Quality Education and HIV/AIDS

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7, place de Fontenoy
75352 – Paris 07 SP
France

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Preface

This paper uses a framework for quality education developed by UNESCO's Education Sector, Division for the Promotion of Quality Education (ED/PEQ) to show how education systems can and must change in their analysis and conduct in relation to HIV/AIDS. It summarises the 10 dimensions of the framework, considers how HIV/AIDS manifests itself in relation to these quality dimensions and summarises some practical applications of how education has responded and can respond to the pandemic from a quality perspective.[1] A more detailed annex to the paper provides evidence on the manifestations of the pandemic on education systems, and how systems have responded in practical ways. Some general conclusions are drawn and a final section promotes some practical and strategic actions in support of quality education that reflects and responds to HIV/AIDS.

The paper was developed for the UNAIDS Inter-Agency Task Team (IATT) on HIV and Education. The IATT is convened by UNESCO and includes as members the UN co-sponsoring agencies of UNAIDS, bi-lateral and private donors, and NGOs. The IATT focuses on mobilising commitment to prevention education, acting as a catalyst for the exchange of information about what is known, what is available, and what still needs to be known about how education can be most effective in mitigating the effects of the HIV/AIDS crisis. It seeks to examine and strengthen existing tools for monitoring and evaluating education systems' responses to the crisis, identify weaknesses in these responses and overcome these weaknesses, analyse what is known to strengthen information and materials exchange, and stimulate research and evidence-based policy-making.

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The author acknowledges the contribution of staff in the Section for an Improved Quality of Life, Division for the Promotion of Quality Education, UNESCO, who made suggestions and comments, and who reviewed various drafts.

[1] This paper does not address the impact of HIV/AIDS on education systems—this has been addressed elsewhere. Readers may find the IIEP website helpful: http://www.unesco.org/iiep/eng/focus/hiv/hiv_1.htm., and also see in particular C. Coombe, M.J. Kelly and R. Carr-Hill who have conducted multiple impact studies in Africa.

Quality Education and HIV/AIDS

1. Introduction

Quality education has always been a priority for UNESCO, resolutely confirmed at the Ministerial Round Table on Quality Education held in Paris in 2003.[2] The topic is even more salient now because of UNESCO's commitment to Education for All (EFA), goal number six of which refers to addressing all aspects of the quality of education so that recognised and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills. A quality education focuses on learning.

UNESCO promotes quality education as a human right and supports a rights-based approach to the implementation of all educational activities. If education is based on a commitment to rights, then it must embody rights in its conduct. This has implications when one considers the obligation of states to provide a quality education for all—including those infected and affected by HIV/AIDS. Because of the nature of the pandemic, those who are uninfected are also viewed as being affected.

The primary concern is learning and, therefore, the relationship between the learner and the teacher is critical. But, the inputs, processes, results and outcomes that surround and foster, or hamper, learning are key as well. All of these can be seen as affecting learning at two levels[3]—at the **level of the learner** in her or his learning environment (adult or child, formal or nonformal) and at the **level of the system** that creates and supports the learning experience. Each of these two levels can be divided into five dimensions. These 10 dimensions of quality education are presented in this paper to demonstrate how each of these dimensions must and can take the HIV/AIDS pandemic into account.[4]

The next section of the paper begins with an outline of the reasons why HIV/AIDS needs to be brought in to discussions around quality education. An important point is that "Education is a crucial, and currently essential, element in society's armoury against HIV transmission. It is a necessary, though not sufficient, component in all prevention activities."[5]

The following figure summarises the quality framework, representing a shift of emphasis from 'educating' to 'learning.' Learning is at the centre, and it is surrounded by two levels. The inner one is that of the level of the learner and the outer one is the level of the learning system. Both of these levels operate within a specific context which can vary considerably from location to location.

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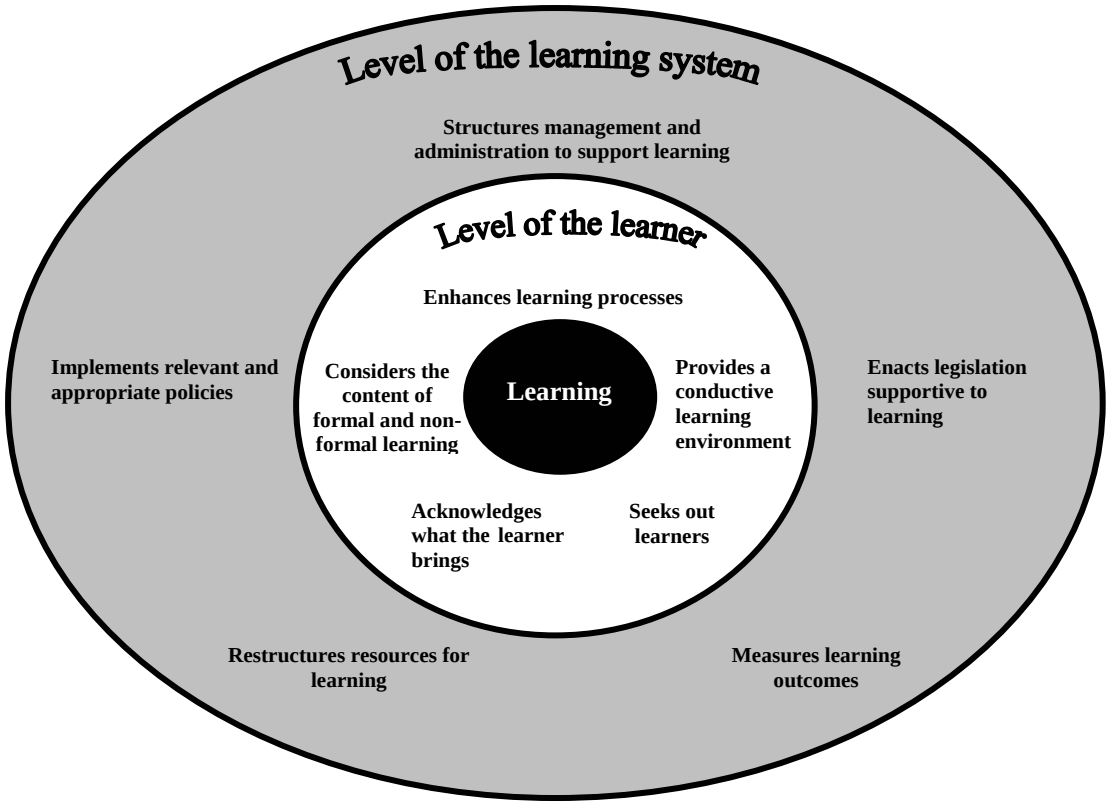
[2] UNESCO, 2003. *Ministerial Communiqué.* Communiqué from the Ministerial Round Table on "Quality Education", Paris, 3-4 October 2003.

