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Cultural Organization

UNESCO Bangkok
Asia-Pacific Programme of
Education for All

Regional Planning Workshop: Integrating HIV/AIDS Projects into Community Learning Centres (CLCs)

Dhaka, Bangladesh, 7-11 May 2006



CLC

Regional Planning Workshop:
**Integrating HIV/AIDS
Projects into
Community Learning
Centres (CLCs)**

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Table of Contents

Print Version	Introduction.....	1
	Proceedings.....	2
	Conclusion.....	14
	Annex 1: List of Participants.....	16
	Annex 2: Programme.....	18

CD Attachment	Proceedings (Introduction and Conclusion)	
	Country Reports on HIV/AIDS	
	Day 1 CLC Workshop HIV/AIDS Docs	
	Day 2 CLC Workshop HIV/AIDS Docs	
	Day 3 CLC Workshop HIV/AIDS Field Visit	
	Day 4 CLC Workshop HIV/AIDS Docs	
	Day 5 CLC Workshop HIV/AIDS Docs	
	Reference Materials on HIV/AIDS	
	Photos from CLC Workshop HIV/AIDS	
	Annex 1: List of Participants	
	Annex 2: Workshop Agenda Programme	
	Annex 3: General Information	

Introduction

Background

In accordance with the revised UNESCO Global Strategy on Preventive Education (2004) and the UNESCO Regional Strategy on HIV/AIDS in Asia and the Pacific 2003-2007, UNESCO encourages governments to provide effective education that will give youth and adults the knowledge and skills necessary to prevent HIV infection, as well as create positive, non-discriminatory attitudes towards those infected or affected by HIV/AIDS.

At a community learning centre (CLC) regional seminar held in 2004, many participating countries showed their interest in HIV/AIDS and related health issues. Participants studied ways in which CLCs could act as centres for health-related information (including HIV/AIDS, drug abuse prevention, reproductive and sexual health) and provide preventive health education within communities. CLCs can also play an important role in promoting approaches and strategies to diminish the stigma and discrimination faced by community members who have HIV. This is not only important from a human rights perspective (for the people directly hit by the stigma), but it will also help de-stigmatize HIV testing and counselling, which will lead to more people finding out that they are HIV positive, which will lead to improvements in AIDS treatment, which will make infected people less infectious. Diminishing stigmatization is therefore a preventive strategy in itself.

It was, thus, towards this aim that UNESCO launched its project, "HIV/AIDS through CLCs," with the support of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Unified Budget Work Plan (UBW). In order to prepare the project, Asia and Pacific Programme of EFA (APPEAL), UNESCO Bangkok office organized the regional planning workshop "Integrating HIV/AIDS Projects into Community Learning Centres" in Dhaka, Bangladesh from 7-11 May 2006. The regional workshop on this subject will be organized for participating countries to prepare a framework and plan for implementation of the pilot projects.

The Workshop

The overall objective of the workshop was to enable country delegations to integrate HIV/AIDS projects into CLCs. The specific objectives were to:

- Review and exchange experiences in implementing HIV/AIDS prevention projects
- Build knowledge and skills in implementing HIV/AIDS projects
- Obtain first-hand experiences through study visits in the host country
- Develop the framework, methodologies, guidelines and evaluations for integrating HIV/AIDS projects into CLC programmes
- Develop country action plans

There were 18 official participants representing governments and NGOs from the following countries: Bangladesh, Cambodia, China, India, Indonesia,

Lao PDR, Thailand, Uzbekistan and Viet Nam. UNESCO staff from Bangkok, Dhaka and Hanoi also took part in the workshop. A full list of participants appears in Annex 1.

Preparations by participants

The participants were requested to prepare the following material before the workshop:

- 1) A country report, including a review of the HIV/AIDS situation;
- 2) A draft country action plan, detailing the framework, methodologies and guidelines for integrating HIV/AIDS projects into CLCs (based on guidelines provided). These were presented on Day 1 and further developed during the workshop; and
- 3) Any additional relevant materials, such as audio/visual media.

This publication presents a summary of the workshop's proceedings, as well as the workshop programme and a listing of participants. The attached CD provides more detail, including the country reports, outcomes of discussions, findings of field visits and follow-up action plans that were developed by countries participating in the workshop.

