

*Annex 1
to order No. 588 of 29 July 2002
Ministry of Education and Science*

**Strategic Program
of Response to HIV/AIDS Epidemic
within Ministry of Education and Science
of the Republic of Kazakhstan
for 2002 –2005**

Astana, 2002

Adopted abbreviations

HIV	Human Immune-Deficiency Virus
STI	Sexually transmitted infections
KMPA	Kazakhstan Medico-Pedagogical Association
IDU	Injecting drug users
UNDP	United Nations Development Program
AIDS	Acquired Immune Deficiency Syndrome
SW	Sex workers
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNAIDS	Joint United Nations Program on HIV/AIDS

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Introduction

HIV/AIDS epidemic continues its spread all over the world. According to UN Report published on 2 July 2002 in the threshold of XIV International AIDS Conference¹, in the next 20 years the disease will take lives of over 70 million people. Over 21 years since registration of first HIV cases AIDS took lives of over 20 million people. Nowadays over 40 million people live with HIV/AIDS. Consequences of the deadly epidemic for the human development are already comparable with consequences of the Second World War.

HIV epidemic is developing extremely fast. According to estimates of Joint United Nations Program on HIV/AIDS (UNAIDS) in the countries of sub-Saharan Africa, such as Republic of South Africa, Zimbabwe, Namibia, Lesotho and Botswana over the past 20 years HIV has affected from 20 to 30% of the population aged between 15 and 49. Mass mortality of productive population, emergence of millions of orphans and elderly people without means of support, reallocation of state and private resources for provision of care to hundreds of thousand patients led to growth of poverty and socio-economic stagnation even in those countries which used to have relatively stable economical prosperity. Although Republic of Kazakhstan still ranks as country with relatively low HIV prevalence, rates of epidemic expansion in 2001 were one of the highest in the world. In 2001 the indicator of newly reported HIV cases here was 11 per 10 000 tested, which is 3,5 fold higher than in 2000, given the same structure and number of people tested.

World experience, however, shows that successful preventive programs can smooth grave consequences of the epidemic. Since HIV is transmitted through injections (mainly through injecting drug use) and sex, and both transmission modes are determined by people's behavior, education and training components are most crucial in these programs. It is well known that first experience of drug consumption occurs in an adolescent age - age of increased socialization of behavior, extended communication and integration into new social sub-cultures. Period of puberty is also characterized by formation of sexuality, hyper-sexuality being an integral stage of it, when androgen hormones are abruptly increased. It's in this age when erotic interests emerge and first sexual contacts take place. Therefore, role of a teacher and educator who directs formation of values and lifestyles is immensely important in primary HIV prevention among youth. Professionalism of personnel involved in HIV/AIDS prevention (teachers, journalists, health workers, economists, jurists is also vitally important.

HIV response programs aimed to change people's behavior require adequate scientific background. As these programs focus on people's behavior and their implementation requires mobilization of resources, primarily of psychological, social and pedagogical sciences.

The present Program is worked out in accordance with recommendations developed at the meeting participated by representatives of President's Administration, ministries, departments, local executive authorities, non-governmental, international and bilateral organizations (Temirtau, 20 October 2002) and with due regard to decisions of AIDS Coordination Committee meeting that took place on 11 June 2002 (Protocol No 24-3/005-439). The Program has further

¹ Report on the Global HIV/AIDS Epidemic, UNAIDS/02.26E, Geneva, 2002

developed strategies of National AIDS Response Program of the Republic of Kazakhstan for 2001-2005 adopted by Government Resolution No 1207 of 14 September 2001. The developers of the Program also followed articles 1,6, 7, 11,19, 20, 21, 22, 23, 24 of the Resolution of May 30, 2002 “On urgent measures of CIS countries in response to HIV/AIDS epidemic” relevant to education and science sectors. The authors also proceeded from Declaration of Commitments adopted by UN member countries on June 27, 2001 at the 26th Special Session of UN General Assembly on HIV/AIDS.

1. Analysis of HIV/AIDS situation

HIV prevalence among children, adolescents and youth is not in the focus of attention as these groups are not included into sentinel population. As is well known, the Republic of Kazakhstan is currently facing concentrated stage of HIV prevalence with HIV accumulated mainly among injecting drug users (IDUs). According to findings of sentinel epidemiological surveillance conducted in 2002 in various cities of the country HIV prevalence among IDUs varies from 0 to 8% (3% on the average). Whereas HIV cases among clients of reproductive health services (reflecting HIV prevalence in the general population) were not detected in this cities. Nevertheless, over 50% of reported HIV cases fall on young people aged between 15 and 29. HIV prevalence among IDUs aged 15-29 was 2 fold higher than among older age groups. HIV infection was detected in 22 schoolchildren, 19 street kids of school age, 48 students of colleges and higher schools.

