

HIV and Education Sector Policies and Strategic Plans in some African countries

Second draft

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The mission of LINS can be summed up as:
To be a focal point in Norway dealing with the linked challenges and problems of education, development and human rights in the developing world.

Foreword

LINS has undertaken several studies covering the relationships of HIV/AIDS and the education sector in selected African countries. The studies have been in the form of short-term desk studies implemented on an “ad hoc” basis in between other consultancies related to educational development assistance. The studies and the resulting reports in the LINS publication series should therefore not be conceived and categorized as research reports in the traditional sense. The intention, however, has been to make them as relevant and useful as possible for ongoing development cooperation work.

So far LINS has produced the following study notes and reports within HIV/AIDS:

- “*The impact of HIV/AIDS on education*”¹, LINS Report 1999-4, which focussed on three main questions:
 - What effects on the education sector can be identified or expected due to the HIV/AIDS epidemic in Sub Saharan Africa?
 - How can the education system be used as a channel for HIV/AIDS information?
 - What special challenges are the educational systems facing in terms of critically vulnerable groups such as HIV/AIDS orphans or children with HIV/AIDS?
- The planning of phase 2 of the LINS study: “The impact of HIV/AIDS on education”, a background working paper², LINS Contribution 2000-2. This paper was based on 60 hours desk study and participation in the international networking on the subject area. The main focus was the situation in Zambia.

NORAD has requested LINS to continue work along two different lines. The first was to concentrate on developments in Zambia and in particular in connection to HIV/AIDS related training at Livingston Teacher College in Zambia’s Southern Province. The second was to look into the HIV/AIDS policies and strategies issued by the educational authorities in selected African countries.

The present report is the result of the second study. It is based on a relatively short desk-study work (about 150 hours) with scattered inputs during the period from July 2001 to January 2002. The first draft was dispatched to resource persons, asking for comments. Valuable comments and proposals were received, and as these were in general stimulating and pointing at the importance of the work, the report was redrafted again during January 2003 in order to update on new developments and in accordance with comments received.

¹ Helland, Lexow and Carm, LINS Report 1999-4, Oslo, December 1999.

² Helland, Anne-Marie, LINS Contribution 2000-2, Oslo, April 2000.

1. Introduction

NORAD has selected five countries as main programme countries in Africa. Within these, the most severely HIV/AIDS affected countries of the world are found. In Zambia 21,5 percent of people of age 15 to 49 are infected³, the percentages for Mozambique and Tanzania are 13,0⁴ and 7,8 respectively.⁵

This study was originally intended to cover NORAD's programme countries in Africa receiving education sector assistance from Norway. These were Eritrea, Tanzania and Zambia⁶. As the study advanced, and as the scope of the study became clearer as a result of analysis of data collected, it was first decided to include Ethiopia, Malawi and Uganda, and then finally to include all African countries South of Sahara from which relevant data were available.

The broadening geographical focus of the report was possible due to the fact that policies and strategies developed for the education sector are very few in number. While most countries now have their overall and national HIV/AIDS policies in place, and while many of these policies underline the importance of developing specific HIV strategies for the education sector, only a limited number of countries have taken the next step.

The present document is divided into the following sections: In chapter 2, responses in the form of general policies and HIV are discussed with the intention to define some criteria for assessing and characterising such instruments. Chapter 3 focuses more on education and tries to highlight some of the main socio-economic characteristics of the relationship between HIV and education. Chapter 4 reviews some African countries' national HIV policies and educational policies. The selection criterion has been relatively straightforward: only countries where information has been easily available are included. After the review, a brief conclusion is offered. One of the main conclusions is that most countries have not yet developed their educational HIV policies and strategies, but some are in the process of doing so. The last part of the report includes a "checklist" which could be used as input to this work or as a tool for describing and assessing educational policies and strategies. However, as processes are going on in many countries, and new experiences are added to old knowledge, such lists necessarily will be adequate for a short time only.

