

**Assessment and analysis of the HIV & AIDS education sector plans'
situation in PALOP countries**

UNESCO

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Acronyms

ADPP	Ajuda de Desenvolvimento Povo para Povo (NGO)
BREDA	UNESCO's Regional Office for Education in Africa
CCC	Communication to Change Behaviour
CNCS	Conselho Nacional de Luta contra SIDA, National AIDS Council
CNLS	Conseil National de Lutte contre le SIDA, National AIDS Council
COO	UNAIDS Committee on Cosponsoring Organisations
CNJ	Conselho Nacional para Juventude, National Council for Youth in Mozambique
CPJ	Conselho Provincial para Juventude, Provincial Council for Youth in Mozambique
EDUCAIDS	Global Initiative on Education and HIV&AIDS
EFA	Education for All
ESSP	Education Sector Strategic Plan
EU	European Union
IATT	Inter-Agency Task Team of UNAIDS
IDPs	International Development Partners
IEC	Information, Education and Communication
ILO	International Labour Organization
INDE	Instituto Nacional para o Desenvolvimento da Educacao – National Institute for the Development of Education
MDGs	Millennium Development Goals
M&E	Monitoring and evaluation
MEC	Ministry of Education and Culture (Mozambique)
MEN	Ministry of Education (Guinea-Bissau)
MINED	Ministry of Education (Angola, Mozambique)
MINEDU	Ministry of Education (Guinea-Bissau)
MJD	Ministry of Youth and Sports (Mozambique)
NGO	Non-governmental organization
PALOP	Países Africanos de Língua Oficial Portuguesa – African countries that have Portuguese as their official language
PEN	Plano Estratégico Nacional – National Strategic Plan
PLWHA	People living with HIV/AIDS
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TTISSA	Teacher Training Initiative for sub-Saharan Africa
ToT	Training of trainers
TVET	Technical and vocational education and training
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESS	UNESCO National Education Support Strategies
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
WHO	World Health Organization

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1. Context

1.1. Background

Only few UNAIDS' co-sponsors are assisting countries in developing education sector strategic plans. Therefore, in the framework of EDUCAIDS, UNESCO BRED A (Regional Office for Education in Africa) is concentrating its efforts to assist countries to develop, or where relevant update and improve, specific HIV&AIDS education plans.

The countries having Portuguese as official language were targeted in this desktop study. These countries include Angola, Cape Verde, Guinea-Bissau, Mozambique and São Tome and Principe. These countries have received little attention in the past for the development of their HIV&AIDS education plans. In addition to the five PALOP countries, Côte d'Ivoire and Senegal's situations were selected to be assessed in this study.

The policy development work had started in Guinea-Bissau and São Tome and Principe, who both benefitted from technical support from the Ministry of Education Brazil and UNESCO Brasilia office. The objective is now to extend the number of beneficiary countries to cover all five PALOP countries. In order to do so, there was a need for an analysis and evaluation of the policy situation in these countries.

This assessment aims at providing a clear picture of the HIV&AIDS education plans' situation in Portuguese speaking countries, enabling BRED A, in collaboration with cluster and country offices and the relevant national authorities, to make right strategic decisions regarding UNESCO's future activities in this area.

1.2. Methodology used in the study

Respective UNESCO offices all around Africa played a role in providing information for this study. UNESCO has a country office in Maputo, Mozambique, and a cluster office in Windhoek, Namibia, which is responsible for Angola as well. UNESCO office in Dakar, Senegal, has a special status being the Regional Office for Education in Africa. This BRED A office in Dakar covers for Cape Verde and Guinea-Bissau, too. São Tome and Principe is represented by the UNESCO office in Libreville, Gabon. The UNESCO cluster office in Accra, Ghana, covers for Côte d'Ivoire.

Requests of information were sent to all these relevant UNESCO offices. UNESCO Gabon (for São Tome and Principe), Ghana (for Côte d'Ivoire), Namibia (for Angola), Mozambique, and Senegal (for Guinea-Bissau) replied and sent part of the information required. None of the offices sent all the information requested, so the rest was to be found on the internet. For Cape Verde BRED A provided some contacts so one document (Cape Verde national HIV&AIDS plan) was received from the local National Council on HIV&AIDS. These councils usually exist in each country. São Tome and Principe is, according to the information obtained through internet, the only country in this assessment that does not have a National Council on HIV&AIDS.

In sum, the following documents were received by email from different sources: Angola HIV&AIDS

education plan, Cape Verde HIV&AIDS plan, Cote d'Ivoire UNESS document, Guinea-Bissau HIV&AIDS plan and Guinea-Bissau HI&AIDS education policy draft, Mozambique UNESCO HIV&AIDS response information and São Tome and Principe HIV&AIDS education plan concept paper. The rest of the plans, documents and information reviewed for this assessment had to be found on the internet, as the timeframe for this study did not allow more waiting.

Some contacts for this assessment were provided by the UNESCO BREDa, and some were found through the internet or through other contact persons. As a positive exception to the other target countries, a previous (until August 2008) UNESCO HIV&AIDS Angola focal point was tracked through the UNESCO Windhoek office. She kindly provided some information for this study and could be perhaps used for future information, contacts or consultation on the topic.

The material used in this assessment was either in English, Portuguese or French. The original names of the documents studied are given in the text respectively.

Four countries out of seven assessed for this study had a draft or final UNESS document available. The UNESS documents for Angola (draft), Cape Verde (draft) and Senegal (final) were found on the UNESCO website, and the Côte d'Ivoire UNESS draft was the only one received from the respective UNESCO office. Senegal was the only country where a final document was found. About Guinea-Bissau, Mozambique and São Tome and Principe no information was obtained regarding UNESS documents, neither were they found on the internet.

In the cases of Cape Verde, Mozambique and São Tome and Principe there was no separate HIV/AIDS education plan available from the contact persons nor from the internet so other country specific related material was reviewed instead, such as education sector strategic plans. In the cases of Mozambique and Guinea-Bissau there were two consecutive general HIV&AIDS plans available. The two were compared to see what had been the main changes regarding HIV&AIDS education activities in those two plans.

In sum, the consultant collected material from the internet, UNESCO offices and the National AIDS Councils in the target countries on their UNESS documents, HIV&AIDS education plans, national strategic HIV&AIDS plans and other HIV&AIDS and education- related information. The existing plans and documents were reviewed taking into account their functionality and possible gaps, particularly in light of EDUCAIDS framework and UNESS guidelines (these are explained below).

A major constraint was that most of the documents were from early 2000's, meaning that much of the relevant information available was outdated. However, in the absence of more recent documents, these plans were studied. In many cases it had to be assumed that more recent documents do not exist as they were not found on the internet, nor did the UNESCO offices indicate their availability. In addition, many of the documents were drafts and final versions were not available. Due to these constraints, the reliability of the results of the assessment is limited especially for Côte d'Ivoire and São Tome and Principe.

Taking into consideration the time limits and terms of reference for this assessment, a deep analysis of the plans was not carried out. This assessment is rather supposed to give an idea of the availability and quality of the plans, and indicate any gaps that would possibly need UNESCO's further consideration, support or intervention in the future.

1.3. HIV&AIDS in sub-Saharan Africa

An estimated 1.9 million people were infected with HIV in sub-Saharan Africa in 2007, bringing to 22 million the number of people living with HIV. Two thirds (67%) of the global total of 32.9 million people with HIV live in this region, and three quarters (75%) of all AIDS deaths in 2007 occurred there.

Sub-Saharan Africa's epidemics vary significantly from country to country in both scale and scope. Adult national HIV prevalence is below 2% in several countries of West and Central Africa, as well as in the horn of Africa, but in 2007 it exceeded 15% in seven southern African countries (Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe), and was above 5% in seven other countries, mostly in Central and East Africa (Cameroon, the Central African Republic, Gabon, Malawi, Mozambique, Uganda, and the United Republic of Tanzania).

Most epidemics in sub-Saharan Africa appear to have stabilized, although often at very high levels, particularly in southern Africa. Additionally, in a growing number of countries, adult HIV prevalence appears to be falling. For the region as a whole, women are disproportionately affected in comparison with men (in 2007, 61% of PLWHAs in the region were women), with especially stark differences between the sexes in HIV prevalence among young people.

(<http://www.unaids.org/en/CountryResponses/Regions/SubSaharanAfrica.asp> and http://data.unaids.org/pub/FactSheet/2008/epi07_fs_regionalsummary_subsafrica_en.pdf)

1.4. HIV&AIDS and Education

- Impact of HIV&AIDS in the education system:

The AIDS pandemic poses serious challenges, undermining broad progress in development and in poverty reduction as well as threatening basic human rights. HIV&AIDS are also specifically affecting the attainment of the Millennium Development Goals (MDGs) and the Education for All (EFA) goals. The MDG related to HIV&AIDS is the goal 6: Combat HIV&AIDS, Malaria and Other Diseases. EFA goals consist of 1. Expand early childhood care and education. 2. Provide free and compulsory primary education for all. 3. Promote learning and life skills for young people and adults. 4. Increase adult literacy by 50 per cent. 5. Achieve gender parity by 2005, gender equality by 2015. 6. Improve the quality of education.

These goals aim to ensure that all children everywhere – girls and boys alike – complete free and compulsory primary education of good quality; that gender equality and the empowerment of women is promoted and attained; and that the spread of the AIDS epidemic is halted and reversed. (p. 5-6, 7, 10, *Inter Agency Task Team (IATT) on Education: HIV & AIDS and Education: A Strategic Approach, conference ready version, August 2008, UNAIDS*)

The HIV epidemic is having a serious impact on education systems in many of the hardest-hit countries, key factor being the loss of teachers and other education professionals to the disease in their most productive years. Other important factors include the loss of students, HIV and AIDS orphans (at schooling age), and the impact of HIV and AIDS on the quality of education. A sero-survey done in South Africa documented that teachers are at no lower HIV risk than the general population, indicating

that they should benefit from targeted interventions.

(<http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/PeopleInEducation/>)

A *UNAIDS Education Sector Global HIV&AIDS Readiness Survey 2004* found that, globally, ministries of education had not adequately factored in the impact of HIV&AIDS of teachers, preferring to steer clear of such a controversial issue. At the same time only one third (33%) of all Ministries of Education confirmed that they had developed guidelines for teachers dealing with HIV&AIDS in schools. Furthermore, even if six out of ten teachers have had HIV&AIDS orientation, as reported by the Ministries of Education in the survey, the report suggests that many teachers remain reluctant or embarrassed to teach issues of reproductive health, sexuality or HIV&AIDS. While 100 % of all teachers *should* have orientation and training, there is a need for greater reliance on those who *want* to teach. As a consequence of reluctance or embarrassment, these teachers may in fact pass on mixed messages or even their own prejudices to their learners. (p. 16, 18, 28, 40, 44, 51 *Education Sector Global HIV&AIDS Readiness Survey 2004: Policy Implications for Education and Development, 2006, UNAIDS IATT on Education*)

In this readiness survey conducted in 2004 by UNAIDS, 72% of Ministries of Education globally reported having established HIV&AIDS management structures with senior staff represented. 19 out of 20 high-prevalence countries (prevalence 6% or more) that were part of the study, please see below, claim to have staff at the national Ministry of Education dedicated to only dealing with HIV&AIDS issues. This shows that majority of the governments take the issue seriously and recognize the importance of such structures. However, while all this is positive, it confirms at the same time that many Ministries of Education continue to provide a part-time response to a full-time crisis. (p. 16, 18, 28, 40, 44, 51 *Education Sector Global HIV&AIDS Readiness Survey 2004: Policy Implications for Education and Development, 2006, UNAIDS IATT on Education*)

(Note: High-prevalence countries that participated in the Global HIV&AIDS Readiness Survey include: Botswana, Burkina Faso, Burundi, Central African Republic, Congo, Côte d'Ivoire, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, Sierra Leone, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe)

- Fighting against HIV&AIDS through education:

According to the UNAIDS Inter-Agency Task Team (IATT) there is substantial evidence that education can play a critical role in the response to the HIV&AIDS epidemic simply by doing 'more of what it is doing already and doing it better'. Education protects against HIV – school-going children and young people are less likely to become infected even if HIV&AIDS are not part of the curriculum. However, simply ensuring young people's, especially girls', access to school or other educational opportunities is an important aspect of HIV prevention. Not only are higher levels of education associated with safer sexual behaviours and delayed sexual debut, but school attendance provides students the benefits of school-based sexuality education and HIV prevention programming. (<http://www.unaids.org/en/PolicyAndPractice/Prevention/Education/> and *Girls, HIV and Education, 2004, UNICEF*)

Education reduces the vulnerability of girls and more schooling offers greater protective benefits. Where offered, as the IATT report states, well-planned and well-implemented life skills or sex and HIV education has increased knowledge, developed skills, generated positive attitudes and reduced/modified

sexual behaviour. Finally, according to the IATT report, education offers a very cost-effective means of prevention. Prevention is also the main area in which education can contribute to national AIDS responses, though education can also play an important role in care, treatment and support. HIV&AIDS education programmes can reduce vulnerability and empower learners. Furthermore, good quality HIV&AIDS education programmes can reduce risk by building knowledge and skills to initiate and sustain behaviours that protect individuals from HIV. (p. 5-6, 7, 10, *Inter Agency Task Team (IATT) on Education: HIV & AIDS and Education: A Strategic Approach, conference ready version, August 2008, UNAIDS, <http://www.unaids.org/en/PolicyAndPractice/CareAndSupport/default.asp>*)

Mitigation of the impact of HIV&AIDS is particularly important in generalised epidemics and in hyper-endemic scenarios (i.e. settings where HIV prevalence in the general adult population is above 1%) and where the epidemic is impacting not only individuals (i.e. students, teachers, other educational staff) but also educational processes and systems, as the IATT report refers. While education cannot, in itself, mitigate the impact of the epidemic, action to strengthen the education system, and to ensure that both school and out-of school education contribute more effectively to HIV prevention, can help communities and nations respond more effectively. Similarly, for educational services to respond to the impact of HIV&AIDS, effective programmes must address staff and systems issues. (p. 5-6, 7, 10, *Inter Agency Task Team (IATT) on Education: HIV & AIDS and Education: A Strategic Approach, conference ready version, August 2008, UNAIDS*)

Young people in many parts of the world are denied sex and health education in schools because parents and other authorities fear it encourages early sexual activity. But there is compelling evidence from studies conducted around the world and in many different cultures that, in fact, sex education encourages responsibility. Knowledgeable young people tend to postpone intercourse or, if they do have sex, to use condoms. (<http://www.unaids.org/en/PolicyAndPractice/Prevention/Education/>)

Experience shows, however, that information is not enough. Young people also need life skills such as decision-making, communication and negotiation skills. They need to understand the concepts of risk behaviour, such as unprotected sex and the use of drugs, the possible consequences of such behaviour and how to avoid them. And they need to know where to go for services and help. HIV education should cover all these aspects. (<http://www.unaids.org/en/PolicyAndPractice/Prevention/Education/>)

1.5. What is EDUCAIDS?

Recognising the vital role of education sector in national responses to HIV&AIDS, the UNAIDS Committee of Cosponsoring Organisations (COO) launched EDUCAIDS, the global initiative in Education and HIV&AIDS, in March 2004. EDUCAIDS has also been designated by UNESCO's Executive Board as one of three core UNESCO initiatives to achieve EFA. EDUCAIDS is a UNAIDS - initiative, led by UNESCO, and seeks to promote, develop and support comprehensive education sector responses to HIV&AIDS. (http://portal.unesco.org/en/ev.php-URL_ID%3D36400&URL_DO%3DDO_TOPIC&URL_SECTION%3D201.html)

EDUCAIDS's primary goals are to prevent the spread of HIV through education, and to protect the core functions of the education system from the worst effects of the epidemic. The initiative aims at reaching these goals by promoting comprehensive education sector responses, by planning and prioritising actions, by building partnerships and promoting coordination, and by giving support in the

implementation of EDUCAIDS. These are further explained below.