Proceedings

Day 1

Opening, Introduction of Participants and Workshop Orientation

The workshop was opened with welcoming remarks from ANM Bazlur Rahman, Secretary, Bangladesh National Commission for UNESCO. Wolfgang Vollmann, Director of the UNESCO Dhaka office, informed participants about recent CLC developments in Bangladesh that have been sponsored by both NGOs and the government. He emphasized the diverse role of CLCs in non-formal education (NFE) and community development, including HIV/AIDS-related programmes. Evaristo Marowa, UNAIDS Country Representative for Bangladesh, stressed the importance of sexual and reproductive health education and HIV/AIDS prevention, care and treatment through both formal and non-formal means, including CLCs.

Darunee Riewpituk, Programme Specialist in Continuing Education with APPEAL, UNESCO Bangkok, provided the workshop orientation, explaining the project's background, as well as the workshop's objectives, daily activities and logistical arrangements. Participants introduced themselves through a group exercise, which was facilitated by Kenjiro Jin of APPEAL.

Agenda 1: Overview of EFA and Project Formulation

1. Kiichi Oyasu, Literacy Programme Specialist with APPEAL, introduced the Education for All (EFA) programme's plans, progress and actions. He started the presentation with a brief review of the Dakar EFA Goals, followed by a summary of the *EFA Global Monitoring Report 2006*, focusing on the progress of EFA goals, literacy and policy implications. He informed the participants about the UN Literacy Decade (UNLD) to promote literacy and then explained the project, 'Literacy Initiative for the Excluded' (LIFE), which targets nine countries in the Asia-Pacific region that possess a high rate of illiteracy.

The second part of his presentation covered CLCs. He noted that the CLC project, within the framework of APPEAL, started in 1998 and by the end of 2005 included 22 countries. He highlighted the features of CLCs, including community-based management, multi-functional learning and training, and use of existing infrastructure. He discussed the sustainability of CLCs in terms of not only financial resources, but also capacity-building, resource mobilization, networking and linkages. He concluded his presentation by discussing CLCs' potential for prevention, care and treatment of HIV/AIDS through developing close linkages with partner agencies and institutions.

2. Simon Baker, Chief of UNESCO Bangkok's HIV/AIDS Coordination and School Health Unit, gave a talk on HIV/AIDS and its implications for CLCs. He divided his talk into three parts: understanding HIV/AIDS, the impact of HIV/AIDS in the Asia-Pacific region, and finally, how CLCs can help to combat HIV/AIDS.

Part One: Baker defined HIV and AIDS, provided data on the progression rate from HIV to AIDS, and mentioned that there is no cure, but with antiretroviral (ARV) medications the disease can be treated. He also gave details about how the disease is and is not transmitted.

Part Two: Baker indicated that the Asia-Pacific region has one of the fastest growing HIV/AIDS epidemics in the world¹. He also indicated that despite claims that the epidemic is under control in countries like Thailand and Cambodia, this is not the case for a number of sub-groups. Furthermore, he noted, the epidemic is spreading fast in China and India, two countries where even comparatively low relative numbers of infections translate into vast absolute numbers. Yet, he stressed that within the region there is great variation, some countries have low national HIV prevalence rates, while others have generalized epidemics.

Part Three: Baker indicated that CLCs have an important role to play in combating HIV/AIDS; however, the role will depend on the extent of the epidemic. Through education, they could:

¹ *Report on the global AIDS epidemic, A UNAIDS 10th anniversary special edition. 2006*

- a) Prevent HIV/AIDS
- b) Reduce stigma and discrimination
- c) Provide new skills for people infected and affected by HIV/AIDS
- d) Help provide care, support and treatment

Agenda 2: Sharing Country Experiences and Action Plans

1. The participants from Lao PDR and Thailand summarized their countries' on-going HIV/AIDS projects, which were being disseminated through the NFE system and supported by UNESCO. Following the two country presentations, workshop participants divided into three groups to share country reports and identify key issues, challenges and solutions to integrate HIV/AIDS messages into CLCs by using the NFE system. While each country report is available in the attached CD, key common issues and possible solutions identified during the group discussions are summarized below:

Key issues	Possible solutions
<ul style="list-style-type: none"> • Rising number of people living with HIV/AIDS (PLHA) in many countries • Rapid rise of injecting drug users (IDUs) • Increasing numbers of community members who are involved in high risk behaviours • High cost of treatment • Poverty and illiteracy • Lack of information and materials on HIV/AIDS • Difficulties in reaching those who usually work outside, esp. men • Negative stigma from community towards PLHA • Lack of support from local government, religious leaders and community leaders • Insufficient budget from government to support projects • Lack of institutions serving PLWHA • Lack of cooperation among key agencies 	<ul style="list-style-type: none"> • Organizing public awareness and advocacy activities • Integrating HIV/AIDS messages into NFE programmes • Using CLCs as information centres for HIV/AIDS education • Organizing literacy, vocational and skill training programmes • Developing low cost learning materials through teacher training, use of mass media and the use of mother tongue • Developing a support group for PLHA through family education programmes • Setting up steering committees at national, provincial and local levels • Fundraising from local, community and private sectors

2. Country action plans, prepared by each country prior to the workshop, were shared in the same three groups. Each country shared the plan as an initial draft for comments and suggestions by other group members. Groups studied the drafts with two primary questions in mind:
 - Do the plan's objectives follow SMART (Specific, Measurable, Achievable, Result-based and Time-bound) principles?
 - Will the planned activities achieve the project's objectives?

Day 2

Agenda 3: Development of a Framework on Integrating HIV/ AIDS into CLCs

Baker based this talk on a toolkit entitled, *Community Action on HIV: A Resource Manual for Prevention, Care and Support* (2nd edition), developed by the Burnet Institute². In introducing a possible framework to integrate HIV/AIDS messages into CLCs, he divided his presentation into three parts: the importance of community involvement; the ideal HIV/AIDS programme and how CLCs can fit into it; and the project cycle. Information about the project cycle was further divided into determining the problem; the planning phase and the action phase. Of these three components, the first was emphasised in order for participants to prepare assessment tools in detail for the field visits.

Part One: Baker stressed that the direction of the HIV epidemic is decided within communities. People, not institutions, ultimately decide whether to adapt their sexual, economic and social behaviours to the threat of HIV infection. Given this, we should work with community members to integrate HIV messages into CLCs.

Part Two: According to Baker, to combat HIV/AIDS we need to have an integrated programme that provides people with knowledge to protect themselves from the disease. Further, people need the following: HIV testing facilities; counselling services; health care services, particularly for the treatment of sexually transmitted infections (STIs) and the prevention of mother-to-child transmissions; condoms/clean needles; care and support; and treatment. He indicated that CLCs can not be expected to undertake all of these activities, though they could fill gaps in the community for activities that are not taking place.

Part Three: Baker presented the 'project cycle', which consists of assessing the context and the problem; the planning phase; and the action phase.

1. Assessing the Context and the Problem

- To successfully develop a community HIV/AIDS project, the local community must be studied, the problem should be understood and, finally, the wider context must be reviewed.
- To study the community, the following should be understood: demographic and socio-economic characteristics; the local decision-making structures; the health status of the community, and existing health care, welfare and development services.
- To study the problem, the following must be understood: the distribution and frequency of HIV infection and other sexually transmitted infections; understanding sexual behaviour and drug use in the community; and, finally, knowing about blood transfusion and infection control.
- To study the context, the following must be learnt: how people with HIV-related illness are cared for; the political and religious context; the laws related to HIV and other STIs; what programmes, services and resources already exist; the capacity of the CLC; and the resources for the project.

2 www.burnet.internationalhealth.edu.au/resources/manuals/cah.

2. Planning Phase

Goals should be set in this phase; the objectives should be identified; strategies designed; indicators and targets selected; outputs and activities defined, inputs identified, the implementation plan prepared, and the monitoring and evaluation plans set out.

3. Action Phase

This is when the project is implemented and the monitoring and evaluation takes place.

Participants were divided into three groups to develop a framework for integrating HIV/AIDS into CLCs. Each group identified key elements of the three project cycle components that Baker had explained.

Agenda 4: Development of Methodologies at the CLC Level

Participants continued their group work to develop methodologies that would integrate HIV/AIDS education projects into CLC programmes, elaborating the framework developed during the previous session.

1. Prior to the group work, the following presentations were made to share existing project experiences:

- Thailand: multi-media materials on HIV/AIDS
- Lao PDR: development of low-cost materials
- India: community-based health and nutrition programmes

2. Participants developed methodologies based on the framework, elaborating who and how the components identified in the framework would be carried out.