The number of publications specifically covering the relationship between HIV and education systems is increasing rapidly.⁷ Swaziland was one of the first countries where this relationship

³ UNAIDS, Epidemiological Fact Sheets – Zambia, 2002 update.

http://www.unaids.org/hivaidsinfo/statistics/fact_sheets/pdfs/Zambia_en.pdf

⁴ UNAIDS, Epidemiological Fact Sheets – Mozambique, 2002 update.

http://www.unaids.org/hivaidsinfo/statistics/fact_sheets/pdfs/Mozambique_en.pdf

⁵ UNAIDS, Epidemiological Fact Sheets – United republic of Tanzania, 2002 update.

http://www.unaids.org/hivaidsinfo/statistics/fact_sheets/pdfs/Tanzania_en.pdf See also World Bank, Africa Region; "Intensifying Action Against HIV/AIDS in Africa: Responding to a Development Crisis", Washington 1999. Reference is also given to Helland, Lexow and Carm: "The impacts of HIV/AIDS on education", LINS, Oslo, December 1999, who present some background information on the epidemic in NORAD programme countries.

⁶ According to NORAD's homepage December 2001

⁷ This is then definitely an improvement compared to what Helland et al (op cit) found in 1998/99. They wrote that very few reports and publications deal with the specific area of HIV/AIDS in relation to the education

was thoroughly researched, and among the other Sub-Saharan countries studies have been initiated in Botswana, Ethiopia, Kenya, Malawi, Rwanda, South Africa, Tanzania Uganda and Zimbabwe. The focus and recommendations of these studies seem to vary a lot, but most tend to underline that it is important for the Ministries of Education, in close collaboration with other relevant stakeholders, to embark on coordinated efforts to prevent further growth of the spread of the virus and to reduce the dramatic negative impact at all levels of the education system.

Many recommendations related to the combat against HIV underline the importance of open lines of communications between the countries and co-ordinated efforts where feasible. UNAIDS, among others, states that in order to succeed in preventing HIV transmission, countries need to work simultaneously on many fronts, including in the preparation of policies and strategies, which as much as possible should be based on well reported and documented “best practices”.⁸

2. HIV – strategies and plans in general

Emphasis of much of the HIV/AIDS literature has been on the need and importance to prepare relevant strategies and plans of action for different levels: internationally, at national levels, at sector levels within countries, for various organisations, and down to community levels. There seem to be a general agreement that the fight against the HIV epidemic needs thorough strategic planning and strong leadership. In June 2001 UNAIDS issued “The Global Strategy Framework on HIV/AIDS”⁹ indicating the highest possible level for such a strategy. The need for a global and holistic perspective is evident due to the fact the disease is not controlled by country borders, and that all countries and all stakeholders need to be involved and share costs and efforts in order to arrest one of the greatest threats to survival and development of mankind.¹⁰

The UNAIDS Global Strategy Framework on HIV/AIDS puts forward a set of guiding principles and leadership commitments that together are meant to form the basis for successful responses to the epidemic. But it is emphasised that global, national and community bodies will still need to formulate their own specific strategies concerning particular themes or regions.¹¹ The Global Strategy Framework is guided by four fundamental principles:

- It is the role of national governments, working with civil society, to provide leadership, means and co-ordination for national and international efforts to respond to country and community needs.
- In countries around the world, support for the active engagement of people living with and affected by HIV/AIDS is central to the response.
- Gender inequalities fuelling the epidemic must be explicitly addressed.

sector. And, in the same way, very few reports dealing with education have had taken HIV/AIDS into consideration.

⁸ UNAIDS has collected and systematised many examples of best practices. These are available on UNAIDS’s homepage.

⁹ To be found at UNAIDS’ homepage <http://www.unaids.org>

¹⁰ In this perspective one could question why some of the main international actors in international development have been so slow in preparing their own plans and strategies in relation to HIV/AIDS.

¹¹ Page 1

- Prevention methods, life saving treatments and the result of scientific breakthroughs need to be equitably and affordably available to all.

