firmly into school programmes and to capitalize on the good use that can be made of positive cultural values. Countries made no real mention of out-of-school youth.

29. There is clear need for school policies and guidelines for teachers. Teachers need to be equipped to handle the challenges they face through codes, guidelines, regulations and support materials. There is need to review teacher education and build up teacher educators and this came out as critical – with attention to curriculum review, methodology and in-service programmes. The country reports made little mention of: (1) teacher management (the management of the teaching service in terms of attrition, redeployment, pensioning and medical boarding); (2) teacher training (in-service and pre-service for serving teachers and new models of pre-service training to meet new



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quantitative and qualitative requirements); or (3) orphans and other vulnerable children, and education's responsibilities for them.

30. Little mention was made of the 'window of hope' under 10 years of age group or how to keep the under 10 year-olds free from HIV infection. Ministries of Education have responsibility for preschool and primary school children and should perhaps give greater focus to this group. Along the same lines, there is a need to move from the secondary school group to lower levels. Behavioural change is a long-term process. It is generally agreed that there is need to take a long-term view and commitment— at least some 50 years. It will be necessary, therefore, to be concerned with character development and not only behavioural change.

31. There was also little mention from the countries of higher education and the crucial role this sub-sector can play in terms of meeting quotas for teachers, health workers and social workers, and other professionals acting as a knowledge bank about HIV for the nation, training new kinds of teachers, in addition to protecting the well-being of students and staff. Overall higher education appears to be severely neglected.

32. There was focus on ARVs and medical attention, but without adequate recognition of what this involves in terms of the necessary medical infrastructure, costs, and the life-long commitment to treatment.

33. Finally, the country reports underscored the need for an education sector policy on HIV/AIDS. Strategic planning is also needed guided by effective and sustained management capacity.

Rapid appraisal of actions on HIV and education

34. The four country teams carried out a rapid appraisal of how well they felt they were doing as a country in the four main areas of action – prevention of HIV/AIDS, care and support for affected learners and educators, sustaining the quality of education provision, and managing the response to HIV/AIDS. Country teams ranked their actions from zero (no action) to three according to the following:

RAPID APPRAISAL OF ACTION ON HIV AND EDUCATION		Ranking
AREA 1: Prevention of HIV/AIDS		
➤ Life skills in the curriculum in schools	Are learners being guided through the curriculum on life skills including safe sex and appropriate behaviours and attitudes?	
➤ Life skills curriculum mainstreamed	Has life skills curriculum, including reproductive and sexual health, been mainstreamed in the core curriculum?	
➤ Teaching/learning materials developed and distributed	Have materials suitable for learners in schools and other educational institutions been developed and distributed? Do they include the wisdom from traditional cultures?	
➤ Teacher preparation	Are educators being adequately prepared through pre-service and in-service training to teach life skills curricula	



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	and to keep themselves healthy and HIV-free?	
➤ Training in HIV/AIDS -- universities, teacher training colleges, post- secondary schools, Ministry of Education personnel	Is training taking place in universities, teacher training colleges, post-secondary institutions, and among educational personnel on HIV/AIDS issues and curriculum implementation?	
➤ Evaluation of materials and courses	Have materials and courses been evaluated in terms of content, implementation and outcomes?	
➤ Complementary strategies	Are complementary strategies in place such as peer education, health and nutrition interventions in schools such as feeding, water and sanitation, treatment of STIs, improving the school environment?	
➤ Condom viability	Has the Ministry of Education issued guidelines on condom availability and use among learners, educators and other educational personnel?	
➤ Partnerships	Are other partners helping with prevention programmes?	