(http://portal.unesco.org/en/ev.phpURL_ID%3D36400&URL_DO%3DDO_TOPIC&URL_SECTION%3D201.html and *EDUCAIDS brochure: EDUCAIDS – Towards a Comprehensive Education Sector Response, UNESCO and UNAIDS, 22 May 2008*)

A comprehensive education sector response is at the heart of EDUCAIDS. This means a move away from programming on HIV&AIDS on a project-by-project basis, and towards a holistic, sector-wide view of the impacts and challenges of HIV. EDUCAIDS recognises that epidemics and response contexts differ from country to country, and each country will therefore approach the development of a comprehensive education sector response to HIV&AIDS from a different starting point. Through EDUCAIDS, UNESCO contributes to linking the work of many partners into a cohesive and coherent set of actions, programmes, and policies at the national level. UNESCO, in consultation and collaboration with key partners, has developed practical resources in multiple languages that provide guidance on the technical and operational aspects of a comprehensive approach. These tools, based on what is known globally in relation to education and HIV&AIDS, address the information and capacity needs of various audiences. (http://portal.unesco.org/en/ev.php-URL_ID%3D36400&URL_DO%3DDO_TOPIC&URL_SECTION%3D201.html and *EDUCAIDS brochure: EDUCAIDS – Towards a Comprehensive Education Sector Response, UNESCO and UNAIDS, 22 May 2008*)

UNESCO supports comprehensive education sector responses to HIV&AIDS with programmes and activities in five essential components: 1. *Quality education*, 2. *Content, curriculum and learning materials*, 3. *Educator training and support*, 4. *Policy, management and systems*, and 5. *Approaches and illustrative entry points*. (http://portal.unesco.org/en/ev.php-URL_ID%3D36400&URL_DO%3DDO_TOPIC&URL_SECTION%3D201.html and http://portal.unesco.org/en/ev.php-URL_ID=33437&URL_DO=DO_TOPIC&URL_SECTION=201.html) These five components will be used later on in this assessment in order to see how the EDUCAIDS framework has been integrated into each plan reviewed for this assessment. Some of the activities mentioned in the plans can be called “cross-cutting” and could therefore be included under two or more EDUCAIDS components.

1.6. What is UNESS?

UNESCO has been asked by its Governing Bodies and Member States to play a much more strategic role in supporting national education priorities and to strengthen its partnership and synergy with other development agencies, in congruence with international development goals.

Such strategies can be built in light of the analyses of the country’s own priorities, the needs and/or gaps in terms of data, policies, capacities and finance, as well as the development community’s contributions. UNESCO’s own comparative advantage and international development priorities are to be related to the task. The UNESS documents themselves will be analytical arguments for UNESCO’s in-country strategies, based on all of the above, including a critical analysis of the roles the organization has played and is playing in each of the countries concerned.

The UNESS process has been adopted as a method for planning the organization’s Education Sector’s Medium-Term Strategy and biennial programmes, as well as for defining UNESCO’s programme

priorities and implementation strategies in each country. UNESS documents will be developed as a priority in countries requiring special attention from UNESCO, then eventually extended to all Member States wishing to cooperate with the organization for their educational development.

(http://portal.unesco.org/education/en/ev.php-URL_ID=10200&URL_DO=DO_TOPIC&URL_SECTION=201.html)

A UNESS document consists of issues such as national challenges and priorities, educational plans and priorities, IDP's priorities and areas of intervention, UNESCO's programmatic priorities, cooperation strategies in education, and gaps and emerging needs in national education. In sum, a UNESS document can contribute to planning, negotiation, workplan, and monitoring and evaluation. (*UNESS guidance note: "Building a UNESCO National Education Support Strategy (UNESS) Document: 2008-2013" by Section for Education Support Strategies, Division for Country Planning and Field Support*)

For this assessment, the HIV&AIDS education references in the UNESS documents were reviewed. As already stated above, Senegal was the only country where a final UNESS document was found. Angola, Cape Verde and Côte d'Ivoire had a draft available. The rest of the countries, Guinea-Bissau, Mozambique and São Tome and Principe did not have an UNESS document available for this assessment.

2. HIV&AIDS education in the target countries

2.1. Angola

- The HIV&AIDS situation in the country:

According to the Angola UNESS document, the HIV prevalence in Angola in 2001 was about 5.7% . The *UNAIDS/WHO/UNICEF Epidemiological fact sheet on HIV&AIDS 2008 update* states that the estimated adult HIV prevalence in Angola is currently a little over 2 %. That places Angola in the UNAIDS medium prevalence category.

The country's large number of internally displaced persons (4million) who have now returned to their homes after the war, together with increased contact with military personnel, low levels of education, a young population (nearly 70% of Angolans are under 24), a high poverty index, weak female autonomy, few protection mechanisms, destroyed social networks, very few places where people can have an HIV test voluntarily and confidentially and only one hospital in the entire country where treatment (ARVs) is provided to people living with HIV/AIDS.

Angola is also sexually charged country (with the world's second highest fertility rate), where 70 percent of women have had at least one baby by the age of 20, and more than half the population is uneducated. (http://www.unicef.org/angola/hiv_aids.html)

2.1.1. Overview of the national HIV&AIDS education and -related plans

From Angola three documents were reviewed for this part of the study: *Education Sector's Strategic Plan to fight against HIV/AIDS for 2006 – 2010*, *National Strategic Plan on HIV/AIDS 2003-2008* and *Angola Millennium Development Goals 2005*. Below are described the HIV&AIDS and education references found in these plans respectively.

- *National Strategic Plan on HIV/AIDS 2003-2008*

The Angola *National Strategic Plan on HIV/AIDS 2003-2008* recognizes the importance of the education sector in the fight against HIV&AIDS in Angola: The epidemic of the HIV&AIDS has deep repercussions in the educational sector, affecting in a substantial way the search and offer of education services. (p.21)

The following activities were implemented in the past:

-Educational campaigns through the mass media involving vulnerable groups (relocated population, repatriated refugees, sex workers, demobilized people of the national army, military, police, etc); - Production and distribution of educative/informative/ propaganda material; -Training of peer educators in the vulnerable groups (relocated population, repatriated refugees, sex workers, demobilized of the national army, military, police, etc) with involvement of NGOs; - Involvement of the local authorities (political, religious and traditional leaders) in educative/informative campaigns. (p.27)

With technical support and funding (US\$3,423,000.00) from UNDP, the Ministry of Education began in 2002 the implementation of a project to fight the epidemic and the causes of it expansion through the construction of a strategy of social policies that reduce the impact of HIV&AIDS in the Angolan educational system. Furthermore, UNICEF (with EU funds) was financing a project on prevention of HIV&AIDS in the education system worth \$360,000.00 and UNFPA rendered technical support to the Ministry of Education in the process of curricular reform. (p.27) No further details on this were available.

For the future, the plan indicates only two approaches considering HIV&AIDS and education: - Allocation and definition of resources for purchase of educational material that should be implemented. -Training of peer educators for the work with adolescents, sexual workers, private sector etc. should be improved. (p.34, 36)

For 2003, education on HIV&AIDS in the educational system had the third biggest budget in the plan. (p.41)

- *Objectivos de Desenvolvimento do Milénio 2005*
- *Angola Millennium Development Goals 2005*

The Millennium Development Goals 2005 report stresses that a national policy on the prevention and combat on HIV&AIDS should be implemented in the education system. (p. 13-14)

According to the report, in order to make women participate more and to involve women groups better, training and information about HIV&AIDS, school inscription and sexual education should be provided to them already at the village level. (p.16)

One of the priorities in the fight against HIV&AIDS, according to the report, is the production and distribution of informative educational brochures, including material to be used in the school curricula. (p.22)

As indicated in the *EDUCAIDS country snapshot, Angola, 2008*, despite the effects of 30 years of conflict in the country, the government of Angola is increasing its action to respond to HIV&AIDS, particularly in the education sector. There is strong commitment from government and partners to use the EDUCAIDS framework of action to develop a comprehensive response to HIV&AIDS.

- *Plano Estratégico de Luta Contra o VIH/SIDA e Grandes Enemias para o Sector Educativo 2006 - 2010*
- *Education Sector's Strategic Plan to Fight Against HIV/AIDS for 2006 – 2010*

The components in the plan consist of:

1. prevention,
2. diagnostic,
3. treatment and assistance,
4. other strategic interventions
5. institutional and managerial development

-In the area of prevention and sensibilization, communication to change behaviour and counselling and voluntary testing should be strengthened
-In the area of promotion of the use of condom the plan recommends that schools adopt a policy related to the use of condoms (both masculine and feminine)
-Regarding involvement of staff in the programming, the plan states that the involvement of teachers especially has been functional
-The peer education should be reinforced and introduced in more provinces
-The sector directors have been involved in the response but could be much more motivated
-Reduction of stigma and discrimination should be reinforced
-Institutionalisation of policy/programme would mean updating the plan as often as necessary
-In the area of legislation and normalisation new aspects should be identified
-The partnerships should be reinforced
-Training of teachers and students, which has not reached the whole country yet, should be reinforced (p.32-38)

Among many challenges in the education sector, the plan names introduction of special strategic programmes directed at the most vulnerable population with special needs, and training of teachers on HIV&AIDS as one of the principal issues in fighting the epidemic in Angola. (p.1)

The Ministry of Education in Angola is planning to tackle the epidemic by multisectoral approach, HIV&AIDS-related education at different levels in the education system, peer education, communication to change behaviour (following the BEHAVE Framework guidelines), counselling and

voluntary testing and “ABC” (which stands for abstinence, fidelity and condom). (p.18-23)

In the past education on life skills has been implemented in Angola by UNFPA. The objectives of this initiative were partly related to HIV&AIDS education. UNFPA has supported also several other HIV&AIDS and education -related activities in the country. In the past (no details were given) initiatives such as strengthening of the school system and HIV&AIDS campaign at schools have been implemented in Angola. (p.24, 27-28)

The plan names UNFPA and other UN organizations, Global Fund, World Bank, NGOs, churches and international entities as MINED’s partner in carrying out some of the activities. However, it is stated elsewhere that partnerships with other ministries is a weak point in this plan and is not effective. (p.35, 39, 41)

2.1.2. Analysis of the plans on the basis of EDUCAIDS

This table summarizes the HIV&AIDS education references found in Angola’s *Education Sector’s Strategic Plan to Fight Against HIV/AIDS for 2006 – 2010* and shows how the EDUCAIDS framework has been integrated into the plan:

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
Gender taken into account	Prevention programs at schools	Involvement of school workers in the programming/ planning	New aspects on legislation and normatization to be found	Peer education
	Counselling and voluntary testing	Teacher training ongoing	Development of partnerships	HIV education at different levels
	Promoting the use of condom		Communication to change behaviour	
	Reduction of stigma and discrimination		Strengthening of the education system to fight HIV&AIDS	
			Involvement of the sector directors	
			Institutionalization of the policy/programme	

The Angola HIV&AIDS education sector plan includes all the components of the EDUCAIDS framework. The plan itself is rather confusing and would need re-organization, as it includes many

objectives that are mentioned several times, in different contexts, and therefore is not easy to follow.

Quality education has not been taken into account sufficiently in this plan and should be reinforced in future plans by highlighting, for example, the involvement of PLWHAs.

This table summarizes the HIV&AIDS education references found in Angola’s *National Strategic Plan on HIV/AIDS 2003-2008* (here as *HIV&AIDS plan*) and in Angola’s *Millennium Development Goals (MDG)* report and shows how the EDUCAIDS framework has been integrated into them:

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
Gender taken into account (<i>MDG</i>)	Production and distribution of HIV education materials (<i>MDG</i>)		Resource mobilization (<i>HIV&AIDS plan</i>)	Training of peer educators (<i>HIV&AIDS plan</i>)

The *National Strategic Plan on HIV/AIDS* concentrates a lot on the past and not that much on the future, as a plan should. No specific timeline is introduced for the activities in the plan. The plan is confusing as there are overlapping sections. Education’s role is minor in this plan.

As the *EDUCAIDS country snapshot Angola* states, for EDUCAIDS to contribute to the overall HIV&AIDS approach in education in a post-conflict country in a strategic manner, gradual introduction of the framework is required since most interventions are project focused. Coordination of support to the government’s education sector response to HIV&AIDS will be critical to achieving maximum impact of interventions in the post-conflict and transition phase in Angola. (*EDUCAIDS country snapshots, Angola 2008*, <http://unesdoc.unesco.org/images/0016/001610/161028E.pdf>)

2.1.3. UNESS document review

There is an UNESS document draft for 2006-2015, *National Education Support Strategy 2006-2015*.

To overcome poverty the Angolan government has defined a general objective. To fulfill this objective the poverty strategy (PRSP) names, among others, the improvement of general health of the population and controlling the spread of HIV&AIDS. Other goals established in the strategy to overcome poverty include “by 2006 assure that 85% of the population has knowledge over HIV&AIDS and how it is transmitted”. The third priority area of intervention in Angola, defined by the poverty strategy, is HIV&AIDS in general. (p.10, 18)

- HIV&AIDS activities in Angola in the past according to the UNESS:

The World Bank had an HIV&AIDS, Malaria and Tuberculosis project in Angola (worth US \$21 million), approved in December 2004. The project aimed at contributing to the reduction of the

dissemination of HIV contaminations and increasing access to the mechanisms of diagnostic, prevention and support as well as to strengthen the capacity of the health sector. (p.36)

In 2005-2006 UNESCO Angola implemented, as part of the reconstruction of the education system, teacher development, including HIV&AIDS preventive education. (p.43) No details on this was given.

- HIV&AIDS activities in Angola in the future according to the UNESS:

Future UNESCO interventions in Angola include an HIV&AIDS activity. Beyond curricular considerations, UNESCO will join other UN agencies engaged in a joint comprehensive initiative to be located as a programme within the Ministry of Education. It will also follow up its cooperation with a local NGO, ADPP, in addressing HIV&AIDS issues in teacher training settings. (p.46)

A table (p.46) maps on-going UNESCO initiatives, partners and funding sources that have already been identified. There is a HIV&AIDS activity mentioned, a new programme being initiated with support of UN country team, whose partners are indicated as UNDP, UNICEF, WHO, UNFPA, EDUCAIDS and local NGOs (ADPP). There was no detailed information about this new initiative.

2.1.4. UNESCO HIV&AIDS response in the country

Angola joined UNESCO on March 11, 1977. The country is covered by the UNESCO office in Windhoek, Namibia.

Education is one of Angola's top priorities in UNESCO's work. Angola also participates in UNESCO's Teacher Training Initiative for sub-Saharan Africa (TTISSA), a 10-year project aimed at restructuring national teacher policies in 46 sub-Saharan countries.

Angola and UNESCO also work on HIV&AIDS prevention education. A manual for teachers has been tested in three provinces (no further information on this was available).

(UNESCO website http://portal.unesco.org/education/en/ev.php-URL_ID=40084&URL_DO=DO_TOPIC&URL_SECTION=201.html)

According to the *EDUCAIDS country snapshot Angola* (<http://unesdoc.unesco.org/images/0016/001610/161028E.pdf>), UNESCO has supported, since 2007, the Ministry of Education to mainstream HIV&AIDS across the education curriculum under the on-going process of education reform. HIV&AIDS -related content is also being integrated into education materials for primary and secondary schools.

In April-May 2008 UNESCO held consultations with the Ministry of Education, teacher training institutions, teachers' union, UN agencies and NGOs to develop enhanced project planning documentation, including an analysis of the country's education sector response to HIV&AIDS.

In partnership with the Virginio Bruni-Tedeschi Foundation, UNESCO is intensifying support for the education sector response in the country. A HIV&AIDS national programme officer has been recruited to take this forward. The Virginio Bruni-Tedeschi Foundation partnership with UNESCO project

(2008-2009) aims at strengthening the education sector's response to HIV and AIDS by promoting an approach to HIV&AIDS that is fully engaged in the national AIDS effort. This will include fine-tuning and disseminating the national policy framework, with a focus on coordination and participation of key partners, and strengthening the monitoring, evaluation and research in HIV&AIDS and education. The partnership also aims at enhancing the capacity of the Ministry of Education to deliver in-service training to teachers. This is designed to improve the quality of in-service training of primary and secondary school teachers in the area of HIV&AIDS, and evaluate its outcomes and impact through consultations with stakeholders to ensure ownership; produce harmonised guidelines and approaches to teacher inservice training on HIV&AIDS prevention, care and support; and support the Ministry of Education in developing a strategy and implementation plan for rolling-out in-service training to teachers across the country. (*EDUCAIDS country snapshots, Angola 2008, UNESCO Windhoek*)

2.1.5. Summary of the main findings

Based on the information available for this assesment, the following HIV -related plans exist in Angola:

- *National Strategic Plan on HIV/AIDS 2003-2008*
- *Education Sector's Strategic Plan to Fight Against HIV/AIDS for 2006 – 2010*
- *National Education Support Strategy (UNESS), 2006-2015, draft*

The availability of current documents (education sector HIV&AIDS plan and national HIV&AIDS strategy) in Angola was better than the average among the countries reviewed for this assessment, as the ones available were not outdated.