Determinants of HIV transmission among young people are defined by their behavior and availability of behavioral choice based on knowledge, skills and accessibility of HIV protection means.

1.1 Youth behavior in the context of HIV/AIDS

According to data of Drug Control Committee age of first drug use experience in Kazakhstan has lowered down to 13-14 years². According to National Healthy Lifestyle Center up to 0,5% of children aged under 15 are involved in drug consumption³. Many of them come to drug injecting. According to data of behavioral surveillance among drug consumers conducted in 2002⁴, IDUs aged under 20 practice unsafe drug injecting, such as sharing of syringes and non-sterile injecting solutions. Among interviewed IDUs (students of higher and vocational schools, technical colleges and comprehensive schools) 37% shared syringe for injecting drug during last month, 53% of respondents practice drug injecting in unstable groups. Regressive analysis of the obtained data showed with 90% likelihood that the younger is a drug user, the likelier is syringe sharing.

² Drug Control Committee of Ministry of Justice of RK, *Analytical note to the maps on drug use situation in the Republic of Kazakhstan in 2001*.

³ Akanov A.A. *Formation of healthy lifestyle in Kazakhstan: results of 4-year activity and concept for further development*, Almaty, 2001.

⁴ Zhusupov B.S. *Report on findings of behavioral research among IDUs in 9 cities of Kazakhstan (Almaty, Astana, Karaganda, Pavlodar, Petropavlovsk, Temirtau, Uralsk, Ust-Kamenogorsk and Shymkent) within the framework of HIV epidemiological surveillance*, Almaty, 2002

Enquiry of 400 schoolboys of 9-11 grades in 20 schools and lyceums of Almaty showed that one third of them have had sexual contacts. And 13% of teenagers acquired this experience by the age of 15. As a rule, sexually active teenagers and young people do not have permanent partners⁵. Enquiry of young people in the age between 20 and 24 showed that 30% of single men and 5% of single women have two and more partners⁶. Teenagers and young men tend to have high-risk sexual practices and, according to key informants, use condoms only in half of the contacts, which is confirmed by findings of the enquiry: men aged 15-19 use condoms only in 72% of cases, girls – only in 20% of cases⁷.

Teenagers and young people of both sexes are involved in sex business and practice unprotected sex. As a rule, girls and teenagers engaged in sex business are the least protected and low-paid strata of commercial sex workers. Many teenagers and young girls involved in sex work come from rural areas and have no documents. The majority of them have no passport registration and right of residence.⁸

According to key informants, in all big cities of Kazakhstan there are a lot of street kids, teenagers and young people not covered by school education; many of them being involved in drug abuse and sex work.

Neglecting safer behavior rules leads to high incidence of STIs among adolescents. Reported incidence by clinic attendance is much lower than the real one as teenagers rarely address official structures for STI treatment. Perennial dynamics of registered syphilis cases (1997-2001) shows that primary stage of the disease in male teenagers is detected only in half of the cases and in female teenagers – in one third of cases. This is determined by low level of health care seeking behavior.

Safer sex has not become a topic for discussion in youth groups. Only 36% of interviewed women and 17 of men discuss HIV prevention issues with their sexual partners⁹. Moreover, according to experts, existing youth subculture perceives STI in a young man as an achievement that proves out one's masculinity and raises his reputation in the eyes of peers.

Thus, there are factors in teenagers' environment that favor HIV/AIDS transmission, such as widespread injecting drug use, unsafe sexual behavior, high-risk sexual practices, and lack of health seeking behavior in case of STI. All these take place in the context of ongoing dramatic spread of HIV epidemic in Kazakhstan, which has all chances to cross boundaries of IDU groups and pass on other populations.

1.2 Awareness of youth about HIV/AIDS and its prevention

Enquires conducted among schoolchildren, students of technical colleges, vocational and higher schools showed low awareness level about HIV prevention. Youth in general have insufficient knowledge on modes of HIV transmission and

⁵ Keshileva Z.B., Kossukhin A.B., Murzanova R.S. and others. *Teenagers: Sexually transmitted diseases and education, behavioral characteristics*// *Public Health of Kazakhstan*, 1997, № 9, C. 71-73.