AREA 2: Care and support for affected learners and education

Ranking

➤ Healthy and safe learning environments	Have steps been taken to ensure that every learning institution is healthy and safe, especially for girls?	
➤ Coping with trauma – learners	Have preparations been made to prepare educators to help children in distress – because of poverty, orphan hood or HIV-related trauma.	
➤ Coping with trauma – educators/teachers	Have preparations been made to help educators who are HIV-positive. Have VCT, drug, or coping regimes been set up to help them?	
➤ Stigma and discrimination	Have steps been taken to reduce levels of isolation, stigma and discrimination associated with HIV infection?	
➤ Codes of conduct/ethics	Have educators been given guidance on professional codes of conduct? Are cases of abuse, harassment or violence seriously dealt with?	
➤ Education links with social services supporting AIDS orphans	Does the education sector have links with other sectors such as health and social welfare to create a network of support for orphaned children?	
➤ Education policy on AIDS orphans	Does the education sector have a policy on its responsibility for orphaned children who may be forced out of the school?	
➤ Partnerships	Are other partners helping with care and support programmes in a systematic and sustainable way?	

AREA 3: Sustaining the quality of education provision

Ranking

➤ Impact assessment	Has an assessment been done of the likely impact of HIV/AIDS on the education sector in future in terms of demand, supply and quality?	
➤ Risk profile	Is there some understanding of the factors that make educators and learners vulnerable to infection?	
➤ Stabilizing	Are steps being taken to sustain the quality of education provision and to replace teachers and managers lost to the system?	
➤ Projections	Have relatively accurate projections been made of likely enrolments and teacher requirements at various levels of the system over the next five to ten years?	
➤ Adjusting terms of employment	Has the Teacher Service Commission taken steps to anticipate the needs of HIV-affected educators in terms of medical benefits, sick leave, testing and counselling, workplace policy, provision of ARVs, early retirement?	
➤ Adjusting training	Has any attempt been made to adjust in-service and pre-service training programmes to help new and serving teachers meet more complex learner needs?	
➤ Responding creatively	Is the system making any attempt to provide meaningful, relevant educational services to learners affected by	



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	HIV/AIDS such as finding new times, places and techniques for learning and teaching?	
➤ All sub sectors being reached	Is attention being paid to the planning requirements of all education sub sectors – from early childhood development through to post-secondary?	

AREA 4: Managing the response to HIV/AIDS in the education sector

Ranking

➤ Policy and regulations	Are policies and regulations in place concerning HIV/AIDS? Are there appropriate codes of conduct and ethics for teachers and learners, and are they applied ?	
➤ Preventing the spread + reducing impact	Is there a dual approach with equal consideration given to: 1) preventing spread of the disease; and to 2) reducing the anticipated impact of the pandemic on education?	
➤ Leadership	Are political leaders, senior officials, Teacher Unions, the Teaching Service Commission, school governing bodies knowledgeable and committed to action?	
➤ Collective dedication	Are partners outside government involved in the fight against HIV/AIDS? Do mechanisms exist for partnerships?	
➤ Research agenda	Is there an HIV/AIDS and education research agenda for the education sector? Is information about HIV/AIDS being collected, analyzed, stored and spread?	
➤ Effective management	Has a full-time senior manager been appointed to manage HIV/AIDS in the Ministry of Education? Is there a management structure which includes partners in and out of government?	
➤ Strategic plan	Is there an education sector HIV/AIDS strategic plan which covers some or all sub-sectors of the education system?	
➤ Resources	Are plans being funded adequately? Are funds being channelled to various levels of the system, and to partners outside government who can use them?	

35. The four countries identified “sustaining the quality provision of education” (Area 3) as the weakest. Countries identified the need for an impact assessment (except for Rwanda that is in the process of completing its impact assessment). Each country requires a revision of the terms of service and employment of teachers in light of HIV/AIDS. They assessed that their efforts in managing the response are still lacking and more efforts are needed in this domain including the development of education sector policies and strategic plans on HIV/AIDS (Area 4). In terms of prevention, countries noted that while efforts have been made in the areas of materials development, curriculum and teacher training more work is still needed. Also evaluation of prevention measures is lacking (Area 1). Countries generally felt that they were making some progress in care and support (Area 2) but more action was still needed in this area especially with regard to coping with trauma and links with other social services. The overall country rankings in each of the four areas are as follows:



