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Practical Approaches to HIV/AIDS Education

Contents

The present issue is one of UNESCO IICBA's Newsletters with a difference. This issue does not look at the impact of HIV/AIDS on education and institutionalising prevention education. Neither does it offer a strategic approach to using education to quell the pandemic. Rather, it looks at the practical and operational aspects of dealing with the disease in the African context: School-based anti AIDS Clubs and Life skills approaches to HIV/AIDS Education in Africa. In this Newsletter we focus on the ways in which life skills education and anti AIDS clubs in schools promote healthy life styles that enable young people to acquire knowledge and develop attitudes and proficiency which support the adoption of healthy behaviours. Consequently young people will refrain from unwanted or unhealthy behaviour and improve individual assertiveness, coping and communication skills.

Preventing HIV infection must be approached by, on the one hand, action to reduce individual risk, and on the other hand, to tackle the broader contextual, environmental and social factors that make young people especially vulnerable. The reduction of individual risk usually focuses on the individual and his/her behaviour. Given our inability to pay particular attention to each individual, collective attention becomes necessary. Ola Robertson, Associate Expert at UNESCO IICBA reviews the experience of school-based anti AIDS clubs in Ethiopia. Given the inability of integrating the teaching of HIV/AIDS prevention in the curriculum, anti AIDS clubs have sprung up to fill this gap. Secondary/ high school teachers and students are organizing and facilitating anti AIDS clubs on a voluntary basis. These clubs educate children in basic life skills that place emphasis on healthy norms, values, attitudes and knowledge sometimes even before they engage in risky sexual behaviour. In so doing, Anti AIDS clubs strive to combat serious diseases such as HIV/AIDS by furnishing the youths with an understanding of the dangers of the disease, and helping them make informed decisions with regard to these issues.

In spite of the negative news we learn everyday about the spread of the disease especially in sub-Saharan Africa where the majority of new cases are reported in the world, the good news is that community and societal mobilization is increasing and this includes more and more people. Life skill approaches to HIV/AIDS education looks at the development of individuals, their ability to think critically, build up self respect, as well as respect for their peers, and plan for their future. The psychosocial abilities are the life skills that help people think, feel, act and interact as individuals and members of society. Anna Maria Hoffman, Programme Specialist with UNESCO Division for the Promotion of Quality Education argues that well implemented life skills approaches to HIV/AIDS and education can reduce risk by delaying the age of first sex, increase condom use, reduce the number of sexual partners, promote early treatment of STDs, promote access to voluntary and confidential counselling and testing, and reduce other forms of risky behaviour. Presently, the life skill approach is being adopted as a means to empower young people to confront challenging situations.

Finally, if preventive methods don't work, it is important to look at intervention methods that help students cope with the repercussions of HIV/AIDS. Ashebir Desalegn, UNESCO IICBA consultant, argues that school-based intervention activities are as important as preventive activities in and outside the school. In all of this and as always, teachers play a key role.

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Promoting HIV/AIDS Education through School-based anti Aids Clubs: The case of Ethiopia

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In Ethiopia just as in many African countries, the pressing issue of HIV/AIDS education is not integrated within the national curricula or when this is done, it is being handled as an additional issue of the curriculum. The teachers have to rummage around for alternative ways of integrating this imperative concern within their already cramped schedules. One of the ways that HIV/AIDS education has managed to move stealthily into the school grounds is through extra curricular activities.

Ethiopian secondary and high schools like most others in Africa are committed to providing activities for students that will develop important skills needed in the workplace and in society such as team values, individual and group responsibility, physical strength and endurance, competition, and a sense of community. Consequently extra curricular activities become the vehicle for providing a well-rounded education to include sports and games, clubs, societies and hobbies. Amongst these clubs, there are anti AIDS clubs that offer HIV/AIDS education to the students. This is so for a number of reasons: HIV/AIDS education is often presented in the light of medical and biological facts and not in the sociological context of relations that young people find themselves in; Materials for teachers do not exist, and teachers are not being properly trained to organize classroom activities on HIV/AIDS and related issues. Most of the anti AIDS clubs are vibrant and well established if they are based within the secondary schools, though there are few dynamic ones at the junior schools and within the community. School-based anti AIDS clubs are usually led by teachers and there are national policies or guidelines for establishing these clubs.

Anti AIDS clubs in Ethiopia focus on HIV/AIDS prevention strategies. Basically, most of the clubs advocate the "ABC" approach to HIV/AIDS prevention.[1] In other words, the adolescents have to apply the three measures in order to avoid the risk of being infected with the virus. Some of these clubs have outreach programmes and use dramas to disseminate their messages while others have student members spreading flyers and brochures to get their messages across to their peers. These anti AIDS clubs basically utilize peer education whereby young people are involved in teaching abstinence to their friends at school and in their communities.

An example of a successful anti AIDS club is the one at Dilber Secondary School, a government funded institution in the Addissu Gebeya area of Addis Ababa.[2] The school has 3,400 students in grades 9 and 10 aged from 14 to 17 with the average of 87 students per class operating by a two-shift system. The Dilber Secondary School like other secondary schools in Ethiopia offers a range of club activities. There are 14 clubs in this school amongst which is the anti AIDS club. Students have to enrol in at least one of the clubs. The anti AIDS club in the Dilber Secondary School has a membership of 250 students unlike similar clubs in other secondary schools that are made up of only 20 students. The Dilber anti AIDS club is well structured with a head, a vice, a secretary, an accountant and other executive officers. This club also has the privilege to have ten teachers who are members, and who take turns in giving lessons on HIV/AIDS related issues.

With the assistance of the Mini Media Programme, the AIDS club broadcasts a 15 minute long public announcement throughout the school using loud speakers.[3] Their activities take place every Saturday morning and usually last for three hours. Due to the increasing demand for students to participate in domestic chores, the student enrolment at the anti AIDS club at Dilber Secondary has dropped from 250 to 150. Every Saturday morning when students come for anti AIDS club activities, they are divided into groups of 20-25 students to facilitate club activities. Each group is assigned a leader who coordinates and facilitates the discussions. Group leaders are those who have undergone Training of Trainers (TOT).[4]

According to Mr. Tilahun, a Biology teacher and the head of the anti AIDS club at the Dilber Secondary, the Ministry of Education (MOE) has been very instrumental in promoting HIV/AIDS education in Ethiopian secondary and high schools. The MOE has developed textbooks and guidelines for the anti AIDS club activities, which are being implemented. Furthermore, other NGOs like Save Your Generation (SYG) and the German Foundation for World Population (DSW) have developed a manual which the Dilber Secondary is also using. Mr. Tilahun asserts that the involvement of the MOE in HIV/AIDS education is a good approach of addressing the concern of HIV/AIDS. The result of this strategy is evident as Dilber Secondary School students are more open and willing to discuss HIV/AIDS and other related sexually transmitted diseases.