⁶ Sharman A.T., Kurmangalieva E. *HIV/AIDS and Sexually Transmitted infections*//Kazakhstan: Demographic and Health Survey 1999, Almaty, 2000, P.165-184.

⁷ Там же

⁸ Kurmanova G.U. Reports on rapid assessments of STI/HIV/AIDS prevalence among commercial sex workers in Almaty, Astana, Pavlodar, Petropavlovsk, Taraz, Temirtau, Ust-Kamenogorsk, Shymkent, 1999-2002 гг.

⁹ See footnote 6.

prevention of injecting and sexual HIV spread. According to experts, most of schoolchildren of senior grades do not know how to use condom correctly.

Report of Academy of Preventive Medicine of the Republic of Kazakhstan¹⁰ showed that 33% of interviewed women and 17% of men aged 15-19 reported that although they have some knowledge about HIV/AIDS they have no idea how to avoid it. Only 71 % of the interviewed males aged 15-19 and 39% of females knew that HIV could be prevented through condom use. Youth has rather limited information about classical sexually transmitted infections, their symptoms and where to get qualified STI medical care. 32% of the interviewed males aged 15-19 and 42% of females could not name at least one sign of an STI, 16% and 36% of them respectively did not hear anything about STI at all.

Due to lack of awareness about HIV transmission ways young people have ungrounded fears in regard to HIV. Only one fifth of males and one third of females aged 15-24 consider that one should keep a secret his/her HIV-positive status; not more than 2/3 and ½ of them respectively are prepared to take care of an HIV-infected relative.

Sociological research among teenagers and youth conducted by Kazakhstan Medico-Pedagogical association (KMPA) in 2001 showed that only few people get information related with sex at schools, 18,7% - from parents and 52,6% - from friends.

Thus, HIV/AIDS awareness level of youth remains low and is not sufficient to make informed choice of safer behavior.

Analysis of youth's awareness level shows that their high-risk sexual practices are determined by lack of knowledge about HIV/AIDS and its prevention. Another reason of unsafe practices is a formed youth sub-culture, which ignores not only HIV/AIDS prevention, but even discussion of these issues. At the same time existing socio-economic factors favor formation of behavioral deviations among youth, including drug use and promiscuity.

2. Response of education sector to HIV spread related with high-risk behavior of youth

In January 1999 Ministry of education, culture and health issued order No. 12 «On introduction of AIDS prevention lessons in comprehensive, vocational and higher schools". At that same time the first teacher's manual on HIV/AIDS prevention was issued, although in a limited quantity.

HIV/AIDS issues are integrated into the subject «Valeology», which was studied in comprehensive educational institutions. In 2002 state standard on teaching valeology was approved. However, this subject is not included into curricula and is studied as optional. According to experts, HIV/AIDS issues are not given appropriate attention during study of valeology. Safe behavior issues are usually not openly discussed at the lessons. Appropriate schoolbooks are not available either.

HIV/AIDS as a separate subject is not integrated in curricula of educational institutions, except for medical schools. No work is being conducted with developers of teaching manuals, workbooks and textbooks to integrate HIV/AIDS issues into

¹⁰ See footnote 6.

lessons of Mathematics, Chemistry, Biology, Kazakh, Russian and foreign languages, Literature, Geography, Handicrafts, Drawing and other.

Training in Valeology is conducted in the institutes for advanced training of teachers. Medical doctors from AIDS or Healthy Lifestyle centers, who are not experts in teaching methods, deliver lectures on HIV/AIDS.

In most cases HIV/AIDS prevention activities among young people, if any, boil down to quizzes, compositions and reproductions held on World AIDS Day – 1 December and occasional lectures delivered by local AIDS centers' specialists. Hardships in education are related with shortage of specialists, deficiency of educational and information materials (especially in a state language and other local languages), imperfection of curricula, lack of class-books.

Currently implemented mass educational programs are ineffective, as enquiry of teenagers and young people demonstrates that significant part of them are not aware of HIV/AIDS prevention issues. Most of them get information about sexual relations from their coevals¹¹. However, educational sector until now does not focus on training of informal youth leaders who could work in their groups by 'peer-to-peer' principle.

'Peer-to-peer' approach is mainly acceptable in out-of-school system. Therefore, it should be put into practice in the system of out-of-school organizations (Children's palaces, houses of Art, sports clubs, etc) and through non-governmental organizations.