These principles are of course also highly relevant to strategies being developed at national and lower levels.

The Global Strategy Framework emphasises that successful responses to the epidemic have their roots in communities. As HIV/AIDS is related to peoples' behaviour, norms and values, only inputs related to these will have any impact. It should be noted that the Global Strategy Framework takes account of gender, but does not expressly mention poverty. One can question how it is possible to overlook poverty, when abject poverty and destitution are the conditions in which so many communities in Africa live.

As the education system in all countries are playing a significant role in directly and indirectly, institutionally and otherwise, impacting on peoples behaviour, norms and values, the education system ought to be strongly involved in actions against the epidemic. The important role of education is repeatedly mentioned in the Global Strategy Framework, at the same time as it underlies the need for cross sector and holistic planning and action.

Particularly helpful is the Global Strategy Framework's recognition of the interrelationship of the basic dynamics of the epidemic, and hence that an "expanded response" to the epidemic is one that simultaneously acts on

- reducing risk
- reducing vulnerability
- reducing impact

From the Global Strategy Framework section on Leadership Commitments and Core Actions one can select important actions, principles and norms that will be highly relevant for any anti HIV strategy and plan to be developed. For the purpose of this paper we will in particular focus on aspects of relevance to the strategy and planning work of the Ministries of Education.

1. Financial resources needed, on the one hand, and available funds should be spelled out. Sustainability of the plans should be explained.
2. Strategies should indicate how and when HIV/AIDS prevention and care strategies are to be mainstreamed into existing planning and development efforts.
3. Focus needs to be on enabling strategies operating in the context of overall poverty reduction strategies and human development priorities.
4. Of particular importance is the integration of Ministries of Education's HIV/AIDS strategies with the education SWAP context in the countries where these have been developed.
5. It is important to reduce the stigma associated with HIV and AIDS.
6. Particular emphasis is needed to empower local communities, schools and districts. Strengthening of the lower levels of the education systems hence seems to be particularly important in the battle against HIV/AIDS, and decentralisation processes within education becomes relevant.
7. Universal access to quality primary education and increased secondary school attendance, particularly for girls, is already on the agenda of the

Ministries of Education. However, the Global Framework more specifically mentions life-skills education approaches for in-school and out-of school youth, which are free of harmful gender stereotypes and include sexual education and the promotion of responsible sexual behaviour.

8. To meet the HIV/AIDS-related needs of girls and women
9. To promote participation of people with and affected by HIV/AIDS in the responses to the epidemic.
10. To seek out and actively support the development of partnerships required to address the epidemic
11. To strengthen human resources and institutional capacities required addressing the epidemic.

3. HIV/AIDS and education sector strategies

3.1 Decreasing risk and vulnerability – role of the education sector

The Global Strategy Framework on HIV/AIDS states:

“The education, health, social welfare, and juridical sectors are most directly involved in slowing the spread or mitigating the impact of HIV/AIDS and require urgent investment to reinforce their human resources and institutional capacities, and support their frontline workers”¹²

Francoise Caillods of UNESCO/IIEP, in the preface of Kelly’s report “Planning for Education in the context of HIV/AIDS”¹³ states that for a long time, HIV/AIDS was considered to be essentially a medical problem, but that it now has become clear that prevention is essential and that education might potentially be the single most powerful weapon against HIV transmission. And the World Bank AIDS Campaign Team for Africa underlines that the education sector can be used to help bring the epidemic under control and to mitigate increased social disruption.¹⁴

Results of the programmes and curriculum innovations introduced so far have, however, had mixed results. Kelly argues that this is not a reason for not pursuing the programmes but on the contrary: a signal that approaches need to be improved: to be better targeted, more flexible, prolonged, consistent and above all made intersectoral, combining formal and non-formal education, education with health, education with strategies to fight poverty, education with mass-media campaigns.