A striking feature of the anti AIDS club at Dilber Secondary is the presence of a good number of female students. Of the 250 members who initially enrolled in the anti AIDS club, 165 were females. The girls are eager to learn about sexuality and HIV/AIDS particularly at a time when it is said that:

> Girls and women are especially vulnerable to HIV infection and to the impact of AIDS. Globally, more than half of all people living with HIV are female -- a sharp contrast to the early stages of the epidemic when AIDS was thought

of mainly as a disease striking at men. Girls are at very high risk of infection. This is especially true in sub-Saharan Africa, the region hardest hit by HIV/AIDS. In this region, more than two out of three newly infected 15-24-year olds are female.[5]

The girls are anxious to learn about HIV/AIDS issues because the school curriculum does not provide a sociological understanding of the issues.

The participating students at Dilber Secondary that UNECSO-IICBA met claimed that they learned a great deal during AIDS club activities and for this reason they were more willing to attend club activities. As the students attest "we don't learn a lot about HIV/AIDS in our normal school subjects. We are very happy to learn so much about this outside the classroom". Also, the students remarked that their families were indisposed to discuss matters related to sexuality let alone HIV/AIDS issues. According to one student, "our parents have the feeling that we have contracted the virus that is why we are eager to become members of the anti AIDS club". Some of the students felt empowered by the knowledge they had gained from the anti AIDS club activities and decided that they were going to be proponents disseminating HIV/AIDS awareness to their parents and family members. This, they felt, would make their parents see a reason for them to participate in anti AIDS club activities and counter the stereotypical notions that their families had about HIV/AIDS issues.

The Dilber anti AIDS club doesn't only handle HIV/AIDS prevention strategies but provides free voluntary testing for all students. Most of the anti AIDS club members have therefore tested themselves. Prior to the testing the doctor provides extensive counselling to the students. When the students find that they are HIV negative, they are very proud of themselves and many vow to lead a careful life thereafter. Two years ago one of the girls was diagnosed as HIV positive. All the club members knew about it and gave her as much support as possible. This student has graduated and joined an organization called "Dawn of Hope", and is also working with People Living HIV/AIDS (PLWH). The anti AIDS club at Dilber plans to extend its counselling services so as to provide HIV positive students in the future with the necessary support, counselling and related health advice.

Though the institution has these plans, anti AIDS clubs are facing some challenges. Some of the active anti AIDS clubs in Ethiopia find that they lack the financial resources to function. Save Your Generation (SYG) is an organization that supports anti AIDS clubs in Ethiopian schools and universities. Established in 1991 by some innovative young people, its objective is to reduce the HIV/AIDS prevalence among adolescents in Ethiopia. Initially, they worked only with HIV/AIDS related issues and later on the organization realized that there were a lot of other functional problems that needed to be taken into consideration such as capacity building and networking among the clubs.

SYGA assists anti AIDS clubs in a variety of ways such as providing working places, technical training or financial assistance. Their objective is to bring about positive sustainable attitude and change in Ethiopian adolescent sexual behaviour. SYGA is currently working with three universities; Addis Ababa, Alemaya and Bahar Dar with support from UNICEF. Thirty-five people are employed at the two branch offices in Addis Ababa and Nazreth. Although they used to work only with out of school adolescents, now they have also incorporated school youths. Currently, they are working with 3 secondary schools in Addis Ababa in establishing cooperation with anti AIDS clubs in 15 schools.

In sum, school-based anti AIDS clubs in Ethiopia are making strides in disseminating and promoting healthy sexual behaviour among Ethiopian youths. With the assistance of the Ethiopian MOE and other NGOs in the region like SYGA working on HIV/AIDS and other health related issues, Ethiopian youths are moving towards healthy lifestyles and reduced risky behaviour. In the absence of HIV/AIDS in the curriculum, school-based anti AIDS clubs provide an avenue for HIV/AIDS education on the school ground and beyond.

[1] The ABC approach emphasizes abstinence, fidelity and condom use; where A stands for "Abstinence", B for "Be faithful to your partner" and C for "Use a Condom".

[2] The name "Dilber" means "The Way to Victory" and that is the impression I got when I engaged in understanding how their anti AIDS club operates.

[3] The Mini Media Programme is a product of the Media club at Dilber Secondary School.

[4] The TOT programme started two years ago in Dilber Secondary where 16 students were trained.

[5] UNICEF article on the new face of HIV/AIDS: Young and female at *http://www.unicef.org/aids/index_hivaids_girls_women.html*

Life Skills Approaches to HIV/AIDS and Education. Prospects and Challenges

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Education needs to look at the development of individuals, their ability to think and reason, build up self-respect, as well as respect for others, think ahead and plan their future. These psychosocial abilities are the life skills that help people think, feel, act and interact as individuals and as participating members of society. Well implemented life skills approaches to HIV/AIDS and education can reduce risk by delaying the age of first sex, increasing condom use, reducing the number of sexual partners, promoting the early treatment of STIs, promoting access to voluntary and confidential counselling and testing, and reducing other forms of risky behaviour such as drug use, and injecting drug use in particular. When life skills programmes are designed to include activities not only at the teaching level, but also in the fields of policies, learning environments and community linkages, it leads to a synergistic effect, which ensures that efforts in one area are not undermined by lack of attention in others.

The term "life skills" itself came into being in the field of health promotion, where it was early recognized that whilst medical interventions and information continue to be important to maintain and restore health, these measures do not protect people from the harmful effects of their own behaviour and that of others. Dating back to the early 1980s, Health and Family Life Education (HFLE) in the Caribbean Community Member Countries (CARICOM) aimed at empowering young people by helping them develop skills such as decision-making, creative and critical thinking, and the ability to empathize in areas relevant to a young person's physical, emotional and social health.[1] The Ottawa Charter for Health Promotion (1986) stated that in addition to ensuring a secure foundation in basic prerequisites for health "[…] people cannot achieve their fullest health potential unless they are able to take control of those things which determine their health […].[2] This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices". Health was recognized as physical, emotional and social, and emphasis was placed on the importance to empower individuals with health-related life skills, such as critical thinking and decision-making skills, self-management and coping skills, and effective communication and refusal skills. Life skills were further defined by a number of international agencies, and grouped under three broad cross-cultural categories:

1. **Decision-making and critical thinking skills**, including problem-solving, understanding consequences, decision-making, critical thinking, self-evaluation.
2. **Coping and self-management skills**, including managing stress, managing feelings, self-management and self-monitoring
3. **Communication and interpersonal skills**, including communication, negotiation/refusal skills, assertiveness, cooperation, empathy.

