CATCH 'EM YOUNG

A Best Practice Case Study on
School Based AIDS Preventive Education Programmes
in Maharashtra, India

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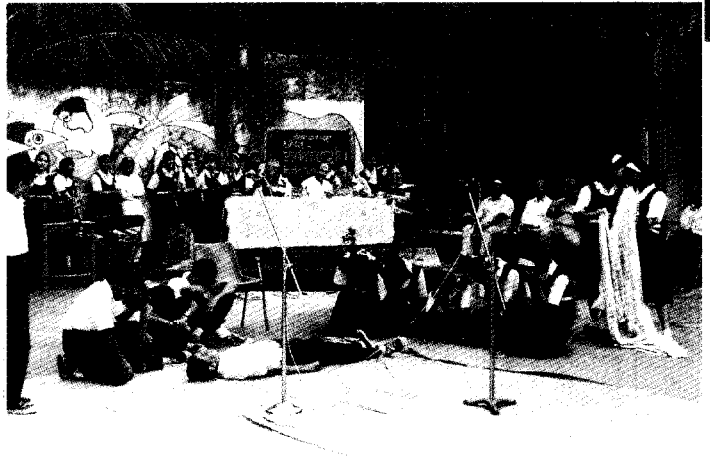


Foreword

UNESCO's objective in the field of AIDS preventive education is to encourage the development of effective education strategies at every level – national, regional and international. These strategies are aimed at helping young people adopt attitudes and behaviour which would enable them to avoid HIV infection. They are also flexible and can be adapted to different socio-cultural contexts.

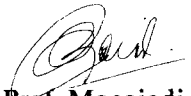
Over the past years UNESCO New Delhi has worked extensively for the promotion of HIV/AIDS preventive education within the formal school system in India. In early 1994, UNESCO organized an "Asian Planning Seminar on AIDS and Education within the school system". As a follow-up to this seminar, a lesson learned national seminar on "Promoting HIV/AIDS Preventive Education within the Formal School System in India", was held in New Delhi on 17-18 October 1996. The seminar was organized by UNESCO, UNICEF and UNFPA, under the umbrella of UNAIDS, in collaboration with the Department of Education, Ministry of Human Resources and Development, and NACO. To continue this collaborative effort, NACO & the Department of Education (MHRD), organized five regional seminars on the same theme during 1997-98. They were funded by UNICEF and their objective was to develop state-specific plans of action.

What emerged from these consultations was the need to share the lessons learned from different on-going school based AIDS preventive education programmes in India. Maharashtra stood out as a pioneering example with three different ongoing programmes covering almost the whole state. It was, therefore, an easy task to select these programmes for this case study.

We would like to take this opportunity to thank the Directorate of Health Services (Maharashtra), The Municipal Corporation of Greater Mumbai, Sevadham Trust, UNICEF, and of course the teachers and students of the different programmes for their collaboration and support. We are also thankful to our consultants, Ms. Sandhya Nair and Mr. Sagarmoy Paul for writing and designing this case study. Finally, we duly acknowledge the effort of Ms. Åsa Andersson, Programme Specialist, UNESCO, for her technical assistance.

It is our hope that the Maharashtra experience will motivate other states in India to implement school based AIDS preventive education programmes. It is also our desire that you as a reader will gain inspiration and ideas from reading this booklet.