Kelly’s argument seems to be confirmed by the synthesis report of findings and recommendations of country studies in, Botswana, Malawi and Uganda.¹⁵ This report concludes that there is little hard evidence to show that school-based HIV/AIDS education

¹² UNAIDS, June 2001, op. cit. p. 13

¹³ Michael J. Kelly, “Planning for education in the context of HIV/AIDS”, UNESCO/IIEP Fundamentals of Educational Planning, No 66, Paris 2000.

¹⁴ The AIDS Campaign Team for Africa, World Bank; “Exploring the Implications of the HIV/AIDS Epidemic for Educational Planning in Selected African Countries: The Demographic Question”, page 8, September 2000.

¹⁵ Bennell, P., Hyde, K., and Swainson, N. “The impact of the HIV/AIDS epidemic on the education sector in Sub-Saharan Africa. Centre for International Education, University of Sussex Institute of Education, February 2002.

and, more generally, sexual reproductive health and life skills education has had a major impact on sexual behaviour.

Generally speaking, students at the survey schools were well informed about the causes and consequences of HIV/AIDS. It is translating this knowledge into behaviour change that remains the major hurdle. Economic and social/cultural pressures that fuel unsafe sex among adolescents remain as high as ever, and in the poorest communities, are probably increasing. There is growing concern about the risk of female students contracting HIV from teachers and other older men. Condom use remains highly controversial, particularly in Malawi¹⁶.

The synthesis report points to a number of shortcomings of the education in these three countries:

- The curriculum design and delivery is seriously problematic.
- The ‘integration and infusion’ approach where HIV/AIDS topics are included in carrier subjects is not effective.
- Teachers lack both the competence and commitment to teach these topics and
- Guidance and counselling services and peer education are also seriously inadequate.

Still, the authors think that education can improve and deliver better results, and a number of recommendations are provided.

In commenting the first draft of the present report, a remark was made that there tends to be dominance in the literature, and in reform attempts, addressed at the school curriculum, as it this was known to be a potent format for educational change. It has often been assumed that the teacher, as deliverer of the curriculum, is therefore part of the knowledge and behaviour change strategy. The commentator’s experience in Africa indicated that this is far from the case. Generally, teachers are totally silent about HIV/AIDS, both in the community of teacher professionals and in relation to teaching about it. The argument was underlined as “*after four years in this region I have still to see a useful lesson incorporating HIV/AIDS messages taught by an African male teacher!*” However, the observer had sympathies with teachers, “who are overwhelmed by the complexity of the problem – orphan children, community expectations, their own and their family’s HIV status, etc. What they don’t get, which they would if they worked for a decent sized commercial company, is any effective workplace support of VCT. This needs to be addressed.”¹⁷

In contrast one should indicate that there are also reported positive results in evaluations of effects of HIV/AIDS education programs. A study performed at Centre of International Health at the University of Bergen indicates that it is “feasible and effective to provide AIDS education for Tanzanian primary school children”.¹⁸ While documents from the first phases of the HIV epidemic reported that educated and mobile segments of the population often were among the high risk groups to become HIV-infected, there are more recent information that this tendency and relationship is not any more so evident. A desk study focusing on 15-19-years olds found that teenagers with more education are now far more likely to use condoms than their peers with lower education. They are also less likely to engage in casual sex.

¹⁶ Op cit p.7

¹⁷ Terry Allsop, in commenting the first draft of this report. (4th April 2002).