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Area 1: Prevention of HIV AIDS

	Life skills in the curriculum	Life skills mainstreamed in the curriculum	Teaching/learning materials developed and distributed	Teacher preparation	Training in HIV/AIDS, universities, teacher training, post-secondary	Evaluation of materials	Complementary strategies	Condom availability	Partnerships
Burundi	2	2	2	2	2	1	1	1	2
Kenya	1	2	2	1	2	0	1	0	3
Rwanda	2	2	2	1	2	0	2	0	3
Uganda	2	2	1	1	1	0	3	0	3

Area 2: Care and support for affected learners and educators

	Healthy and safe environments	Coping with trauma-learners	Coping with trauma – educators	Stigma and discrimination	Codes of conduct/ethics	Links with social services supporting AIDS orphans	Education policy on AIDS orphans	Partnerships
Burundi	1	0	1	1	2	2	2	2
Kenya	2	1	0	0	3	0	2	1
Rwanda	3	1	1	3	3	1	3	2
Uganda	2	2	1	3	2	1	1	1

Area 3: Sustaining the quality of education provision

	Impact assessment	Risk profile	Stabilizing	Projections	Adjusting terms of employment	Adjusting training	Responding creatively	All sub-sectors reached
Burundi	0	2	2	2	1	2	0	1
Kenya	0	1	3	3	0	1	1	2
Rwanda	2	1	0	2	0	1	0	2
Uganda	1	3	1	1	0	3	0	2

Area 4: Managing the response to HIV/AIDS in the education sector

	Policy and regulations	Preventing spread + reducing impact	Leadership	Collective dedication	Research agenda	Effective management	Strategic plan	Resources
Burundi	1	2	2	1	1	1	1	1
Kenya	1	2	2	1	2	0	0	1
Rwanda	1	2	2	2	3	1	3	2
Uganda	1	3	3	1	2	1	2	1

36. In light of the country presentations, it seemed that countries were not strict enough in ranking their performance and generally scored themselves highly. Areas of HIV management, teacher service management and protection of AIDS orphans were much overlapped.

Priority-setting on HIV and education

37. Countries were asked to give prioritization to the areas of: 1) prevention, 2) care and support; and 3) sustaining the quality of education. Management (Area 4) was



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omitted since it runs through the other three areas and is a prerequisite for action in each area. The countries were asked to take into account the following:¹⁵

- *Where the need is greatest:* Activities that promise to make the maximum impact on a specific aspect of the epidemic; activities that address the most urgent challenge; activities that promise maximum leverage, making the biggest impact for the smallest effort, promising quick and visible results.
- *Where the impact is likely to be greater:* Activities that nobody else are addressing; implementation is straightforward because activities will use existing processes and infrastructure; activities that are independent and can be executed without conditionality or other prerequisite activities.
- *Where the impact is likely to have a multiplier effect:* Activities that are prerequisite to other important interventions, but these cannot be launched until they have been put in place; activities being considered are not controversial, but will easily get the necessary political, professional and administrative commitment; activities that use locally available resources that facilitate immediate implementation.

Country priorities

Burundi	Kenya	Rwanda	Uganda
1. Appropriate curriculum in school	1. Impact assessment	1. Healthy and safe learning environment	1. Evaluation – prevention
2. Teacher preparation	2. Materials development	2. Appropriate curriculum	2. Responding creatively
3. Materials development	3. Teacher preparation	3. Curriculum mainstreamed	3. Adjusting terms of service
4. Prevention – evaluation	4. Education policy on AIDS orphans	4. Materials development	4. Training in HIV/AIDS - universities, teacher training, post-secondary
5. Preventions – partnerships	5. Coping with trauma: learners + educators	5. Partnerships prevention	5. Materials development
6. Education policy on AIDS orphans	6. Adjusting terms of service	6. Teacher preparation	6. Coping with trauma-learners
7. Healthy and safe learning environments	7. Condom availability	7. Training in HIV/AIDS - universities, teacher training, post-secondary	7. Projections
8. Coping with trauma of educators	8. Stigma and discrimination	8. Coping with trauma-learners	8. Education links with social services for AIDS orphans
9. Codes of conduct/ethics	9. Partnerships - care and support	9. Education links with social services for AIDS orphans	9. Partnerships - prevention
	10. Stabilizing	10. Adjusting teachers terms of service	10. Condom availability