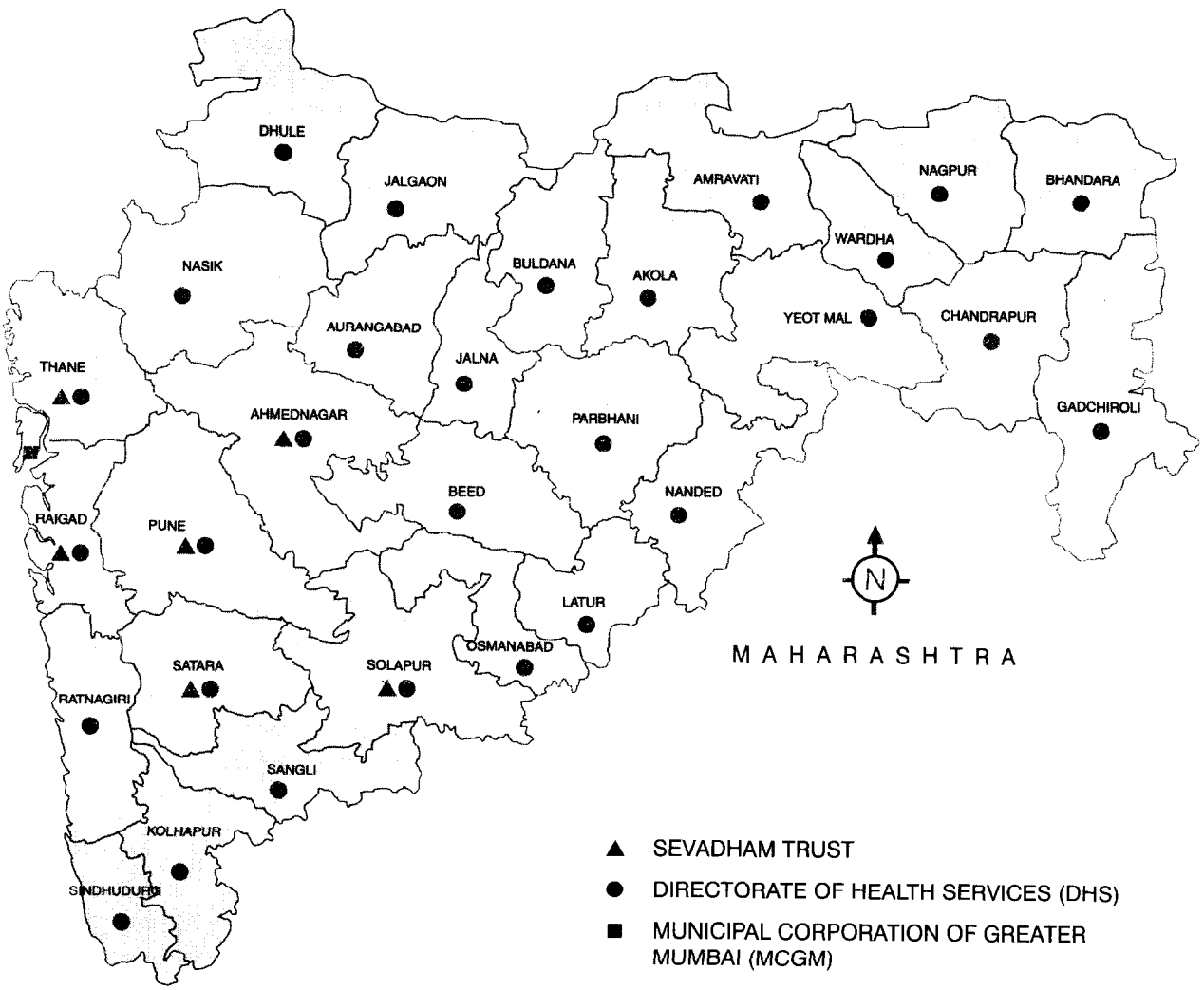
We look forward to receiving feedback from you on this publication.



Prof. Moegiadi
Director,
UNESCO, New Delhi

1 August, 1998

Districtwise Coverage of the Programme



Preface

More than ten years into the AIDS epidemic in India, the country is faced with the alarming reality of a constantly rising rate of HIV infection. Statistics show that the young generation, one-fourth of which falls in the 10-19 years age group, is among the vulnerable population. Furthermore, one-fourth of the people living with HIV in India is between 15 to 19 years. With over 400 million below the age of 18, the rising trends of HIV infection in this age group can prove disastrous for the country; unless we do something about it quickly and that too on a war footing.

To help avert this grave situation, there is no doubt that the educational system, the largest formal system with the widest access to young people, will have to play a pivotal role in our battle against AIDS. Unfortunately, AIDS education is often denied to young people. One of the main reasons for this is that the subject is considered to be too sensitive and controversial for discussions in classrooms. Another reason is that schools and colleges face the problem of finding a place for AIDS education in an already overcrowded curriculum.

Despite these, and many other difficulties, we have been closely collaborating with the State AIDS Cell, Government of Maharashtra, in implementing the AIDS preventive education programme in schools in Maharashtra. The Department of Education, Government of Maharashtra, has been an important partner in this initiative that started five years ago, first in the schools in Mumbai, followed by those in the entire Pune district. The programme now covers over 2,300 schools and reaches out to nearly half a million students in Maharashtra state every year.

In the above context, this case study, compiled by UNESCO, becomes an extremely vital document as it describes three models of AIDS preventive education programmes, each of which has been tested for efficacy and its relevance to the Indian milieu. The study could well prove to be an indispensable tool in the implementation of AIDS preventive education programmes in the country. We hope that educationists, policy makers, non-governmental organizations, and other voluntary agencies working in this area will find it useful, and that it will motivate a large number of people to initiate similar programmes.

Prakash Gurnani
Programme Officer – Health
UNICEF, Mumbai

2 July, 1998

I. List of Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
DESH	Deepam Educational Society for Health
DHS	Directorate of Health Service
FLE	Family Life Education
FTMO	Full Time Medical Officer
HIV	Human Immuno-Deficiency Virus
IIPS	International Institute for Population Sciences
MHRD	Ministry of Human Resource Development
MCGM	Municipal Corporation of Greater Mumbai
NACO	National AIDS Control Organisation
NCERT	National Council of Educational Research & Training
NGO	Non Governmental Organisation
PSM	Preventive and Social Medicine department
SCERT	State Council of Educational Research & Training
SIET	State Institute of Educational Technology
SPYM	Society for the Promotion of the Youth and Masses
STD	Sexually Transmitted Disease
TISS	Tata Institute of Social Sciences
UNAIDS	Joint United Nations Programme on AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

1. Best Practice Case Study on School-based AIDS Education Programme

Introduction

India, the world's seventh largest country, is facing an AIDS problem of great magnitude. In the demographic and socio-economic context of India, the spread of Human Immuno deficiency Virus (HIV) and AIDS has become critical. Furthermore, the main mode of transmission has been and continues to be heterosexual transmission, rendering the 'mainstream' society at risk.