¹⁸ Klepp. Kl. et.al. ”AIDS education for primary school children in Tanzania: an evaluation study”. Centre for International Health/Centre for Health Promotion; Research, University of Bergen, Norway, 1994.
www.aegis.com/pubs/aidsline/1995/mar/M9530667.html

UNAIDS reports that as information about HIV has become more widely available, education have switched from being a liability to being a shield. This is due to the fact that more-educated people are better equipped to act on prevention information, and because they are now exposing themselves less to the risk of HIV.¹⁹ This has been explained as a change over time of the social epidemiology of HIV:

In the early stage of the epidemic, it seems that the better educated are more vulnerable to HIV infection than those with lower levels of education; mainly because they are better off and more mobile. But once information and knowledge about the disease become available, the more educated are best able to change their behaviour and protect themselves against HIV; whereas the less educated become more vulnerable once the virus has spread more widely among the population.²⁰

In western Uganda it has been found that while childbearing women with secondary education were more likely than their illiterate counterparts to be infected in the period 1991-94, by 1995-97 their infection rate had dropped by almost half. The infection rate among women without formal schooling had dropped much less.²¹ Some authors have started to talk about “education-vaccine”, but many questions related to what, how and why are still unanswered. While some argue that the important element is HIV information and sex education at school, others maintain that general education is what is important as it generally helps people to understand and internalize relevant information and “to translate knowledge into behavioral change”.²²

Most likely the “vaccine” consists of many ingredients, which varies between countries and even between localities within the same country, and there are complex and compounded impacts from a variety of elements whereof education is only one. However, it seems safe to state that the education sector in most countries has numerous resources with large potentials as part of strategies to reduce risk, vulnerability and decrease impact of HIV/AIDS. Some elements are included in the following table in short formula format. The list is of course not exhaustive. The point to make here is however that the resources of the education system are so important that no country can afford not to use them as part of the battle against HIV²³:

Scale of the education sector in terms of numbers of people involved	Between one-fifth and one-quarter of all people in the world are engaged in the direct work of education on a day-to-day basis, as learners or as teachers ²⁴ . This means that the schools are the most important “arena” and meeting places outside the homes.
Status of education at national levels	Education is one of the prioritised national sectors. Growth in education is considered important for general development

¹⁹ UNAIDS, AIDS epidemic update: December 2000. www.unaids.org/wac/2000/wad00/files/

²⁰ Jan Vandemoortele, “HIV/AIDS and Education” Unicef, New York, February 2001

²¹ UNAIDS, op cit

²² Jan Vandemoortele, “The “education vaccine” against HIV”, UNICEF, CICE, Vol.3, No.1, December 2000. Also available at www.tc.columbia.edu/cice/vol103nr1/jvedart1.htm

²³ The HIV/AIDS Strategic Plan for Ministry of Education and Sports in Uganda states: “The education and sport sector is a unique tool for spreading HIV/AIDS information and awareness. As an already organized infrastructure, it is cost-effective and can reach a large audience of teachers/instructors and administrative staff, pupils and their parents, ...

²⁴ Kelly, op, cit. p 22

	and prosperity.
Teachers as powerful resource	Teachers represent one of the largest groups of employees in all countries. They represent an enormous potential force of communicating HIV/AIDS-related messages. Most often teachers have high status due to their role as educators, and will often in addition to their function as teachers, play central social, political and other roles in the communities. ²⁵
Available infrastructure; houses and exteriors within the communities	Schools represent infrastructure located in the communities. These buildings and systems are available and often used for community activities, health campaigns, sports, parties and politics. ²⁶
The curriculum – large means of information	The national school curriculum represents a powerful channel of communication to learners and their families in many countries. The schoolbooks and other school material have a high status. ²⁷
Status of education among people and in the communities	Compared to other sectors, education traditionally plays an important role and is considered attractive, by itself and due to its results. Education is wanted, and educated people attain status. People often prioritise investment in the education of their children.
Education administrative and organisational structure in place	Although not functioning optimally in all countries the education sector represents a powerful system with large planning, coordinating and communicative means.

However, in many countries the above description is far away from a good characterisation of the education sector. On the contrary, in many countries South of Sahara the main impression of the education system is a completely exhausted structure, overworked teachers, inefficient administration at all levels, general lack of financing and equipment, dilapidated and badly maintained infrastructure, often due to national and international neglect during the 80-is and 90-is. Only the skeletons of the previous relatively strong education sectors are remaining. In addition the negative impacts of HIV on the education system are increasingly evident.