[3] More detail on this framework and its application may be obtained from UNESCO's Division for the Promotion of Quality Education (ED/PEQ).

[4] Some of the initial work on this framework relating to the level of the learner was undertaken by UNICEF. Interested readers are referred to the UNICEF Working Paper: *Defining quality in education*, 2000, retrieved from http://www.unicef.org/girlseducation/QualityEducation.PDF.

[5] Kelly 2000c cited in Coombe, 2002b: p. 32.

Figure 1: From Educating to Learning: A Framework for Considering HIV/AIDS and Quality Education



Quality education at the level of the learner:

1. **Seeks out learners** – through creative ways of seeking out learners from households affected by HIV/AIDS, working with them, their families and communities to support learning and fulfil the right to education.
2. **Acknowledges what the learner brings** – the experiences of learners need to be taken into account to enhance their own and others learning.
3. **Considers the content of formal and non-formal learning** – learning about HIV/AIDS requires factual and comprehensive content that is age and sex specific, introduced in the context of practical life skills that teaches how to protect and respect oneself and others.
4. **Enhances learning processes** – with emphasis on inclusion, participation and dialogue. Stigma and discrimination from classmates, teachers, parents and communities must be avoided and addressed so it does not exclude children from AIDS-affected households from learning
5. **Provides a conducive learning environment** – with the goal of ensuring safe, secure and supportive schools that address all forms of violence, provide adequate hygiene and sanitation facilities, and ensure access to health and nutrition services.

Quality education at the level of learning systems:

6. **Structures management and administration to support learning** – through the promotion of openness and transparency to allow a dialogue on HIV/AIDS and the right of all to learn and have access to education.
7. **Implements relevant and appropriate policies** – that are the foundation for safe, secure and supportive schools and that take account of the epidemic.
8. **Enacts legislation supportive to learning** – through a legislative framework supporting the right to education covering all aspects of the relationship between HIV/AIDS and education.
9. **Restructures resources for learning** – bearing in mind the increasing demands caused by HIV/AIDS on human and financial resources to ensure the provision of education for all.
10. **Measures learning outcomes** – to work towards a fair system of education without inadvertently discriminating against those affected by HIV/AIDS.

2. Articulating the framework in relation to HIV/AIDS

It is now well established that HIV/AIDS is significantly affecting the supply of and demand for and quality of education—see section 3 of this paper. Countries heavily affected by HIV/AIDS are experiencing severe losses in their teaching forces due to teacher illness or death, to care for family, or transfers to other government or private sectors to replace personnel lost to AIDS. At the same time, children and adolescents are finding it more difficult to attend and remain in school for the same reasons, and because they may be needed to help with household chores or to supplement family labour or income. Even uninfected teachers are often poorly equipped to deal with the impact of the pandemic on their work.[6] These dynamics place enormous strain on learning achievement, requiring reconsideration of what must be done to protect and support educational quality, and to maintain progress towards the achievement of EFA goals. All educators need to ensure that education reduces risk and vulnerability while providing all learners a quality education that is meaningful in the 21st Century.

2.1 At the level of the learner

The question of quality can be looked at specifically from the perspective of those affected or infected by HIV/AIDS. From the perspective of the learner, there is a number of dimensions to consider, including the needs and perspectives of those with HIV or who come from AIDS-affected households, children who have lost one or both parents to AIDS, what is taught in school regarding HIV/AIDS, and how all these issues intersect with all aspects of the learning environment.

2.1.1 Seeks out learners

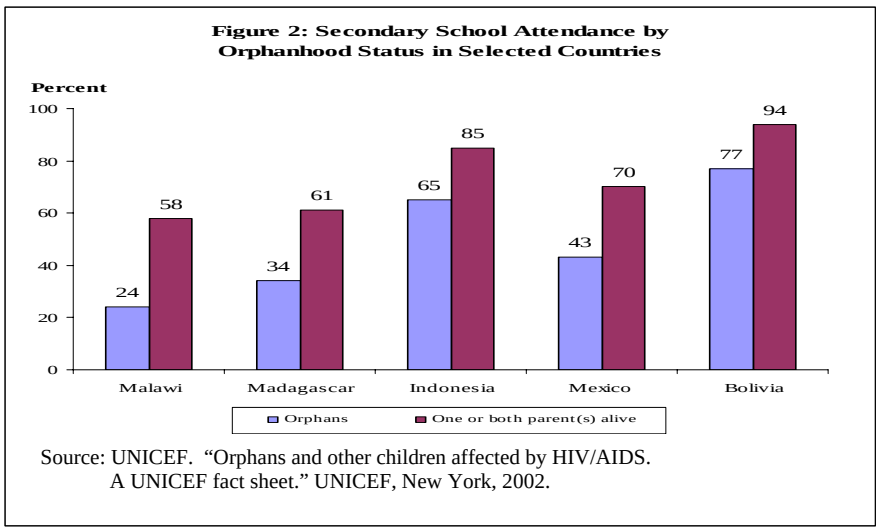
Children and adolescents affected or infected by HIV/AIDS are among the most disadvantaged. They are more likely to be subjected to the worst forms of child labour, and have less access to education due to increased poverty and lack of parental support. The impact of illness may begin when a parent is diagnosed or falls ill with HIV/AIDS. In a study on children and adolescents aged 13-18 who have one or both parents living with HIV/AIDS in Uganda, there was a decline in school attendance of 26 percent, and a reported decline in educational performance of 28 percent.[7]

Orphaned children are often more likely to drop out of school or to repeat grades. In a UNICEF review of Multiple Indicator Cluster Surveys (MICS) and Demographic Health Surveys (DHS) from 1997 to 2001, orphans aged 10-14 in all 14 countries studied were less likely to still be in school than children of the same age with both parents still alive or those living with at least one parent (see Figure 2). In Malawi, a recent study found that repetition rates for children were 5 to 15 percent higher (depending on cohort and grade) than for children with living parents. Repetition

[6] Carr-Hill, R. "Practical and theoretical problems in training teachers to confront HIV/AIDS." In E. Thomas (Ed.), *World Yearbook of Education, 2002: Teacher Education, Dilemmas and Prospects*. London: Taylor & Francis.

[7] Gilborn et al. "Making a difference for children affected by AIDS: baseline findings from operations research in Uganda." Population Council, Washington, DC, 2001.

increases class size, reduces efficiency, and can put girls at risk when older boys join the class.[8]



Source: UNICEF. "Orphans and other children affected by HIV/AIDS. A UNICEF fact sheet." UNICEF, New York, 2002.