There is a high population of young people in India. Infants and children below the age of 15 form nearly 30% of the total population of 940 million. This makes a high proportion of upcoming sexually active persons who may be exposed to the risk of HIV infection.

It is believed that safer sexual practices can ensue from better knowledge about HIV and AIDS. Equally, little knowledge can be misleading. Despite awareness about these critical points, there is a wide gap between knowledge and requisite social behaviour which can reduce the chances of acquiring HIV infection.

Maharashtra, situated on the west coast of India, is the third largest state in the country. It has a total population of 78.7 million with a literacy rate of 63%. The capital of Maharashtra, Mumbai, is the largest city in India. It has a population of 12.57 million. In Mumbai, the first case of AIDS was detected during May 1986. Since then Maharashtra has planned and implemented a programme for prevention and control of AIDS.

The Problem

In the absence of a preventive vaccine, AIDS preventive education is imperative. HIV/AIDS also needs to be acknowledged as more of a health problem, rather than a medical problem. Which implies that, in the present scenario and even when a cure is found, the emphasis on AIDS preventive education cannot be diminished.

Of the 30 million people alive today with HIV infection or AIDS, atleast a third are young people aged 10-24. Everyday, 7,000 young people worldwide acquire the virus. This means around 2.6 million new infections a year among young people, of which 0.7 million are in Asia and the Pacific. Overall, young people account for at least 50% of all those who become infected after infancy.

Various problems arise as the young people mature. Many of them tend to experiment with sex and sometime also drugs. This occurs in lieu of lack of information, guidance and access to adequate healthcare. It puts them at greater risk of HIV infection through irresponsible sexual behaviour and dangerous practices like sharing needles and syringes.

The Role of Education

For a fruitful response to the AIDS pandemic, it is increasingly evident that those responsible for education need to accept it as an educational problem.

In India, the question of introducing AIDS education in schools is inextricably linked with the issue of introducing sex education for school children. Education about reproductive health and STD/HIV/AIDS meets with opposition. Parents and the community have to be convinced that such an education does not lead to more or earlier sexual activity, as parents generally fear. The rapid spread of STD/HIV/AIDS has intensified the national debate on this issue. Major recommendations have been endorsed namely, that *keeping in view the age of the target groups, suitable components of adolescence education should be introduced in the school curricula at all stages.* This is based on the conviction that AIDS preventive education can minimise the spread of the AIDS epidemic, because information, values and skills imparted in schools have a long-lasting impact.

Two major strategies are being adopted to integrate AIDS education into existing school curriculum and the on-going programme.

STRATEGY 1 – Linking AIDS and Population Education

It is generally agreed that AIDS education cannot be promoted exclusively as a separate independent programme in Indian schools but should be linked with an existing related programme. The population education programme which is receiving financial and technical assistance from UNFPA, UNESCO and WHO respectively, has been operational for the last one and a half decades. The general consensus, as reflected in various documents of UNESCO, WHO and UNFPA and as recommended by NCERT and the Ministry of Human Resource and Development is – AIDS preventive education should be linked with the population education programme which has infrastructural facilities available both at the state and national levels.

STRATEGY 2 – Combining Curricula with Non-Course Approach

A non-course approach could be considered as a supplementary in the main effort to bring about curricular changes. In the ensuing less formal environment, sensitive issues like HIV/AIDS and family life education can be approached more easily in the schools.

Background to the Study

AIDS education programmes in schools based on the above concepts have been introduced throughout the state of Maharashtra. Under these programmes, AIDS and population education projects are imparted to students belonging to classes VIII onwards. (The names of the projects vary from project to project.)

This report is based on three school-based AIDS education programmes in the state of Maharashtra implemented by:

1. Sevadham Trust, Pune
2. Directorate of Health Services, Mumbai
3. Municipal Corporation of Greater Mumbai, Mumbai

2. Sevadham Trust

The Sevadham Trust is an NGO established at Pune in 1978. Due to its successful track record, Sevadham was selected as a nodal agency for AIDS prevention activity in the state of Maharashtra.

Since the early eighties, Sevadham has been undertaking health education activities for school going youth. It is based on the conviction that such education helps in moulding the attitudes and behaviour pattern of a person at an impressionable age. This has a specific significance in case of AIDS prevention work, where prevention is the best weapon.