As stated in UNESCO report, a number of training programs for schoolchildren has been implemented in the country¹². Assessment of indexes characterizing awareness level and behavior of individuals trained in the following programs was conducted:

- Youth and Healthy Lifestyle Program (executor – National Red Cross and Red Crescent Society): all indexes in the tested group exceeded relevant indexes in the control group, except for indicator of responsible behavior);
- Valeology course (creator – National Healthy Lifestyle Center): indexes characterizing awareness level were not higher than in control group; index characterizing behavior of interviewed teenagers was even lower than in a control group;
- Health schools (creator – National Healthy Lifestyle center): indexes characterizing awareness were significantly higher about those of responsible behavior lower than in a control group;
- HIV/AIDS education program (executor – Kazakhstan Medico-Pedagogical Association) – is a most successful program which improved both knowledge and behavior of schoolchildren;
- Training on healthy lifestyle (executor: Soros Foundation Kazakhstan), knowledge students have improved, but no changes in responsible behavior took place;
- Sexual education (executor- NGO «Peer-to-peer») – knowledge of program participants improved, interrelation of teenagers of both sexes improved, behavior became more responsible;
- Gender training program (executor – South-Kazakhstan center for AIDS prevention and control, Shymkent, Women Association, Ministry of

¹¹ The cultural factors and the resources in HIV/AIDS spread prevention/UNESCO Cluster Office for Kazakhstan, Kyrgyzstan and Uzbekistan, Almaty, 2002

¹² Assessment the effectiveness of preventive education programmes/ Sange Research Agency, Almaty, 2002.

education of RK) – HIV/AIDS/STI awareness considerably improved, but no favorable changes in behavior occurred;

- Problems and Prevention of HIV/AIDS (executor- Republican Center for AIDS Prevention and Control) – knowledge of participants improved but behavior remained unchanged;
- Human Rights for All (executor: NGO Street Law) – knowledge of participants improved, but index characterizing level of behavioral responsibility was lower than in a control group.

Thus, all implemented programs (except for Valeology) resulted in increase of awareness, but very rarely in behavioral changes. The reason of failure in teaching Valeology is inappropriate teaching methods: formal delivery of lectures and lack of interactive teaching techniques. Nevertheless, no amendments have been introduced into teaching methods until now.

Until now psychologists have not been not involved into solution of youth related problems; sociological researches are limited. No scientific researches on HIV/AIDS education techniques are being conducted.

3. Aim of the Program and main lines of activity

The Program aims to reduce risk of HIV transmission among youth through increase of their awareness level and formation of responsible behavior. The following priority lines of activity are set to meet the aim:

1. *Training of teachers and educators of comprehensive, vocational schools and out-of-school affiliated institutions on HIV/AIDS issues;*
2. *Education of school students;*
3. *Education of college and higher school students;*
4. *Out-of-school training of youth on HIV/AIDS issues;*
5. *Providing education and information to parents and custodians of minors;*
6. *Ensuring right to education to people infected and affected by HIV/AIDS;*
7. *Providing HIV/AIDS educational programs and information to street kids and teenagers, children of school-age with delinquent behavior;*
8. *Cooperation with other sectors on education of youth on HIV/AIDS prevention;*
9. *Introduction of amendments and additions to the existing legislative and normative acts in the field of education;*
10. *Identification of priorities and conducting scientific researches in HIV/AIDS field.*

4. Key lines of activity

4.1 Line of activity 1. Training of teachers and educators of comprehensive, vocational schools and out-of-school affiliated institutions on HIV/AIDS issues

Current situation

In the Institutes for advances training of teachers 2-4 hours are allocated for HIV/AIDS training. 136 thousand teachers were trained. However, not all educators were trained on teaching methods. Adapted teacher's manuals or schoolbooks are not available. Standards for teaching and evaluation of teachers' and pupils' knowledge do not exist.

Expected situation by 2005:

Manual on training of teachers is developed. Each regional institute for advanced training of teachers has at least one teacher who runs courses on HIV prevention. Training of teachers of all levels on HIV prevention issues is introduced. Programs for advanced teachers' courses are developed at the Institutes for advanced training of teachers. At least 50% of teachers of comprehensive schools (Lyceums, Gymnasiums) and vocational schools are re-trained and trained. Teachers of higher schools are trained. Standards for assessment of quality of education and teachers' knowledge are developed and adopted.