¹⁵ Presentation by Professor M. Kelly on “Principles that help when deciding on priorities” and presentation on “What is strategic planning”. UNESCO Nairobi Cluster Consultation on HIV/AIDS and Education, March 2003, Kigali, Rwanda.



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38. It is interesting to note that priorities identified by countries did not necessarily tally in every case with the areas where they scored best on the rapid appraisal.

Burundi	Kenya	Rwanda	Uganda
Prevention 5/9	Prevention 3/10	Prevention 6/10	Prevention 5/10
Care + support 4/9	Care + support 4/10	Care + support 3/10	Care + support 2/10
Sustaining quality 1/9	Sustaining quality 3/10	Sustaining quality 1/10	Sustaining quality 3/10

Assumptions and strategic principles

39. After looking at priorities, countries considered basic assumptions that are likely to apply in their particular country context. These assumptions are important to understand as they provide a basis for creating realistic plans for addressing HIV/AIDS and education.¹⁶ Countries were asked to think about examples of assumptions that must underline a statement of policy, and any plan of action flowing from that policy, as for example: 1) this is a crisis and requires a crisis response; 2) education has a role to play beyond prevention alone; 3) all sub-sectors of the system are compromised by HIV/AIDS; 4) management capacity is limited but can be mobilised better.

40. Strategic principles were discussed as the principles that guide strategic planning and implementation. Some examples are: 1) HIV/AIDS programmes must be as much as possible long-term, systematic, regular, intensive and extensive, and guaranteed over the longer term; 2) decentralization, collaboration and tolerance must characterize the campaign against HIV/AIDS; 3) schools can be centres of community endeavours and parents more closely included. Countries identified the following assumptions and strategic principles:

Basic assumptions and strategic planning principles

Burundi	<ol style="list-style-type: none"> 1) Stigma, silence and denial are obstacles to concrete actions in the fight against HIV/AIDS. 2) Learners and educators (teachers and other educators) are at risk of HIV/AIDS. 3) Education has a role to play in the fight against HIV/AIDS, however, the Ministry of Education can not act alone, it must collaborate with other sectors and other partners including civil society, NGOs, yet. 4) Human and financial resources are limited and every effort should be made to make best use of the available resources to combat HIV/AIDS. 5) The fight against HIV/AIDS must be following along four main lines of action 1) reduction in the spread of HIV infections 2) care and support of those infected or affected by HIV/AIDS; 3) protecting the quality and delivery of educational provision; 4) organization and management of the education sector response. 6) The fight against HIV/AIDS must be integrated into school programmes at all levels (primary, secondary and higher).
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¹⁶ Presentation by C. Coombe on “Planning assumptions and strategic planning principles”. UNESCO Nairobi Cluster Consultation on HIV/AIDS and Education, March 2003, Kigali, Rwanda.