The increasingly urgent need to combat HIV/AIDS among young people accelerated the establishment of life skills programmes in the 1990s. In line with emerging theories that development is said to occur only when people are capable to choose what makes their lives valuable and achieve well being, an increasing importance was placed to strike balance in the curriculum between the cognitive and instrumental dimensions and the reflective, individual and social dimensions to skills building in order to broaden the right to learn. In 1999, an inter-agency meeting concluded that "Life skills education is designed to facilitate the practice and reinforcement of psychosocial skills in a culturally and developmentally appropriate way; it contributes to the promotion of personal and social development, the prevention of health and social problems, and the protection of human rights."[3]

The World Education Forum clearly recognized this shift in thinking, and placed an increased importance on **life skills** in two of its goals:

- *EFA goal nº 3: "Ensure that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programmes"*
- *EFA goal nº 6: "Improving all aspects of the quality of education, and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills".*

Furthermore, the Dakar Framework for Action states that all young people and adults have "the human right to benefit from an education that will meet their basic learning needs in the best and fullest sense of the term, an education that includes learning to know, to do, to live together and to be". These "four pillars" of education represent the crucial combination of life skills and manual skills in the devepment of the individual, and give a framework for a life skills approach to quality education:

- **learning to know** – life skills for using knowledge and thinking reflectively;

Table 1. Examples of life skills dimensions in HIV/AIDS prevention education

Learning to know cognitive skills to:	**Learning to be** personal skills to:	**Learning to live together** social skills to:
• find reliable sources of information on HIV • understand links between risk-factors • analyse myths and misconceptions about HIV/AIDS, gender roles, and body image • analyse a variety of potential sexual situations and determine a variety of actions you may take and the consequences of such actions • analyse social influences regarding sexual behaviours • gather information about consequences of drug abuse • consider how to drink non-alcoholic beverages where alcohol is served • choose to stop using tobacco or other drugs and seek help to do so • analyse advertisements for tobacco and alcohol and develop counter messages; • analyse what drives you to use substances and search for a healthy alternative.	• value diversity • value your health • be self-confident • feel autonomous • owning your rights • be responsible for your behaviour • respect and value yourself • believe in your future • establish a personal value system that is independent of peer influence • decide to have sex or not • decide only to have protected sex • analyse what contributes to stress – if stress is identified as a factor that may lead an individual to tobacco or drug use; • commit to activities of exercise, meditation, time management to reduce stress; • select friends and activities who provide sound support and relaxation	• refuse to stigmatise or discriminate against infected or affected people • seek safe and healthy relationships • communicate your values and beliefs • negotiate safe sex • resist peer pressure • seek services for help with sexual issues, • discuss delaying initiation of intercourse • influence others to practise safe sex using condoms and to prevent discrimination related to HIV/AIDS • be caring and compassionate when interacting with someone who is infected with HIV or who has lost a friend. • inform others of the negative health and social consequences • ask your parents and friends not to smoke in your presence • listen and understand reasons a friend choose to use, but suggest alternatives • generate local support for tobacco free schools and public buildings • resist peer pressure • support persons who are trying to stop using drugs

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- **learning to be** – life skills for developing personal values and attitudes;
- **learning to live together** – life skills for communicating and negotiating;
- **learning to do** – skills for practicing manual know-how.

LIFE SKILLS FOR PREVENTING HIV INFECTION AND RELATED DISCRIMINATION

The Dakar World Education Forum recognized the urgent need to combat the HIV/AIDS epidemic, and underlined the immense challenge to the education sector.[4] Half of all new HIV infections occur among young people between the ages of 15 and 24, with girls being particularly vulnerable. Youth below or during this age can be seen as a "window of opportunity" for targeted prevention programmes, with schools as a privileged venue. Schools are a strategic point of intersection between efforts to achieve universal basic education despite rising prevalence of HIV and AIDS, and efforts to reduce HIV prevalence through prevention education. Efforts to achieve the desired outcomes in each of these areas must therefore go forward together.

To ensure that learning programmes are relevant to the needs of young people and adults, EFA Goal nº 3 requires that special attention be given to life skills programmes that address the specific concerns of youth, especially adolescent girls, pinpointing among other school-age pregnancy and HIV/AIDS. Well-implemented HIV/AIDS prevention programmes have demonstrated that they can induce behavioural change that can reduce vulnerability and the risk of contracting HIV. This is particularly true when these programmes go beyond the provision of basic information and help young people develop the life skills needed to make and act on decisions concerning health. The importance of life skills in preventing HIV/AIDS and its concomitant discrimination among youth is recognized in the Declaration of Commitment on HIV/AIDS.[5] For example, psychosocial and interpersonal skills can help young people make informed decisions, be assertive, set goals, and negotiate. Table 1 below lists examples of life skills that are useful for preventing HIV infection and related discrimination.

CHALLENGES FOR LIFE SKILLS APPROACHES TO HIV/AIDS AND EDUCATION

EFA Goal Nº 6 is centred on quality education learning outcomes that enriches the lives of learners and their experience of living, underlining the importance of the teachers and the learning environment. Only through targeted quality education that emphasizes life skills, can measurable learning outcomes be reached in the field of HIV/AIDS for:

1. Immediate learning outcomes: development of skills by the learner (e.g., making decisions, being assertive);
2. Medium-term learning outcomes: changes in or maintenance of present behaviour by the learner (e.g., fewer sexual partners, reduced drug use, more recourse to health services);
3. Longer-term learning outcomes: achieving the programme's goals, changes in health status or social outcomes (e.g., lower rates of HIV infection, fewer teenage pregnancies).

The importance of the learner for the content

A life skills approach addresses real-life applications of essential knowledge, attitudes and skills, and makes use of interactive teaching and learning methods. In this respect, such an approach can be used to improve any curriculum topic, be it history, science, peace, human rights, citizenship, health, mathematics, vocational education, and so on. Content must be relevant to the experiences and needs of both female and male learners and of society.