The outputs of Agenda 3 and 4 were reviewed on Day 4, incorporating the field visit findings as a generic framework for methodologies to integrate HIV/AIDS projects into CLCs.

Agenda 5: Monitoring and Evaluation

Baker divided his talk into monitoring, data collection processes, evaluation and indicators.

Part One: He defined monitoring as the regular, methodological process of gathering information throughout the project life in order to track a project's performance against its plan. Effective monitoring requires information about a project's inputs, activities and outputs.

Part Two: Data can be collected from documents, databases, reports, books and media; through observation; in-depth interviews; focus group discussions; participatory learning and action exercises; case studies; and surveys

Part Three: Evaluation examines all aspects of a project – activities, participants and outcomes. It produces data to support decision-making about ways to improve projects and how best to use resources. There are a number of different types of evaluations, such as formative needs evaluation, process evaluation and outcome-impact evaluations.

Part Four: Baker provided quantitative and qualitative examples of indicators for a voluntary counselling testing (VCT) service. These included:

- a) Proportion of people accepting VCT among those invited
- b) People returning for test results among those tested
- c) Quality of counselling provided
- d) Satisfaction of clients with the service provided

Based on the above inputs, participants developed indicators to identify the data and information to be collected, such as staff, learners, activities, infrastructure and materials. Participants also created tools for data collection, such as guides for observations and structured interviews.

Day 3

Agenda 6: Field Visits

Workshop participants took a practical look at HIV/AIDS project integration into CLCs by visiting Mukto Akash Bangladesh in Dhaka and Dhaka Ahsania Mission (DAM)-supported programmes in Narshingdi.

Mukto Akash Bangladesh was established in 2003 to be a self-help group for PLHA. Its vision is to establish a socio-economically sustainable environment for PLHA, and to ensure that they can live without stigma and discrimination.

To achieve this vision, the organisation undertakes a wide range of activities. It provides counselling through a telephone hotline at hospitals for families, groups and individuals. It also provides testing facilities, vitamins and, in a few cases, ARV medications. It undertakes capacity-building so its members will have better health and earn extra income. Furthermore, it is active in advocacy and networking to promote the rights of PLHA.

DAM's activities are organized on the principle of involving all community members for people's empowerment to demand and avail quality services from care providers. It provides community learning centres for lifelong learning, community development and income-generation activities. Apart from the CLC and the community resource centre (CRC) that were visited, DAM undertakes community-based poverty reduction programmes, adolescent development programmes, micro-finance and community-based approaches to disaster control.

Day 4
Agenda 6:
Analysis of Field
Visit Findings

Participants were divided into three groups to analyze the field visits by categorizing: 1) strengths, 2) weaknesses, and 3) suggestions for improving the CLC and integrating HIV messages. A summary of the analysis is given below:

1. Mukto Akash Bangladesh

The participants were impressed with Mukto Akash Bangladesh and found the visit to be quite educational. It was the first time for a proportion of the participants to meet people who were open about their HIV status. The organisation's strength was its dynamic leadership. Although the president of the organisation, the committee members and its peer educators were HIV+, they had a very positive outlook on their lives. The organisation was democratically structured with a participatory system and, as a result, has developed strong cooperation with other NGOs, international organizations and government agencies. Based on these strengths the group has been able to generate its own funds and provide trainings, nutritional support and treatment for a number of its members.

The participants did, however, identify certain weaknesses in the programme. The organisation was facing major financial constraints as one of their chief backers was phasing out its financial support. This was leaving the organisation with difficulties to employ extra staff, provide needed vocational training, and provide needed services to PLHA such as voluntary counselling, testing, and care for injecting drug users (IDUs). Further, without additional resources, the organisation was unable to combat stigma and discrimination, which is still too evident in Bangladesh.

The participants suggested improvements could be made if the organisation would be able to strengthen coordination with the government and international aid agencies. It was also felt that there was a need for an advocacy drive to increase civil society support within Bangladesh.

2. Dhaka Ahsania Mission (DAM)

The CLC and CRC's strengths were their dedicated workers, which had resulted in community members' willingness to use these centres, as indicated by their high enrolment rates. The community had become motivated to learn, particularly women and girls who had often been denied other educational opportunities. The programmes focused on poverty reduction, adult literacy and vocational training. A number of HIV prevention messages had been integrated into the curriculum, and the students interviewed were aware of the disease and how it is transmitted.