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Kenya	<p>1) A comprehensive and clear policy on the education sector response to HIV/AIDS must be developed.</p> <p>2) Accurate and reliable data needs to be collected and analysed to facilitate appropriate planning and decision-making in the area of HIV/AIDS.</p> <p>3) HIV/AIDS budgets must be reflected and incorporated into the national budgetary process (Medium Term Expenditure Framework – MTEF).</p> <p><u>Assumptions</u></p> <p>1) There are many beliefs and cultural practices that can impede the dissemination of accurate information and advice on HIV/AIDS. A culture-specific response is required in prevention measures.</p> <p>2) Religious organizations are a major agent reaching out to a large proportion of the population especially families.</p> <p>3) The current political will needs to be marshalled to support HIV/AIDS programmes.</p>
Rwanda	<p>1) Political commitment from the highest office in the fight against HIV/AIDS must be sustained.</p> <p>2) It is possible to reduce the spread of infection and its impact on society if efforts in the fight against HIV/AIDS are well-coordinated.</p> <p>3) Reducing the impact of HIV/AIDS on the education sector will significantly reduce the impact of the pandemic on the general population given the size of the education sector.</p> <p>4) Promotion of VCT in the education sector will play a critical role in reducing the propagation of HIV.</p> <p>5) The funds required to meet the extra budget for HIV/AIDS activities will be mobilised.</p>
Uganda	<p>1) It is not enough to supply condoms without appropriate guidelines on uses, availability and affordability.</p> <p>2) Accurate data is a prerequisite to proper HIV/AIDS policy formulation.</p> <p>3) Motivated and relatively well-facilitated educators enhance effective implementation of HIV/AIDS strategies.</p> <p>4) Until appropriate/adequate measures are put in place to mitigate the impact of HIV/AIDS, prevention measures will not be holistically effective.</p>

The way forward

41. The consultation gave an opportunity for key players in the four countries of the UNESCO Nairobi Cluster – Burundi, Kenya, Rwanda, Uganda, to come together, learn and better understand the impact of HIV/AIDS on education. It was a chance to reflect on what is being done, what is not being done and what needs to be done. The consultation was enriched through the participation of members of the MTT and other expertise. In the area of higher education, insights were gained from the work at the University of Namibia on the development and implementation of an HIV/AIDS institutional policy. There is need for the same kind of work in other tertiary institutions.

42. The consultation clarified thinking on needs, what can and should be done, by whom and with whom and with what possible means of support. HIV/AIDS is a priority in the four countries and there is need to act now in the education sector. Knowledge and resources need to be pooled. Commitment is needed from political leaders, Ministries of Education, education managers at all levels from central ministries to schools and other educational institutions. The need is to develop doable and realistic action plans to fight HIV/AIDS in and through the education sector. The consultation came to consensus on the importance of laying the foundation for effective management of HIV/AIDS in the education sector.



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43. Members of the consultation worked through exercises to better understand what is being done, the strengths and weakness along with areas for immediate and longer-term action. Many concerns, priorities and actions are common and there will be value in exchanging experiences and information among the cluster countries.

- *Need for an education policy on HIV/AIDS and strategic planning*

44. There is need in each of the four countries to develop an education policy on HIV/AIDS to guide the response of the education sector. The education policy on HIV/AIDS should constitute a broad statement of intent and provide a framework for policy formulation and action at all levels from central, provincial, district, schools and learning centres. There is need for strategic planning to move statements of intent into action.

- *Priorities and areas for action*

45. Several areas for actions emerged from discussions on priority-setting and action planning across the four countries to:

- 1) Review and revise teacher preparation both pre-service and in-service.
- 2) Accelerate materials development specific to HIV/AIDS and behavioural change.
- 3) Review curriculum and plan for longer-term integration of HIV/AIDS to sensitize students on all key HIV/AIDS issues.
- 3) Re-examine and reformulate terms of service and employment of teachers and other educational personnel to stabilize and mitigate the effects of HIV/AIDS on the system.
- 4) Stipulate policies and assure social support to guarantee the provision of quality education to AIDS orphans

- *Areas for UNESCO cooperation and action in the cluster*

46. In terms of moving the agenda, UNESCO Nairobi should work with the cluster countries and with development partners in each country on the formulation of an education policy on HIV/AIDS and this should commence immediately. The process will require advocacy and mobilisation of political and financial support, sharing of experiences and information, formulation and finalization of the policy documents.



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UNESCO should communicate this intent to the Ministries of Education and begin sourcing funding with technical support from MTT.