As there is evidence that if orphans have guardians they are more likely to participate in education, there is a need to consider how education can work with other institutions to address this issue.[9] Schools must find creative ways of seeking out children from households affected by HIV/AIDS, working with learners and their families, extended families and communities to play their part in the creation of a supportive environment for children affected by HIV/AIDS, one that can support these children to remain in school, learn, and fulfil their right to education.

HIV/AIDS is also affecting the numbers of potential learners. While increases in school-age population are expected to continue in most countries, estimates by the US Census Bureau suggest that there will be a reduction in the school-age population in 6 of the 26 countries worst affected by AIDS by 2015.[10] The World Bank has projected that Zimbabwe will experience a 24 percent reduction in primary school population by 2010. In Zambia the differential will be 20%, while Kenya and Uganda will face 14 percent and 12 percent reductions, respectively.[11] In Swaziland, the Ministry of Education estimated in 1999 that the number of six year olds was 6 percent lower than it would have been in the absence of AIDS. The same study estimated that by 2016, there would be 30 percent fewer six year olds and 17 percent fewer 18 year olds.[12]

The pandemic is responsible for a certain level of scepticism regarding the value of education caused by hopelessness and fatalism in students and their families and

[8] Harris, A.M., and Schubert, J.G. "Defining 'quality' in the midst of HIV/AIDS: ripple effects in the classroom." American Institutes for Research, Washington, DC, 2001.
[9] Ainsworth, M. and Filmer, D. "Poverty, AIDS and children's schooling: a targeting dilemma." World Bank, Washington, DC, 2002.
[10] World Bank. "Education and HIV/AIDS: A Window of Hope." World Bank, Washington, DC, 2002.
[11] Goliber, T. "Exploring the implications of the HIV/AIDS epidemic for education planning in selected African countries: The demographic question." World Bank, AIDS Campaign Team for Africa, Washington, DC, 2000.
[12] Carr-Hill, R. et al. "The impact of HIV/AIDS on education and institutionalising preventive education." UNESCO IIEP, Paris, 2002.

communities. Thus, education needs, more than ever, to be attractive in order to attract and maintain learners.

2.1.2 Acknowledges what the learner brings

Learners with HIV or coming from homes where one or more family members has HIV often bring to the learning environment a range of experiences that were previously less common. They may also have increased familial responsibilities and participate in income generating activities to supplement family income and labour. An estimated ten percent of all children orphaned by HIV/AIDS in Africa are heads of households and caring for siblings.[13] These learners may have very high levels of competence and responsibility due to the demands that have been placed on them to support and care for their families, and skills such as work-related skills and household management. These experiences can enhance their and others' learning.

At the same time children affected by or orphaned due to HIV/AIDS bring another set of challenges. Millions of children have already lost one or both parents due to AIDS, and UNICEF estimates that 11 million of these children are under the age of 15 and living in sub-Saharan Africa.[14] They are often disadvantaged in numerous ways, from having experienced the psychological trauma of witnessing one or both parents' death, separation from siblings, to increased poverty and diminished health status compared to non-orphans.

Education systems must also take into account the increasing numbers of learners with HIV/AIDS. UNAIDS estimates that at the end of 2003, 2.5 million children under age 15 were living with HIV/AIDS. Projections suggest that unless dramatic measures are taken, an additional 45 million will become infected before 2010.[15] In sub-Saharan Africa adolescent girls are the most affected segment of the population. In a number of countries, including Ethiopia, Malawi, Tanzania, Zambia and Zimbabwe, five to six girls in the 15-19 year old age range are infected for every one boy of the same age while in Trinidad and Tobago, infection rates among females 15-19 are five times that of boys of the same age.[16] HIV is spreading fastest in this group through "age mixing," in which girls have sexual relationships with older men, but also because of greater biological susceptibility, lack of financial security, forced and early marriage, rape and sexual abuse and gender inequality.

2.1.3 Considers the content of formal and non-formal learning

The epidemic is forcing teacher trainers and curriculum planners to reassess what is being taught on the subject of HIV/AIDS. Appropriate and relevant education about HIV/AIDS that is age and sex specific must be considered. Students, families, communities, teachers and administrators understand that the seriousness of the epidemic requires new thinking about the educational content of HIV/AIDS curricula. Where there may have been resistance in the past to broaching sensitive issues such as sex and sexuality, there is now compelling evidence of the need to teach about

[13]Rau, B. "Intersecting risks: HIV/AIDS and child labour." ILO, Geneva, 2002.
[14] UNICEF. "Africa's orphaned generations". UNICEF, New York, 2003.
[15] UNAIDS. "HIV/AIDS epidemic update 2003." UNAIDS, Geneva, 2003.
[16]UNICEF, UNAIDS, WHO. "Young people and HIV/AIDS: Opportunity in crisis." UNICEF, UNAIDS, WHO, New York, 2002.

HIV/AIDS in the context of how transmission occurs, how it can be prevented, and including negotiation and decision-making skills to help young people avoid unwanted sex or unsafe situations. UNESCO's International Bureau of Education (IBE) is engaged in documenting curriculum efforts in response to the HIV/AIDS pandemic.[17]

While half of new HIV infection occurs in youth aged 15-24[18], prevalence rates are lowest among those in the 5 to 14 year age group. Therefore, addressing children/youth during this age period is a real "window of hope" for preventing the spread of HIV/AIDS.[19] There is further evidence that HIV/AIDS education taught before young people become sexually active does not result in an earlier age of sexual debut, and in fact it may have the opposite effect of delaying the initiation of sexual activity and encouraging protective behaviour upon sexual initiation.[20] Schools and other learning places have an obligation to equip students with these facts and skills for life, including how to avoid coercive and unwanted sex.[21] The challenge remains of finding the most effective way to bring this learning into the curriculum, and there is now a strong argument not to integrate HIV/AIDS education across subjects as it tends to get too diffused and, therefore, is not sufficiently effective.[22]

The HIV/AIDS pandemic is a window of opportunity for improving school health programming and creating health-promoting schools, going beyond a focus on HIV/AIDS. In this regard, attention is drawn to the multi-partner initiative Focusing Resources on Effective School Health (FRESH).[23] FRESH calls for coordinated activities in four key areas: school policy development, school environment (including safe water and sanitation), skills-based health education, and school-based health and nutrition services.[24] School health programming can address poor health and nutrition including micronutrient deficiencies such as iron, iodine and vitamin A that affect cognitive functioning.