Year of initiation 1993

Objectives

- Sensitise headmasters and management about HIV/AIDS, STD & TB
- Train nodal teachers and peer educators on: HIV/AIDS, STD & TB
- Train & encourage nodal teachers to conduct sessions on family life education for students
- Develop healthy attitude towards sex & sexuality amongst students & teachers.
- Develop different teaching aids through nodal teachers.

Coverage Urban schools – 295
Rural schools – 603

The broad objective of the programme is to institutionalise AIDS awareness programmes within the formal school system. Sevadham has also been successful in developing effective training material in the form of colourful and easy to understand flip charts and booklets on HIV/AIDS and family life education.

The education sessions have a double content base:

1. **Family life education** – sexuality, respect for opposite sex, changes during puberty
2. **AIDS preventive education** – moral values & HIV/AIDS

Implementation

During the training programmes, teachers had an opportunity to interact, exchange ideas and network with teachers from other schools. In spite of initial hesitancy, they faced no particular problem in imparting

Target group	Classes VIII, IX & XI
Activities	○ Regular sessions ○ Organise events
Institutional Partners	○ Ministry of Education ○ Directorate of Education ○ SCERT ○ Municipal corporations ○ NGOs
Topics	○ AIDS preventive education ○ family life education
Training systems for	○ Principals ○ Nodal teachers ○ Educators
Cost per student	Rs. 8/- per student for: – training – supply of training aids – salaries of field officers
Funding	NACO through state AIDS Cell
Sustainability	○ Programme owned by the schools ○ Setting up of clubs of nodal teachers & peer educators
Evaluation agency & recommend-ations	Karve Institute of Social Work B.J. Medical College ○ all the schools to be covered at the earliest ○ parents participation to be enhanced ○ supervision by Sevadham to be made efficient.

the content. Eighty per cent of the teachers who received training emphasised the importance of the sessions. It was observed that the science teacher normally takes on the responsibility of imparting knowledge, skills and attitudes to the students. This gives a seeming continuity with the formal biology syllabi.

NOTE: In the objectives of the sessions, imparting information on tuberculosis is categorically mentioned. It was observed that in actual implementation, no emphasis is given to the correlation between HIV/AIDS and TB.

Key to Success

Proper selection of nodal teachers and peer educators is critical to the success of the programme. The criteria applied for selection of peer educators were –

- Self motivation
- Communication skills
- Leadership qualities
- Control over students
- Knowledge of subject matter

Peer educators in the schools were self motivated, keen to participate in the programme, had excellent communication skills and were able to spare time outside the curriculum to deal with the queries of the students.

They exhibited good command over the subject matter and immense confidence while conducting AIDS preventive

education sessions. They could handle the questions from the students but required some help from the teachers. The teachers assisted the students by conducting mock-talk sessions and providing technical know-how.

Girl educators were found to be far more effective vis-a-vis the boys. Some of the reasons attributed to this were: sincerity, commitment, empathetic attitude and an ability to perceive the 'real' issues.

The peer educators have taken over most of the teaching responsibilities. They receive support and co-operation from the teachers and Principal. The training system is also regularly monitored by the field officers from Sevadham, the Principal and the nodal teachers.

Evaluation of the project is being done by The Karve Institute of Social Work and the B. J. Medical College, Pune.

Special Features of the Sevadham Model

Largest	All schools in Pune district – 0.3 million students
Comprehensive	Family life education + AIDS education + yoga
Participatory	Involvement of education, health systems & NGOs
Sustainable	Formation of clubs for nodal teachers & peer educators Sevadham Trust to act as a facilitator

3. Directorate of Health Services (DHS)

Year of Initiation	1994
Objectives	❍ Create a cadre of peer educators ❍ Undertake intervention activities
Coverage	45 schools in 29 districts including all Ashram schools
Target group	Students of classes IX & XI
Activities	❍ Regular sessions ❍ Organise events
Strategies/ Institutional Partners	Inter-sectoral, inter and intra departmental cooperation
Topics	❍ Population education ❍ AIDS preventive education
Training systems for	❍ District Tuberculosis Officers ❍ Nodal teachers ❍ Peer educators
Cost per student	Rs. 12/- per student
Funding	State AIDS Cell & UNICEF
Sustainability	Presently responsibility of DTOs, but capacity building of teachers' has been initiated.
Evaluation Agency & recommend-ations	Indian Institute of Population Sciences ❍ more schools to be covered ❍ more sessions requested ❍ audio-visual materials to be used ❍ concept of peer education to be made operational

This is an AIDS preventive education programme implemented by the Government of Maharashtra with financial support from United Nations Children's Fund (UNICEF), Mumbai. The AIDS Cell of the Directorate of Health Services developed an AIDS prevention programme for the school going youth of rural Maharashtra. The project is specifically designed to create a cadre of peer educators among the students of classes IX and XI. The project also envisages creating a cadre of Nodal teachers at the school level who would act as resource persons for future educational efforts aimed at AIDS prevention. The programme is sustained by the District Tuberculosis Officers (DTOs). Lately, the specific task of training girls has been given to Lady Medical Officers (LMOs).