Strategies:

- By the end of 1st quarter 2003 jointly with National Healthy Lifestyle Center to develop standards for assessment of teachers' knowledge in HIV/AIDS prevention issues;
- By the end of 2003 to develop and produce training and visual aids "AIDS and its prevention" for teachers of comprehensive and vocational schools in a state and Russian languages;
- By the end of 2003 to develop (revise) and approve training programs for teachers of all educational institutions;
- By the end of 2nd quarter 2003 to include HIV/AIDS prevention issues into programs of advanced pedagogical courses in all regional institutes for advanced training of teachers;
- In the first quarter 2004 to conduct Republican seminar for teachers and educators dealing with HIV prevention issues on introduction of programs in educational institutions.
- In the 1st quarter 2003 to develop reporting forms.

4.2 Line of activity 2: Education and training of school students

Current situation

Special course on HIV/AIDS is introduced in 9% of comprehensive schools. In other schools HIV/AIDS issues are taught within such subjects like Biology, Valeology, Ethics, Psychology of family life, as well as through out-of-school activities. In total 80% of comprehensive and vocational schools are covered by AIDS education. 47% of students have training aids on HIV/AIDS prevention.

Expected situation by 2005:

Contents of training aids and HIV/AIDS prevention programs for students of comprehensive and vocational schools are revised, amended and complemented. Schoolbooks of 0,5 author's page volume in the amount of 3,5 million copies are developed and produced. Recommendations on integration of HIV/AIDS issues in main subjects (Chemistry, Biology, Handicrafts, Mathematics, etc.) are developed. HIV/AIDS education is introduced in all comprehensive and vocational schools. National standard of HIV/AIDS education is developed and approved. Awareness of

95% of students meets requirements of state standard. 50% of students have responsible behavior.

Strategy:

- By the end of 2003 to revise programs, training aids and to develop school-books on HIV/AIDS;
- Starting from 1st quarter 2003 to produce revised and supplemented training aids;
- Starting from 2nd quarter 2004 to initiate regular production of HIV/AIDS school-books;
- Starting from 2002 to regularly develop and produce visual aids (posters, waxworks) for HIV/AIDS lessons;
- Starting from 2002 jointly with authors of school-books to ensure integration of HIV/AIDS issues into training aids and school-books;
- Starting from 2004-2005 school years to cover all 5-11 grade students of comprehensive and vocational schools by HIV/AIDS education within the framework of compulsory school curricula;
- Before 2003-2004 to conduct national and regional conferences on HIV/AIDS education of students;
- Starting from 2003-2004 academic year to initiate training of teenagers (informal leaders) on HIV/AIDS issues for realization of 'peer-to-peer' approach within the framework of out-of-school education;
- To constantly build up safer behavioral patterns among teenagers and youth;
- On the 1st of December to conduct activities devoted to World AIDS Day (poster competitions, compositions, festivals, etc.) in all schools within the framework of out-of-school activities.

4.3 Line of activity 3. Education and training of higher school and college students

Current situation

Lessons on HIV/AIDS are conducted in 70% of higher schools. Formal HIV/AIDS programs for students of higher schools and colleges are not developed and approved. Special training aids are neither developed nor approved. There is no standard on HIV/AIDS education of higher school and college students.

Students of medical institutes and colleges are trained according to approved program on HIV/AIDS prevention, which does not include training of communication skills and counseling.

Expected situation by 2005:

Educational programs for non-medical students are developed and integrated in curricula of educational institutions. Training aids of 0,5 author's page volume are produced in 905 copies (5 copies x 181 higher schools) and 1745 copies (5 copies x 349 colleges). Each non-medical higher school has teachers trained on HIV/AIDS issues. National standard on HIV/AIDS education in non-medical higher and secondary vocational schools is developed and approved. Level of HIV/AIDS awareness among students of non-medical higher schools and colleges is 95%, which

corresponds to national educational standard. Responsible behavior is practiced by 50% of students.

HIV/AIDS educational program for students of medical higher schools and colleges is revised and new program that includes development of communication and counseling skills is actualized.

Strategy:

- By the end of 2003 Healthy Lifestyle Centers are to ensure training on HIV prevention for at least one teacher from each of 181 higher schools and 349 colleges.
- By the end of 2003 to develop and produce training aids «HIV/AIDS and its prevention» for higher schools in a state and Russian languages.
- Starting from 2003-2004 academic years to ensure obligatory education on HIV/AIDS issues at the first courses of higher schools and colleges in order to reach 100% coverage by the years 2004-2005;
- Annually on 1 December to conduct activities devoted to World AIDS Day (briefings, completions, actions, etc.).
- By the end of 2003 to introduce amendments to AIDS educational programs designed for students of medical higher schools and colleges towards their humanization and training of communication skills.
- In the 1st quarter 2003 to develop reporting forms on implementation of HIV prevention activities for higher schools and colleges.
- In 2004 to conduct National Conference on results of introduction of HIV/AIDS education in higher schools and colleges.