The teaching of life skills need to be undertaken as early as possible, and be adapted to the different age groups. Life skills-based curricula should target behaviours directly related to HIV prevention; generic life skills programmes that are not attached to specific outcomes have failed to show positive results. A recent publication by a number of UN agencies and institutions outlined a number of core skills for young people, by developmental level.[6]

For young children – life skills for:

- Healthy interpersonal communication
- Practically and positively dealing with emotions and stress

For pre-adolescents – life skills for:

- Communicating messages about HIV prevention to families, peers and members of the community
- Communicating clearly and effectively a desire to delay initiation of intercourse
- Help-seeking and interviewing to increase knowledge about sexuality
- Communicating about sexuality with peers and adults
- Critical thinking about consequences of making decisions
- Problem-solving to make healthy decisions about sex and other risks
- Communicating to refuse to have sexual intercourse
- Expressing empathy toward a person who is infected or has AIDS
- Talking about sexual behaviour and personal issues confidently
- Maintaining a personal system of values independent of peer pressure

For adolescents—life skills for:

- Assessing risk and negotiating for less risky alternatives
- Appropriate use of health products (e.g., male and female condoms)
- Identifying sources that provide help for substance abuse
- Identifying where condoms can be obtained

The importance of the teacher for the methodology

Effective life skills approaches replicate the processes by which children learn behaviour, such as observation, modelling and social interactions, and it is also important to identify the different learning styles of

girl and boy pupils, and to match them with appropriate methods of teaching whenever possible. The role of the teacher is to facilitate this participatory learning rather than conduct lectures in a didactic style, and this can only be accomplished if their crucial role in imparting life skills is recognized. Teachers are central agents in providing life skills training and education in general and therefore must be involved at all stages of educational planning, in defining policies and curriculum, in choosing methods and modes of delivery, as well as in evaluating results. However, it is important to stress that before teachers or educators can help young people acquire life skills specific to the prevention of HIV infection and related discrimination, they must be provided with the skills necessary to:

- Prevent their own infection and that of other adults
- Advocate for effective efforts to reduce vulnerability, risk and the impact of HIV/AIDS on education systems
- Enable young people to acquire skills *specific to the prevention* of HIV infection and related discrimination
- Support the implementation of a healthy, safe and secure learning environment that promotes the acquisition of life skills.

The importance of the learning environment for successful programmes

A life skills approach is based on the person and his/her abilities to act. For such an approach to be effective it must take into consideration the learning environment, not only inside the school, but also in the home and within the community. Dakar Goal nº 6 asserts that to be successful education programmes require an environment that not only encourages learning but is welcoming, gender-sensitive, healthy and safe. Such an environment can only be created with respect for and engagement with local communities and cultures. Every effort should therefore be made to combine life skills training with other complementary strategies such as policy development, a supportive psychosocial environment, and links to community services.

It is the reinforcing of all the parameters of education that will help achieve long-term well being and self-sufficiency. When life skills programmes are designed to include activities not only at the teaching level, but also in the fields of policies, learning environments and community linkages, it leads to a synergistic effect, which ensures that efforts in one area are not undermined by lack of attention in others.

A FRESH START TO LIFE SKILLS APPROACHES TO HIV/AIDS AND EDUCATION

According to a recent UNICEF/UNAIDS/WHO report, young people are at the centre of the global HIV/AIDS pandemic.[7] They are also the world's greatest hope in the struggle against this fatal disease. Schools and education systems have the opportunity to reach children and young people with HIV/AIDS prevention interventions before many are sexually active. They can do this in three ways: (i) by providing HIV/AIDS-related knowledge and skills to all young people, including those at special risk; (ii) by linking young people to relevant health services, and (iii) by supporting activities that reduce overall vulnerability to HIV infection, for example, by ensuring protective school environments; or by reaching out to girls, young people who use drugs, young migrants, refugees and asylum seekers, and young people whose economic circumstances cause them to exchange sex for money, drugs or material benefits. In addition, schools provide a channel to the community to introduce HIV/AIDS prevention efforts and advocate for policies that reduce discrimination.

Studies and the experience of many countries have proven that well implemented HIV/AIDS prevention programmes using life skills can reduce risk by delaying the age of first sex, increasing condom use, reducing the number of sexual partners, promoting the early treatment of STIs, promoting access to voluntary and confidential counselling and testing, and reducing other forms of risky behaviour such as drug use, and injecting drug use in particular. Comprehensive school health, hygiene and nutrition programmes are key to realising that hope. Such programmes are more valuable in addressing HIV/AIDS than specific HIV/AIDS interventions delivered in isolation. As health outcomes and risk behaviours often share the same root causes and tend to cluster, comprehensive school health programmes can help to address a range of health and social issues, and the factors and conditions that affect them. Enhancing overall health and nutritional status is an important way to reduce vulnerability to HIV/AIDS, and sustain the health of those already infected.

The Focusing Resources on Effective School Health (FRESH) framework provides a model for linking HIV/AIDS-specific approaches with

a broader school health programme.[8] The FRESH initiative is based on research and experience that show that school-based health programmes can significantly improve both health and learning outcomes, and that successful efforts typically include a combination of activities in four core areas: School health policies; Healthy, safe and secure learning environments; (Life) Skills-based health education; and School health services. The key is in the synergy of activity across all four components of the framework.

FRESH Core Component No1: School health policies

Developing and monitoring supportive HIV/STI-related school policies is as important as designing effective HIV/STI interventions. Supportive school policies guide the planning, implementation and evaluation of efforts to promote health, prevent HIV/STI, and eliminate HIV/AIDS related discrimination. It is especially important to ensure that there is no discrimination against students, teachers or other school staff infected or affected by HIV. There is no acceptable reason for denying education to students, or employment to teachers, just because they are infected with HIV. Such discrimination is a violation of human rights, and it contributes to the spread of the epidemic by making people afraid to get tested or disclose their HIV status.

FRESH Core Component No2: A healthy, safe and secure learning environment

Physical Environment - For individuals living with HIV, sanitation and hygiene is crucial, as any infection may provide the virus an opportunity to multiply. Protection against general infections from dirty water or poor hygiene will help HIV-infected children, as well as teachers and other school staff, to remain healthy and productive at school.

Psychosocial Environment- Embarrassment, fear and taboo surrounding sexuality in general, and HIV/AIDS in particular, complicate efforts to ensure that young people have the factual information and necessary skills to protect themselves and others from infection with HIV. HIV/AIDS-related stigma and discrimination discourage individuals from being tested for HIV, disclosing their HIV status, and receiving care and treatment. This results in increased suffering and contributes to the spread of the AIDS virus. The psychosocial environment of the school can do a great deal to counter misinformation and prejudice. In an atmosphere where all students and school personnel feel accepted, respected and protected, when these values are regularly displayed and reinforced, the fear and misinformation that fuels discrimination can be reduced.