Initiated in 1994, the orientation and training for peer educators started in 1995. DTOs selected two peers (one male and one female) and two nodal teachers in each school. The group underwent a three-day training programme on the basic facts about HIV/AIDS and other STDs. The information package was developed by a core group comprising DTOs, STD Control Officers, Blood Transfusion Officer, Assistant District Health Officer, Resident Medical Officer and Medical Officer, District Training Team.

Methodology & Content

The programme, targeted at students from IX and XI classes entails

- arranging two-day workshops to orient district level and circle level officers.

- sensitising Headmasters in a half day session.
- Selecting nodal teachers and peers.
- Training nodal teachers and peer educators in a three day programme.
- Pre and post sessions questionnaires.

Implementation

The Medical Officers from the Primary Health Centre (PHC) conduct the information sessions in schools. All the Medical Officers are provided with an information kit consisting of a booklet on basic facts, pre and post session questionnaires, training modules, an exhibition set, film and video spots. In addition special events like competitions and street plays are also organised.

At the planning stage, DHS envisaged a co-operative effort between the Departments of Health/Education/Social Welfare. However, in the implementation process, the Health Department is executing the work plans made in the joint committee meetings. In the absence of the willingness of other departments, the proactive attitude of the Health Department, supported by the Inspector of schools is a welcome sign.

In the schools, senior teachers are responsible for ensuring that the sessions are conducted. To date, most of them have not conducted a single session. In the few cases where they have, information on AIDS, sex and sexuality has been imparted. It has resulted in attitudinal changes among the students, especially the girls. In certain co-educational schools, the understanding between boys and girls in the classroom has also improved after the sessions.

The training is monitored by the DTO. The MO from the PHC has to regularly submit a report on the progress of the sessions.

In the schools with a successful AIDS education programme, the support of Principals has been noted; but the Principals attribute it as much to the interest, hard work and commitment of the teachers.

In spite of the hurdles, the DHS project has added new dimensions to the project. In a novel scheme, it is the moral responsibility of each student to transmit information on AIDS to five youth who do not have the information. Similarly, new peer educators are given on-the-job training by the old peer educators.

The project is being regularly evaluated by the Indian Institute of Population Sciences (IIPS), Mumbai.

Special Features of the DHS Model

- Comprehensive in terms of coverage
- Inter-sectoral, inter & intra departmental collaboration involving state level organisations and the UNICEF.

4. Municipal Corporation of Greater Mumbai (MCGM)

Year of initiation	1993
Objectives	○ Inform adolescents on transmission & prevention of HIV/AIDS and related issues of sexuality
Coverage	○ 23 Municipal Wards of Mumbai ○ 200 schools
Target group	27,000 students from classes IX & X
Activities	○ Regular session ○ Organise events
Topics	○ Information session ○ Impact/queries and attitude session
Training systems for	○ FTMOs ○ AMOs
Cost per student	Rs. 10/- per student
Funding	MCGM & UNICEF
Sustainability	Presently largely dependent on the FTMO's for delivery of contents. Capacity building of nodal teachers has been initiated with support from Lions Club in Borivili.
Evaluation Agency & recommend-ations	TISS ○ Changed attitudes and knowledge amongst teachers & students ○ teaching styles was appreciated ○ Information found to be useful ○ more sessions requested

The AIDS Prevention Project (APP) was introduced in the Municipal Secondary Schools in April 1993. Municipal schools were chosen for intervention because they provided easy access to a large and constant target group.

The project aimed at educating the adolescents who were moving through a period of physiological and psychological change. Over a period of one academic year, 27,000 municipal secondary school children and 2,300 teachers, Principals and parents were sensitised to the issue.

The key trainers in the MCGM Project are doctors – Full Time Medical Officers (FTMOs), Resident Doctors of Municipal Medical Colleges and NGO representatives. The Department of Medical Officer (Schools), familiar with schools was defined as the 'change agent'. The programme was supported by a well-knit nucleus of doctors with a reach-out to 200 secondary schools.

Methodology and Content

The project was conducted through a widespread programme of

- training Assistant Medical Officers (AMOs) already working in schools with support to impart HIV/AIDS/STD related information.
- Mobilising and motivating FTMOs, principals, teachers, parents and students through seminars and workshops.
- Tapping resources from government and non government organisations for programme support.

At the actual target level:

- HIV/AIDS information was separately imparted to boys and girls in a class of 50 students each for one and a half to two hours.
- After the information session, students' questions were addressed in Impact/Attitudes/Queries Session of one hour duration.