4.4 Line of activity 4: Out-of-school HIV/AIDS training of youth

Current situation:

Regional out-of-school affiliated institutions lack instructors trained in HIV/AIDS issues. HIV/AIDS is not included in training programs of these institutions. Out-of-school HIV/AIDS education is not reflected in reporting documentation.

Expected situation by 2005:

Workers of regional out-of-school educational institutions are trained in HIV prevention issues. Recommendations for education of 12-18 year olds in out-of-school coteries are developed.

Reporting forms on implementation of HIV program are developed.

Strategy

- Starting from 2002 to ensure training of educational workers of out-of-school organizations on HIV/AIDS issues at the institutes of postgraduate training of pedagogical personnel.
- By the end of 2003 to train one teacher from each regional out-of-school institution.

- By the end of 2003 to develop recommendations for conducting HIV/AIDS prevention training in out-of-school institutions; conduct national meeting on introduction of recommendations in educational process.
- During 2003 to provide out-of-school organizations with relevant visual aids;
- Starting from 2004 to ensure involvement of all out-of-school educational organizations in HIV prevention.
- Before 2004 to develop reporting forms on HIV/AIDS Program.
- By the end of 2004 to conduct national conference of pedagogical staff of out-of-school organizations on introduction of HIV/AIDS prevention program.

4.5 Line of activity 5: Provision of education and information to parents and guardians of children under age.

Current situation

In most cases parents lack knowledge about main reasons of HIV transmission and lack skills of preventive work. Teachers are not trained to work with parents.

Expected situation by 2005:

Program of discussions and lectures on HIV prevention for parents is developed. Form-masters of all comprehensive and vocational schools are trained to work with parents. All parents participated in discussions devoted to HIV prevention and habituation of safer behavior skills. At least 75% of parents give right answers to questions about HIV/AIDS during behavioral surveys.

Strategy:

- By the end of 2003 to develop program of discussions and lectures on HIV/AIDS issues with parents.
- By the end of 2003 to conduct republican conference on the role of parents in HIV prevention among schoolchildren for teachers and activists of parents' committees.
- By the end of 2nd quarter to develop and issue methodological recommendations on working with parents on HIV prevention among schoolchildren for form-masters.
- Starting from 2002 to include discussion of HIV/AIDS issues in plans of parents' meetings, so that by the year 2005 these issues are annually discussed at parents' meetings in all forms.

4.6 Line of activity 6: Ensuring right to education for people infected and affected by HIV/AIDS

Current situation

HIV-infected students of schools, higher schools and colleges study in the same educational institutions as people without HIV. There exist scattered instances of discrimination against people with HIV on the part of teachers, parents and schoolmates. About half of teachers, parents and schoolchildren have negative attitude towards people with HIV. The question of providing educational benefits and professional training for family members of HIV infected and other HIV/AIDS

affected people is not settled. Neither is solved the problem of adoption, guardianship and custody over HIV infected children and adolescents and those orphaned by HIV/AIDS.

Expected situation by 2005

Access to education for people with HIV is the same as for other people. Facts of discrimination based on HIV status on the part of teachers, parents and schoolmates do not take place. Teachers, parents and schoolchildren do not display negative attitudes toward HIV infected people. Special programs on placement in boarding-schools and professional training with further employment for schoolchildren who have HIV-infected parents or guardians are developed. Provisions on adoption, guardianship and patronage over HIV infected and affected juveniles are developed and approved.

Strategies:

- Within the frame of HIV/AIDS education to constantly build up non-discriminative attitude towards people with HIV;
- Until the end of 2nd quarter 2003 to conduct assessment of needs of studying youth from the families affected by HIV/AIDS;
- By the end of 2003 to develop and introduce in all comprehensive and vocational schools support programs for schoolchildren from HIV/AIDS affected families.
- By the end of 2004 to conduct national conference on support of HIV-infected people and juveniles affected by the epidemic.
- By the end of 2nd quarter 2004 to develop normative-legal document on procedures of adoption, guardianship and patronage over juveniles infected and affected by HIV/AIDS.

4.7 Line of activity 7: Provision of HIV/AIDS educational programs and information to street kids and school-age juveniles with delinquent behavior

Current situation

Risks of HIV transmission among street kids and school age children with delinquent behavior are not studied. Targeted educational programs on HIV/AIDS prevention for children and adolescents with deviant behavior are not developed. HIV/AIDS awareness level of children and adolescents with deviant behavior does not exceed 20%. Reporting on HIV/AIDS education among this contingent is not available.