FRESH Core Component No3: (Life) Skills-based health education

The primary goal of (life) skills-based health education is to help individuals adopt behaviours and create conditions that encourage and lead to health. School health education should be designed to help students acquire the knowledge, attitudes, and skills which are needed to make informed decisions and practice healthy behaviours. With regard to HIV/AIDS, education can help individuals develop life-saving skills. It can teach people how to care for HIV-infected family and friends. And it is the key to reducing HIV/AIDS-related stigma and discrimination.

FRESH Core Component No4: School health services

Schools can be efficient settings through which to deliver simple and safe health services, and specific to HIV/AIDS prevention and care, schools can also facilitate access to youth-friendly reproductive and sexual health services, especially early and effective care of STI (which can reduce risk of HIV transmission), reproductive health services, counselling, access to male and female condoms, HIV care and treatment, treatment of opportunistic infections such as tuberculosis, and voluntary and confidential counselling and testing -- a service which has triggered many young people to adopt safer sexual practices.

CONCLUSION

- All education programmes geared towards influencing behaviour, and in particular in the field of HIV/AIDS, should include components of skills building, with particular emphasis on building life skills.
- Life skills programmes must be relevant to the learner and take his/her different needs and developmental abilities into account.
- Life skills approaches will be most effective in influencing behaviour when applied as part of a comprehensive, multi-strategy approach that delivers consistent messages over time.
- Life skills approaches need to use a variety of participatory teaching methods, address social pressures and role modelling, and provide basic, accurate information.

Life skills programmes need to be combined with complementary strategies such as policy development, and should be taught within a supportive psychosocial environment and linked to community services in order to ensure long-term well being and self-sufficiency.

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[7] Young People & HIV/AIDS: Opportunity in Crisis, UNICEF/UNAIDS/WHO 2002.
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The Role of Teachers in Supporting AIDS-affected School Children [1]

Ashebir Desalegn

Consultant, UNESCO IICBA

Background

According to the joint report of UNAIDS, UNICEF and USAID "*Children on the Brink 2004*", an estimated 16 million children aged 18 or younger have lost one or both parents to HIV. By 2010, this number is expected to increase to over 25 million worldwide. Reflecting broader trends, the vast majority of children affected by HIV/AIDS today are concentrated in Africa: 70% of these youth live in 12 sub-Saharan African countries, with an additional 10% in other areas on the continent.[2] In just two years, from 2001 to 2003, the global number of orphans due to AIDS increased from 11.5 million to15 million (estimate range, 13–18 million). In 2003, there were 43 million orphans in the region, an increase of more than one-third since 1990. In sub-Saharan Africa, it is estimated that by 2010, over 18 million children will have lost one or both parents to AIDS and the number of "double" orphans will increase by around 2 million over the same period. In 11 of the 43 countries in sub-Saharan Africa, more than 15% of children are orphaned. Millions more children live in households with sick and dying family members. Although not yet orphaned, these children also suffer from the effects of HIV/AIDS. [3]

Wars, famines, natural disasters, mass migration, and diseases have long threatened health and well-being in developing African countries. Yet the impact of parental HIV-infection on children, families, and communities is unique. For children, living with infected parents is associated with elevated psychological distress and diminished emotional support prior to and following parental death. Affected children face multiple losses when parents, siblings, and caregivers become infected or families are dispersed. Compared to unaffected youth, children whose parents become infected face higher rates of psychosocial problems, including: school dropout to become wage-earners and care-providers; loss of access to economic resources and inheritance assets; diminished access to basic needs, including nutrition, shelter, health care, clothing; and increased vulnerability to exploitation, violence, abandonment, and abuse – particularly for girls in societies with inadequate social, legal, and cultural protections. In addition, affected youth from communities unwilling or unable to provide adequate psychosocial support face additional problems, including inadequate housing or homelessness, financial hardship, substance abuse, HIV risk-taking, and initiation or exacerbation of mental health and behavioural disorders.[4]

More specifically, the mental health impact is considerable on children whose families and communities face devastation from AIDS. Parents coping with HIV infection and disease, which may include feelings of guilt, depression, anxiety, has a direct effect on child adjustment.[5] Other research has shown that children's adjustment may be worsened by aspects of the social environment, including HIV-associated stigma, social ostracism, and availability of resources and support.[6] These adverse effects may be preventable if coordinated school-based responses ensure the provision of psychosocial support for AIDS-affected students. The burden of HIV/AIDS on young school children is one of the many problems that hinder the achievement of UNESCO's vision of Africa that will have attained the Dakar *Education for All* goals; is free from HIV/AIDS and is characterized by the full realization of human rights on the part of every segment of society. Besides, it has been suggested that HIV/AIDS will be the main obstacle to reaching national poverty reduction targets and the UN Millennium Development Goals.

AIDS-affected School Children: Scale of the Problem

The development of a child's full potential – which is every child's right – is seriously threatened if the family environment deteriorates as a result of parental illness and death due to HIV/AIDS. It is also threatened when the impacts of HIV/AIDS undermine basic social services and safety nets such as health care and education. The illness or death of a parent or other family member has differing effects on children, depending in part on a child's age and stage of development. To survive and thrive, children and adolescents need to grow up in a family, school and community environment that provides for their changing needs, thereby promoting their healthy and sound development.

Impact of HIV/AIDS on children

HIV/AIDS can affect school children in a range of ways such as: [7]

- Having to cope with sick parents or guardians, which brings both practical and psychological pressures;
- Having to cope with the death of parents and other loved ones;
- Having to deal with the trauma and grief of bereavement and resulting psychological problems, such as depression, guilt, anger and fear – often with a lack of support;
- Having to deal with neglect and loss of parental care, love and attention;
- Having to adjust to life with guardians/foster parents;
- Separation from siblings;
- Facing life unsupported in a child-headed household;

- Facing stigma, discrimination and social exclusion;
- Experiencing a cycle of illness and malnutrition;
- Becoming infected and living with HIV;
- Inability to thrive or continue in school;
- Severe economic hardship and lack of livelihood opportunities;
- Sexual abuse and exploitation; and
- Exploitation for labour.