Implementation

The MCGM has 100 key trainers who have been selected to undertake this activity. The FTMOs have myriad duties to undertake on a day to day basis on their job chart, out of which AIDS awareness is just a four day activity in the year. Many doctors feel that the FTMOs, having a flair for teaching, should be hand picked for the AIDS preventive programme. The sessions conducted by the female FTMOs were observed to be far more interesting and informative. The reasons for this were better communication skills, no use of jargon in the lecture and the ability of the female FTMO to interact with the students.

Qualities of co-operation, teamwork and commitment have been noted in the programme. A core group of eight supervisors regularly monitors and reports on the performance of the FTMOs, who are largely open to feedback.

Special Observations

The FTMOs prefer to conduct the sessions separately for girls and boys in the private schools, because the girls were apprehensive in the presence of boys. In certain co-educational schools run by the MCGM, girls and boys had common sessions.

There appears to be a stigma attached to discussing sex-related topics amongst students belonging to the middle and higher middle income groups. This might be because of the way these children are brought up, the socialisation processes and their attitudes to sensitive issues. However, their parents realised the importance of imparting information on sexuality, but were not comfortable handling it themselves.

The project has been evaluated by the TATA Institute of Social Sciences (TISS).

Special Features of the MCGM Model

- An overwhelming response from students, parents and teachers
- High commitment of majority of the trainers
- Supportive management provided by supervisors

5. Best Practice Elements

Maharashtra is the first state in the country to initiate AIDS education on a large scale in public and private schools. The pioneering efforts of Sevadham Trust, DHS and MCGM have institutionalised some of the processes which were initiated for AIDS prevention.

Initially funded by UNICEF, the three pilot projects were subsequently supported with resources by the National AIDS Control Organisation (NACO). Each project has been evaluated by external agencies which have concluded the effectiveness in terms of increased awareness amongst the students. It has thus been possible to identify some best practice guidelines.

Relevance of the practice

Best Practice	Sevadham	DHS	MCGM
to the epidemic	Project taken up because the need was expressed to the Project Manager	Project taken up with a view to sensitise students on the problem of AIDS	The MCGM is solely responsible for creating AIDS awareness in the city of Mumbai, amongst school going youth
to the strategies	Project was conceived taking local needs into consideration	DHS was responsible to spread the message amongst school children in 29 districts	To create awareness of the problem, the need for establishing an organisation is felt.
Ethical soundness	Project is in keeping with concepts of well-being, equity, respect for one and all. Confidentiality is practiced at all levels of the delivery system		
Capacity building	❍ Staff at Sevadham Trust ❍ Principals ❍ Teachers, students ❍ Networking through formation of clubs	❍ DHS staff trained under University Talks Programme For peers & teachers, to sustain the programme needs to be taken up	❍ FTMOs, doctors from PSM Dept. & NGOs. (No planned training for teachers & students)

Sustainability of the practices

Best Practice	Sevadham	DHS	MCGM
Financial/ Human Resource Commitment	Currently supported by NACO	Supported by UNICEF & state AIDS Cell	Supported by UNICEF & state AIDS Cell
	Costs Rs. 8/- per student	Costs Rs. 12/- per student	Costs Rs. 10/- per student
Institutional Partnerships	Network established between Education Department, NACO, state AIDS Cell & local NGOs	Cooperation between Departments of Health/ Education/Social Welfare & NGOs envisaged in plans	PSM departments & NGO links exist. No involvement of Education Department
Ownership	Ownership vests entirely with schools	Ownership vests with DTO in particular & Medical department in general	Ownership vests with Medical Inspector of schools
	A pool of resources developed within the school system	Inability of schools to take over the programme	Schools are passive recipients
	Empowering students & teachers has been systematically planned	School system needs to be sensitised	Sensitising schools to share the ownership has been initiated
Potential use as a model	Can easily be replicated with the help of the school system	Can be replicated with modifications	Can be replicated provided school system can be an active participant
	Cost effective	High operational cost. Cost towards actual programme is negligible, efficiency can be enhanced if schools are involved	Costs are reasonable but if the programme has to sustain itself, the school has to be involved
		Networks to be established	Strong networks with NGOs should be formed
Potential for Expansion	Scale of the programme can be expanded	Scale and quality of the programme should be improved if the programme has to be expanded	Scale and quality of the programme should be improved if the programme has to be expanded

6. Effectiveness and Impact of the Three Models

Sevadham Trust

Overall, the Sevadham model seems to be the most effective in terms of impact.

Observations

- The education programme has been successfully institutionalised within the formal school system.
- The overall objectives of the programme have been realised.
- The peer educators and nodal teachers have been able to transfer the message effectively to students.
- The success rate is not 100%, but initiation of the processes is heartening.

Directorate of Health Services (DHS)

The intentions and objectives of the DHS model are also similar to the other two models.

Observations

- Greater efforts to create a cadre of peer educators and nodal teachers.
- Need to strengthen interpersonal components of the information system.
- For better analysis of attitudinal changes, an understanding of traditional attitudes towards sex is necessary.
- Further training of doctors in communication and presentation skills.