UNESCO should see if Angola needs assistance in drafting the new HIV&AIDS education plan (in 2010).

The UNESS document would need urgent finalisation. In its current version, it includes the minimum HIV&AIDS education -related information.

It seems that HIV&AIDS education has been recognized as an important factor in the fight against the epidemic in Angola, but the level of integrating any such activities, and reporting on it, would need improvement. Education should be also more integrated in the next HIV&AIDS strategic plan, compared to the current one.

2.2. Cape Verde

- The HIV&AIDS situation in the country:

Currently Cape Verde is estimated to have a prevalence between 0,37% and 2,1%. (*Stratégie d'Appui de l'UNESCO a l'Éducation Nationale Cap Vert, UNESS, p.17*) This places Cape Verde in the UNAIDS low prevalence category.

The currently low prevalence might possibly rise due to the proximity of the coast of occidental Africa (area of high HIV prevalences) or the development of tourism. The high risk groups in Cape Verde include drug users and sex workers. (p.11, 20, *National Strategic Plan to fight HIV/AIDS 2006-2010*)

2.2.1. Overview of the national HIV&AIDS education and -related plans

From Cape Verde two documents were reviewed for this part of the study: *National Strategic Plan to fight HIV/AIDS in Cape Verde 2006-2010* and the *Strategic Plan for the Education Sector 2003*. Below are described the HIV&AIDS and education references found in these plans respectively.

- *Plano Estratégico para a Educação 2003*
– *Strategic Plan for the Education Sector*

According to the *Strategic Plan for the Education Sector* Cape Verde was in 2003 fighting against problems related to HIV&AIDS that “provoke enormous economical and social costs, contributing to the increase of infant mortality and number of orphans, affecting also the future of the children”. (p. 17)

As one of the threats to the education sector in Cape Verde the report states HIV&AIDS as a “recent social phenomenon”. As a possible solution to the threat the plan suggests participation of the immigrant communities and involvement of the private sector. (p.29)

In the *Action Plan for Basic Education – Strengthening and Development of Education* one of the actions is defined as construction of assistance to the functioning of integrated basic schools (EBIs). Strategy to complete this action is defined as follows: Development of partnerships with local authorities, NGOs, and integration of these construction programmes in the programmes on fight against poverty and AIDS. (p.55) There is no detailed plan indicated on how to do this.

Development of health education and introduction of contents of sexual education and of the fight against AIDS are seen as the actions to be taken under a Management and Evaluation in School Environment -component. (p.59-60)

- *HIV&AIDS education sector plan*

No specific HIV&AIDS education plan exists in Cape Verde yet, according to the information from the Office for UN Funds and Programmes in Cape Verde. No information was obtained on whether it is planned for the future.

- *Plano Estratégico Nacional de Luta Contra o VIH/SIDA em Cabo Verde 2006-2010*
- *National Strategic Plan to Fight against HIV/AIDS in Cape Verde 2006-2010*

Ministry of Education is specifically indicated as a partner in the following activities in the plan:

Specific objective: Prevention of sexual transmission of HIV

Strategy 1: Reinforce the information, education and communication (IEC) in the development of social competence towards HIV&AIDS

- Action: Develop and implement dynamic communication methods and technics to manage the social competence towards HIV&AIDS and to conduct a change of behaviour: community conversations, peer education, health mediators etc.
- Action: Direct the vulnerable groups, identification and training of peer educators, sensibilisation activities

Strategy 2: Multiplication of a functional model at national level in the peer education -

- Action: Maintain and develop current initiatives in the school environment

Specific objective: Promote the establishment of an ethically and juridically favorable environment

Strategy 3: Fight against discrimination and stigmatisation of PLWHAs through IEC, laws, regulations etc. Maintain and reinforce the implementation of active methods of IEC/CCC to change/develop social competence towards HIV&AIDS. (p.60-61, 70)

The national HIV&AIDS plan indicates as a current strength regarding management of epidemiological data and social behaviour that pupils nowadays know HIV&AIDS better than before. However, there were no details given on how this had been measured, or what was the time period of comparison. (p. 33)

One of the principles in the implementation of the plan is that the power to mobilize and educate religious, social and private sector leaders and others, should be used to adopt responsible behaviour. (p.49)

One of the general objectives includes involving the Ministry of Education in the HIV&AIDS response in Cape Verde. From 2006 to 2008, the ministries and municipalities that have a functional programme to fight AIDS should be increased by 100%. Mobilization and sensibilisation of the education sector in the multi-sectoral, national HIV&AIDS response, is also considered essential in this plan. (p. 50, 53, 56)

- *Plano Estratégico para a Educação 2003*
- *Strategic Plan for the Education Sector*

According to the *Strategic Plan for the Education Sector* Cape Verde was in 2003 fighting against problems related to HIV&AIDS that “provoke enormous economical and social costs, contributing to the increase of infant mortality and number of orphans, affecting also the future of the children”. (p. 17)

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Development of health education and introduction of contents of sexual education and of the fight against AIDS are seen as the actions to be taken under a Management and Evaluation in School Environment -component. (p.59-60)

2.2.2. Analysis of the plans on the basis of EDUCAIDS

This table summarizes the HIV&AIDS education references found in the *National Strategic Plan to Fight against HIV/AIDS in Cape Verde 2006-2010* and shows how the EDUCAIDS framework has been integrated into it:

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
Promotion of the establishment of an ethically and juridically favorable environment	Reinforce the IEC in the development of social competence in the fight against HIV&AIDS	Mobilize and educate religious, social and private sector leaders	Involvement of ministries, other than that of health, in the response	Multiplication of a functional model at national level in the peer education
			Mobilization and sensibilisation of the public sectors, other than that of health, in the multi-sectoral response	

Education does not play a significant role in this plan, and it is quite summarized. More approaches on HIV&AIDS education would need to be included in the future, such as education on prevention, and life skills education.

This table summarizes the HIV&AIDS education references found in Cape Verde's *Strategic Plan for the Education Sector 2003* and shows how the EDUCAIDS framework has been integrated into it:

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
	Introduction of contents of sexual education and of the fight against AIDS		Participation of the immigrant communities and involvement of the private sector	Introduction of contents of sexual education and of the fight against AIDS
			Development of partnerships with local authorities, NGOs, integration of these construction programmes in the programmes on fight against poverty and AIDS	

This plan is very summarized, and the role of HIV&AIDS in the plan is small. The plan highlights partnerships more than an average plan reviewed for this assessment. This education sector plan does not seem very functional in its current form and would need specification and new approaches in using education in the fight against HIV&AIDS.

2.2.3. UNESS document review

There is a UNESS document draft for 2008-2013, *Stratégie d'Appui de l'UNESCO a l'Éducation Nationale Cap Vert (UNESS), 2008-2013*.

HIV&AIDS is currently not considered as a major problem in Cape Verde, compared to other problems, and other African countries. Currently Cape Verde is estimated to have a prevalence between 0,37% and 2,1%. The country has relatively good measures to fight against HIV&AIDS and is also in this sense different from many other African countries. However, the risk of expansion is always present, and UNESCO encourages strong interventions, especially in the area of prevention. UNDAF in Cape Verde has actually made the fight against HIV&AIDS as one of its three major areas in education and human capital. (p.9, 17, 18)

Government's objectives by 2015 include fight against HIV&AIDS, malaria and other diseases. (p.8)

Health, hygiene, sexuality and reproductive health education, which all play an important role in the development and prevention of illnesses, such as HIV&AIDS, are considered as a factor in the fight

against the pandemic. This theme is represented at all levels of the education system in Cape Verde. (p.30)

UNESCO's midterm strategies include quality education for all. In Cape Verde this means integration of HIV/AIDS in the curricula. (p.64)

2.2.4. UNESCO HIV&AIDS response in the country

Cape Verde joined UNESCO on February 15, 1978. The country is covered by the UNESCO BRENDA in Dakar, Senegal.

According to the UNESCO website, a project for capacity-building through distance education in Cape Verde is currently being implemented.

Cape Verde also participates in UNESCO's Teacher Training Initiative for sub-Saharan Africa (TTISSA), a 10-year project aimed at restructuring national teacher policies in 46 sub-Saharan countries.

Cape Verde is one of the eight countries which have volunteered to participate in the "UN Delivering as One" -pilot initiative. (http://portal.unesco.org/education/en/ev.php-URL_ID=40090&URL_DO=DO_TOPIC&URL_SECTION=201.html)

Education and human capital -component of UNDAF Cape Verde indicates the fight against HIV&AIDS as one of its three major effects. UNESCO should therefore dynamize the prevention activities, mitigation and care through education. In the context of Cape Verde, it is interesting to look for alternative means of action, such as sensibilisation campaigns on the radio.

Cape Verde is in the process of a curricular revision. The new curriculum would integrate the citizenship, democracy, work and solidarity. The Minister has hoped that UNESCO, particularly the international bureau for education, could support the evaluation of the pertinence and quality of the curriculum, as well as an eventual integration of other components, such as prevention against HIV&AIDS and durable development. UNESCO's numerous competences would be mobilized for this kind of assistance.

UNESCO will be able to collaborate with other UN agencies on the transversal components – HIV&AIDS education, durable social services with UNAIDS, life skills education programme, and reproductive health education with UNFPA. These components were still being defined at the time of publishing this UNESS draft. (p.70-71 *Stratégie d'Appui de l'UNESCO à l'Éducation Nationale Cap Vert, UNESS, 2008-2013*)

2.2.5. Summary of the main findings

Based on the information available for this assessment, the following HIV -related plans exist in Cape Verde:

- *National Strategic Plan to fight HIV/AIDS in Cape Verde 2006-2010*
- *Strategic Plan for the Education Sector 2003*
- *UNESS document 2008-2013 draft*

National HIV&AIDS education plan does not exist according to the information from the Office for UN Funds and Programmes in Cape Verde. UNESCO should follow up whether support is needed in drafting one in the future.

The UNNESS document would need urgent finalisation. In its current version it includes the minimum HIV&AIDS education -related information.

As HIV&AIDS is currently not considered as a major problem in Cape Verde, it is understandable that, even that the country would have more resources than many other country in the region, efforts are rather directed at other problems than HIV&AIDS in the country. In many ways Cape Verde is a special African country.

Both plans were brief and would need to be expanded in the area of HIV&AIDS and education. No funding information or partners were mentioned in these plans.

According to the information received from the Office for UN Funds and Programmes in Cape Verde, there is no specific HIV&AIDS and education plan available but a sectoral working group to coordinate HIV&AIDS and education activities has at least existed in the past. This issue should be followed up by UNESCO and if necessary, provide support in drafting a HIV&AIDS and education plan in the future.

2.3. Côte d'Ivoire

- The HIV&AIDS situation in the country:

The *UNAIDS/WHO/UNICEF Epidemiological fact sheet on HIV/AIDS 2008 update* states that the estimated adult HIV prevalence in Côte d'Ivoire is currently a little below 4 %. This places Côte d'Ivoire in the UNAIDS medium prevalence category. According to a WHO news release the country has recently seen a downward trend in its national prevalence.

(<http://www.who.int/mediacentre/news/releases/2007/pr61/en/index.html>)

Côte d'Ivoire has a more developed public health and education system in terms of human resources and infrastructure than many of its neighbors, but the overall health system is weak, and health and economic gains have been reversed by the prolonged socio-political crisis.

Populations at comparatively high risk for HIV infection in Cote d'Ivoire include women ages 20-24, people in prostitution, youth and the military. The prolonged political-military crisis, in addition to exacerbating the vulnerability of these groups, is likely to have created additional at-risk populations given the large-scale military deployment, massive population displacement, and increase in poverty.

(<http://www.pepfar.gov/press/81552.htm>)

2.3.1. Overview of the national HIV&AIDS education and -related plans

From Côte d'Ivoire two documents were reviewed for this part of the study: *Education sector plan to fight against HIV/AIDS 2003 draft* and the *National Strategic Plan to fight against HIV/AIDS 2002-2004*. Below are described the HIV&AIDS and education references found in these plans respectively.

- *Plan Sectoriel de Lutte contre le VIH/SIDA dans le Secteur de l'Enseignement Technique et de la Formation Professionnelle en Côte d'Ivoire 2003 (draft)*
 - *Education Sector (technical teaching and professional training) Plan to Fight against HIV/AIDS 2003 (draft)*

The plan recommends that:

- Internal committees/focal points on the fight against HIV&AIDS should be created in the ministry
- Education on sex and HIV&AIDS and STD's should be integrated in the teaching/training curricula
- Condoms and audiovisual or sensibilization material on their use should be made available in school- and professional training establishments
- AIDS cases should be effectively notified in schools
- Promotion of ownership of HIV&AIDS issues and establishment of a large information network
- Promotion of real participation of temporary interns/trainees in the fight
- Peer education to develop a communication strategy to change behaviour is implemented
- Promotion of the creation of a specific NGO in the sector
- Fight against the stigma should be instituted
- Training/education on prevention should be encouraged
- Studies on the impact of HIV&AIDS should be carried out
- Leaders/managers should talk about AIDS in the meetings
- The fight against AIDS should have the same importance as any usual activity in the ministry's work
- The fight should be seen as a crosscutting issue and not only as a responsibility of the medical staff (p.24-26)

Specific objectives in the area of prevention consist of:

- Increasing with at least 100% the proportion of stakeholders in the sector who have changed behaviour
- Development of a sensibilisation campaign on the expansion of the response in the sector
- Mobilizing of the stakeholders in the sector for an expansion of the response
- Training of the stakeholders in the sector in the prevention on HIV&AIDS (p.30)

Specific objectives in the area of access to care and counselling consist of:

- Strengthening of the care structures for the better disponibility of the care possibilities
- Strengthening of the structures of counselling
- Informing all stakeholders in the sector on the possibilities of care and counselling (p.36)

Specific objectives in the area of mitigating the impact consist of:

- Creation of a solidarity and aid fund for the infected and affected in the sector
- Creation of a mutual help system for the infected students, interns and trainees in every regional directorate of the ministry

- Creation of school- and general support-systems for the dependants and vulnerable orphans
- Organization of the fight against stigmatization of the infected and affected people (p.41)

Specific objectives in the area of coordination, monitoring and evaluation consist of:

- Define an institutional framework and mechanism for operational functioning of the fight against HIV&AIDS in the sector
- Direct and control the monitoring activities of the fight against HIV&AIDS interventions in the sector
- Mobilize the resources and necessary support for the implementation of the activities to fight HIV&AIDS (p.47)

- *Plan Stratégique National de Lutte contre le VIH/SIDA 2002-2004 en Côte d'Ivoire*
- *National Strategic Plan to fight against HIV/AIDS 2002-2004 in Côte d'Ivoire*

The Côte d'Ivoire National Strategic Plan to fight HIV/AIDS 2002-2004 mentions the direct role of education sector only once. One of the specific objectives is to reduce STD/HIV&AIDS infections among young people. As a strategy the integration/strengthening of HIV&AIDS training and sex education in the primary, secondary and secondary schools is suggested. (p.22)

The plan mentions also UNESCO's support for the youth at school and for teachers. (p.14)

2.3.2. Analysis of the plans on the basis of EDUCAIDS

This table summarizes the HIV&AIDS education references found in Côte d'Ivoire's *Education Sector Plan to Fight against HIV/AIDS 2003 (draft)* and shows how the EDUCAIDS framework has been integrated into it:

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
Create school- and general support-systems for the vulnerable orphans	Education on sex and HIV&AIDS and STD's integrated in the teaching/training curricula	Train the stakeholders in the sector in the prevention on HIV&AIDS	Create internal committees/focal points on the fight against HIV&AIDS in the ministry	Education on sex and HIV
	Condoms and audiovisual or sensibilization material on their use available at schools	Create a solidarity and aid fund for the infected and affected in the sector	AIDS cases effectively notified in schools	Peer education to develop a communication strategy to change behaviour

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
	Training/education on prevention encouraged	Create school- and general support-systems for the dependants	Promotion of ownership of HIV&AIDS issues and establishment of a large information network	
	Train the stakeholders in the sector on the prevention on HIV&AIDS	Inform all stakeholders in the sector on the possibilities of care and counselling	Promotion of real participation of interns/trainees in the fight	
	Organize a fight against stigmatization of the infected and affected people		Promotion of the creation of a specific NGO in the sector	
			Fight against the stigma instituted	
			Studies on the impact of HIV&AIDS	
			Leaders/managers should talk about AIDS in the meetings	
			Fight against AIDS to have the same importance as any usual activity in the ministry's work	
			The fight should be seen as a crosscutting issue and not only as a responsibility of the medical staff	
			Develop a sensibilisation campaign on the	

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
			expansion of the response in the sector	
			Mobilize the stakeholders in the sector for an expansion of the response	
			Create a mutual help system for the infected students, interns and trainees in every regional directorate of the ministry	
			Define an institutional framework and mechanism for operational functioning of the fight against HIV&AIDS in the sector	
			Direct and control the monitoring activities of the fight against HIV&AIDS interventions in the sector	
			Mobilize the resources and necessary support for the implementation of the activities to fight HIV&AIDS	
			Strengthen the care structures for the	

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
			better disponibility of care possibilities	
			Strengthen the counselling structures	

As the table clearly shows, the education sector HIV&AIDS plan gives most attention to the *Policy, management and systems*. Other EDUCAIDS components remain without much importance and should be strengthened in the future plans (or in the final version of this one).