Psychosocial Needs of AIDS-affected School Children

The psychosocial needs of *AIDS-affected* school children continue to be one of the most neglected areas of support. The HIV epidemic has increased the urgency to address psychological problems of children in an equal proportion to other interventions. Thus, it is needless to say that catering for the educational and psychological needs of the large number of orphans and vulnerable children (OVCs) should be a particular and urgent concern for schools and the school personnel.

Psychosocial needs of children affected by AIDS, especially orphans, are most often neglected in HIV/AIDS related programmes and interventions at school level. The material, economic, nutritional and other physical needs are seen as the most critical, requiring immediate responses. However, intangible and psychosocial needs of children are critical as they have a direct bearing on all the development aspects of a child growing in any context. Psychological wounds might be manifest in different guises including, but not limited to, depression, isolation, aggression, listlessness, attention deficits, nightmares, and unresolved guilt. In addition, orphans are less likely to attend school, which in turn increases their vulnerability to HIV.
As parents become sick, children worry about them and about their own future. Children usually do not verbalize these feelings, making it difficult to assess whether the child has reached closure about the terminal illness or death of their parent. Children may instead become withdrawn and aggressive. They also play truant and engage in antisocial behavior.[8] In other words, the children do not just lose parents; they also suffer a loss of parenting – which entails a loss of connectedness, a bond, a sense of trust and continuity. Sibling separation also exacerbates feelings of isolation. Long-term consequences can include psychosomatic disorders, chronic depression, low self-esteem, low levels of life skills, learning disabilities, and disturbed social behaviour.

Orphans have unique psychological needs. The death of parents plunges them into grief and removes one of the basic anchors in their lives. They experience grief, sorrow and feelings of loneliness and isolation and suffer psychological distress that can have long lasting effects. Their self-esteem and view of themselves as individuals can also be affected. Often this is made worse when they are separated from their siblings. They experience deep trauma from the harrowing experience of seeing a parent suffering in the final stages of an AIDS death. In their new circumstances, they may not be able to find anything to replace the love, attention and affection that they received from their parents. They are in urgent need for special psychological and social support.

What Can Teachers Do? School-based Responses beyond the Prevention of HIV/AIDS

Education systems have a key role to play in ensuring the protection, care and support of orphans and other vulnerable children and coping with its impacts. Schools are vitally important community institutions, and schooling may provide a safe, nurturing and supportive experience to a child from a severely HIV/AIDS-affected community. Education is especially important to orphans who prematurely face the need to support themselves and younger siblings.

Schools also need to take a much more active role in preventing children from dropping out and enrolling all AIDS-affected children in school. Principals and head teachers must not only manage the school, but also work with community leaders and organizations to identify children out of school and ensure that their right to education is fulfilled.

Schools should offer environments that are not only stimulating but safe, secure and healthy places for all children, by improving the quality of their physical structures (e.g. latrine facilities for girls and boys separated), providing higher quality and more relevant learning, and promoting zero tolerance for violence and abuse in all learning institutions. In the school context, a teacher is the main actor in making the classroom and the school environment a safe place for students with special needs such as orphan children. Today's schools are finding themselves in a situation where they have to play a role in addressing the needs of orphans and vulnerable children (OVC) even though teacher's skills in handling children with special needs are limited. Teachers are not only educators and deliverers of preventive education but are professionals best positioned to provide psychosocial support for school children affected by HIV/AIDS.

In view of the psychosocial needs of a huge number of AIDS-affected children in African schools, what can teachers do help them cope with the resultant stress from their difficult circumstances? In this short article, three areas have been identified from the literature as key domains in which teachers' support to AIDS-affected students can bring about positive outcomes on the students' academic and school experience. These areas and teachers responsibilities are discussed in the following section.

Building AIDS-affected Children's Self-esteem

Self-esteem is the value we place on ourselves. It is the feeling we have about all the things we see ourselves to be. It is the knowledge that we are lovable, we are capable, and we are unique.[9] School children's feelings of self-worth are linked to social and academic success. But, sometimes teachers are unaware of how easy it is to damage their student's self-esteem without even realizing it. Research shows that children with learning disabilities and children under difficult circumstances such as AIDS-affected children are more likely to suffer from lack of self-esteem than their peers.

Here are some of the ways teachers can develop positive feelings of self-worth in AIDS-affected children. Self-esteem is how we feel about ourselves, and our behaviour clearly reflects those feelings. For example, a school child with high self-esteem will be able to:

- Act independently
- Assume responsibility
- Take pride in his accomplishments
- Tolerate frustration
- Attempt new tasks and challenges
- Handle positive and negative emotions
- Offer assistance to others

Here follows some of the things that teachers can do to help AIDS-affected school children develop positive self-esteem:

- *Be generous with praise.* Teachers must develop the habit of looking for situations in which children are doing good jobs, displaying talents, or demonstrating positive character traits. Remember to praise AIDS-affected children for jobs well done and for their effort.
- *Teach positive self-statements.* It is important for teachers to redirect children's inaccurate or negative beliefs about themselves and to teach them how to think in positive ways.
- *Avoid criticism that takes the form of ridicule or shame.* Blame and negative judgments are at the core of poor self-esteem and can lead to emotional problems.
- *Teach children about decision-making and to recognize when they have made good decisions.* Let them "own" their problems. If they solve them, they gain confidence in themselves. If you solve them, they'll remain dependent on you. Take the time to answer questions. Help children think of alternative options.[10]

Promoting Child-centred Approaches to Supporting AIDS-affected School Children

There is a range of child-centred approaches to support school children affected by HIV/AIDS. These approaches help find ways to meet their practical needs and/or to provide other forms of psychological and social support. Effective child-centred approaches to providing psychosocial support are underpinned by a set of principles that view the child as a whole person, rather than as a set of separately defined needs. Effective school-based interventions seek to listen to children and their families. They work to strengthen the capacities of children, families and communities to respond effectively. Child-centred approaches to HIV/AIDS include: [11]

- *Listening to children and young people to learn about the situation from their perspective*, to understand their needs, and to find out about their coping strategies and their aspirations;
- *Supporting children to help themselves and others*, so that children's potential is recognised and they become active participants in community activities, in an environment where they feel safe and supported;
- *Supporting extended families and communities* to care for children, rather than placing them in institutions. This includes providing material support and economic opportunities, where appropriate, at family and community level. Grandparents, in particular, often need support to cope with adopting their orphaned grandchildren, and with meeting their practical and emotional needs;
- *Responding to the psychological needs of children* by helping parents/guardians and other community members to understand and respond to children's needs. This can help to prevent long-term emotional, social, and psychological problems, including reducing children's own vulnerability to HIV infection;
- *Being sensitive to gender issues* recognising that girls and women are particularly vulnerable to the impact of HIV/AIDS. Girls are socially and biologically at greater risk of HIV infection than boys;
- *Providing children with opportunities for education* such as programmes that enable vulnerable children to continue to attend school or the provision of non-formal education alternatives, with flexible timings for children who are unable to attend full-time education; and
- *Providing young people with opportunities for vocational training*,

income generation, and access to savings and loan schemes.