Weaknesses in the two facilities included the lack of male participation and the lack of government support, both financially and with limited coordination between the government's adult literacy programme and that being offered by DAM. These problems had resulted in a lack of teaching aids and infrastructure.

The participants' suggestions to overcome these problems were that more information needed to be collected from all the community members in

order to encourage male learners to participate in the CLC and to enable culturally-sensitive materials to be designed and developed. Participants noted that HIV/AIDS needed to be mainstreamed into the CLC's programmes and curriculum, which they recommended should be done with the support of local leaders.

Agenda 7: Review and Finalization of the Draft Framework and Methodologies

Participants reviewed and consolidated the draft frameworks and methodologies that had been developed by the three groups under Agenda 4 on Day 2, and incorporated the main findings of the study visit. Dividing into three groups, they elaborated the development of the framework and methodologies based on these three phases: "assessing the context and the problem", "planning phase" and "action phase".

1. Assessing the Context and the Problem: Community Analysis

Analysis	Indicators
1. Identify holders of power within the community (Are they elected/religious/tribal leaders or self-imposed persons?)	Nature of the power they hold
2. Identify community's opinions on HIV/AIDS	Scientific merits of their opinions, what it implies, knowledge and attitudes
3. Determine the socio-economic status of the community by obtaining information on the main economic activities, status of workers, women and unemployment	Gender, family size, fertility rate, source and provision of employment, migration, marriage laws and high risks groups
4. Analyse educational and health service providers	Number of formal and non-formal schools, centres, literacy situation, libraries, available health resources, laboratories, information network
5. Analyze the willingness of the community to learn and accept safe sex behaviours	Harm reduction programmes (exchange syringes, and provide condoms for high-risk groups)
6. Create a committee to devise surveys to determine behaviours, skills, knowledge on sex, reproductive health, condom use, risky behaviours, etc	Work with 'experts' of education, health, development, gender; NGOs, civil society; and international organizations
7. Identify the impact and routes of HIV transmission in the community (by the above committee)	To be determined
8. Determine existing strengths and weaknesses of HIV/AIDS programmes in the community and provide suggestions to improve and scale them up	To be determined
9. Create a multi-sectoral group to determine the above features before HIV/AIDS takes a hold in the community	To be determined
10. Frame trainings for interventions (by the above committee)	To be determined
11. A multi-sectoral group should conduct monitoring and evaluation	To be determined
12. Identify community potential and resources that can be used	To be determined
13. Analyse challenges and opportunity (SWOT) of integrating HIV/AIDS into existing CLCs	To be determined



2. Planning Phase:

a. How to Set Goals

- Ensure community participation during the setting of the goals.
- From the Community Analysis report, identify goals that are realistic and which will bring benefits to the community.
- Indicate how these goals can support the integration of HIV/AIDS programmes in your CLC and why it is in harmony with the other goals of the ongoing programmes of the CLC.
- Analyze the capacities and expertise of your CLCs/sector office/head office and identify the factors assisting in and obstructing the attainment of your goals.
- Strategize ways to overcome these difficulties and anticipate how much time would be needed.

b. How to Set Objectives

- Undertake a community situation assessment.
- Determine the problems, as based on the assessment.
- Prioritise the salient problems.
- Determine how to overcome these problems.
- Phase the objectives based on the identified problems and ways to overcome these.
- Examine and rephrase the formulated objectives with a SMART Lens Method.
- Objectives should be achievable and contribute to the overall goals.

3. Action Phase: Guidelines to Develop Activities

- Activities should be developed and listed involving the CLC, community beneficiaries and the functional agency (FA).
- Each activity should be linked to a specific objective.
- Each activity should have specific indicators (in a separate column) having the following:
 - Quantity
 - Quality
 - Timeline
- There should be a separate column to indicate the responsible person for each activity ("Who is doing what?")
- A separate column should reflect the expected outputs for each activity. Accordingly, an example of designing goals, objectives and activities was developed and presented as follow:

Goal: To reduce the vulnerability of the community to HIV/AIDS by developing knowledge and skills through CLCs