No information on the partners, funding or implementation was given in this plan so it is difficult to say if the plan is feasible.

On the positive side, as an exception to the majority of the plans reviewed for this study, importance is given also to the vulnerability and support of teachers and other workers in the sector. The plan includes many important aspects but would need finalisation, including clarifications and re-organization of information.

This table summarizes the HIV&AIDS education references found in the *National Strategic Plan to fight against HIV/AIDS 2002-2004 in Côte d'Ivoire* and shows how the EDUCAIDS framework has been integrated into it:

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
	Integration and strengthening of HIV&AIDS training and sex education			Integration and strengthening of HIV&AIDS training and sex education

Education does not play an important role in this plan and it is mentioned only once. Integration and strengthening of HIV&AIDS training and sex education can be positioned under two EDUCAIDS components: *Content, curriculum and learning materials*, and *Approaches and illustrative entry points*.

2.3.3. UNESS document review

The UNESS document is a draft from 2007, *Stratégie d'Appui de l'UNESCO a l'Éducation Nationale, 2008-2013*, and there was no final version available.

The document lists as one of UNESCO's first priorities in the education sector special efforts on the education of prevention of HIV&AIDS. No details on how this will be implemented is given. EDUCAIDS-initiative is mentioned in the text but does not suggest any ways to integrate it into the activities in the future.

The document lists two HIV&AIDS education activities that UNESCO has implemented in Côte d'Ivoire, but does not specify what is planned for the future, or what activities were on-going in the time of publishing the draft. In the past UNESCO assisted the national education ministry in a study on the impact of HIV&AIDS in the education system. The study helped the Directorate of Mutuality, with funding from UNESCO, to edit school manuals on the fight against HIV&AIDS in school environment. The other activity mentioned consisted of UNESCO's assistance for Directorate of Pedagogy and Continued Training to train inspectors and teachers on the education of prevention of HIV&AIDS.

2.3.4. UNESCO HIV&AIDS response in the country

Côte d'Ivoire joined UNESCO on October 27, 1960. The country is covered by the organization's office in Accra, Ghana.

With a view to assisting reconstruction efforts already underway in the country, UNESCO has strengthened its cooperation with Côte d'Ivoire, especially in the field of education. These efforts are concentrated on rebuilding education systems, strengthening capacities in preventive education and the fight against HIV&AIDS and the training of teachers in the areas of peace and citizenship.

(http://portal.unesco.org/geography/en/ev.php-URL_ID=2332&URL_DO=DO_TOPIC&URL_SECTION=201.html)

2.3.5. Summary of the main findings

Based on the information available for this assesment, the following HIV -related plans exist in Côte d'Ivoire:

- *Education sector plan to fight against HIV/AIDS 2003 draft*
- *National Strategic Plan to fight against HIV/AIDS 2002-2004*
- *UNESS document 2008-2013 draft*

UNESCO should check whether a more recent HIV&AIDS education plan exists, and if not, assist in the elaboration of a new one, if the Member State requests.

The UNESS document would need urgent finalisation. In its current form it includes the minimum HIV&AIDS education -related information.

Information from Côte d'Ivoire was not easily available as the documents found were outdated. As was the case of many other countries in this study, it remained unclear whether there are plans that have been prepared in the country more recently.

UNESCO could look into the possibilities of strengthening the integration of HIV&AIDS education activities in the future plans as currently the HIV&AIDS education's role seems to be underestimated in Côte d'Ivoire's plans.

2.4. Guinea-Bissau

- The HIV&AIDS situation in the country:

The *UNAIDS/WHO/UNICEF Epidemiological fact sheet on HIV/AIDS 2008 update* states that the estimated adult HIV prevalence in Guinea Bissau is currently a little below 2%. This places Guinea-Bissau in the UNAIDS low prevalence category.

High risk groups in Guinea-Bissau included in 2005: - children of infected mothers, - 10-14 year-old out-of-school girls from rural areas where early sexuality and marriages are encouraged, - 15-19 year-old girls, who go to school and live along the economic corridor, - 5-14 year old children of an ethnic origin that practice circumcision, - The sales women of all areas and in all regions of the country, - Female sex workers, - Unemployed young men, men and boys in urban and sub-urban areas, - Women and men who have STIs and use public or private services, - Men from the countryside that are subject to temporary internal or external migration, - The demobilized people, - Men in uniforms: military, police, custom officials, soldiers,- Identified PLWHAs, mainly infected mothers, - Newborn babies of mothers who have HIV, - Nuclear families of PLWHAs, - Orphans with one or two parents who have died of AIDS. (<http://www.didinho.org/PROGRAMANACIONALDELUTACONTRAOSIDA.htm>)

2.4.1. Overview of the national HIV&AIDS education and -related plans

From Guinea-Bissau three documents were reviewed for this part of the study: *National Policy to Fight against HIV/AIDS in the education sector 2008-2011 draft* and two consecutive HIV&AIDS plans, *National Strategy to fight HIV/AIDS 2003-2005 (by INDE)* and *National Strategic Plan to fight against AIDS 2007-2011 (by CNLS)*. Below are described the HIV&AIDS and education references found in these plans respectively.

- *Política Nacional de Luta contra o VIH e a SIDA no sector de educação – Plano sectorial de luta contra SIDA na educação 2008 a 2011 - primeira versão*
- *National Policy to Fight against HIV/AIDS in the education sector 2008-2011 draft*

There is a *National Policy to Fight against HIV/AIDS in the education sector 2008-2011* but it is a first version, October 2007, and obviously not finalized. The plan as its current version is rather brief.

The plan is guided by 10 principles, and one of them is “acknowledge that education is a necessary sector in a coordinated fight against HIV/AIDS”.

These principles are not, however, repeated later on in the detailed activities table so it remains unclear what these are here for.

MINEDU's partners in this plan are other ministries, national secretariat of fight against AIDS, UNAIDS (in one activity), civil society, teachers and technical groups (which are not specified).

- *Programa Nacional de Luta contra o SIDA 2003-2005*
- *National Programme to fight against HIV/AIDS 2003-2005*

Strategic steps of the national Ministry of Education in the fight against HIV&AIDS consist of:

- finalization the inclusion of the STI's and AIDS themes in the curriculums
- elaboration of didactic material
- experimentation of programmes and materials
- revision of programmes and materials
- conduction of a study on the actual and future impact of AIDS in the sector
- evaluation of the progress and obstacles of the life skills education
- elaboration of an institutional framework for cooperation with NGOs and potential entities at school level

Connecting activities consist of:

- official creation of a programme or service at the ministry that coordinates the fight
- reuniting the partners to define the content and mandate of their interventions
- actualizing and distribution of the educational material
- providing access to condoms for the workers of the sector
- starting collecting data on teachers living with HIV&AIDS, to support them socially and to involve them better

Activities connected to the area of culture include training or recycling of activists and professionals who have been involved in the technics of the peer education on communication, regarding cultural aspects.

As well, the plan recommends that a specific budget line for AIDS programme in the regional directorates of health, education, social solidarity, agriculture, youth, culture and sports should be created. *(no page number)*

Ministry of Education, Science and Technology (MEN) implemented at the time of this strategy, with some difficulties, according to the plan, a life skills programme that included aspects of prevention of STI's and AIDS, and education on reproductive health including formal sexual education. *(no page number)*

The formal sexual education was provided in private schools, including religious schools. The peer education on sex was implemented in only one region at the time of this strategy. *(no page number)*

- *Plano Estratégico Nacional de Luta contra SIDA na Guiné-Bissau 2007-2011*
 - *National Strategic Plan to fight against AIDS 2007-2011*

HIV&AIDS education -related essential activity packages in the plan consist of informal peer education on sex and formal sexual education.

Strengths of the informal peer education include:

- existence of a NGO that is interested in the promotion and training of peer educators for the informal education on sex among the priority vulnerable groups
- existence of trained peer educators among the priority vulnerable groups, including sex professionals
- existence of an evaluation report on the peer education activities in the country.

Weakness of the informal peer education according to the plan has been the low implication of social organizations in the promotion of activities on informal peer education on sex.

As a strength of the formal sexual education is mentioned the existence of a teaching programme, lead by the Ministry of Education, that is currently being expanded for all school levels.

Weaknesses include that due to the existing taboos on sexuality:

- an enormous communication barrier between teachers and pupils when dealing with this topic exists
- some teachers simply avoid talking about the topic due to their shyness/inhibition and/or due to the lack of knowledge about sexuality
- information that the pupils receive in these programmes is not clear and create confusion and distortion of knowledge. (p.30)

The specific objective stressed in the plan is to increase from 7% to 60% the proportion of the population, with the emphasis on youth, that know and identify correctly at least three ways of transmission of HIV&AIDS. To reach this, communication to change behaviour among the priority vulnerable groups, including life skills education, formal and informal sexual education, and training of peer educators, have to be established. (p.44)

The responsibility of MEN is to promote the formal sexual education, within the life skills education programme, of pupils, students, teachers and ministry officials, for the prevention of STI/HIV&AIDS and for taking action in order to reduce the impact of AIDS in the sector. (p.64)

In practice, MEN will take responsibility to lead the national response benefiting adolescents and youth at schools. (p.68)

Specifically, MEN should:

- Adopt, formulate, or reformulate the specific strategies, including problematics of AIDS in the sectorial development programme
- Elaborate and implement an annual operational plan
- Coordinate the regional services and stakeholders related to adolescents and youth at schools and establish partnerships with professional organizations and NGOs related to the ministry's area of responsibility (p.68)

2.4.2. Analysis of the plans on the basis of EDUCAIDS

This table summarizes the HIV&AIDS education references found in Guinea-Bissau's *National Policy to Fight against HIV/AIDS in the education sector 2008-2011 draft* and shows how the EDUCAIDS framework has been integrated into it:

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
Gender equality taken into account	No discrimination, reduce stigma	Reinforce institutional and technical capacity (teacher and activist training, ToT)	Aknowledge that education is an indispensable sector in the fight	
Create a healthy and safe work environment	Prevention programmes		Effective integration of HIV&AIDS programmes in education systems	
Human rights and assistance to the vulnerable groups	Introduction of HIV&AIDS components in the curriculums of the education system (formal, nonformal and informal)		Political willingness (of education sector directors)	
	Elaboration and reproduction of HIV&AIDS materials		Social dialogue	
			Promotion of partnerships	
			Resource mobilization	

The Guinea-Bissau HIV&AIDS education plan draft concentrates quite a lot on *policy, management and systems*. There are mentions about *content, curriculum and learning materials*, but they do not seem to be adapted and appropriate for various ages, levels and settings. In the *educator training and support* the support – part of it has been totally forgotten. As well, like in the majority of the plans reviewed, there is no mention about educators' own vulnerability to HIV. *Approaches and illustrative entry points* seems to be completely forgotten.

There is no information on funding, implementation or partners in this plan so it is difficult to estimate whether the plan is feasible.

The plan is lacking some concrete ideas on how to implement the planned actions and is therefore confusing.

Again, it is difficult to draw any strong conclusions on the plan as it is not finalized yet.

This table summarizes the HIV&AIDS education references found in Guinea-Bissau's *National Programme to fight against HIV/AIDS 2003-2005* and shows how the EDUCAIDS framework has been integrated into it:

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
Cultural aspects	Inclusion of AIDS themes in the curriculums	Peer educators and activists ToT	Create a budget line for AIDS programme in the regional directorates	Life skills education (in the past)
	Elaboration, revision and experimentation of programmes and materials	Start collecting data on teachers living with HIV&AIDS, to support them socially and to involve them better	Conduct a study on the actual and future impact of AIDS in the sector	Sex education
	Actualize and distribute educational material	Guarantee education sector's workers the access to condoms	Elaborate an institutional framework for cooperation with NGOs and potential entities at school level Create officially a programme or service at the ministry that coordinates the fight	Peer education Peer educators and activists ToT
			Reunite partners to define the content and mandate of	

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
			their interventions	

The *National Programme to Fight against HIV/AIDS* shows that the Ministry of Health is well involved in the fight against HIV&AIDS in Guinea-Bissau. The HIV&AIDS plan covers quite well different areas of EDUCAIDS: *Educator training and support, Policy, management and systems, Content, curriculum and learning materials, Approaches and illustrative entry points. Quality education* get less attention also in this plan. Education has been taken into account relatively well in the fight against HIV&AIDS in this plan.

This table summarizes the HIV&AIDS education references found in Guinea-Bissau's *National Strategic Plan to fight against AIDS 2007-2011* and shows how the EDUCAIDS framework has been integrated into it:

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
Vulnerable groups taken into account	Formal sexual education	Training of peer educators	Adopt, formulate, or reformulate specific strategies	Peer education on sex
			Elaborate and implement an annual operational plan	Training of peer educators
			Coordinate the regional services and stakeholders related to adolescents and youth at schools	Life skills education
			Establish partnerships with professional organizations and NGOs	

This plan is detailed and seems feasible, although education's role is not much highlighted in the fight against HIV&AIDS. Year-specific implementation information is missing but the estimated costs per year are included.

Although education's role is not stressed in this plan, the five components of the EDUCAIDS framework can be found. The *Approaches and illustrative entry points* includes the same aspects in both consecutive HIV&AIDS plans. The *Content, curriculum and learning materials* has been more stressed in the previous HIV&AIDS plan by INDE.

This plan is more accurate and thorough than the other two documents from Guinea-Bissau reviewed for this study so some positive development in the quality can be seen.

2.4.3. UNESS document review

Guinea-Bissau does not currently have an UNESS document and no information was obtained on its possible elaboration in the future.

2.4.4. UNESCO HIV&AIDS response in the country

Guinea-Bissau joined UNESCO on November 1, 1974. The country is covered by the organization's Regional Office in Dakar, Senegal.

Guinea-Bissau is one of 34 countries targeted by UNESCO's literacy project: Literacy Initiative for Empowerment (LIFE). It is a 10-year initiative aimed at achieving the goals of the United Nations Literacy Decade (2003-2012). (http://portal.unesco.org/geography/en/ev.php-URL_ID=2342&URL_DO=DO_TOPIC&URL_SECTION=201.html and http://portal.unesco.org/education/en/ev.php-URL_ID=40106&URL_DO=DO_TOPIC&URL_SECTION=201.html)

The UNESCO BREDIA and UNESCO Brasilia have been delivering technical assistance to the Ministry of Education in Guinea-Bissau, through the framework of EDUCAIDS. Emerging from conflict, Guinea Bissau is a country in the process of re-establishing its education infrastructure. Efforts focus on linking a wide range of education sector stakeholders to share expertise and devise a national plan on HIV&AIDS prevention through education.

In collaboration with the Brazilian Ministry of Education, a national workshop was held in Guinea-Bissau in September 2007 to develop the education sector strategy on HIV&AIDS. It brought together the Ministry of Health, the Ministry of Education, heads of teacher training institutions, specialists from Guinea Bissau's INDE, and UNAIDS cosponsor agencies. The main outcomes of the workshop were the development of a draft education sector plan on HIV&AIDS, consistent with both national education sector frameworks as well as the national HIV&AIDS strategy, and strengthening of relationships between a wide range of education stakeholders in Guinea-Bissau, and between UNESCO BREDIA, UNESCO Brasilia and the Ministry of Education Brazil. Since the development of the plan, the country has received a major grant from the Global Fund (that fights against AIDS, tuberculosis and malaria), and effectively positions the education sector to receive a portion of this new funding.