Helping AIDS-affected School Children Develop Resilience

In its simplest form, resilience is the ability to survive and cope in a meaningful and growth enhancing way with life crises. Resilience should be encouraged and developed in all school children, especially more so with AIDS-affected students. All children are born with the potential to be resilient, but resilience has to be developed, just like other skills and capacities. Teachers need to promote resilience in the children they teach. Resilience prepares children for hardships and suffering that they may face in the future – not only when they are young, but also when they are adults. There are various ways in which teachers can help AIDS-affected children to develop resilience. Some of these approaches are listed as follows:

- *Spend time with the children, listen to them instead of talking about them, and show an interest in them and in what they do, think and feel.* It is important to play with them. Play is very important for children's development. By answering questions and showing them new and interesting things, we encourage children to discover their own initiative, creativity and interests.

- *Teach the children how to communicate with other people.* By showing children how to express feelings and ideas and how to solve problems and conflicts, teachers can encourage them to become increasingly responsible for what they do and say. Teachers can also help them to understand other people's feelings and to respect the needs of others.

- *Allow the children to make mistakes.* We all make mistakes. We learn by our mistakes! Help children to recognize and understand their mistakes. Encourage them to correct what they did wrong. Support them as they deal with negative thoughts, feelings and behaviour.

- *Involve the children in day-to-day activities* as well as family rituals, cultural rituals, religious rituals and festivals.

- *Teach the children family routines.* It helps a child if the caregiver provides clear routines for the day and expects the child to stick to the routine.

Conclusion

With near universal awareness of the major aspects of HIV/AIDS, the current challenges in the fight against the disease are seen as preventing new infections by fostering behaviour change, caring for and supporting the large numbers of infected people, coping with the impact of the pandemic and addressing the plight of the increasing number of orphans. Education planners need to respond comprehensively to OVC needs if the Education for All (EFA) goals and MDGs on education and HIV and AIDS are to be met. Besides, teachers role in providing essential psychosocial support to AIDS-affected students will have a positive contribution in reducing the repercussions of the pandemic and ensuring that today's school children have a bright future to look forward.

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[1] There is a great deal of debate and discussion about how to refer to children affected by HIV/AIDS in developing countries. '*AIDS Orphans*', '*Children Affected by AIDS* (CABA) and '*Orphans and Vulnerable Children*' (OVC) are some of the terms that are used. OVC is a term used by many international development agencies to describe all children who are judged to be vulnerable and at risk, including children affected by poverty and conflict as well as HIV/AIDS. In this article, the term 'AIDS-affected children' is used to describe children under the age of 18 whose mother or both parents had died due to HIV/AIDS. Different types of orphans are recognised. Paternal orphans are children whose father has died, maternal orphans are children whose mother has died and double orphans are children who have lost both parents.

[2] UNAIDS, UNICEF and USAID. (2004). Children on the Brink 2004: A joint report of new orphan estimates and a framework for action.

[3] USAID. (2003). *Building community-based partnerships to support AIDS orphans and vulnerable children.*

[4] UNECA. (2004). *Impact of HIV/AIDS on gender, orphans and vulnerable children. Discussion outcomes of CHGA Interactive Cameroon.*

[5] American Academy of Pediatrics. (1999). Planning for Children Whose Parents Are Dying of HIV/AIDS. *Pediatrics*. Vol. 103 No. 2, pp. 509-511.

[6] Alidri, P. (2001) *Community and Home Based Care Practices for HIV/AIDS Infected and Affected Children in Uganda: Lessons Learned from Kasese and Arua Districts.* Paper Presented at the 'First African Great Lakes Conference On Access to HIV/AIDS Care and Support', September 2001, Entebbe.

[7] Miriam Lyons. (2000). *The Impact of HIV and AIDS on Children, Families and Communities: Risks and Realities of Childhood during the HIV Epidemic*. UNDP **Issues Paper No. 30.**

[8] Poulter, C. (1997) *A Psychological and Needs Profile of Families Living with HIV/AIDS in Lusaka, Zambia*, Family Health Trust/UNICEF, Lusaka.

[9] See Reasoner, R. (1994). *Building Self-Esteem in Elementary Schools*. Administrators Guide. Consulting Psychologists Press: Palo Alto, CA.

[10] Iowa State University. (2002). *Understanding Children: Self-Esteem*. Virtual Children's Hospital: Iowa Health Book.

[11] Healthlink Worldwide. (2005) *Overview: Child-Centred Approaches to HIV/AIDS.*

NEWS IN BRIEF

1. IICBA'S NEW PRODUCTS ON HIV/AIDS

1.1 IICBA Translates and Disseminates Educational Material on HIV/AIDS

In collaboration with the Basic Education Strategic Objective (BESO) project, the UNESCO International Institute for Capacity Building in Africa (UNESCO IICBA) has translated and disseminated a supplementary Grade 4 textbook on HIV/AIDS entitled "Let's talk about HIV/AIDS". This text was developed by Tizazu Asare, Director of the Institute for Curriculum Development and Research (ICDR), and Kara Janigan at American Institutes for Research. Tewodros Mekonnen fills the book with skilful illustrations.

Previously translated into the main Ethiopian languages, the book is being circulated to schools in Ethiopia. Interested persons can access and download the English, French, Arabic or Portuguese version of the book from the IICBA Teacher Education Network (TEN) web site (www.ten-iicba.org). The supplementary material consists of 19 black and white pages that make it relatively easy to download.

Though this book is intended for elementary school use, secondary school teachers can use it during extracurricular club activities to facilitate discussion on HIV/AIDS and related diseases. Due to technological limitations in rural Ethiopia and other parts of Africa, IICBA plans to make this material available in Faculties of Education within universities, Teacher Training Colleges and Ministries of Education in Africa to enable teachers in the region gain access to this book.