Expected situation by 2005:

Assessment of HIV transmission risks among street kids and juveniles with delinquent behavior is conducted. Targeted educational programs based on conducted assessment are developed. Coverage of teenagers in juvenile remand centres (JRC) and special institutions by educational programs is 100%. HIV/AIDS awareness level of adolescents with deviant behavior corresponding to national standard is not less than 95%; responsible behavior is practiced by at least 75% of educated teenagers.

Reporting forms for submission of information on conducted HIV/STI prevention activities are developed.

Strategies:

- By the end of 2002 to conduct assessment of situation on provision of educational programs to street kids and teenagers with delinquent behavior.
- By the end of 2nd quarter 2003 to conduct national conference for educators of ЦВИАРН and special institutions on HIV/AIDS prevention activities among problem children;
- By the end of to develop, produce and introduce methodological recommendations on work with street kids and teenagers.
- By the end of 2004 to conduct national conference to summarize the results of introduction of HIV/AIDS prevention programs among children and adolescents with deviant behavior.
- By the end of 2nd quarter 2005 to revise methods of work with children and adolescents with deviant behavior with regard to gained practical experience; issue relevant recommendations.

4.8 Line of activity 8: Cooperation with other sectors in HIV/AIDS education of youth

Current situation

Educational institutions deliver HIV/AIDS information through health workers, but do not analyze accessibility and acceptability of STI care delivery and provision of individual protection means for youth. Educational institutions do not collaborate with interior bodies in the field of HIV/AIDS information delivery to children and adolescents with deviant behavior. There is no cooperation with institutions of labor and social protection to ensure social rehabilitation of students affected by AIDS. No coordination between educational organizations and military recruitment committees on HIV/AIDS education of conscripts is available. Resources of non-governmental organizations are not mobilized for conducting out-of-school activities on AIDS prevention and control.

Expected situation by 2005

Normative-legal documents are developed and issued. Sustainable collaboration of educational institutions with health, interior, labor and social protection bodies, as well as defense and non-governmental organizations on meeting prevention needs of children and adolescents is established.

Strategy:

- By the end of 2nd quarter 2003 to conduct assessment of preventive needs of children and adolescents in the context of collaboration of educational sector, governmental bodies and non-governmental organizations.
- By the end of 2003 to conduct national seminar on realization of multi-sectoral cooperation aimed to meet prevention needs of adolescents.

- By the end of 2nd quarter 2004 to develop and approve bilateral and multilateral normative-legal acts regulating the above mentioned collaboration.
- By the end of 2004 to include activity indicators into relevant reporting documentation of educational institutions.
- By the end of 3rd quarter 2005 to conduct national conference on results of multi-sectoral collaboration in meeting HIV/AIDS prevention needs of children and adolescents.

4.9 Line of activity 9: Introduction of amendments and additions to the existing legislation and normative acts in the field of education

Current situation

Issues of HIV/AIDS prevention and control are not integrated into national educational programme and not reflected in legislation in the field of education.

Expected situation by 2005

Issues of HIV/AIDS control are integrated in “Law on Education” and other relevant legislative acts of the Republic of Kazakhstan in the form of special remarks.

Strategy:

- Before the 2nd quarter 2003 to conduct analysis of legislation in the field of education to identify whether issues of HIV/AIDS prevention and sexual education are reflected there.
- By the end of 2004 to develop and submit for approval to the Government draft amendments and additions to legislative acts of the Republic of Kazakhstan aimed to reflect HIV/AIDS issues in legislative acts in the field of education.

4.10 Line of activity 10. Identifying national priorities in the field of HIV/AIDS scientific researches

Currents situation

Subject of scientific researches in the field of HIV/AIDS is not prioritized and does not reflect actual needs in effective preventive programs. Disregarding resources of medical science, which are much lower compared with those in highly industrialized countries, attempts are being made to concentrate efforts on resources consuming medico-biological researches. As a result, ineffective, non-competitive and unpractical objects of industrial property are being established. At the same time pedagogical, psychological and sociological potential crucial for HIV prevention is not enabled.

Expected situation by 2005

Priorities in HIV/AIDS research are identified. HIV prevention programs are scientifically grounded. Findings of scientific researches are introduced into practice. Effective models of monitoring and evaluation of preventive interventions are

developed and introduced. Data on comparative assessment of HIV/AIDS education methods are obtained.