Drawing upon the experience and expertise of the Brazilian Ministry of Education was a highly

relevant entry point in supporting the education system's response to HIV&AIDS. The attending PALOPs are seeking further collaboration with Brazil, which is now viewed as an important technical partner in education. This South-South Cooperation will expand its impact if other PALOPs also become involved and a triangular cooperation scheme is formed.

To ensure a longer-term vision with sustainable commitments, the intention is to integrate the education sector plan on HIV&AIDS into the education sector diagnosis conducted by the Pole de Dakar. Policy and planning development processes must be costed, rolled-out, and implemented to be truly meaningful. It is essential to focus as much on processes as on results to ensure greater ownership and participation, particularly in South-South efforts. Programmes should help identify effective processes that promote wider cooperation and dialogue between education ministries. (*EDUCAIDS Country Snapshot, Guinea-Bissau, <http://unesdoc.unesco.org/images/0016/001614/161490E.pdf>*)

2.4.5. Summary of the main findings

Based on the information available for this assesment, the following HIV -related plans exist inGuinea-Bissau:

- *National Policy to Fight against HIV/AIDS in the education sector 2008-2011 draft*
- *National Strategy to fight HIV/AIDS 2003-2005 (by INDE)*
- *National Strategic Plan to fight against AIDS 2007-2011 (by CNLS)*

UNESCO should assist the country in the finalisation of the HIV&AIDS education sector plan, depending on the request from the Member State.

An UNESS document does not exist in Guinea-Bissau, and therefore it should be developed in the near future.

The HIV&AIDS education sector plan found was very preliminary and as such, did not give much importance to HIV&AIDS education activities. This could be an area of strengthening collaboration between UNESCO and the Ministry of Education in Guinea-Bissau.

Guinea-Bissau was, however, one of the two countries in the study to have an *EDUCAIDS snapshot* - report, which was very informative.

There were two consecutive HIV&AIDS plans available (2003-2005 by INDE and 2007-2011 by CNLS). The quality was different between these two and a lot more effort had been given to the new plan. This can be interpreted so that currently more importance is being given, than in the past, to the fight against HIV&AIDS in Guinea-Bissau.

2.5. Mozambique

- The HIV&AIDS situation in the country:

The *UNAIDS/WHO/UNICEF Epidemiological fact sheet on HIV/AIDS 2008 update* states that the estimated adult HIV prevalence in Mozambique is currently a little over 12 %. The UN Mozambique website says that HIV prevalence rate for 15-49 year-olds increased from 14% in 2001 to 16 % in 2007. (<http://www.unmozambique.org/eng/About-Mozambique/Development-Context-in-Mozambique>) This places the country in the UNAIDS high prevalence category, and makes Mozambique the only high prevalence country reviewed in this assessment. The *Education Sector Strategic Plan* (p.30) indicates that 14 % of the teachers are HIV positive in Mozambique.

HIV&AIDS is the greatest threat to Mozambique's development. 58% of PLWHAs are women and most of the new infections occur in young people. Out of the country's 1.6 million orphans in 2006, more than 380,000 have lost their parents to AIDS-related illnesses.

(http://www.unicef.org/mozambique/hiv_aids.html and <http://www.unicef.org/mozambique/overview.html>)

2.5.1. Overview of the national HIV&AIDS education and -related plans

From Mozambique four documents were reviewed for this part of the study: *Education sector strategic plan (ESSP II) 2005-2009 draft*, *National Strategic Plan to fight HIV/AIDS 2003-2005 (by MINED)*, *National Strategic Plan to fight HIV/AIDS, part I and part II, 2005-2009 (by National AIDS Council CNCS)*, and the *Universal Declaration of Commitment on HIV and AIDS, Mozambique Progress Report for the United Nations General Assembly Special Session on HIV and AIDS (UNGASS), 2006-2007*. Below are described the HIV&AIDS and education references found in these plans respectively.

In Mozambique there is no separate HIV&AIDS education plan as it is integrated in the general education sector plan (ESSP). (*information received from the UNESCO Maputo office*)

- *Education Sector Strategic Plan (ESSP II) 2005 – 2009 draft 2005*

The *ESSP II (Education Sector Strategic Plan)* strategy is designed to support the three key objectives of the government's overall and social development policy. One of them is fighting the spread of HIV&AIDS and mitigating its impact. (p.3)

ESSP II is a strategy for the entire education sector. As such it encompasses and links together a number of distinct components of educational policy and service delivery, one of them being cross-cutting issues (including gender equity in education, and addressing the HIV&AIDS pandemic). (p.7)

HIV&AIDS looms as a major challenge and potential threat to progress and it affects all parts of the system and has the potential to negate all the gains that might otherwise be made. While this is the case, education has been identified as a key part of the battle against the pandemic in Mozambique.

ESSP II contains a specific cross cutting component that addresses this issue in all parts of the strategy. The approach reflects a minimax philosophy: to minimize the negative impacts of HIV&AIDS on education, while at the same time to maximize the impact that education can have in halting the spread of the virus. (p.13)

Important challenges for ESSP II include the increase in unqualified teachers, the high teacher student ratio, teacher absenteeism (aggravated now by HIV&AIDS but also by low teacher morale in general) and poor conditions in schools. (p. 16)

Following up ESSP I, some achievements regarding HIV&AIDS have been made or are in the process of being done. These include:

- Training of teachers and managers to address HIV&AIDS and some progress in addressing issues related to HIV&AIDS in adult and non-formal education
- Drafting and dissemination of a strategy for secondary education that was based on consultation with various stakeholders in the sector and reflects considerable priority for gender and HIV&AIDS issues
 - Improving supervision, support and school (plus hostel) management to ensure that schools are safe environments and to train staff (special emphasis on awareness and prevention) to manage schools in times of HIV&AIDS
- Quality improvement including teacher training
- Provision of appropriate learning materials, equipment and physical infrastructure
- Establishment of student guidance services and
- Strengthening of the management capacity of TVET institutions (including the capacity to plan for and manage the impact of HIV&AIDS on instructors and pupils). (p.17, 20, 23, 24, 25, 27)

In the secondary education an additional concern is that teacher attrition is expected to increase dramatically due to the impact of HIV&AIDS. As in primary education and teacher training, specific data for secondary education are lacking, but it is clear that much remains to be done to plan for the impact of HIV&AIDS on teachers and students and to mitigate its consequences. An area of concern here are the boarding facilities that do not offer security or adequate health conditions, exacerbating the risk of HIV&AIDS. (p.23)

The Ministry of Education (and Culture, as it is nowadays called) recognizes the importance of a multi-sector response to HIV&AIDS through drafting and dissemination of an education strategy for addressing HIV&AIDS, which defines the role of MEC around these fundamental areas:

- prevention and care for all its workers
- development of curricula, which addresses STDs and HIV&AIDS and promotes extracurricular and non-formal approaches based on life skills and peer education
- enforcement of policies, which prevent and reduce the impact of HIV&AIDS, through improved institutional capacity, management and planning

Implementation of a coordinated and effective multi-sector response can be done through:

- drafting of a communication strategy on HIV&AIDS;
- establishing an HIV&AIDS working team, with focal groups in all directorates and the establishment of a secretariat with full time technical staff to support the working group
- developing four national programs that are at different stages of implementation: a program for HIV&AIDS and reproductive health being implemented in six provinces
- preparation of a basic life skills package for basic education, complemented by radio programs

- a program aimed at improving school management in the context of HIV&AIDS involving training and materials, and a program (currently in the preparatory phase) for addressing the needs of OVC's (p.40)

In spite of this progress a number of important challenges persist which will form the focus of the goals and strategies for the ESSP II. The strategic priorities include:

- building capacity at all levels of the sector for the development of an effective response to the epidemic, strengthening the link between the various levels
- improving the planning process so that the potential impact of HIV&AIDS is adequately accounted for and clearly addressed
- substantially scaling up successful activities to enhance the capacity of the system to respond to the impact of HIV&AIDS and to reduce its spread at the school level
- developing interventions that go beyond influencing knowledge to promoting attitude and behavior change in the education workforce and learners
- identifying and putting in place mechanisms that address situations that are currently facilitating the spread of HIV&AIDS, especially corruption and sexual abuse by those with control over children, the frequent transfers of personnel (p.40)

Objectives of the education sector in the fight against HIV&AIDS include:

- providing employees with information, access to prevention programs, and health services
- partnership with health service providers, and information programs implemented
- implementing and expanding the national programs for prevention
- knowledge and life skills promotion through curricular and extra-curricular activities
- ToTs, training of teachers and managers
- prevention of sexual abuse, discrimination and stigmatization
- OVCs enroll and are retained in school
- strengthening the management of HIV&AIDS response in education
- integration of the HIV&AIDS strategy and monitoring in education statistics, planning and research - MINED as a partner in the national response to HIV&AIDS (p.41)

Workplace policies should be enhanced to ensure that increasing numbers of teachers and students have access to voluntary counseling and testing (VCT), condoms (where appropriate), and the development of self-protection techniques. Combating stigmatization to protect the rights of infected and affected people would consist of making provision for substitute teachers in case of absence of regular teachers due to illness, and, early retirement options in the case of chronic illness, and ensuring that OVCs have access to education and receive the support they need to deal with the impact of HIV&AIDS. (p. 41)

Encouragement of the participation of girls and boys in sports and using sporting events, as a means to enhance awareness of HIV&AIDS, will be a key element in the process. (p.42)

Building public support for and understanding of the role of schools in the fight against HIV&AIDS will be included in the communication strategy that the Ministry has planned to develop. (p.48)

- *Plano Estratégico de Combate ao HIV/SIDA, 2003-2005*
- *National Strategic Plan to fight HIV/AIDS 2003-2005 (by MINED)*

General objective of the education sector according to the *National Strategic Plan to fight HIV/AIDS* is to educate the school community and the managers on the prevention and reduction of the STD/HIV&AIDS prevalence, and to minimize the social impact of the epidemic among the affected and in the national education system in Mozambique. (p. 6)

MINED, being the biggest employer in Mozambique:

- Should favour a prevention and care programme for its workers, as well as its limited human resources to whom already significant investments have been addressed
- To guarantee this, development of a prevention programme for the MINED stakeholders (including national, provincial and district level directorates, administrators, teachers etc) should be carried out - The workers should have basic information and skills in STD/HIV&AIDS. The use of health services, voluntary testing, counselling and condoms for the workers should be promoted (p. 6)

MINED, as a provider of education responsible for children, youth and adults:

- Should guarantee that all children, youth and adults in schools receive education on prevention of STD/HIV&AIDS, appropriately and adequately, based in the communication to change behaviour and development of life skills, promoting sexual and reproductive health
- MINED should guarantee that DTS/HIV&AIDS related components are included in the curriculums at different levels of teaching
- It should be ensured that the teachers/officials at different levels (central, provincial and district) will be able to lead the curricular transformation efficiently, and that MINED directs the inclusion of STD/HIV&AIDS components in the elaboration of the local curriculum
- An extracurricular and non-formal intervention based in the development of life skills and peer education should be promoted
- Extracurricular activities based in the development of life skills in schools through activists are to be carried out
- Development, in coordination with other partners, of communication strategies directed at children and youth with special emphasis on gender is also seen as an important duty of MINED (p.8-9)

MINED, as a system:

- Should develop an effective management response that allows MINED to implement its central mission in the education on the impacts of HIV&AIDS
- A coherent and sustainable policy on the prevention and reduction of impact of HIV&AIDS in the sector, with clear principles and concrete responsibilities should be developed
- Establishing an institutional and legal frame in the MINED for HIV&AIDS issues, and contribution to the definition of geographical priority areas of intervention in each province should be guaranteed
- The institutional capacity of the pedagogic officials and managers at the MINED should be improved - Sensibilization of the managers at all levels to understand the changes in their responsibilities in the context of the HIV&AIDS epidemic and capacity building of managers at all levels, developing decision making skills are to be carried out
- Creation and implementation of a monitoring and evaluation system are important, as well as the promotion of the decision making that is based on the established indicators (p.10-11)

MINED, as part of the wider national response:

- Should create effective relations with the governmental and non-governmental counterparts to react to the epidemic
- Involvement of other sectors in the society in the decision making, including people with HIV&AIDS, is to be ensured
- Developing mechanisms to guarantee active participation of different entities in the society in the STD/HIV&AIDS programme in the MINED, as well as systematic spreading of MINED's policies and actions to the whole society is seen important
- Multisectoral intervention in the programme of fight against STD/HIV&AIDS is to be guaranteed
- Specific objectives are the definition of responsibilities of different partners (namely Ministries of Women and Social Action, Youth and Sports, and Health, and the civil society) in the STD/HIV&AIDS programme
- Ensuring coherence between the strategic plan of MINED and the PEN (Plano Estrategico Nacional – national strategic plan)
- Establishing a reference system to the health and social services, especially to those that are directed to the youth, and youth associations and clubs at local level (p.12, 13)

- *Plano Estratégico Nacional de combate ao VIH/SIDA, 2005-2009, partes I e II*
- *National Strategic Plan to fight HIV/AIDS, part I and part II, 2005-2009 (by National AIDS Council CNCS)*

INDE started a curricular reform for basic teaching in which HIV&AIDS components had already existed. The intervention is transversal and holistic in all the curricular disciplines at primary level. The teachers were specifically trained in 2003. A rapid assessment that was carried out in the beginning of the process showed that teachers had a certain doubt/fear to introduce HIV&AIDS -related questions in the class rooms due to the limitations of their knowledge about the subject. The curricular revision for the secondary level, where HIV&AIDS components will be introduced as well, is still in process.

Life skills training, that should consist of at least 30 hours per year, includes interpersonal communication, negotiation, critical thinking and strategies to protect oneself. A lot of efforts is being put into distribution of material on the life skills training meant to the teachers that they will receive in the form of individual kits. (*parte I, p.44*)

One of the strategies where MINED is indicated as participating institution in the prevention is the reduction of the new infections. This can be carried out by:

- Encouraging the organization of extra-curricular activities on the fight against HIV&AIDS at all levels of the national education system and, in the frame of related activities in the area of prevention, giving special support to the MINED and MJD plans, especially to the actions that aim at reducing the gender difference
- Strengthening the STI and HIV&AIDS component in the sexual education programme in the schools and outside the schools
- Acceleration the introduction of the components related to the HIV&AIDS in the educational topics at all the levels of the national education system (*parte II, p.4, 6*)

Increase in the general level of knowledge about the HIV&AIDS and reduction of the gender difference can be achieved by:

- Developing information, education and communication (IEC) actions directed especially at the rural populations and communities, with adequate messages and vehicles using mozambican languages, oral information and community radios
- Developing IEC actions directed specifically at the urban and peri-urban populations, with adequate messages and vehicles, and when ever convenient, using the mozambican languages, in the oral information or on the radio in the provincial or local environment
- Developing IEC actions directed specifically at the vulnerable population sectors, the rural/urban confrontation zones, with adequate messages and vehicles to the specific recipients
- Developing IEC actions directed specifically at the police, transportation companies, construction companies, cultural groups etc.
- Intensification of sexual educational programmes for children at schools, in particular for adolescents (10-19 years), with age-appropriate components
- Responsibilize the largest sectors, such as Education, Youth and Secondary teaching, in the promotion of increasing the knowledge on HIV&AIDS through the intra- and extracurricular activities - Acceleration of the introduction of HIV&AIDS components in the curricula at different levels of the educational system, guaranteeing continuity and expanding the teacher training programmes and extracurricular nature projects aimed at children and youth in and out of school. (for example *Geração Biz* and *Moçambique em Movimento*, which are explained below) (*parte II, p.6*)

All the logistic potential of transportation-, construction- and other companies should be used in the fight. The potential of organisms such as the National Institute of Statistics (INE), Ministry of Agriculture (MADER), armed forces, and MINED, should be used to the maximum. (*parte II, p.8*)

To combat ignorance and prejudice, the necessity of training, or at least better information on HIV&AIDS which is not limited to the journalists, is being stressed. The stigma manifests itself at all the sectors of the society. This intervention area includes information and education in a general way, in the combat against HIV&AIDS. Capacity building of the activists should be a permanent activity. (*parte II, p.24*)

General objective of mitigation in this plan is the reduction of the consequences of HIV&AIDS at individual, family, community and company level, and also the global impacts. Parents should be encouraged to plan the future of their children taking into account children's rights, especially regarding orphaning. (*parte II, p.31*)