The growing possibility that anti-retroviral therapy (ART) will be more universally available means that there must be ongoing related educational programmes. Such programmes must ensure that communities learn about the implications of the treatment, emphasize the need to maintain safe behaviours even after starting treatment, and reinvigorate efforts to get people to learn their HIV status as a key entry point for treatment initiatives. Treatment and treatment education, in turn, put additional pressure on the need to step up prevention education as treatment can mask the presence of the disease and lull people into a complacency that allows practices that encourage transmission.

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[17] Readers are referred to the relevant IBE website: http://www.unesco.org/education/ibe/ichae
[18] UNAIDS. "Report on the global HIV/AIDS epidemic." UNAIDS, Geneva, 2002.
[19] World Bank. "Education and HIV/AIDS: A Window of Hope." World Bank, Washington, DC, 2002.
[20] UNAIDS. "Impact of HIV and sexual health education on the sexual behavior of young people: a review update." UNAIDS, Geneva, 1997.
[21] See draft paper for EFA report on inclusion of HIV/AIDS in the curriculum of 36 countries: http://www.ibe.unesco.org/hivaids.
[22] See, for example, UNICEF website: http://www.unicef.org/lifeskills/index 8761.html.
[23] UNESCO, UNICEF, WHO and the World Bank together with Education International developed the FRESH approach
[24] See UNESCO website http://www.unesco.org/education/fresh

It is clear that many learners have to work to keep themselves and those close to them alive. Thus, issues such as entrepreneurship and vocational training need to be addressed. In addition, much of what was learnt in homes such as customs and traditional knowledge could be lost if education systems do not consider how to ensure that this is passed to the next generation.

Education systems must also target parents and extended families for adult learning programmes that encourage them to communicate openly, positively and accurately on HIV/AIDS. Research in a number of countries has revealed that many parents want to talk to young people about sex, but do not feel that they have the appropriate skills to do so. The establishment of parental education programmes, parents' education committees, and the involvement of parents in curriculum development can improve parents' own knowledge about HIV/AIDS and encourage support of school-based and non-formal education for their children.

HIV/AIDS is also an opportunity to deliver education on solidarity and values that are important to fight all kinds of stigma and discrimination, and therefore contributes to promoting a peaceful coexistence in a rapidly changing world.

2.1.4 Enhances learning processes

The importance of life skills approaches is critical.[25] Life skills approaches require that educational processes be consistent with what is being taught. Children and adults must be equipped with the knowledge, values, capacities and behaviours to take decisions that are in the best interest of themselves and others.

Learners with HIV or coming from homes where one or more family members has HIV often suffer stigma and discrimination from classmates and teachers, or from parents and communities who have sometimes loudly protested the idea that these students should be in the same classroom with the same rights as other children. This is manifest in physical and visible ways, but also in more insidious psycho-socially damaging practices. Thus, how all learners, and particularly those infected or affected by HIV/AIDS, are treated is a key component of a quality education.

Differential treatment of children affected by HIV begins to put forward the notion at an early age that people affected by HIV do not have the same rights as others, and this must not be tolerated. A quality education is one that seeks to ensure that all learners, regardless of sex, age, religion, HIV status, sexual orientation or family background, for example, have the same possibility to learn.

2.1.5 Provides a conducive learning environment

[25] In relation to the processes and content of education as they relate to EFA, UNESCO is also engaged in an activity to assist countries better monitor progress in achievement of "life skills". It has developed a draft position paper, "Life skills: The bridge to human capabilities", which uses the four pillars of education from the Delors Commission to frame life skills (for an explanation of the four pillars of education see Delors, J., *Learning: the treasure within*. 1996. Paris: UNESCO). The development of this paper was led by Anna-Maria Hoffman, supported by Parul Bakhshi, Shigeru Aoyagi, Sayeeda Rahman and Miki Nozawa. A March 2004 inter-agency meeting on the topic (Draft "Final Report of Inter-Agency Working Group on Life Skills in EFA") accepted the Delors framework and emphasised the importance of focussing on a life-skills approach, which emphasises linking process with content and desired learning outcomes.

Through a rights-based framework, UNESCO is expanding how schools and non-formal education conceptualise and approach the learning environment in ways that include consideration of HIV/AIDS. This should include effective responses to pervasive forms of violence, the establishment of adequate hygiene and sanitation facilities accessible to all, and, if possible, health and nutrition services in the vicinity. The goal is to ensure safe, secure and supportive learning environments.

The HIV/AIDS pandemic has put the spotlight on violence in education, particularly gender-based violence. Violence in all its forms -- any action with the intention of causing emotional or physical harm to a person -- will clearly affect learning and may increase the vulnerability of its recipients to HIV/AIDS. Often directed at people because of their sex, ethnic identify, perceived sexual orientation, or physical and mental abilities, violence in learning places can take the form of bullying, verbal abuse and name-calling, sexual coercion and abuse including rape, and physical harm. The perpetrators may often be other students, but can also include teachers and school administrators. The particular vulnerability of girls with regard to the range of violence they may experience must continue to be highlighted.

Numerous instances have been documented of children affected by HIV experiencing a range of subtle and more obvious forms of violence, from rejection, name-calling and physical aggression, to not being able to participate in physical education or share sanitary facilities, to the denial of education.

UNESCO has supported a number of approaches to address violence in schools in the past, including a campaign against violence in schools through its Associated Schools Network, studies on youth and violence, the promotion of conflict mediation, and efforts to document problems associated with corporal punishment in schools and the elaboration of alternative forms of maintaining discipline in the classroom.

Effective teaching about sexuality, sexually transmitted infections including HIV, and HIV prevention requires and open, facilitating environment. This is difficult to achieve in traditional classrooms. Besides the power differential and distance between teachers (adults) and pupils (often children and adolescents), the search for the 'right' answers for the exam is what often drives teaching on AIDS prevention.

The establishment of adequate hygiene and sanitation facilities is also key to the learning environment. About 1 in 10 school-age African girls do not attend school during menstruation or drop out at puberty because of the lack of clean and private sanitation facilities in schools.[26] Moreover, there is evidence that when children have to leave school and walk significant distances for clean drinking water, for example, they may not always return to class.

2.2 At the level of the system

At the system level, five dimensions are concerned with regard to educational quality, and how HIV/AIDS comes into the picture. These include school and education

[26] UN/World Water Assessment Programme (WWAP). "UN world water development report: Water for people, water for life." UNESCO and Berghahn Books, Paris, New York and Oxford, 2003.

program management and transparency, relevant and appropriate policies and practices, legal aspects, resources, and implications related to measuring learning outcomes.