Municipal Corporation of Greater Mumbai (MCGM)

The MCGM model has also achieved its planned objectives and completed its target.

Observations

- Capsule is 'top down' and tightly packed.
- Doctors face resistance from schools.
- Communication between the Departments of Health and Education needs improvement.
- The FTMOs have not been able to involve the Principals or teachers in an effective manner.
- The concept of 'supervisors' provides tremendous back up support to the FTMOs.
- System to measure attitudinal changes needs to be developed.

7. Lessons for the Future

In essence, the three models have been successful. With certain modifications and alterations, they can be replicated in other areas/regions.

Observations

- Job responsibility of each department needs to be well defined.
- Involvements of Departments of Health/ Education/Social Welfare, NGOs and schools must be planned at the outset.
- The programmes must be implemented in the beginning of the academic year.
- Selection criteria for nodal teachers and peer educators should be crystallised.
- Interaction between nodal teachers and peer educators must be arranged.
- The duration, content and methodology of the training needs to be revamped.
- Practice sessions should be arranged for teachers and students.
- Teaching aids and health education material must be made available.
- Well defined monitoring and evaluation systems should be developed.
- Process documentation of the AIDS education programme must be emphasised.
- 'Lip service' to the programme by the education department must evolve into active involvement at all levels.
- The management of the programme must be strengthened.
- Involvement of an evaluation agency from the outset must be emphasised.
- Networking of students and teachers must be initiated.
- The possibility of raising funds for the programme in a sustainable manner must be discussed with all the stakeholders.
- Organisations like Sevadham Trust can be involved as a resource institution for inputs in training and capacity building.

Adaptability of Projects

Mass education by way of interventions and events in schools backed up by adequate and effective inter-personal communication is a sound approach. The strategy should recognise the need to strengthen the inter personal components of the information system. Socio-cultural factors, especially traditional attitudes towards the sensitive issues, must be taken cognisance of in AIDS education programme.

School Based AIDS Awareness Programmes – Milestones for Replicability

The formal school system has a crucial role to play as a major institution for tackling the spread of HIV/AIDS.
To replicate the AIDS Awareness models in other communities and countries some observations need to be noted. The four stages identified for successful replication are Inception, Implementation, Evaluation and Sustainability.

8. Milestones for Replicability

Replicability of the Practices		
Stages	**Process**	**Outcome**
Inception	○ Identification of school ○ Involvement of schools ○ Selection of target group ○ Selection of teachers, peer educators ○ capacity building by implementing agency ○ Development of training modules and material ○ Institutional partnerships	– Pilot project in new schools – Sensitize Principals & teachers – Students of classes VIII, IX & XI – Define and allot criteria, roles and responsibilities – Arrange training, workshops & experience sharing sessions – Distribute information package among students – Finalise inter/intra departmental/ organisational linkages with defined responsibilities
Implementation	○ Training	– Trainer's programme for nodal teachers & peer educators
	○ Integrating adolescence education in school curriculum	– Resource persons to conduct classes with help from teachers & students – HIV/AIDS awareness programme to be merged with science classes
	○ Conducting classes through peer educators & nodal teachers	– Resource persons to observe sessions and give regular feedback to the teachers & students
	○ Institutionalising the process with schools, parents and students	– Ownership of the programme to be vested in schools

Replicability of the Practices		
Stages	**Process**	**Outcome**
Evaluation of the programme	○ Knowledge, attitude study	– Continuous activity of monitoring attitudinal changes
	○ Conducting regular evaluation of content & teaching style	– System to incorporate suggestions from students and parents
	○ Arranging discussions with reference groups of students	– Parents and friends to be inter viewed
Sustainability	○ Ownership of programme to vest with schools	– Integration of awareness programmes with other ongoing programmes
	○ Networks and clubs to be formed	– Enhance capacity of schools to handle the programme independently

By noting the following points, the models can be replicated in other communities and countries.

- AIDS awareness activity to be taken up on a small scale in the initial stages. The process must be initiated in a few schools and the approach must vary depending upon the location of the school (rural, urban) and the disposition of the students.
- Involvement of school system to be well defined and planned. The responsibility of the school to continue in the AIDS awareness programmes, while attempting to integrate with the routine curriculum.
- Empowering the schools – Principals, teachers and students sensitisation workshops and training programmes must be taken up for the nodal teachers and peer educators. Every school must create a resource pool on whom it can rely. Similarly, the students can be involved in informal education on this theme with slum dwellers and street children.
- Ownership of the programme to be vested in schools

9. Comparison of Maharashtra Model with other Models used in India

The effort to include AIDS Education in Schools is significant. NACO is responsible for undertaking the implementation of AIDS education in schools in different parts of the country. The NACO-NCERT training package is being translated in regional languages for wider application and use.