Objectives	Activities	Action	WHO	Indicators
1. To explore the community needs and hurdles for incorporating HIV/AIDS issues into the regular activities of the CLC	1. Needs Assessment	1. Collect data through FGD, interviews & observation, reviewing secondary documents; compilation and dissemination of the findings to policy makers, media, donors and community people	1 CMS, FA and CLC	1. An understanding of barriers obstructing the integration of HIV messages into CLCs
	1.2 Consultation mtg – Findings Sharing Plan	1. Workshop with community stakeholders, media, donors, and government agencies	1 FA, CMC and CLC	1. No. of workshops, work plans
2. Increase knowledge and skills of the community about HIV/AIDS	2.1 Design and develop training materials for CLC members	1. Consultative process	1 FA, Consultation, CMC	1. No of training materials developed and tested
		2. Develop training manual and guidelines		
		3. Orientation, training sessions with the CLC management members and other officials		
	2.2 Training for facilitators of CLC	4. Collection of existing IEC/BCC materials on HIV/AIDS from other organizations	1 FA/ Consultant	1. No. of Trained trainers with accurate knowledge about HIV/AIDS
		5. Revision in the context of local culture, value and tradition		
		6. Adoption/development of new materials involving the experts.		
	2.3 Mass awareness-raising programmes	7. Dissemination of the materials to local leaders and other influential stakeholders	1 CLC & CRC CMC	1. No. of community members with accurate knowledge about HIV/AIDS
		8. Revision of the existing curriculum and incorporation of the HIV issues		
		1. Interactive training process		
		2. Development of training modules		
		1. Popular media, folk traditions, theatre, songs, campaigns		
		2. Organize folksongs (10 sessions per year)		

Day 5

Agenda 8: Regional Roles and Support

1. Regional Network

a) APPEAL Resource and Training Consortium (ARTC)

Kiichi Oyasu explained how APPEAL's programmes are implemented through a network of selected governmental, non-governmental, and private institutions and agencies involved in the promotion of basic education and lifelong learning. Among these, a consortium of lead institutions across the countries of the region has been constituted to serve as the APPEAL Resource and Training Consortium (ARTC). As of August 2005, the ARTC consists of 13 members.

Functions of the ARTC

The aim of the ARTC is to provide technical support and assistance to the work of APPEAL in participating Member States. It is an inter-country co-operative mechanism designed to support and facilitate APPEAL's mission to reach the goal of EFA and lifelong learning in the Asia and Pacific region. Its main functions are:

- To promote and popularize the mission and goals of APPEAL in the Asia-Pacific region;
- To provide technical support and contribute towards capacity-building and enhancing the technical expertise necessary for the effective promotion of EFA and lifelong learning in the region;
- To serve as the resource and training base for undertaking inter-country collaborative programmes;
- To participate in and undertake action research and case studies with an emphasis on grassroots participation focusing on critical areas of EFA and lifelong learning;
- To promote the sharing and exchange of experiences and insights on EFA among the member institutions of the Consortium.

ARTC Activities

- Research study publications
- Workshops and meetings
- Software development
- Information exchange and networking
- ARTC Secondment Programme
- United Nations Literacy Decade (UNLD) team

See more details at www.unescobkk.org/index.php?id=52

b) ACCU's LRC Network

A Literacy Resource Centre (LRC) is a resource centre managed by a partner literacy organisation of the Asia/Pacific Cultural Centre for UNESCO (ACCU)

to promote literacy among girls and women. It acts as a centre of technical resources to promote literacy for people in need and for those who work for NGOs, government agencies and other various organizations. In order for the LRCs to function effectively and truly be resourceful, the network must be established at local, national, and regional levels. As of April 2003, 16 LRCs have been established in 15 countries throughout the Asia and Pacific.

See more details about LRCs in the Asia-Pacific Literacy Data Base at www.accu.or/litdbase

2. Support on HIV/AIDS Networks

Simon Baker introduced a number of information outlets to help workshop participants carry on their work. He provided details about UNESCO focal points, HIV/AIDS organizations, websites on HIV/AIDS, and finally a list of reading materials. He noted that the reading list featured several toolkits to undertake monitoring and evaluation, to undertake community HIV/AIDS programmes and to combat stigma and discrimination. *The websites and all the literature are included in the attached CD. Further resources can be found at the UNESCO Clearing House: www.unescobkk.org/hiv aids/clearinghouse*

The participants were then divided into two groups in order to determine how UNESCO can help them to integrate HIV messages into their CLCs. The two groups' suggestions have been combined and are presented below.