- *Universal Declaration of Commitment on HIV and AIDS, Mozambique Progress Report for the United Nations General Assembly Special Session on HIV and AIDS (UNGASS), 2006-2007*

Continued implementation of the strategy on information, education and communication on HIV&AIDS remains strong with a specific focus on youth and other vulnerable groups. Close collaboration with schools is being strengthened while also encouraging voluntary testing and counselling to the general public. However, continued investment in information, education and communication, have been uncoordinated, fragmented and with too much emphasis on material production. This has led to the lack of performance on communication. (*p.23*)

Key achievements in the Knowledge about HIV Prevention and Prevention Programmes (Young people) is the integration of HIV&AIDS in the basic education curriculum. (*p.41*)

MEC has also developed a HIV&AIDS communication strategy in schools to standardise the messages that are transmitted at different levels. In 2005, the school curriculum underwent a revision which made provisions for locally adapted material and the inclusion of material on sexual and reproductive health for grades 1-7 and includes topics such as HIV&AIDS and STIs starting from secondary education grades. Teacher training on the new curriculum and pedagogical methods for the HIV&AIDS sections are on-going. (p.47)

Key achievements include:

- Increased government ownership and buy-in to life skills methodology, despite the need for improvements
- Expansion of School Awareness Programmes in 2007 reaching 11 provinces, covering 56 districts
- Establishment of coordination mechanism between MEC and provincial associations of PLWHAs - Integration of life skills education into school curriculum
- Increased scale-up of life skills programmes, for example expansion of *Geração Biz* (see below) sexual and reproductive health programme for youth to all 11 provinces
- 43% of schools covered by basic package (school kits) and *Geração Biz*

Key challenges consist of:

- Low commitment from policy makers to implement life skills programmes
- Lack of budget allocation for life skills based HIV education activities
- Little time allocated to teachers to teach life skills

Key actions needed to scale up *Universal Access to life skills-based HIV education in schools* include: -

- Training of school directors in the life skills methodology and importance of life skills for students
- Increased quality training of teachers on HIV&AIDS and life-skills approach;
- Integration and coordination of different sectors and actors involved in life skills programming - Creation of an enabling environment by and to teachers, directors, community members, and policy makers for the life skills approach to be implemented
- Strengthening systems to collect disaggregated data to monitor and evaluate all aspects of life skills based HIV education programmes at different national and sub-national level (p. 68-69)

2.5.2. Analysis of the plans on the basis of EDUCAIDS

This table summarizes the HIV&AIDS education references found in Mozambique's *Education Sector Strategic Plan (ESSP II) 2005 – 2009 draft* and shows how the EDUCAIDS framework has been integrated into it:

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
Gender equity in education	Development of curricula, which	Prevention and care for all the	Drafting and dissemination of an	Development of curricula, which

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
	addresses STDs and HIV&AIDS	ministry's workers	education strategy for addressing HIV&AIDS	addresses peer education and life skills education
Programme to address the needs of OVCs	Information programs implemented	Provide employees with information, access to prevention programs and health services	Enforcement of policies, which prevent and reduce the impact of HIV&AIDS	HIV&AIDS and reproductive health programme
OVCs enroll and are retained in school	Implement and expand the national programs for prevention	ToTs, teachers and managers trained	Implementation of a coordinated and effective multi-sector response	Preparation of basic life skills package
Combat stigmatization to protect the rights of infected and affected people	Sexual abuse, discrimination and stigmatization prevented	Enforce workplace policies	Draft a communication strategy on HIV&AIDS	Knowledge and life skills promote through curricular and extra-curricular activities
Ensure that OVCs have access to education and receive the support they need	Combat stigmatization to protect the rights of infected and affected people	Make provision for substitute teachers in case of absence of regular teachers	Establish an HIV&AIDS working group	Encourage the participation of girls and boys in sports and using sporting events to raise awareness
			Programme to improve school management in the context of HIV&AIDS	
			Building capacity at all levels of the sector for the development of an effective response to the epidemic	
			Improve the planning process	
			Substantially scale up successful activities to	

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
			enhance the capacity of the system	
			Identify and put in place mechanisms that address situations that are currently facilitating the spread of HIV&AIDS	
			Develop interventions that go beyond influencing knowledge to promoting attitude and behavior change	
			Partnership with health service providers	
			Strengthen management of HIV&AIDS response in education	
			Integrate HIV&AIDS strategy and monitoring in education statistics, planning and research	
			MINED as a partner in the national response to HIV&AIDS Enforce workplace policies	

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
			Communication strategy to build public support for and understanding of the role of schools in the fight against HIV&AIDS	

HIV&AIDS activities play an important role in the ESSP. The plan is detailed and includes many concrete aspects on HIV&AIDS and education. The quality of the plan and its versatility is clearly above average among the plans reviewed for this assessment. The sports aspect (under *Approaches and illustrative entry points*) is interesting and unique and could be used in other countries as well. Policy-related activities are most represented in this plan, as in the majority of the plans reviewed.

This table summarizes the HIV&AIDS education references found in Mozambique's *National Strategic Plan to fight HIV/AIDS 2003-2005 (by MINED)* and shows how the EDUCAIDS framework has been integrated into it:

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
Develop, in coordination with other partners, communication strategies directed at children and youth with special emphasis on gender	All children, youth and adults in schools receive education on prevention of STD/HIV&AIDS	Educate the school community and the managers on the prevention and reduction of the STD/HIV&AIDS prevalence	Develop, in coordination with other partners, communication strategies directed at children and youth with special emphasis on gender	All children, youth and adults in schools receive education on prevention of STD/HIV&AIDS, appropriately and adequately, based in the communication to change behaviour and development of life skills, promoting sexual and reproductive health
Involvement of other sectors in the	Guarantee that STD/HIV&AIDS-	Development of a prevention and	Develop a coherent and sustainable	Promote an extracurricular and

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
society in the decision making, including PLWHAs	related components are included in the curriculums at different levels of teaching	care programme for ministry's workers	policy on the prevention and reduction of impact of HIV&AIDS in the sector	non-formal intervention based in the development of life skills and peer education
		Guarantee that the workers have basic information and skills on STD/HIV&AIDS	Establish an institutional and legal frame in the MINED for HIV&AIDS issues	
		Promote the use of health services, voluntary testing, counselling and condoms for the workers	Establish a reference system to the health and social services	
		Ensure that the teachers/officials at different levels will be able to lead the curricular transformation efficiently	Contribute to the definition of geographical priority areas of intervention in each province	
		Sensibilize the managers at all levels to understand the changes in their responsibilities in the context of the HIV&AIDS epidemic	Implement a monitoring and evaluation system	
		Build the capacity of managers at all levels, developing decision making skills	Promote that the decision making is based on the established M&E indicators	
			Involvement of other sectors in the society in the	

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
			decision making, including people with HIV/AIDS	
			Spread systematically MINED's policies and actions to the whole society	
			Define responsibilities of different partners	
			Ensure coherence between the strategic plan of MINED and the PEN	

Education plays an important role in this HIV&AIDS plan. *Quality education* has two mentions in this plan, and one of them, gender equality, is also repeated in the following HIV&AIDS plan by CNCS (see below). *Policy, management and systems* receives most attention in this plan, as in most of the plans in this study. *Educator training and support* is very well represented in this plan compared to many other plans in this assessment. This can be explained by the fact that this actually is a plan elaborated by MINED.

This table summarizes the HIV&AIDS education references found in the *National Strategic Plan to fight HIV/AIDS, part I and part II, 2005-2009 (by National AIDS Council CNCS)* and shows how the EDUCAIDS framework has been integrated into this consecutive HIV&AIDS plan in Mozambique:

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
Special support to the MINED and MJD plans, especially to the actions that aim at reducing the gender difference	Distribution of material on the life skills training for teachers	Distribution of material on the life skills training for teachers	Encouragement of the organization of extra-curricular activities on the fight against HIV&AIDS at all levels of the national education system	Life skills training

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
Intensification of sexual educational programmes for children at schools, in particular for adolescents (10-19 years), with age-appropriate components	Strengthen the STI and HIV&AIDS component in the sexual education programme in and out of schools	Develop IEC actions directed at specific groups (of educators)	Special support to the MINED and MJD plans, especially to the actions that aim at reducing the gender difference	Distribution of material on the life skills training for teachers
	Accelerate the introduction of the components related to HIV&AIDS in the educational topics at all levels of the national education system	Capacity building of the activists	Accelerate the introduction of the components related to HIV&AIDS in the educational topics at all levels of the national education system	Strengthen the STI and HIV&AIDS component in the sexual education programme in and out of schools
	Accelerate the introduction of HIV&AIDS components in the curricula at different levels of the educational system		Develop IEC actions directed at specific groups	Intensification of sexual educational programmes for children at schools, in particular for adolescents (10-19 years), with age-appropriate components
			Responsibilize the largest sectors in the promotion of increasing the knowledge on HIV&AIDS through the intra- and extracurricular activities	Encourage parents to plan the future of their children taking into account their children's rights
			All the logistic potential of transportation-, construction- and other companies should be used	

Education's role is important also in this HIV&AIDS plan. As the table shows, all the EDUCAIDS components are represented in this plan. Positive is that the *quality education* has been highlighted by gender equality and age appropriateness in this plan. Compared to the previous HIV&AIDS plan, *Approaches and illustrative entry points* has been considered wider in this plan. The *educator training and support* receives less attention in this plan than in the previous plan by MINED, which is understandable. This plan goes to a further level than any other plan reviewed - encouraging parents to plan the future of their children taking into account their children's rights. This aspect was not seen in any other plan in this study. Policy-related aspects have most attention also in this plan. These both HIV&AIDS plans are more versatile and of better quality than the average of the plans reviewed for this assessment.

This table summarizes the HIV&AIDS education references found in the *Universal Declaration of Commitment on HIV and AIDS, Mozambique Progress Report for the United Nations General Assembly Special Session on HIV and AIDS (UNGASS), 2006-2007* and shows how the EDUCAIDS framework has been integrated into it:

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
		Training of school directors in the life skills methodology and importance of life skills for students	Integration and coordination of different sectors and actors involved in life skills programming	Training of school directors in the life skills methodology and importance of life skills for students
		Increased quality training of teachers on HIV&AIDS and life-skills approach	Creation of an enabling environment by and to teachers, directors, community members, and policy makers for the life skills approach	Increased quality training of teachers on HIV&AIDS and life-skills approach
		Creation of an enabling environment by and to teachers, directors, community members,	Strengthen systems to collect disaggregated data to monitor and evaluate all aspects of life skills based HIV	Integration and coordination of different sectors and actors involved in life skills programming

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
		and policy makers for the life skills approach	education programmes	
				Creation of an enabling environment by and to teachers, directors, community members, and policy makers for the life skills approach
				Strengthen systems to collect disaggregated data to monitor and evaluate all aspects of life skills based HIV education programmes

All the points raised fall under two categories at the same time: *Educator training and support* or *Policy, management and systems*, and *Approaches and illustrative entry points*. *Quality education* and *Content, curriculum and learning materials* have not been included in this plan. As it is a progress report, and concentrates on life skills education, this one-sidedness can be understood.

2.5.3. UNESS document review

Mozambique does not currently have an UNESS document and no information was obtained on its possible elaboration in the future.

2.5.4. UNESCO HIV&AIDS response in the country

Mozambique joined UNESCO on October 11, 1976. The country has a UNESCO office based in Maputo.

Mozambique is one of the 35 countries implementing the UNESCO Literacy Initiative for Empowerment (LIFE), a 10-year initiative aimed at achieving the goals of the United Nations Literacy

Decade (2003-2012).

Mozambique is also one of the countries in “UN Delivering as One” -pilot, which includes also an HIV&AIDS joint programme. UNESCO participates in the prevention component of the programme. This consists of several activities, such as

- Provision of technical assistance and interlocutor with youth associations for design and implementation of training programme for selected CPJs and CNJs to support youth associations in elaborating HIV&AIDS prevention activities
- Provision of technical and financial support CPJ to design and implement training programme on institutional management for youth associations
- Provision of technical assistance for design and implement training programme on HIV&AIDS prevention activities for youth associations
- Training of organizations working with youth operating in selected districts in socio-culturally appropriate interventions and communication
- Content development of training of young people from youth associations in participation in community radios and mobile unit activities on HIV prevention
- Provision of technical and financial assistance to community radios and community multimedia centers in broadcasting context and youth relevant HIV&AIDS messages
- Link up associated schools programme (led by the National Commission) with radio clubs producing and implementing HIV prevention and child rights activities
- Sensitization and training of youth organizations and youth to collaborate with community leaders to HIV&AIDS
- Mobilization of community and traditional leaders in producing relevant and appropriate messages, including establishing strategic alliances for a supportive environment for HIV&AIDS prevention of youth (*information from the UNESCO office in Maputo*)

In partnership with the UNESCO office in Brazil, a pilot project on preventive education to fight HIV&AIDS has been set up in Mozambique. In a bid to contain the epidemic, an agreement was signed in 2004 to create an information centre for young people with the virus.

Currently UNESCO in Mozambique is implementing several HIV&AIDS activities in the education sector. Within the context of EDUCAIDS, UNESCO is providing support to MEC for the strengthening of the response of the education sector to the HIV&AIDS pandemic. Assistance is being provided to:

- The monitoring of the introduction of HIV&AIDS in revised Teacher Training Curriculum in selected institutions and monitoring of training of teachers in-service in selected schools
- Piloting the implementation of the workplace policy in selected schools and district and provincial directorates of education This is carried out together with ILO.

There is also an extra-budgetary programme from the Japanese Funds in Trust: Building Capacity for HIV&AIDS responses in Teacher’s Education Institutions. (*information from the UNESCO office in Maputo*)

2.5.5. Summary of the main findings and “best practices”

Based on the information available for this assesment, the following HIV -related plans exist in Mozambique:

- *Education sector strategic plan (ESSP II) 2005-2009 draft*
- *National Strategic Plan to fight HIV/AIDS 2003-2005 (by MINED)*
- *National Strategic Plan to fight HIV/AIDS, part I and part II, 2005-2009 (by CNCS)*
- *Universal Declaration of Commitment on HIV and AIDS, Mozambique Progress Report for the United Nations General Assembly Special Session on HIV and AIDS (UNGASS), 2006-2007*

Upon Member State's request, UNESCO should see whether help could be provided in finalising the ESSP, where the HIV&AIDS education plan is currently integrated, or if the elaboration of a separate HIV&AIDS education plan in the future would need support.

The country does not have an UNESS document, which UNESCO should develop in the future.

Generally in Mozambique there are relevant documents easily available for the purpose of further research. The HIV prevalence is the highest among the countries studied and the government has been taking the fight against the disease seriously for longer time than in some other countries.

As a positive exception to the other countries reviewed in this study, there was much more relevant information available than what was possible to be used in this assessment. Another distinction from the other countries in this study is that regarding EDUCAIDS framework, *quality education* had been taken very well in to account in the plans. The general level of the plans was also higher and more thorough and versatile than in the other target countries.

Mozambique was (with Guinea-Bissau) the only country assessed that had two consecutive HIV&AIDS strategies available for the study: the first for 2003-2005 and the second for 2005-2009. This allowed some comparison (see above) between the two, although the main direction of these plans was quite equal and no important distinctions were found in the approaches.