2.2.1 Structures management and administration to support learning

School level and other learning activities are 'downstream' operations and must be supported by 'upstream' policy frameworks, strong leadership and sustained advocacy. Well-run schools and other learning spaces make it possible to bring difficult issues into the open, a key first step to addressing them. The UNESCO Office in Brazil has had significant success supporting a program called "Making Room" designed to foster social inclusion and to instil a 'culture of peace' within classrooms as a response to high rates of violence. Such initiatives rely on well-managed schools where parents, students, teachers and administrators can come together to identify and seek solutions for problems in school, with violence often topping the list.

In settings highly impacted by HIV/AIDS, this openness and transparency will allow for a dialogue on how the learning place can play its part in the response to the epidemic. For example, there might be a need to alter the school timetable to accommodate the work responsibilities of children who head households, or to identify ways to provide childcare so that older siblings can participate in educational activities. A recent study in Ethiopia found that schools that began and ended the day earlier than usual and scheduled breaks during harvest time had improvements in students' continuation and achievement rates. The author concluded "the quality of a school and the quality of teaching of the individual teacher is higher in schools that are able (and willing) to make more efficient use of the available time of its teachers and its pupils."[27]

Teachers and others in the education system who are affected or infected by HIV/AIDS must be able to function professionally in a safe, secure, and supportive environment as well. They also bring to the system their own experiences, both positive and difficult, which will influence how learning occurs.

2.2.2 Implements relevant and appropriate policies

Having relevant and appropriate overall policies in place are an essential foundation for safe and secure schools, and will help to address issues relating to HIV/AIDS. However, in light of the pandemic, many policies may need to be reviewed to ensure that they take sufficient account of the relationships between the pandemic and education systems. For example, attention needs to be paid to issues of inclusion and discrimination, the status of teachers and other education staff affected or infected by HIV/AIDS, and violence, in all its forms, in education. The establishment of a code of conduct for teachers and disciplinary procedures for sexual relationships between teachers and students should also be encouraged.

[27] Verwimp, P. Measuring the quality of education at two levels: A case study of primary schools in rural Ethiopia. *International Review of Education* 45(2), 167-196, 1999.

Typically ministries of education set these policies, however these may not be widely known and understood by all, particularly in the learning place. Therefore, a helpful starting point is to raise awareness among administrators, teachers and students about these school policies. The next step is to ensure that there are mechanisms to implement and enforce the policies, since it is pointless to have rules and procedures if they are not observed.

Some of the more successful efforts to promote, implement and enforce appropriate policies are those that have built the broad involvement of teachers and students in setting and respecting them. Taking a rights-based approach to review and elaborate school policies on violence and HIV/AIDS, for example, will help to ensure inclusiveness and respect. Such policies should cover not only students but also teachers affected by HIV and AIDS, and should leave no room for the tolerance of any form of violence, from bullying, to all forms of exclusion, to rape and physical abuse. Clearly all school policies will need to be consistent with national laws and legislation, which themselves should be regularly reviewed and updated to ensure relevancy.

2.2.3 Enacts legislation supportive to learning

As noted above, legal frameworks supporting the right to education, defined broadly, should cover all aspects of the relationship between HIV/AIDS and education systems. They may need to be reviewed, however, to ensure that they do provide for all to fulfil their right to education.

In many instances there is a need for compensatory action to ensure equality of opportunity—that is, equity concerns. Current data and practice in an increasing number of countries, suggest that there might be a very strong case for affirmative action, inititated legally, to ensure educational opportunities for those affected and infected by HIV/AIDS.

2.2.4 Restructures resources for learning

The HIV/AIDS pandemic is, in many locations, placing increasing demands on resources to ensure the provision of education to all. These demands are not only on financial resources, although these are significant, but also on personnel and time. Some important work is being carried out on the impact of HIV/AIDS on education systems by UNESCO's Institute for International Educational Planning (IIEP).[28] As the body of knowledge grows in this area, ministries and education personnel are increasingly in a position to make data-based decisions with regard to resource allocation.

There is no question that any serious national response to HIV/AIDS will require additional resources for education, as well as for other sectors. These resources need to be distributed throughout the system. For example, ministries, district education offices, teacher service commissions and schools must have the resources to support a process of reviewing, updating, disseminating and implementing relevant policies, as

[28] Readers are referred to the relevant IIEP website: http://www.unesco.org/iiep/eng/focus/hiv/hiv_1.htm.

well as a means to monitor and assess the effectiveness of them. Without this, the essential feedback loop on how effective resource allocation is will be absent. At the same time, it is important to recognise that tax revenues are likely to decrease with income decreases that result from the pandemic. This means that resources will have to be applied very strategically. Sector-wide approaches may be necessary to ensure sufficient, coordinated responses.

2.2.5 Measures learning outcomes

This paper began with a statement on the importance of focusing on learning. Thus, it is only appropriate that the last of the 10 dimensions of quality come full circle and address learning outcomes. In this regard, the quest for a better understanding of what is wanted from a quality education has expanded significantly the desired learning outcomes. The following simple classification of the main types of learning outcomes to be pursued may be helpful:

- Knowledge: the essential cognitive achievements that all learners should reach (including literacy, numeracy, core subject knowledge);
- Skills or competencies: a secure command of how to solve problems, to experiment, to work in teams, to live together and interact with those who are different and to learn how to learn;
- Values: solidarity, gender equality, tolerance, mutual understanding, respect for human rights, non-violence, respect for human life and dignity; and
- Behaviours: the willingness to put into practice what has been a learned, actual change in behaviour and the reinforcement of appropriate behaviours.

Our ability to measure learning achievement varies considerably in relation to the kinds of outcomes that are being measured. There are many indicators of learning achievement (or their proxies) already in use. There is a number of systems in place that measure learning achievement and use the results for the implementation and assessment of educational policies, programmes and practices.[29]

Ideally, in a fair system of education, learning outcomes will not be dependent on variables such as HIV/AIDS status. The major challenge to education systems is how to disaggregate data in meaningful ways to work towards a fair system without labelling, or inadvertantly making it possible to negatively discriminate against those affected or infected by HIV/AIDS. This will require enormous sensitivity.

[29] A number of mechanisms exist to measure learning outcomes. Some of the better known are TIMMS, PISA, SACMEQ and the IEA cross national studies, and national studies such as the UNESCO MLA project, which attempts to measure life skills as well as numeracy and literacy, and MLL in India and ABCs in Bangladesh. Most of these focus on cognitive achievement, although a variety of efforts are underway to measure values, skills, and behaviours.

3. Practical applications

A matrix contained in the annex takes the conceptual framework advanced in the previous section of this paper and shows very practically how the HIV/AIDS pandemic manifests itself in education systems, and gives concrete examples of how education systems and the contexts in which they are located have responded. To better understand how these responses relate to the IATT strategy[30], the matrix attempts to link them to the strategy, although it is important to acknowledge that a response might address more than one strategic thrust.