3. Suggestions to UNESCO

UNESCO could:

- Play a bridging role by providing HIV/AIDS materials to CLCs. These materials could be CDs, VCD, guidelines, manuals, etc. They could then be adapted to ensure that they are culturally sensitive.
- Provide best practices on both CLCs and HIV/AIDS.
- Help strengthen networks, as has happened at this meeting.
- Provide funding, when possible.
- Sponsor or organise study tours.
- Offer technical support on HIV/AIDS and CLCs, and assist in finding information and building the capacity of trainers

Agenda 9 and 10: Country Action Plans

Details of the Country Action Plans developed during the workshop are located in the attached CD of the workshop proceedings.

Closing

Wolfgang Vollmann, Director, UNESCO Dhaka office, gave a short speech thanking all the participants for attending the workshop. He stressed that this is only a start and that now participants needed to ensure that HIV/AIDS messages are integrated into their countries' CLCs.

Conclusion

The participants of the workshop agreed that CLCs can affectively provide information about HIV/AIDS to help local communities protect themselves from this disease. They agreed that information about HIV/AIDS should be disseminated through the CLCs and that these centres can improve public awareness by providing training to all community members.

While the importance of governmental commitment to tackle HIV/AIDS was emphasized, the workshop focused on community initiatives and participation in planning and managing HIV/AIDS-related activities through CLCs to mobilize local resources and to ensure local ownership. This approach was new to many of the participants, since in many of their countries HIV/AIDS is considered to be a health issue more appropriately handled by medical experts rather than by community members.

The workshop therefore encouraged participants to start HIV/AIDS integrative projects by ascertaining the present HIV/AIDS situation in each individual CLC community in order to gain an understanding of the risks being undertaken by its members and the threats to the community as a whole. It was recommended that such an analysis should investigate the risk behaviors related to sexual norms and drug taking (especially by youth), the impact stigma has on community members living with HIV/AIDS, and the economic implications of HIV/AIDS for the community, such as increases in poverty.

The draft frameworks and methodologies developed during the workshop elaborated practical steps to analyze the community situation, set goals and objectives, and implement the plans with monitoring and evaluation mechanisms. Emphasis was made to accommodate HIV/AIDS-related activities in existing CLC programmes as part of community development strategies, with linkages to experts and organizations working in this area at the community, district and national levels.

Participating countries in the workshop plan to carry out a pilot project. Many countries will focus on awareness promotion, material development,

and training of personnel through community participation and ownership based on the draft frameworks and methodologies. It is expected that the pilot project will be documented and shared at the next regional forum to be held in 2007.

As part of its technical assistance to these pilot tests, UNESCO will provide information about existing resources and networks related to literacy, continuing education and HIV/AIDS. The national, sub-regional and regional networks should, in turn, be further strengthened through sharing of resources and experiences during implementation of the projects in 2006 – 2007. The results of this implementation, along with the draft frameworks and methodology, will be reviewed and finalized at the 2007 forum. It is hoped that the pilot projects may successfully demonstrate the importance of local initiatives in the fight against HIV/AIDS.

Annex 1: List of Participants

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Annex 2: Programme

Day/Time	Agenda	Activities/methods	Facilitators/ speakers
Day1: 7 May 2006 (Sunday)			
08:30 – 09:00	Registration		Ken Mahfuza
09:00 – 09:30	Opening	<ol style="list-style-type: none"> 1. Welcome address 2. Opening remarks 3. Remarks by UNAIDS Representative 4. Orientation of the project and workshop 	MOE Volkmann Evaristo Marowa Darunee
09:30 – 10:00	Tea/coffee break		
10:00 – 10:30	Introduction of participants		Ken
10:30 – 11:30	Agenda 1: Overview of EFA, NFE and HIV/AIDS	Introductory presentations (each followed by Q & A) <ol style="list-style-type: none"> 1. EFA progress, UNLD and UNESCO's regional strategies in NFE through APPEAL (20 min) 2. Regional Overview of HIV/AIDS prevention and main issues (20 min) 	Kiichi Simon
11:30 – 12:30	Agenda 2: Sharing country experiences and draft action plans	<ol style="list-style-type: none"> 1. Presentations on experiences of Lao PDR and Thailand (10 min each, followed by Q & A) 2. Sharing country experiences in carrying out HIV/AIDS prevention projects (in groups) 	Darunee Bounkhong Sombat
12:00 – 13:30	Lunch		
13:30 – 15:00	Agenda 2: Sharing country experiences and draft action plans	<ol style="list-style-type: none"> 1. Sharing country experiences (con't) 2. Group reports 	Ken
15:00 – 15:30	Tea/coffee break		
15:30 – 17:00	Agenda 2: Sharing country experiences and draft action plans	<ol style="list-style-type: none"> 1. Sharing country draft action plans (in groups) 2. Group reports, followed by general discussions 	Kiichi
Evening 19:00	Welcome dinner hosted by UNESCO SAJNA – An Exclusive Restaurant, House # 14, Road # 11, Banani, Dhaka - 1213		Ken Mahfuza
Day2: 8 May 2006 (Monday)			
08:20 – 08:30	Reflection from Day 1		
08:30 – 10:00	Agenda3: Development of framework on integrating HIV/AIDS in CLCs	<ol style="list-style-type: none"> 1. Introduction (20 min, followed by Q & A) 2. Group work 	Simon Kiichi Darunee