Strategy

- By the end of 2nd quarter 2003 to conduct analysis of scientific research in the field of HIV/AIDS.
- By the end of 2003 to conduct national scientific-practical conference on HIV/AIDS as problem of development.
- By the end of 2nd quarter 2003 to consider practicability of establishing Republican Scientific Center on HIV/AIDS socio-psychological problems, drug addiction and sexual behavior.
- By the end of 2003 to announce open competition of projects aimed to scientifically ground HIV/AIDS response programs.
- By the end of 1st quarter 2004 to place orders in scientific organizations on development of effective HIV/AIDS education methods, establishing systems for monitoring and evaluation of preventive programs, identifying psychological mechanisms leading to drug consumption and peculiarities of teenagers' sexual formation in existing social environment, etc., which are to be performed in the 4th quarter 2005.

5. PROGRAMME MANAGEMENT

AIDS Coordination Committee chaired by Vice-Minister of education and science and represented by heads of departments will be established to manage the Program. Representatives of non-governmental organizations (such as KMPA, SOROS Foundation, etc), bilateral organizations (USAID, British Council, etc.) and international organizations (UNAIDS, UNESCO, UNICEF, UNDP, etc) will be invited into the membership of AIDS Coordination Committee. Prominent scientists and educators will be also invited. Functions of Coordination Committee operating as advisory body at the Ministry of Education and Science will include management of the Program.

Similar coordination committees should be established at oblasts, Astana and Almaty city educational departments.

Coordination committees will review progress of Program implementation and give recommendations on financial, resource, educational and science policies in the context of HIV/AIDS epidemic at central and regional levels. Coordination committees will take leadership in permanent strategic planning processes, development and revision of activity workplans.

Personnel of Ministry of Education and Science will be responsible for monitoring of Program implementation, meetings of Program Coordination Committee, development of draft resolutions and their dissemination. Secretariats of coordination committees will closely collaborate with republican and regional centers for AIDS prevention and control.

Meetings of National Coordination Committee will be held twice a year, meetings of regional committees – once per quarter. If needed extraordinary meetings of meetings of coordination committees will be called.

It is expected that national conferences on results of Program implementation will be held once a year.

6. PROGRAMME MONITORING AND EVALUATION

Monitoring of program implementation indicators, such as input in the program (meetings, conferences, etc.), direct outcomes (number of trained specialists, coverage of target groups, etc.), indirect outputs (change of awareness level, behavior) will be performed in accordance with reported data. Each educational institution, regardless its form of property and sectoral subordination should report on conducted HIV/AIDS prevention activities.

Reporting forms will be developed by secretariat and approved. It is expected that reports will be submitted twice a year and annually. Educational institutions should report to a senior governing body. Semiannual reports should be submitted by 25 July of the current year, annual reports – by 25 January of the following year. Main indicators of program implementation are annually summarized and published by Ministry of Education in the form of statistical bulletins.

Evaluation of Program implementation aimed at matching situation with program activities and its influence on HIV transmission will be performed by a team of external and national experts once in two years at regional and national levels.

7. FUNDING OF THE PROGRAMME

Sources of funding will be funds mobilized from donors. It is expected that part of funds will come from the Global Fund on HIV/AIDS, TB and malaria. The required amount of funding for 4 years is estimated as 646.200.000 Tenge.

№	Activities	Funding, ml KZT			Notes
		Required	Allocated from the budget	To be additionally mobilized	
1.	<i>Training of teachers and educators of comprehensive, vocational schools and out-of-school affiliated organizations on HIV/AIDS;</i>	16275			
2.	<i>Education of school students;</i>	488875			
3.	<i>Education of higher school and college students;</i>	26195			
4.	<i>Out of school training of youth on HIV/AIDS issues;</i>	18600			
5.	<i>Provision of education and information to parents and custodians of children under age;</i>	5425			
6.	<i>Ensuring right to education for people infected and affected by HIV/AIDS;</i>	1705			
7.	<i>Provision of HIV/AIDS educational programs for children of school age with delinquent behavior;</i>	3410			
8.	<i>Cooperation with other sectors in the process of educating youth on HIV/AIDS prevention;</i>	2790			
9.	<i>Introduction of amendments and additions to the existing legislative and normative acts in the field of education;</i>	1085			
10.	<i>Identifying priorities and conducting scientific researches in the field of HIV/AIDS.</i>	79515			
11.	<i>Program monitoring and evaluation</i>	2325			