The UNGASS plan from Mozambique was the only one in the assessment that could name some "best practices" found in the area of HIV&AIDS education. These are introduced below:

The Geração Biz programme

The *Geração Biz* programme (GBP) is a National Government Programme. Based on multi-sectoral approach, it is being implemented by Ministries of Education and Culture, Health, and Youth and Sports with technical assistance from UNFPA and Pathfinder International and support from DANIDA, SIDA and the Embassy of Norway. The programme is also implemented in collaboration with local NGOs and youth associations. The programme reaches more than 1.2 million youth through in-school and out-of-school activities through 425 schools, 306 youth associations and 192 Youth Friendly Health Services within health facilities in all provinces of Mozambique. The programme provides adolescents and youth with counselling on sexual and reproductive health, as well as information and preventive services to protect the youth against unwanted pregnancies, and STIs particularly HIV. The in-school life skills activities are based on work by students and teachers trained by the programme to be peer educators. Counselling corners serve as a venue where youth can seek counselling information from their peers. Face-to-face activities by peer educators and school events in the form of debates, video sessions, interactive exhibitions, cultural and sport events are also part of the programme. The programme has steadily increased the knowledge of young participants. *Geração Biz* serves as important interlocutor in the processes of development of policies and reference tools for Mozambican youth. It is a bridge between youth associations and government structures as it encourages young

people to participate in policy formulation, thus contributing to the structural reform processes towards the creation of an environment favourable to initiative targeting adolescents and young people. Furthermore, GBP is an important reference programme for prevention among adolescents and youth and is considered as a worldwide best practice. (p.75 *Universal Declaration of Commitment on HIV and AIDS, Mozambique Progress Report for the United Nations General Assembly Special Session on HIV and AIDS (UNGASS), 2006-2007*)

Mundo Sem Segredos (World without Secrets)

This Ministry of Education and Culture programme, which began in 2003, has the objective of encouraging an open dialogue between children and other members of the community on sexual and reproductive health and HIV&AIDS. The children supported by the programme receive training on radio communication methodologies in order to develop programmes for their peers aged 12 to 15 years. The programme reaches six provinces and has improved the knowledge, attitudes, and behaviour of children who are reached by the radio programmes. (p.47 *Universal Declaration of Commitment on HIV and AIDS, Mozambique Progress Report for the United Nations General Assembly Special Session on HIV and AIDS, UNGASS, 2006-2007*)

School Awareness Programme

Through a partnership between the Ministry of Education and Culture and the National Network of Associations of People Living with HIV&AIDS (RENSIDA), the School Awareness Programme reached 725 primary schools and approximately 469,367 children (of which 55 per cent were girls) in 10 provinces and Maputo city in 2007. The programme focuses on children aged 10 to 14 and the main strategy of the programme is to support the development of psycho-social skills to prevent HIV infection through life-skills sessions led by activists living with HIV. These sessions are extra-curricular activities in HIV&AIDS school clubs and include activities such as debates and interactive theatre work that enable children to identify and prevent various risk situations. Activists are trained in this approach through a range of educational materials. (p.47 *Universal Declaration of Commitment on HIV and AIDS, Mozambique Progress Report for the United Nations General Assembly Special Session on HIV and AIDS, UNGASS, 2006-2007*)

2.6. São Tome and Principe

- The HIV&AIDS situation in the country:

The HIV prevalence rate in São Tome and Principe in 2001 was about 1% according to the *National Strategic Plan to fight against HIV/AIDS*. No reliable system exists in the country to estimate the prevalence of STD's more specifically. (p.9) São Tome and Principe falls in to the UNAIDS low prevalence category.

According to an older HIV&AIDS policy (2003) epidemiologic risk factors in Sao Tome and Principe include increasing poverty, polygamy and "instability of couples", early marriages and pregnancies, increase of the STI's, increase of abortions among young women, increase of prostitution among youth, weak accessibility to primary health care, low condom use and disponibility rate, low level of information about the prevention of STIs/AIDS, and increase of tuberculose cases. (p.8-9, http://uns.st/undp/fr/download/Pol%EDtica_nacional_contra_o_SIDA.pdf)

2.6.1. Overview of the national HIV&AIDS education and -related plans

From São Tome and Principe two documents were reviewed for this part of the study: *HIV/AIDS education sector plan concept paper* and *National Strategic Plan for HIV/AIDS 2004-2008*. Due to the briefness of these plans a general education sector plan would have been useful to review but no such plan was found on the internet for this assessment.

Below are described the HIV&AIDS and education references found in the plans respectively.

- *Projet de finalisation du plan sectoriel de l'éducation en matière du VIH/SIDA - HIV/AIDS education sector plan concept paper*

A HIV&AIDS education sector plan is planned for the future. Now the only related document available was a 2-page plan concept paper *Projet de finalisation du plan sectoriel de l'éducation en matière du VIH/SIDA, São Tome and Principe*, which briefly explains the background, justification, timeframe and budget for the plan.

- *Plano Estratégico Nacional de Luta Contra o VIH/SIDA 2004-2008 - National Strategic Plan to fight against HIV/AIDS 2004-2008*

The national HIV&AIDS strategy recognizes the role of education. Analphabetism prevents especially women to receive the necessary information and education on the forms of transmission, the risk factors and ways to prevent the infection. (p.11)

In 1988 there was a programme on sexual education implemented in schools in São Tome and Principe. Nowadays the programme is called "Education and counselling on sexual and reproductive health for adolescents and youth". (p.15)

The plan identifies as one of the objectives the reduction of the vulnerability to the infection. As a strategy for this it is suggested that the fight against HIV&AIDS would be integrated in the national strategy to reduce poverty and other plans and strategies on the national development. (this would have been done during 2004). One of the activities to implement this is to intensify educational and professional programmes aimed at identified vulnerable groups from a cultural perspective. (p.41)

2.6.2. Analysis of the plans on the basis of EDUCAIDS

This table summarizes the HIV&AIDS education references found in São Tome and Principe's *National Strategic Plan to fight against HIV/AIDS 2004-2008* and shows how the EDUCAIDS framework has been integrated into it:

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
Take into account vulnerable groups from a cultural aspect	Intensify educational and professional programmes		Integrate the fight against HIV&AIDS in the national strategy to reduce poverty and other national plans and strategies	Education and counselling on sexual and reproductive health for adolescents and youth

Education does not play a significant role in this plan, but the plan itself is overall very summarized. Regarding EDUCAIDS framework, *Policy, management and systems, Content, curriculum and learning materials, Quality education* and *Approaches and illustrative entry points* were equally represented in this plan. *Educator training and support* had not been included.

Overall, the next São Tome and Principe HIV&AIDS plan (unless the specific HIV&AIDS education plan will be finalized soon) should be notably expanded and it should cover more aspects, such as specific prevention programmes using education and support to the HIV positive teachers etc.

2.6.3. UNESS document review

São Tome and Principe does not currently have an UNESS document and no information was obtained on its possible elaboration in the future.

2.6.4. UNESCO HIV&AIDS response in the country

The island of São Tome and Principe joined UNESCO on January 22, 1980. The country comes under the jurisdiction of the organization's office in Libreville, Gabon.

Education and literacy are the most pressing concerns of São Tome and Principe's government, which is why UNESCO has set up a project there designed to improve the quality of teaching in primary and secondary schools and reduce the number of untrained teachers. Within the framework of South-South cooperation, São Tome and Principe is currently introducing a literacy programme thanks to the support of the UNESCO office in Brasilia and financial assistance from the Brazilian government. The aim of this programme is to support the authorities' efforts to reduce the illiteracy rate through recruitment training and assessing teachers. The UNESCO office in Libreville has, for its part, supported the setting-up of a community radio station which is hoped to raise awareness about literacy

among the people of the island. (http://portal.unesco.org/geography/en/ev.php-URL_ID=2357&URL_DO=DO_TOPIC&URL_SECTION=201.html)

There was no information about HIV&AIDS -specific UNESCO activities available in São Tome and Principe.

2.6.5. Summary of the main findings

Based on the information available for this assesment, the following HIV -related plans exist in São Tome and Principe:

- *HIV/AIDS education sector plan concept paper*
- *National Strategic Plan for HIV/AIDS 2004-2008*

UNESCO should find out if further support is needed in the elaboration of the HIV&AIDS education plan which is currently being prepared.

São Tome and Principe does not have an UNESS document and it should be therefore drafted in the near future.

São Tome and Principe seems to be a “forgotten land” and would need to be more targeted in the area of HIV&AIDS and education. This was the country with least information and plans available, and with the most insufficient level of documentation. São Tome and Principe, even as a small country, and with HIV prevalence rate of only 1%, would need more attention when it comes to planning and integrating HIV&AIDS education activities. It seems that the government has not yet fully integrated HIV&AIDS into education, or has at least not documented it sufficiently.

2.7. Senegal

- The HIV&AIDS situation in the country:

The *UNAIDS/WHO/UNICEF Epidemiological fact sheet on HIV/AIDS 2008 update* and the Senegal UNESS document (p.9) state that the estimated adult HIV prevalence in Senegal is currently about 1 %. This places Senegal to the UNAIDS low prevalence category.

High risk groups include especially commercial sex workers, whose prevalence is around 17%. (http://www.usaid.gov/our_work/global_health/aids/Countries/africa/senegal_04.pdf)

2.7.1. Overview of the national HIV&AIDS education and -related plans

From Senegal two documents were reviewed for this part of the study: *Strategic plan to fight AIDS for the education system 2002-2006* and *HIV/AIDS Plan 2007-2011* by CNLS. Below are described the HIV&AIDS and education references found in these plans respectively.

- *Plan Stratégique de Lutte contre le SIDA du Système Éducatif, 2002-2006*
- *Strategic plan to fight AIDS for the education system 2002-2006*

Objective of this plan is to carry out following activities:

- Studies and research on AIDS
- Elaboration and implementation of IEC plan under health and nutrition component
- Revision of existing didactic material, their production and diffusion
- Introduction of STI/AIDS modules in the schools where teachers are trained, in the continued training and in the alphabetisation classes
- Training of peer educators
- Establishing means of prevention at universities and training institutes.
- ToT is addressed to teachers at different levels at universities, training institutes, colleges, secondary schools etc.
- Existing didactic material is to be revised, and produced and distributed to the teachers and students, and manuals for the teachers at different levels will be produced. An IEC plan should be produced -
- Studies on the demographic previsions about the impact of AIDS in the education sector and studies on the actual perceptions and on the actual impact of AIDS in the schools should be carried out
- Information and sensibilisation will be addressed at administrative and academic authorities, regional, municipal and rural counsellors, NGOs and development partners, parent associations, and committees
- Other sensibilisation activities will be introduced in school establishments, such as conferences, competitions, sensibilisation campaigns, cultural weeks, national AIDS day, women and AIDS -week, youth and AIDS etc., permanent exposition, youth counselling corners, wall paintings on STI and AIDS etc.
- Training on the curriculum through evaluation and planning methods
- Establishing a database
- Creating a communication strategy
- Carrying out study- and exchange travels at national, sub-regional and international level are seen important activities as well. (p.7, 8, 9, 10)

- *Plan Stratégique de Lutte contre le Sida 2007-2011*
- *Strategic Plan to fight HIV/AIDS 2007-2011 (by National AIDS Council CNLS)*

Strategic objectives of this plan, regarding HIV&AIDS and education, consist of:

- Enlarging the coverage of AIDS communication programmes. Studies on the spread of HIV among certain vulnerable groups will allow the production of more specific education and communication tools. The trainings on the elaboration of communication action plans will be given to the stakeholders of the fight and to the teachers. The prevention of HIV and reproductive health components that are already integrated in school programmes will be strengthened. These activities will be monitored and

evaluated in order to make adjustments to strengthening of the prevention mechanism. (p. 29)

-Reduction of the risky behaviour and habits regarding sexual transmission of HIV. The main actions to achieve this are the integration of life skills in the teaching and training programmes and strengthening the interventions of fight against AIDS at the level of the education sector. (p.29-30, 36-37)

-Strengthening the capacity of response of the principal development sectors (including health). (p.34)

A sectoral plan will be developed by the Ministry of Education in the future. (p. 57)

2.7.2. Analysis of the plans on the basis of EDUCAIDS

This table summarizes the HIV&AIDS education references found in Senegal’s *Strategic plan to fight AIDS for the education system 2002-2006* and shows how the EDUCAIDS framework has been integrated into it:

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
	Elaborate and implement IEC plan under health and nutrition component	Introduction of STI/AIDS modules in the schools that train teachers	Study and research on AIDS	Training of peer educators
	Revise the existing didactic material, their production and diffusion for teachers and students	Training of peer educators	Establish means for prevention at universities and training institutes	
	Introduction of STI/AIDS modules in the continued training and alphabetization classes	ToT at different levels	Establish a database	
	Information and sensibilization at different levels	Manuals for the teachers	Create a communication strategy	
	Study- and exchange travels at	Training on the curriculum through	Information and sensibilization at	

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
	national, sub-regional and international level	evaluation and planning	different levels	

Quality education and *approaches and illustrative entry points* did not get much attention in this plan. However, *Educator training and support* had been taken into account well. The plan is detailed but unfortunately does not cover all EDUCAIDS components. There is, for example, no mention about vulnerable groups or gender aspect, or sex, HIV and relationship education.

There is no information on the funding, implementation or partners in this plan so it is difficult to estimate whether the plan is feasible or not.

This table summarizes the HIV&AIDS education references found in Senegal's *Strategic Plan to fight HIV/AIDS 2007-2011* (by National AIDS Council CNLS) and shows how the EDUCAIDS framework has been integrated into it:

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
Studies on the spread of HIV among vulnerable groups	Strengthen the existing programmes on prevention of HIV and reproductive health	Training for teachers on the elaboration of a communication plan	Enlarge the coverage of AIDS communication programmes	Integrate life skills training in the teaching and training programmes
		Integrate life skills training in the teaching and training programmes	Studies on the spread of HIV among vulnerable groups	
			Monitor and evaluate the activities to strengthen the prevention mechanism	
			Strengthen the AIDS interventions and capacity of response in the	

1. Quality education	2. Content, curriculum and learning materials	3. Educator training and support	4. Policy, management and systems	5. Approaches and illustrative entry points
			sector	
			Develop an education sector plan	

Education's role in the HIV&AIDS activities in the plan is reasonable, considering that the plan is generally rather summarized. It consists of different aspects based on EDUCAIDS framework. Few of them are "crosscutting" issues and can be included under two different EDUCAIDS components. In the future the HIV&AIDS plan in Senegal could include more approaches towards education activities, such as education on care, treatment and support issues, etc.

2.7.3. UNESS document review

There is a final UNESS document, *Stratégie de Soutien d'Éducation Nationale au Sénégal (UNESS) 2008-2013*. It is the only final version of UNESS documents that was available for this study from any of the target countries.

The government of Senegal updated the National Plan of Sanitary and Social Development (PNDS) for the period of 1998-2007 and created a strategic plan to fight AIDS to maintain the prevalence below 3%. The United Nations agencies in Senegal are together implementing the MDGs, one of them being the fight against HIV/AIDS. (no page number)

UNESCO has supported the education sector in HIV&AIDS -related activities in Senegal as follows:

- Supported the government in coordination and planning of education campaigns in the area of prevention and sensibilisation at all levels in order to stop HIV/AIDS pandemic
- In the area of quality education and HIV&AIDS education UNESCO supported the training of teachers in 2004-2005
- In 2006-2007 UNESCO assisted the government in a sensibilisation campaign in universities
- In 2006-2007 UNESCO implemented an initiative on the adaptation and promotion of culturally appropriate communication methods in the prevention and mitigation of HIV&AIDS in one region in Senegal. This was an extra-budgetary project and funded by UNAIDS. (no page number)

No further references on HIV&AIDS were made in the document.

2.7.4. UNESCO HIV&AIDS response in the country

Senegal joined UNESCO on November 10, 1960. The UNESCO office Dakar, BREDA (Bureau Régional pour l'Éducation en Afrique), was opened in 1970. Education remains BREDA's priority

field of action given its regional mandate for education in the entire region of Sub-Saharan Africa. The office has the obligation to provide assistance to other UNESCO field offices in the area and to coordinate implementation of regional education programmes. BREDA, for example, organized a regional workshop on educational support for handicapped people in West Africa.

Senegal is committed to achieving the goals of EFA and currently allots 40% of its budget to education. Other fields of cooperation include the quality of education, pre-school education, education for handicapped persons and educational support for children in quranic schools. A training programme for technical training educators has also been implemented.

Education remains its priority field of action given its regional mandate for education in the entire region of sub-Saharan Africa. The office has the obligation to provide assistance to other UNESCO field offices in the area and to coordinate implementation of regional education programmes. BREDA, for example, organized a regional workshop on educational support for handicapped people in West Africa.

Senegal is one of the 35 countries implementing the UNESCO Literacy Initiative for Empowerment (LIFE), a 10-year initiative aimed at achieving the goals of the United Nations Literacy Decade (2003-2012). (http://portal.unesco.org/education/en/ev.php-URL_ID=40122&URL_DO=DO_TOPIC&URL_SECTION=201.html and http://portal.unesco.org/geography/en/ev.php-URL_ID=2358&URL_DO=DO_TOPIC&URL_SECTION=201.html)

2.7.5. Summary of the main findings

Based on the information available for this assesment, the following HIV -related plans exist in Senegal:

- *Strategic plan to fight AIDS for the education system 2002-2006*
- *HIV/AIDS Plan 2007-2011* by CNLS
- *UNESS document 2008-2013*

If the Member State requests, UNESCO could provide assistance in drafting a new HIV&AIDS education plan, in case it does not exist yet, as is assumed on the basis of findings of this assesment.