Day/Time	Agenda	Activities/methods	Facilitators/speakers
(10:00 – 10:30)	Tea/coffee break		
10:30 – 12:00	Agenda3: Development of framework on integrating HIV/AIDS in CLCs	3. Group work (con't) 4. Sharing group work outputs	Simon Kiichi Darunee
12:00 – 13:00	Lunch break		
13:00 – 15:00	Agenda 4: Development of methodologies at the CLC level	1. Introduction 2. Presentations on experiences of India, Lao PDR, Thailand (10 min each, followed by Q & A) 3. Group work on developing methodologies	Simon Bounkhong Sombat Ratneswar
(15:00 – 15:30)	Tea/coffee break		
15:30 – 16:00	Agenda 4: Development of methodologies at the CLC level	4. Sharing group work outputs	Simon
16.00 – 17.30	Agenda 5: Monitoring and evaluation	1. Introduction 2. Orientation about the field visits on Day 3 3. Group work to develop indicators, tools and methods for field visits 4. Sharing group work outputs	Kiichi Darunee Simon Ken Mahfuza
Day 3: 9 May 2006 (Tuesday)			
Morning			
08:30 – 11:00	Agenda 6: Field visits	Depart at Hotel Visit to <i>Muktoakash Bangladesh</i> - a national NGO works for HIV positive people (49/1 Babor Road, Block – B, Mohammadpur Housing Estate, Mohammadpur, Dhaka – 1207). Start for Sreepur, Gazipur	Ken Mahfuza
Lunch break			
	Agenda 6: Field visits	Visit to <i>Plan International CLC</i> (Protappur CLC, Sreepur or another CLC around Rajendrapur ,Laskmipur village, Gazipur, near Dhaka)	
Evening			
		Arrive at Hotel	
Day 4: 10 May 2006 (Wednesday)			
8:20 – 8:30	Reflection from Day 2		
8:30 – 10:00	Agenda 6: Analysis of the field visit findings	1. Introduction 2. Group work on analyzing field visit findings (60 min) 3. Sharing group work outputs	Ken

Day/Time	Agenda	Activities/methods	Facilitators/speakers
10:00 – 10:30	Tea/coffee break		
10:30 – 12:00	Agenda 7: Review and finalization of draft framework and methodologies	1. Introduction 2. Group work on the draft framework and methodologies	Darunee
12:00 – 13:00	Lunch break		
13:00 – 15:00	Agenda 7: Review and finalization of draft framework and methodologies	1. Group work on the draft framework and methodologies (con't) 2. Sharing group work outputs	Kiichi
15:00 – 15:30	Tea/coffee break		
15:30 – 17:00	Agenda 7: Review and finalization of draft framework and methodologies	1. Group work continue	Darunee
Day 5: 11 May 2006 (Thursday)			
8:20 – 08:30	Reflection from Day 4		
8:30 – 10:00	Agenda 8: Regional roles and support	1. Introduction 2. Group work 3. Sharing group work outputs	Kiichi Simon
10:00 – 10:30	Tea/coffee break		
10:30 – 12:00	Agenda 9&10: Develop country action plans	1. Group work 2. Sharing group work outputs	Darunee
12:00 – 13:00	Closing	Remarks by UNESCO, local host and participants	Vollmann UNESCO BKK
13:00 –	Lunch		



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