Furthermore, IICBA has subsidized the Save the Children Norway to release five student books for primary schools titled "I am HIV-Positive", "A better world", "Help!", "10 things no one told you" and "The race is on". A total of 262,745 copies will be printed and distributed to 4,031 schools and 1,869 alternative basic education centers all over the Amhara region of Ethiopia with the intent of reaching 2,921,173 children

1.2 The Release of Finding Tesfaye

UNESCO IICBA has been involved in producing audiovisual materials on HIV/AIDS since its creation. Recently, the Institute released a video entitled "Finding Tesfaye" in Amharic with English subtitles. This film, which is intended for adolescence audiences, deals with stigmatisation and discrimination of persons affected by HIV/AIDS. On November 25, 2004, the film was premiered to a selected audience of representatives from various NGOs and International Organizations involved in the fight against HIV/AIDS. In addition to the showing of the video, IICBA also used this occasion to showcase most the educational materials produced in the last five years amongst which was "Living with AIDS". This is a video that deals with the pandemic and how it changed the lives of two women living in Addis Ababa, Ethiopia.

1.3 An Interactive CD Rom on HIV/AIDS Produced

IICBA is proud to announce that an interactive CD Rom on "Overcoming HIV/AIDS in Ethiopia" has just been completed. The Institute plans to translate this CD Rom into French, Arabic and Portuguese by June 2005. Though this CD Rom is intended for adolescence audiences, it could well serve as supplementary teaching material in secondary and high schools as well as for community based workshops on HIV/AIDS. .

1.4. Electronic Library

UNESCO IICBA has an Electronic Library on HIV/AIDS that is very extensive and comprehensive. Due to technological challenges faced by most African countries like slow internet connectivity, the Institute decided to recreate this library on a CD Rom. IICBA is hoping that the CD Rom would be easily accessible and used in schools that have computer facilities. Primary, Secondary and High school teachers are welcome to request for this CD Rom from IICBA directly. Interested persons should contact info@UNESCO IICBA.org.

2. OTHER ACTIVITIES

2.1 Education Study Tour to Thailand and Malaysia (21 March – 2 April 2004)

In cooperation with IICBA, the government of the Kingdom of Thailand and the Republic of Malaysia, through the National Commissions for UNESCO and the World Bank Africa Region, co-organized a Study Tour to Thailand and Malaysia for education policy-makers from five African countries: the Gambia, Kenya, Lesotho, Nigeria, and Zambia. Thirty-five influential participants including a prime minister, education ministers, education experts from Thailand and Malaysia, and task and fund managers from IICBA and the World Bank attended the programme. The focus of the Study Tour was on education policy formation and implementation, resource allocation, private financing and delivery of education and training. It also examined the balance between the public and the private sector in education; the importance of education as a poverty-reducing and equity-building strategy; and the Malay and Thai governments' policies on vocational and technical education.

2.2 Assessment of Science and Mathematics Learning in Addis Ababa

In collaboration with the Institute for Curriculum Development and Research (ICDR) Ethiopia, UNESCO IICBA carried out a pilot study on the relationship between school types and student performance in English, Mathematics, Physics, Chemistry and Biology. The findings of this inquiry suggest that school types and their characteristics contribute to student learning and achievement.

2.3 Review of IICBA- Evaluation and Strategic Planning Workshop

On the request of the Board of Directors, IICBA conducted a workshop on Evaluation and Strategic Planning in Addis Ababa, Ethiopia from 31 May to 4 June 2004. The 5-day workshop was attended by eighteen IICBA staff and other stakeholders of IICBA, including representatives from the UNESCO headquarters and UNESCO cluster office in Addis Ababa, and two consultants from the University of Putra, Malaysia. The objective of the workshop was to evaluate the impact of IICBA's programs and develop a strategic plan for the next four years. A critical review of IICBA activities from 1999-2004 was prepared by the Deputy Director, Dr. Joseph N. Ngu as part of the working document for the evaluation and strategic planning workshop.

2.4 UNESCO's Initiative for Teacher Education in Sub-Saharan Africa (SSA)

UNESCO has recognized that teacher education in Africa faces a number of challenges. Since mid 2004, UNESCO has been mapping teacher education resources, programmes, and interlocutors within the field offices, institutes, headquarters, and outward to other international governmental organizations and non-governmental organizations. In addition to identifying priority countries for consideration, four priority interventions have been selected, based on the findings of the mapping exercise. They include: strengthening open and distance learning, raising the attractiveness and status of the teaching profession, providing viable teacher-training materials and system-wide teacher-training to be used for targeting literacy, sustainable development, HIV/AIDS, and enhancing life skills**.** Target areas also included classroom management, lesson planning, and curriculum development. Within UNESCO the Division of Higher Education, BREDA and IICBA will lead the initiative, with heightened roles for all Education Sector Divisions, IIEP, UIS, IBE, UNEVOC and UIE.

3. NEW STAFF

3.1 Dr. Awol joins IICBA

UNESCO IICBA is pleased to have Dr. Awol Endris on board. A Leeds graduate, Dr. Awol brings an extensive background in English Language and Literature at the undergraduate

level and the Teaching of English as a Foreign Language (TEFL) at Masters and Doctoral Levels. As a seasoned educator, he has spent the last 24 years advancing teacher education initiatives in Ethiopia while working as a teacher trainer, Chairperson of the Curriculum Review Committee, Assistant Professor of TEFL, and Advisor to the Graduate Program in TEFL at the Addis Ababa University. On a short term contract basis, Dr. Awol has been involved in IICBA's activities since 2001 and was able to achieve the following: evaluated Internet-based English language materials for IICBA's electronic library series; produced English language resource CD, and a Teacher Education CD. Below is Dr. Awol's vision as the Program Officer for the Education and Training Program(s):

I am delighted to join IICBA and extend myself in fostering the effort of building the capacity of teacher education institutions in Africa. I know that there are some exemplary teacher education programs run through distance mode by universities in Asia, North America and Africa. Rather than trying to reinvent the wheel, I would explore the possibility of adapting, if not incorporating, such best practices as part of the programs that we carry out in IICBA. Together with the other colleagues at the Institute, I would contribute to promote IICBA's research and advocacy work in the areas of educational planning, assessment of science and math, women in educational leadership and HIV/AIDS education.

4. IICBA's ASPIRATIONS

UNESCO IICBA plans to work collaboratively with other NGOs and Institutions in the region on combating HIV/AIDS among school children. While most of the out of school programs carried out by Non-Governmental and Faith Based Organizations provide useful information on risky sexual practices, it falls short of examining attitudes and intentions that favor HIV/AIDS prevention. Importantly, strategies of integrating HIV/AIDS education in the curriculum remain very elusive. Current research indicates the exigency of skills based health education for HIV prevention such as life skills programs that can increase prevention by changing the behavior and values.