While members of the IATT and others are very aware of the enormity of the epidemic, its negative impact on education, and the potential of education to ameliorate the situation, others still may need to be convinced.

From this initial work it is already clear that there are some significant data and practice gaps in relation to the matrix. We identify the following ones, recognising that this is only a start—but a useful one.

3.1 Data Needs

- Various models are used to predict prevalence rates among educators and education planners with varying degrees of success depending on surveillance methods, quality of data analysis and the interference of other factors. More information is needed on the impact of AIDS among educators, disaggregated by age, gender, ethnicity, and socio-economic background in order to generate or update policies and programmes.
- Indicators are needed that distinguish AIDS-driven absenteeism from other types.
- More information is needed on the impact of HIV on the tertiary level (studies largely focus on primary and secondary levels).
- Data on school attendance and achievement by age, gender, race, socio-economic background, and orphan hood status are needed.
- National statistics can mask important variations at the local level in individual districts and schools, as well as disparities by gender, ethnicity, or socio-economic background. More information is needed on impacts at regional and local levels.
- Qualitative data that enable policy and decision-makers to base decisions on more than just numbers and quantitative data, which may obscure the full picture.
- Development of relevant indicators to measure programmes, policies, and plans that support quality education that reflects and is responsive to HIV/AIDS.
- While much has been written about HIV/AIDS and education in the hardest hit regions of the world—notably sub-Saharan Africa—there is less evidence on the manifestations of the pandemic on education systems and documented programme responses in Latin America, Caribbean, and Asia or in industrialized countries.

[30] UNAIDS Inter-agency Task Team on HIV/AIDS and Education (IATT). "HIV/AIDS & Education – A Strategic Approach". UNESCO IIEP, Paris, 2002.

3.2 Impact Assessments

- Although reviews of AIDS education programs have emphasised the importance of teacher training and peer training, little is known about what type of training works best, the optimum length of training, or how best to involve the community in training and supporting educators.
- More needs to be learned about elements of curricula that are effective in producing high quality teachers capable of transmitting HIV/AIDS knowledge and skills to learners, and in ways that will result in effective outcomes including desired behaviour changes.
- Not all countries in which interventions are taking place have baseline studies upon which interventions are grounded and against which outcomes of interventions could be measured. Increased emphasis should be placed on documenting baseline conditions and relevant data to measure the outcomes of interventions.
- The impact of interventions can be difficult to measure as in many areas multiple interventions are in place, implemented by other ministries, NGOs, CBOs, development agencies, and the media. While this is overall positive, it makes it difficult to attribute the outcome or impact of one initiative out of many similar or related ones.
- More information is needed on systems that have been put in place (e.g., HIV/AIDS monitoring and information systems) to ensure reliable and valid data collection on a routine basis. Documentation on how ministries have used these systems to design effective and informed responses to the epidemic would be useful to determine the potential replication of these systems in other locations.

3.3 Legal and Policy Frameworks

- More information is needed on educational policies that address inclusion and discrimination, the status of teachers and other education staff affected or infected by HIV/AIDS, and violence, in all its forms, in education.
- Wider dissemination is needed of country level action plans on HIV/AIDS and education—what countries have established them? What do they look like? What are some examples of multisectoral approaches and have they been effective?
- More information is needed on legal systems that have provided protection to support school enrolment, discourage discrimination against those infected and affected by HIV/AIDS, and to support EFA.

4. Implications and conclusion

The implications of the HIV/AIDS pandemic for education are enormous. Not all of these can be addressed here. It is important, however, to draw some of the major conclusions that emerge from the quality framework that is presented in this paper, recognizing that HIV/AIDS is a social, cultural, and economic, as well as a health issue.

4.1 Overcome the denial that HIV/AIDS is a priority for education

The time is long past for denial in education systems, but it prevails even as educators ask others to "break the silence". We have to admit that the pandemic is one of the greatest development, and hence educational, challenges of our times. It could also serve as a wonderful opportunity to change education so that it really is a "quality education for all".

Unless individuals, communities, and nations admit the impact of the pandemic on daily lives and institutions, of which education is one of the most important, we shall never have a chance of wrestling it under control in this or the next generation—after which, it may be too late. It is not sufficient to acknowledge in half a sentence in papers, legislation, or policies that HIV/AIDS is a problem when it comes to education. Some countries have made a start, but they are exceptions.[31]

We know that the disease is wiping out educational advances at an increasing rate. We also know that, at this time in history, education is the only effective means to stop it. Our education systems must change to be both reactive and responsive when it comes to HIV/AIDS. Using the quality framework presented in this paper to reorient education is one way to do this. Denial, ignorance, and arrogance are traits present in our education systems that must be eliminated.

4.2 Focus on inclusion in education

A rights-based learning environment is one that reflects the principles of rights, with the potential to equip all learners with universally shared ethical and moral values, enabling them to learn and practice values of empathy, compassion, honesty, integrity, non-violence, and respect for diversities, thus learning to live together in peace and harmony. There is clearly no place for exclusion within a learning environment in any of its forms, from physical to psychological.

Everyone should have the opportunity to learn throughout life. All learners should have access to organized learning opportunities that enable them to meet their basic learning needs. This may mean efforts to make schooling more affordable through reducing or eliminating annual tuition fees and indirect costs. Dramatic increases in enrolment have followed elimination of school fees in a number of countries—from 5.9 to 7.2 million children in Kenya (22 percent enrolment growth), 1.9 to 3 million children in Malawi (63 percent enrolment growth), 1.4 to 3 million children in Tanzania (100 percent enrolment growth), and 2.5 million to 6.5 million children in

[31] For example, Botswana and Uganda are examples mentioned in "EFA Global Monitoring Report 2002: Is the World on Track?" by EFA Global Monitoring Report Team. (UNESCO, Paris, 2002).

Uganda (160 percent enrolment growth).[32] School voucher, scholarship programmes and subsidies have also been shown to attract and keep learners in school.

Equally important, however, is what and how learners learn—the quality of education. That is, learning processes as well as learning places have to include all learners. Inclusion is a concept that goes beyond access to inclusion in all aspects of learning, and the acquisition of learning itself. Without including all learners, the Education for All goal of learning achievement, for example, cannot be reached.

4.3 Recognize that gender issues are key to the problem

There is a growing body of knowledge to show that transmission, infection, and impact of the disease are greatly affected by gender relations. In order to prevent HIV and to minimize its impact it is important to understand the relationships with gender and to programme and educate accordingly.

Gender does not mean female or male. Programme implementers are increasingly turning to interventions that also target boys and young and older men as a means of increasing their awareness of power and gender dynamics, to encourage males to change their behaviours, and to move away from approaches that place all the responsibility for improved gender relations on women and girls. These approaches include strategies that seek to empower women while also involving men. There is a growing recognition that men must become much more aware of gender disparities in order for durable changes to occur.