47. UNESCO Nairobi should also take steps to convene the Heads of the Teacher Services Commissions (TSCs) along with national Teacher Unions to review the terms of service of teachers, teacher recruitment and replacement schemes and teacher preparation. An offer was made by the TSC in Uganda to host such a meeting in the near future.

48. UNESCO should assist countries to mobilize resources for impact assessments that may be required to guide the strategic planning process on HIV/AIDS and education. Kenya has made a specific request for UNESCO support in mounting an impact assessment of the education sector. UNESCO should now engage with other partners and the MTT to see how this impact assessment can be organized and supported.

49. The specific needs of institutions of higher education require targeted support. UNESCO Nairobi could bring together a number of key institutions that are ready and willing to develop institutional policies on HIV/AIDS. The idea would be to learn from experiences in this area and formulate draft policies on HIV/AIDS specific to each institution. The University of Namibia HIV/AIDS policy can provide insights and direction in this regard. Policy formulation will help to shape strategic planning in these institutions of higher learning with the objective to increase knowledge and awareness, promote safe sexual practices, reduce other high risk behaviours, increase access and use of condoms, prevent and treat STIs, promote and provide voluntary counselling and testing, promote a supportive environment for staff and students living with HIV/AIDS. The Kigali Institute of Science and Technology (KIST) has indicated its interest in collaborating as soon as possible with UNESCO on the organization of such as meeting involving other institutions from the cluster.

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ANNEXURES



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ANNEX 1

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Evaluation of consultation

The majority of participants indicated that the content, presentations and group work at the consultation were valuable and in many instances absolutely essential. All respondents indicated that they had gained in knowledge and experience from the consultation.

Comments from participants:

- Learning from the experiences of different countries in the cluster was most enriching.
- All aspects of the consultation were interesting and informative.
- The consultation was a success overall. It offered an opportunity to assess current actions and UNESCO's involvement in the fight against HIV/AIDS. Ministries of Education in the cluster countries should have a clearer direction now on policy needs and the way forward in strategic planning.
- The MTT services should be able to assist all countries in the cluster develop their capacities and build their plans of action.
- The methodology used for the consultation is commendable. We were guided in setting priorities and exchanging experiences among the countries in the cluster.
- Strengthening HIV/AIDS in the Education for All (EFA) agenda and school health (through such programmes as FRESH) are the most important steps to carry matters forward.
- Meetings like this are required in the cluster.
- The consultation helped to show the weakness and strengths in my Ministry of Education in the area of HIV/AIDS.
- The consultation gave me more knowledge and skills in planning.
- The consultation has highlighted the need to support countries with their priorities and in their planning.



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- There is a need to assist counties in mobilising funds for the implementation of the strategies.
- The most important next step is to develop a strategic plan for HIV/AIDS nationally and plans of actions for implementation.
- There is need to work out strategies to fight HIV/AIDS as a priority and education is one of the important sectors in the fight against AIDS.
- There is need for a sector-wide approach and close collaboration of all the sector countries.
- I learnt a lot about current strategies, policies and the level at which we are in my country. I see ways in which we must improve our work in HIV/AIDS.
- We must empower all the sub-sectors in education.
- The next step for my country is the development of a strategic plan and road map.
- I am now more focussed and I have shared essential ideas with other countries in the cluster which are of great value.
- Further collaboration is needed in the cluster countries especially on policy development.
- This consultation was very enlightening and will provide a foundation or my next action plan.
- I have understood that it is important to include a budget for all HIV activities and programmes in the core budget of the Ministry of Education.
- I have learnt the importance of a well-developed policy on HIV/AIDS and education in order to mitigate the adverse effects of HIV/AIDS on education.
- There is need for more UNESCO involvement in the development of an HIV/AIDS policy in education for each of the countries in the cluster.
- Now I am aware of the need to move now into care and support and issues of quality and management.
- The most important next step is to develop a policy on HIV/AIDS and education.
- I am now able to identify areas where limited action or no action has been taken. The wall chart in this regard was very effective.