The work of NGOs is confined to metropolises and the capital cities. Nearly all NGOs are basicaly working in the health sector and do not belong to the mainstream of education. Nevertheless, their efforts in creating a favourable environment for AIDS education cannot be over emphasised. Four NGO models being followed in Assam, Delhi, Kerala and Tamil Nadu, are noted for reference below.

Society for the Promotion of the Youth and Masses (SPYM), Guwahati, Assam

Its main modality is to ask its resource persons and trained teachers to talk to school students on HIV/AIDS.

NGO-AIDS Cell, Centre For Community Medicine, All India Institute of Medical Sciences, New Delhi

It has trained school teachers, organised sessions and conducted two studies on awareness and attitudes about HIV/AIDS and family life education.

Family Life Education (FLE) in schools of Kerala

The state AIDS Cell has developed a module on family life education which include topics like Growth and Development of Infants and Children, Nutrition/Infections/Immunisation, and Information on HIV/AIDS.

Deepam Educational Society for Health (DESH), Madras

The major focus of the project is on health education with an emphasis on the development of skills and "a sense of self-empowerment".

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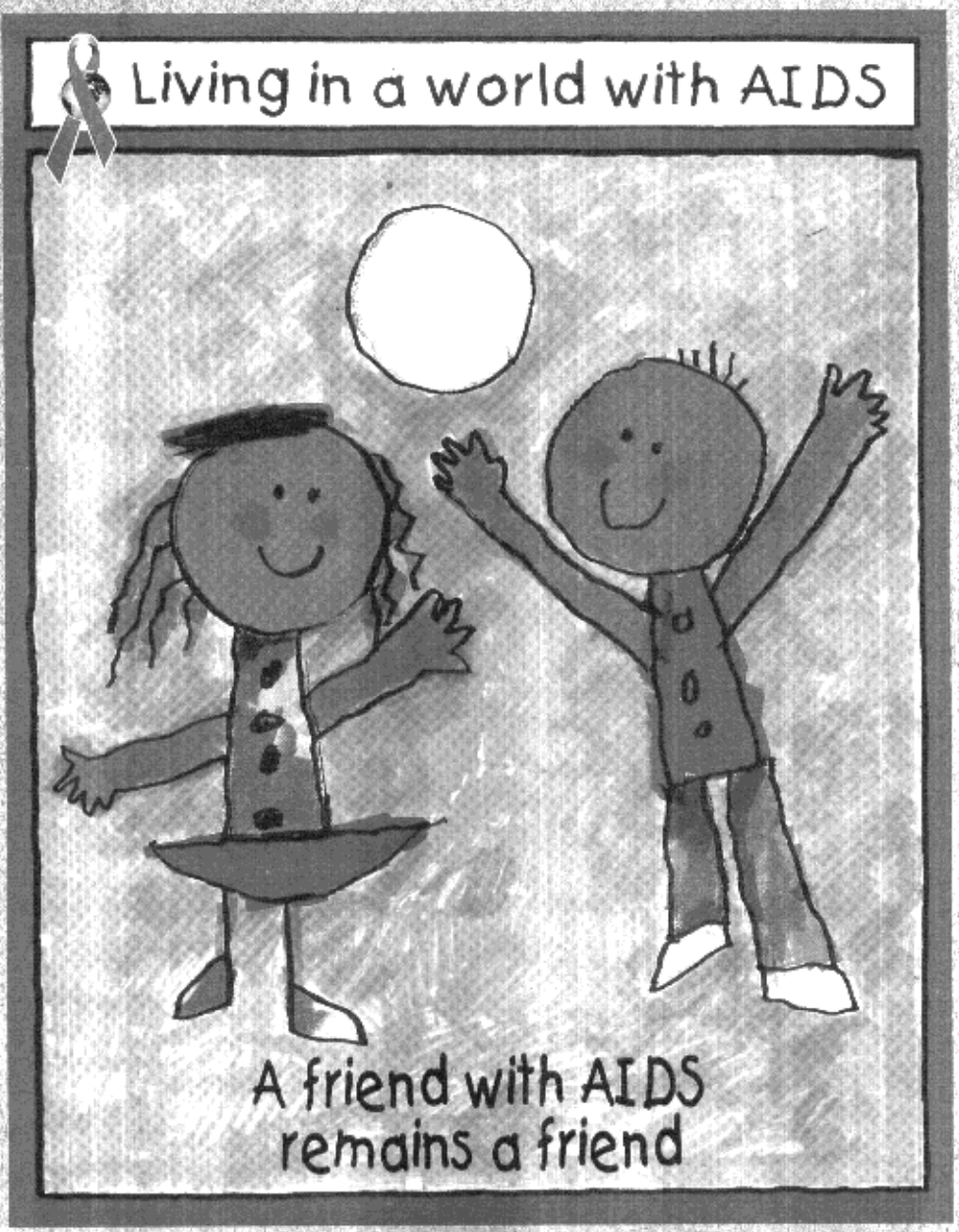

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