4.4 Emphasize people, especially teachers and educators, their practices and preparation

Many of the day-to-day educational activities are primarily the responsibility of the teacher. The HIV/AIDS pandemic affects teachers and educators whether they are infected or not and whether they have family members who are infected or not—they have to deal with the stresses and constraints of the disease on the system in daily and very personal ways, yet there is little in the way of support for them.

Educators need to understand the responsibilities that they have towards learners, both as key mentors in the learning process and as adults who serve as important role models and as protectors of children. Teachers may need to change their classroom behaviours significantly in order to respect the rights of learners. They may also have to change their interactions with communities, parents, educational leaders, and educational institutions within the education system as each component changes to be more sensitive to meeting each child's right to a quality basic education. One obvious entry point for working with teachers' knowledge and teaching behaviour is through teacher preparation and training on HIV/AIDS, gender, human rights and life skills. Both pre-service and in-service education are implicated.

Teachers themselves, as well as non-teaching staff, are also vulnerable to HIV infection and AIDS. Policies protecting teachers and other school staff in the

[32] UNICEF. "State of the World's Children 2004: Girls, education and development." New York, UNICEF, 2004.

workplace and supporting such policies through teachers associations and unions are important. The International Labour Organisation (ILO) has developed a code of practice on HIV/AIDS in the world of work that can serve as a starting point for recognising the needs of teachers, viewing schools as a workplace.

4.5 Acknowledge that the curriculum is far more than what is taught

The intended curriculum is only a small part of what is learned. Learners also learn from in-formal education and observation, from practice, from hearing, from praise, from "body language," and from recognition, for example. Thus, if the quality of education is going to contribute to decreasing the impact of and eliminating the disease it must be viewed in relation to the many dimensions of learning.

Teacher ease or discomfort with the topic of HIV/AIDS is likely to be perceived by learners and likely to influence how they learn about the subject. Attempts to deliver HIV/AIDS education in schools are severely restrained by social and cultural norms, and sexual relations and power inequalities. These constraints will often manifest themselves in selective teaching, where messages on HIV/AIDS are either not communicated at all, or restricted to overly scientific discussions without reference to sex or sexual relationships.[33] Teacher training on communication to increase confidence and skills must be part of any programme to improve teachers' knowledge and teaching behaviour.

4.6 Introduce treatment education immediately and as a priority

Treatment education is an area of growing importance for UNESCO. It is linked to comprehensive prevention, to care, to treatment, which, using this framework is partially provided through a quality education. There is a number of important approaches/initiatives that deserve attention, analysis, and emphasis. These include counselling, help with obtaining and adhering to medication, general health education, and the new UNAIDS 3x5 initiative launched through WHO. The meaningful involvement of people with HIV takes on a new importance with improved treatment access, and also requires that prevention efforts be expanded to include 'prevention for positives', and area often overlooked in many prevention programmes that have tended to focus almost exclusively on those not yet infected to stay that way.

4.7 Identify and reinforce elements of education plans that take account of HIV/AIDS

Among the areas that are essential in education plans and their implementation is the extent to which they address quality issues. Among these are prevention education, anticipation and analysis of, and then actions against, the impact of the pandemic on the entire system, and the role of the school and system in care and treatment.

Education systems and their processes cannot be expected to change overnight. To think so is unrealistic. A vision of quality that takes into account its various dimensions sets the standard. Teachers, schools, systems, and nations are the ones

[33] ActionAid. "The Sound of Silence: Difficulties in Communicating on HIV/AIDS in Schools—Experiences from India and Kenya". ActionAid, London, 2003.

responsible for determining how this vision should be interpreted and incrementally put in place.

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Annex: Matrix on current practice in relation to quality education and HIV/AIDS

Quality Education Components	How HIV/AIDS Manifests	Programme Responses	Link to IATT Strategy Actions
Seeks out learners	Enrolments decrease and/or dropout increases: • Family income reduced and diverted and education becomes relatively more expensive in real and opportunity cost • Increased family responsibilities and child-headed households requiring learners to work at home and beyond • Orphans receiving less educational opportunity from their foster parents • Family scepticism increases regarding the value and relevance of education • Increased number of vulnerable and marginalized children and adolescents including street and working children • Increased absenteeism among infected & affected pupils	• Abolish school fees and decrease indirect costs • Scholarships and school subsidies • Flexible school hours • Equipment supplied that could decrease domestic workload • Provision of child-care through day-care centres • Community/school mapping • Community schools and schools set up closer to home • Assist those out-of-school to get back to school • Increase parents' awareness, understanding and involvement through activities such as parental education, school newspaper, home curriculum, parents' education committee	Ensuring access to high quality education: • Reduce the social and economic barriers to accessing and staying in education • Improve community awareness of the value and right to education • Monitoring changing patterns of provision and attendance through, for example, AIDS-sensitive EMIS • Provision of schools materials and meals and new community/school initiatives to enable young people who are working and/or providing care for sick family members to access education Actions to reduce risk: • Strengthened systems of non-formal and community education Actions for reducing vulnerability: • Providing and expanding access to universal, good quality and safe education
Acknowledges what the learner brings	Knowledge and skills are often higher among AIDS-affected children in the following areas: • How to run a household • Job experience • Resilience and ability to cope • How to care for those who are ill AIDS-affected and infected children may experience higher levels of: • Sickness	• Guidance and counselling; group support • Incorporation of experiences and skills of learners in the content and process of learning • Appreciation of the coping strategies that have been developed by some young people • Routine health checks • School feeding programmes • Provision of HIV treatment and support for adherence	Actions to reduce risk: • Better linkage with health services Actions for reducing vulnerability: • School health programmes to tackle the particular factors rendering some children and young people more vulnerable than others • Inter-sectoral collaboration to enable young people to access the services and resources needed to protect and support against HIV infection