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- There is immediate need to build both human and financial capacity to facilitate the implementation of HIV/AIDS programming in the education sector.
- There is urgent need for political commitment to raise more funds for the Ministry of Education to effectively fight HIV/AIDS.
- This type of workshop should be organized more often.



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ANNEX 2

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ANNEX 3

Agenda of consultation

Consultation on HIV/AIDS and education 4 to 6 March 2003, Kigali, Rwanda

Tuesday, 4 March 2003

<u>Session 1</u>	Silas Lwakabamba, Rector, Kigali Institute of Science, Technology and Management, Chairperson
9:00-10:00	. Opening ceremony .. Rwanda National Commission for UNESCO (CNRU) . UNESCO . Mobile Task Team on HIV and Education (MTT) . Ministry of Education, Rwanda . Participant introductions
10.00-11.00	HIV/AIDS and education in Africa: Overview on issues and challenges, promising directions, Michael Kelly and Barnabas Otaala
11:00-11:30	<i>Tea/coffee break</i>
<u>Session 2</u>	Narcisse Musabeyezu, Chairperson
11.30-12:00	Burundi country presentations*
12:00-12:15	Panel remarks and discussion
12:15-12:45	Kenya country presentation*
12:45-13:00	Panel remarks and discussion
13:00-14:30	<i>Lunch break</i>
<u>Session 3</u>	Jeanne Bushayija, Chairperson
14:30-15:00	Rwanda country presentation*
15:00-15:15	Panel remarks and discussion
15:15-15:45	<i>Tea/coffee break</i>
15:45-17:00	Panel discussion on cross-cutting themes (e.g., need for policy formulation, planning implementation, capacity-building, financing, partnerships)
	Reception



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Wednesday, 5 March 2003

<u>Session 4</u>	Gabriel Muita, Chairperson
9:00-9:30	Uganda country presentation*
9:30-9:45	Panel remarks and discussion
9:45-10:30	Presentation on HIV/AIDS in the Education For All (EFA) agenda and Focusing Resources on Effective School Health (FRESH) and discussion, Michael Kelly, Barnabas Otaala, Susan Nkinyangi
10:45-11:15	<i>Tea/coffee break</i>
11:15-13:00	Presentation on impact of HIV/AIDS on education systems and the management challenge with discussion, Carol Coombe and Wendy Heard
13:00-14:30	<i>Lunch break</i>
<u>Session 5</u>	Eliphaz Bahizi, Chairperson
14:30-16:30	Strategic planning exercise with focus on mitigating impact of HIV/AIDS on educational systems in a sustainable way, MTT presentation by M. Kelly, C. Coombe, W. Heard
16:30-17:00	<i>Tea/coffee break</i>
17:00-17:30	Ways and means to support the Nairobi Cluster countries for strategic planning; possible regional planning initiative

Thursday, 6 March 2003

<u>Session 6</u>	Sam Onek, Chairperson
9:00-10:30	UNESCO Strategy on HIV/AIDS and education for Sub-Saharan Africa and Focusing Resources on Effective School health (FRESH), M. Kelly, B. Otaala, S. Nkinyangi
10:30-11:00	<i>Tea/coffee break</i>
11:00-11:30	Prioritization, M. Kelly.
11:30-13:00	Country group work on prioritizing in areas of prevention, care and support, protecting quality.
13:00-14:00	<i>Lunch break</i>
<u>Session 7:</u>	Emmanuel Rusanganwa, Chairperson
14:00-15:30	Report back from country groups on priorities
15:30-16:15	Examine assumptions and underlying principles, C. Coombe



*Nairobi Cluster Consultation on HIV/AIDS and Education
4 to 6 March 2003, Kigali, Rwanda*

16:15-1630	<i>Tea/coffee break</i>
16:30-17:30	Themes/issues, way forward. Next steps for UNESCO Nairobi Cluster. Views of participants regarding the future. Closure
18:00	Cultural Evening