The UNESS document includes the minimum HIV&AIDS education -related information, concentrating mainly in the activities in the past and in the future. In consequence, the chapter in HIV and AIDS could be completed, especially as in Senegal, BREDA has carried out innovative activities of HIV and AIDS prevention via socio-cultural approaches, notably by introducing self expression & theatre in school environments.

It was surprising that there was no up-to-date HIV&AIDS education plan found from Senegal for this assesment, especially taking into account that BREDA has existed in the country since 1970. Maybe attention has been given to the neighboring countries in the past, while actually Senegal itself would also need support and guidance to its HIV&AIDS and education planning.

3. Conclusions and recommendations

Country specific conclusions and recommendations:

- **Angola:**

- The Angola HIV&AIDS education sector plan is rather confusing and would need re-organization, as it includes many objectives that are mentioned several times, in different contexts, and therefore is not easy to follow. Quality education has not been taken into account sufficiently in the plan and should be reinforced in future plans by highlighting, for example, the involvement of PLWHAs. If the Member State request, UNESCO should see if Angola needs assistance in drafting the new HIV&AIDS education plan (in 2010).
- Education's role is minor in the national HIV&AIDS plan and more education-related activities should be therefore integrated in the plan in the future.
- The Angola UNESS document would need urgent finalisation. In its current version, it includes the minimum HIV&AIDS education -related information.
- The availability of current documents (education sector HIV&AIDS plan and national HIV&AIDS strategy) in Angola was better than the average among the countries reviewed for this assessment, as the ones available were not outdated.
- It seems that HIV&AIDS education has been recognized as an important factor in the fight against the epidemic in Angola, but the level of integrating any such activities, and reporting on it, would need improvement.
- It was mentioned in the HIV&AIDS education plan that partnerships with other ministries than that of health, is, or was, weak, so the collaboration should be strengthened in the future.
- The Virginio Bruni-Tedeschi Foundation partnership with UNESCO project (2008-2009) in Angola aims at strengthening the education sector's response to HIV&AIDS by promoting an approach to HIV&AIDS that is fully engaged in the national AIDS efforts. This partnership will be beneficial in joining forces in the fight against HIV&AIDS in Angola.

- **Cape Verde:**

- In the national HIV&AIDS plan there was not enough qualitative data, statistics or time periods given for different activities. This aspect should be strengthened in the future plans. Education does not play a significant role in this plan, and therefore more approaches on HIV&AIDS education would need to be integrated in the future, such as education on prevention, and life skills education.
- Education sector plan is very summarized, and the role of HIV&AIDS in the plan is small. The plan highlights partnerships more than an average plan reviewed for this assessment. The education sector plan does not seem very functional in its current form and would need specification and new approaches in using education in the fight against HIV&AIDS. No funding information or partners were mentioned in these plans.
- According to the information received from the Office for UN Funds and Programmes in Cape Verde, there is no specific HIV&AIDS and education plan available but a sectoral working group to coordinate HIV&AIDS and education activities has at least existed in the past. This issue should be followed up by UNESCO and if necessary, provide support in drafting a HIV&AIDS and education plan in the future, upon request from the Member State.
- The Cape Verde UNESS document would need urgent finalisation. In its current version it includes

the minimum HIV&AIDS education -related information.

- As HIV&AIDS is currently not considered as a major problem in Cape Verde, it is understandable that, even that the country would have more resources than many other country in the region, efforts are rather directed at other problems than HIV&AIDS in the country. In many ways Cape Verde is a special African country.

- **Côte d'Ivoire:**

- The education sector HIV&AIDS plan gives most attention to the policy-related approaches. Other EDUCAIDS components remain without much importance and should be strengthened in the future plans (or in the final version of this one). No information on the partners, funding or implementation was given in this plan. Some importance was given to the vulnerability and support of teachers and other workers in the sector. This was quite exceptional among the plans reviewed for this assessment. The plan includes many important aspects but would need finalisation, including clarifications and re-organization of information.

- Education does not play an important role in the HIV&AIDS plan and it is mentioned only once. In general, UNESCO could look into the possibilities of strengthening the integration of HIV&AIDS education activities in the future plans in the country as currently the HIV&AIDS education's role seems to be underestimated in Côte d'Ivoire's plans.

- Information from Côte d'Ivoire was not easily available as the documents found were outdated. As was the case of many other countries in this study, it remained unclear whether there are plans that have been prepared in the country more recently.

- UNESCO should check whether a more recent HIV&AIDS education plan exists, and if not, assist in the elaboration of a new one, if the Member State request.

- The UNESS document would need urgent finalisation. In its current form it includes the minimum HIV&AIDS education -related information.

- **Guinea-Bissau:**

- The Guinea-Bissau HIV&AIDS education plan draft concentrates quite a lot on policy-related aspects. There are mentions about *content, curriculum and learning materials*, but they do not seem to be adapted and appropriate for various ages, levels and settings. In the *educator training and support* the support – part of it has been totally forgotten. As well, like in the majority of the plans reviewed, there is no mention about educators' own vulnerability to HIV. *Approaches and illustrative entry points* seems to be completely forgotten in the plan. There is no information on funding, implementation or partners included. The draft is lacking some concrete ideas on how to implement the planned actions and is therefore confusing. UNESCO should assist the country in the finalisation of the HIV&AIDS education sector plan, if requested by the Member State.

- The *National Programme to Fight against HIV/AIDS* (by INDE) shows that the Ministry of Health is well involved in the fight against HIV&AIDS in Guinea-Bissau. This HIV&AIDS plan covers quite well different areas of EDUCAIDS framework, except the *Quality education*. Education has been taken into account relatively well in the fight against HIV&AIDS in this plan.

- The consecutive HIV&AIDS plan, by CNLS, is detailed and seems feasible, although education's role is not much highlighted in the fight against HIV&AIDS. Year-specific implementation information is

missing but the estimated costs per year are included. Although education's role is not stressed in this plan, the five components of the EDUCAIDS framework can be found.

- As mentioned, there were two consecutive HIV&AIDS plans available (2003-2005 by INDE and 2007-2011 by CNLS). The quality was different between these two, as the more recent one is more accurate and thorough so some positive development in the quality can be seen. This can be also interpreted so that currently more importance is being given, than in the past, to the fight against HIV&AIDS in Guinea-Bissau.

- An UNESS document does not exist in Guinea-Bissau, and therefore it should be developed in the near future.

- Guinea-Bissau was one of the two countries in the assessment to have an *EDUCAIDS snapshot*-report. It was very informative, and would be useful to have on each target country in the future.

- **Mozambique:**

- HIV&AIDS activities play an important role in the Education Sector Strategic Plan (draft). The plan is detailed and includes many concrete aspects on HIV&AIDS and education. The quality of the plan and its versatility is clearly above average among the plans reviewed for this assessment. The sports aspect (that can be included under *Approaches and illustrative entry points*) is interesting and unique and could be used in other countries as well. Policy-related activities are most represented in this plan, as in the majority of the plans reviewed for this assessment. Depending on the request of the Member State, UNESCO should see whether help could be provided in finalising the ESSP, where the HIV&AIDS education plan is currently integrated, or if the elaboration of a separate HIV&AIDS education plan in the future would need support.

- Education plays, expectedly, an important role in the HIV&AIDS plan by MINED. *Quality education* has two mentions in this plan, and one of them, gender equality, is also repeated in the consecutive HIV&AIDS plan by CNCS. Policy-related aspects receive most attention in this plan, as in most of the plans in this assessment. *Educator training and support* is very well represented in this plan compared to many other plans in this assessment. This can be explained by the fact that this actually is a plan elaborated by MINED.

- Education's role is important also in the consecutive HIV&AIDS plan (by CNCS). All the EDUCAIDS components are represented in this plan. Positive is that the *quality education* has been highlighted by gender equality and age appropriateness in this plan. Compared to the previous HIV&AIDS plan, *Approaches and illustrative entry points* has been considered wider in this plan. The *educator training and support* receives less attention in this plan than in the previous plan by MINED, which is somehow understandable (as the previous one was developed by the Ministry of Education, that concentrates therefore on education-related issues). This plan goes to a further level than any other plan reviewed - encouraging parents to plan the future of their children, in school environment, taking into account their children's rights. This aspect was not seen in any other plan in this study. Policy-related aspects have most attention also in this plan. These both national HIV&AIDS plans are more versatile and of better quality than the average of the plans reviewed for this assessment.

- Mozambique was (with Guinea-Bissau) the only country assessed that had two consecutive HIV&AIDS strategies available for the study: the first for 2003-2005 and the second for 2005-2009. This allowed some comparison between the two, although the main direction of these plans was quite equal and no important distinctions were found in the approaches.

- The country does not have an UNESS document, which UNESCO should develop in the future.

- Generally in Mozambique there are relevant documents easily available for the purpose of further

research. The HIV prevalence is the highest among the countries studied and the government has been taking the fight against the disease seriously for longer time than in some other countries.

- As a positive exception to the other countries reviewed in this study, there was much more relevant information available than what was possible to be used in this assessment. Another distinction from the other countries in this study is that regarding EDUCAIDS framework, *quality education* had been taken very well in to account in the plans. The general level of the plans was also higher and more thorough and versatile than in the other target countries.

- In Mozambique the HIV&AIDS response seems to have the longest history and is well established (better quality of the plans etc.) – also for the reason that the HIV prevalence is the highest among the countries studied in this assessment. Therefore the country could be in a position of sharing best practices on different innovative approaches, such as the Geracao Biz (see Mozambique country-specific explanation on this).

- It seems that UNESCO in Mozambique is implementing more “innovative” activities than in other countries, such as -Content development of training of young people from youth associations in participation in community radios and mobile unit activities on HIV prevention and -Provision of technical and financial assistance to community radios and community multimedia centers in broadcasting context and youth relevant HIV&AIDS messages. The impression of Mozambique being more “innovative” in this sense could be also due to the fact that UNESCO Mozambique was the only UNESCO office that provided detailed information on their current activities. Other offices might have “innovative” activities as well, but no information on them was obtained for this assessment.

- **São Tome and Principe:**

- The development of an HIV&AIDS education plan was launched in June 2008 and is currently ongoing. Now the only related document available was a 2-page plan concept paper *Projet de finalisation du plan sectoriel de l'éducation en matiere du VIH/SIDA*. At Member State's request, UNESCO could provide basic guidance/support to São Tome and Principe, so that the country could improve its HIV&AIDS and education plans.

- Education does not play a significant role in the national HIV&AIDS plan, but the plan itself is overall very summarized. Regarding EDUCAIDS framework, only *Educator training and support* had not been included. Overall, the next São Tome and Principe HIV&AIDS plan (unless the specific HIV&AIDS education plan will be finalized very soon) should be notably expanded and it should cover more aspects, such as specific prevention programmes using education and support to the HIV positive teachers etc.

- São Tome and Principe does not have an UNESS document and it should be therefore drafted in the near future.

- São Tome and Principe seems to be a “forgotten land” and would need to be more targeted in the area of HIV&AIDS and education. This was the country with least information and plans available, and with the most insufficient level of documentation. São Tome and Principe, even as a small country, and with HIV prevalence rate of “only” 1%, would need more attention when it comes to planning and integrating HIV&AIDS education activities. It seems that the government has not yet fully integrated HIV&AIDS into education, or has at least not documented it sufficiently.

- **Senegal:**

- *Quality education and Approaches and illustrative entry points* did not get much attention in the

HIV&AIDS education plan, which was also already outdated. However, *Educator training and support* had been taken into account well. The plan is detailed but there is, for example, no mention about vulnerable groups or gender aspect, or sex, HIV and relationship education. There is also no information on the funding, implementation or partners in this plan. UNESCO should see whether a more recent HIV&AIDS education plan exists in the country, and if not, assistance to the elaboration of a new one should be provided, depending on the request from the Member State.

- Education's role in the HIV&AIDS activities in the HIV&AIDS plan is reasonable, considering that the plan is generally rather summarized. It consists of different aspects based on EDUCAIDS framework. In the future the HIV&AIDS plan in Senegal could however include more approaches towards education activities, such as education on care, treatment and support issues, etc.

- The UNESS document includes the minimum HIV&AIDS education -related information, concentrating mainly in the activities in the past and in the future. In consequence, the chapter in HIV and AIDS could be completed, especially as in Senegal, BREDA has carried out innovative activities of HIV and AIDS prevention via socio-cultural approaches, notably by introducing self expression & theatre in school environments.

- It was surprising that there was no up-to-date HIV&AIDS education plan found from Senegal for this assessment, especially taking into account that BREDA has existed in the country since 1970. Maybe attention has been given to the neighboring countries in the past, while actually Senegal itself would also need support and guidance to its HIV&AIDS and education planning.

General recommendations and conclusions:

All the countries would need support in drafting clear and consistent plans, where the objectives and activities are carefully indicated and the timeline for completing the activities is feasible.

In many plans reviewed for this assessment the timeline did not exist or it was confusing. The plans usually included several education activities to fight HIV&AIDS but there was no clear structure on how and when these activities were to be carried out. Specific operational plans might contain this information. Other tools, such as logical framework, could also be used to give a precise road map of intended activities. Monitoring and evaluation of results should be given more attention. In addition, plans should always be budgetised, which will enable mobilising sufficient funds. Budgeting should be based on realistic calculations and availability of eventual additional funds. Country's possibility to apply for Global Fund's and/or PEPFAR's financing should be carefully studied and where possible, advocate with a consistent, viable HIV and AIDS education plan for education's inclusion into the application.

A multi-stakeholder approach should be taken into account when elaborating the plans, such as community based activities, youth lead activities, women's inclusion etc.

Inter-sectoral linkages were rare in the plans reviewed, but combining sports in the HIV&AIDS education was included in the Mozambique's education sector plan, and made it unique.

UNESCO could play a coordinating role, via its website, on gathering this information on its website. There's a need for a more coherent data collection, both on the policy level and at the level of statistic information on the epidemic's impact on education systems. Currently, it seems that Mozambique and Angola have the largest number of useful documents available on the internet.

Concerning the quality of the documents, PLWHAs or HIV-positive educators were hardly ever mentioned in any of the plans. Only one plan (Mozambique HIV/AIDS plan by CNCS) mentioned that the activities should be adapted and appropriate for various ages, levels and settings. PLWHA's participation in the policy decision could be advocated, and this could be done via the organisations of PLWHAs. The same goes for other stakeholder groups, such as teachers, young people etc.

A primary aim of EDUCAIDS is to achieve coverage of quality education on HIV&AIDS at a national scale. Quality education was exactly the component that was missing, or under-represented, in most of the plans and should therefore need more attention in the future. The EDUCAIDS matrix can provide guidance while doing this work so as to assure that the majority of quality components are taken into account. In the light of the fact that HIV & AIDS is more and more "a feminine disease", specific attention should be given to assuring gender aspects. It is also to be noted that e.g. the scientific accuracy, as recommended in the EDUCAIDS framework, was not mentioned even once in any of the plans reviewed for this assessment.

Information regarding validation, implementation, financing and fundraising was impossible to receive within this timeframe as this kind of information was not included in the plans. This would be a topic for another study.

On a general level, UNESS documents require finalisation in the cases of Angola, Cape Verde and Côte d'Ivoire. UNESS documents should be elaborated in the rest of the countries, as they currently do not exist.

Out of five PALOP countries, only Angola currently has an HIV&AIDS education plan. Two are known to be under preparation (Guinea-Bissau and São Tome and Principe). In Mozambique's case the HIV&AIDS education plan is currently integrated into the general education sector plan. The existing plans/drafts have rather confusing structures, are lacking clear timelines for the activities and have underestimated the importance of quality education. The plans under preparations should therefore carefully take into account these aspects.

São Tome and Principe, as well as Cape Verde and Guinea-Bissau, are part of the SIDS programme (Sustainable Development of Small Island Developing States) and benefit of tailored interventions for their development. These states could be perhaps linked together under this umbrella.

South-South cooperation among the PALOP countries includes exchange of experiences within PALOP countries in Africa, Brazil and Portugal. Even tri-partite cooperations, such as South-North-South cooperations exist (with Portugal).

Cape Verde and Mozambique are both "One UN" -countries. This could facilitate the HIV&AIDS and education via a better coordination and united UN response.

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