Quality Education Components	How HIV/AIDS Manifests	Programme Responses	Link to IATT Strategy Actions
	• Trauma from witnessing physical deterioration and death • Reduced parental care and protection • Hopelessness, fatalism • Malnourishment from reduced family income as well as food insecurity in general • Stigma, discrimination and exploitation	• Access or referral to health services including condoms, diagnosis and treatment of STIs, and clean injection equipment • Peer training on HIV and STI prevention	
Considers the content of formal and non-formal learning	• Parents, teachers and school administrators sometimes hesitant that children learn about HIV/AIDS and sexuality • Lack of attention to HIV/AIDS, reproductive and sexual health, and life skills topics • Deficient treatment of human rights and principles of gender equality and equity in curricula • Less traditional and indigenous skills and knowledge are imparted due to parental illness and death • Epidemic creates further erosion of relevant educational content, teachers less prepared/up-to-date, and learning materials not appropriate	• Improved teacher preparation and training • Improved teacher supervision (head teachers, inspectors, advisers) • Improved materials and teaching methods • Increased relevance of education through topics such as how to run a household or provide care • Integration of HIV/AIDS, reproductive health, sexuality, gender, skills for life, human rights into curriculum (at earlier stage) with the view to bringing about behaviour change • Earlier inclusion of work-related training and skills • Promote teaching traditional and indigenous skills and knowledge • Home-school-community partnerships Improve quality of general education as well as peer counselling and/or peer education	Actions to reduce risk: • School-based risk reduction education specifically targeting HIV/AIDS • Promotion of participatory methods and peer education • Teacher education and training (both pre-service and in-service) in delivering risk reducing education for HIV/AIDS prevention • Greater involvement of people with HIV/AIDS (including teachers and pupils) in designing and implementing teaching programmes as well as providing access to perspectives and experiences that help reduce risk
Enhances learning processes	• Harassment, stigma and discrimination against HIV/AIDS affected and infected students and	• Code of conduct for teachers • Recruitment of retired teachers, use of	Actions to preserve the key missions of education: • Reduce discrimination, stigma and misunderstanding about HIV/AIDS

Quality Education Components	How HIV/AIDS Manifests	Programme Responses	Link to IATT Strategy Actions
	teachers • Inadequacy of teacher knowledge and confidence in teaching HIV/AIDS and skills for life in a human rights framework • Low credibility of teachers because of their own high perceived level of infection • Disturbed continuity of teaching and learning due to reduced productivity and increased absenteeism of teachers who are sick or undertaking family obligations, and through death of teachers	teaching assistants and itinerant teachers • Careful teacher training in how to interact with and encourage all the students equally • Practice of human rights (give learners a voice, respect them, do not discriminate against them) • Programmes against violence with schools	• Improving and accelerating teacher recruitment • Establishing policies for retaining teachers and encouraging appropriate recruitment to unpopular locations • More flexible approaches to part-time work and job-sharing to enable teachers with other commitments • Reviewing teacher education and training (both pre-service and in-service) to ensure that teachers are well prepared to meet special needs of children living with and affected by HIV/AIDS Actions for reducing vulnerability: • Elimination of stigma and discrimination with a view to respecting human rights and encouraging greater openness concerning the epidemic
Provides a conducive learning environment	• Stigma, discrimination, exclusion, bullying and other forms of violence • Fear of infection • Witnessing the rapid physical deterioration of a classmate or teacher with AIDS • Lack of safety during the journey to and just outside of school • Unhealthy schools that lack good sanitation	• Breaking the silence by encouraging open discussion about HIV/AIDS issues • School-community campaign against discrimination • Establishing community protection monitoring networks and services • Inclusion of all students in educational and extra-curricular activities • Involvement of those infected and affected in developing school policies and in daily management of schools • Promote extra curricular activities against HIV/AIDS such as anti-AIDS clubs, essay competitions, etc. • Peace and human rights education • Links with youth-friendly, student-friendly	Actions to preserve the key missions of education: • Ensure that schools take actions that foster coping and caring for those affected by the pandemic Actions for reducing vulnerability: • Safer recreational activities for both in and out of school • Involve partners from health sector with peer education initiatives to promote attitude and positive behaviour change on STI, HIV and life skills issues

Quality Education Components	How HIV/AIDS Manifests	Programme Responses	Link to IATT Strategy Actions
		health services • Good sanitation and hygiene such as clean water and toilets	
Structures management and administration to support learning	• Stigma and discrimination against those with HIV/AIDS • Reduced administrative and managerial capacity due to reduced productivity and increased absenteeism of administrators who are sick or undertaking family obligations, and through death of administrators • Lack of reliable information on the number of educational personnel who are HIV infected and affected making management more difficult • Lack of monitoring mechanism on stigma and discrimination against those with HIV/AIDS	• Workplace policy and training that is responsive to HIV/AIDS for administrators and managers • In-service supervision, support and advice to teachers • In-service and pre-service training of administrators and managers on HIV/AIDS, gender, human rights and skills for life • Provision of medical benefits to teachers and education staff • Involvement of those infected and affected in decision making processes • Establish a coordination mechanism that addresses HIV/AIDS	Actions to preserve the key missions of education: • Reinforcing cross-sectoral and inter-agency collaboration • Prioritizing teachers' access to treatment and care
Implements relevant and appropriate policies	• Lack of specific policies that address HIV/AIDS, or awareness of those that exist • Gap between policy and implementation • Gap between research findings/evidence and policy • Silence related to HIV/AIDS	• Advocacy • Capacity building (training, technical assistance) in developing policies and implementing them • Involvement of those infected and affected by HIV/AIDS in decision making processes at central, district and local levels • Train headmasters, inspectors, boards of governors, PTAs, CBOs on better school management in an AIDS environment	Actions to preserve the key missions of education: • Implementing National EFA Plans of Action Actions to reduce risk: • Clear national policies to support education for HIV/AIDS prevention Actions for reducing vulnerability: • Promotion of policies that favour early childhood care and education, gender equity, school attendance and effective learning
Enacts legislation supportive to learning	• Lack of laws to provide protection for those infected and affected, especially AIDS orphans • Lack of laws to prohibit discrimination against those infected and affected	• Advocacy • Strengthen legal system • Strengthen judiciary system • Hold accountable violators of laws and the trust of young people	• Ensuring that HIV/AIDS is addressed across the whole education sector implying legislative and policy changes

Quality Education Components	How HIV/AIDS Manifests	Programme Responses	Link to IATT Strategy Actions
	• Lack of a legal framework for EFA		
Restructures resources for learning	• Reduced availability of funds due to reduced tax revenue because of reduced income at individual level, and increased expenditure for care and support • Funds used by salaried ill and inactive teachers and other educational personnel • Wasted investment in training of teachers • High replacement costs • Fragmented financing approaches	• Advocacy at central, district and local levels • Resource mobilization • Increase counseling and treatment access for infected teachers and students • Promotion of sector wide approaches	• Resource mobilization and capacity building to facilitate the attainment of EFA goals • Cross-sectoral and interagency collaboration, which can include sharing of technical and human resources
Measures learning outcomes	• Inadequate indicators to measure HIV/AIDS challenges • Lack of reliable data and evidence	• Identify appropriate indicators • Capacity building (technical assistance, training) in gathering reliable data and evidence	Actions to preserve the key missions of education: • Monitoring National EFA Plans of Action