The international “norm producers” represented by for instance donors and international organisations in companionship with researchers and consultants seem more and more to emphasise the important potential role of the education sector in general and ministries of education in particular as tools and arena to fight HIV. In many cases the resources in the ministries of education are extremely limited, and the expectation put on these ministries could often be in mismatch with the financial and personal resource base made available.

²⁵ Another question is of course to what extent the teachers are empowered and informed to fill this vital role. EI (Education International) in a survey covering 19 teachers’ trade unions (mainly in Africa) concludes that “generally speaking, trade unions believe that teachers lack information on the virus, on how it is transmitted, and above all on classroom methods of teaching prevention”. EI, Results of the EI Survey concerning HIV-Related Actions and Policies of Teachers’ Unions, Ministries of Education and Ministries of Health”, June 2000. <http://www.ei-ie.org/educ/aids/eeintro.htm>

²⁶ Sigrunn Møgedal, previous State Secretary in the Norwegian Ministry of Foreign Affairs, in an interview in the newsletter “Educaid”, LINS, Oslo (Issue 3, 2000) states that the schools could have a crucial role as a centre for the fight against HIV/AIDS. In the communities the schools could be the focal point for networks and support within and between families.

²⁷ As previously indicated, this argument has been challenged, and several authors now tend to think that there will be limited impact only of “integrating” HIV/AIDS into other subjects. But one should be careful formulating sweeping conclusions, as much more research and work is needed. Most likely there will be differences between countries, schools and, not least, individual teachers. Combining many approaches, including both “integration” in other subjects and establishing new specific subjects, might be worth trying.

There is not need to be surprised of the state of the art in these ministries mobilisation capacity when they are confronted by the HIV catastrophe. Still it is disappointing to read that a recent review of 13 countries in southern Africa showed that only 5 have any HIV-related curriculum in place or planned – and that is twenty years into the epidemic.²⁸

The large number of children and youth out of school in many countries is alarming, also because they thereby are not reached by the HIV-related information provided by the school system. Non-formal education systems and community schools of various kinds are developing more or less in all countries, and it is of course very important that these alternatives are included in educational strategies and plans. Both the governmental school system and the alternative systems to formal schooling will benefit for closer co-operation in general, and not least in the relation to HIV.

3.2 Reducing negative impact of HIV/AIDS on education

The education sector in many countries is already severely negatively impacted by HIV. But the chains of processes, their causes and results are often difficult to identify and observe. One important question is how well the responsible authorities and ministries of education actually do collect and analyse the information in order to be kept up-dated on how the disease influences education. In some countries the MOEs have initiated specific studies and research in order to obtain a professional input, often including detailed investigation at local community levels.²⁹

Collecting necessary information to be fed into the administrative and planning systems of ministries of education will often need an approach based on partnership between several sectors in the countries, and in particular with relevant health administrations.

Kelly presents an extensive list of impacts of HIV on education³⁰ through ten “different mechanisms”: including demand, supply, availability of resources, potential clientele, content and role of education, organisations of schools, planning and management, and donor support.^{31 32} These aspects are thoroughly described and discussed by Kelly, and in the following we will concentrate on the problems that obviously need to be included in the Ministry of Education’s strategies and plans.

Lower demand for education

Lowering demand of schooling due to increased child mortality, lower fertility rates and other reasons will within the year 2010 potentially lead to reduced number of children going to primary school by 12,2 percent in Uganda, 20,4 percent in Zambia and by 24,1 percent in Zimbabwe.³³ In addition many children and their families will not be able to afford to pay the direct, indirect or opportunity school costs. One can also mention that attitudes towards schooling may worsen as a consequence of HIV. These are aspects education planners have to collect information about in order both to counteract some of the negative processes and to prepare for the impact at school and national levels.

²⁸ Carol Coombe in IIEP HIV/AIDS internet forum, 2001.11.05

²⁹ One of the first countries in Africa to commission a study on the impact of HIV/AIDS on education was Swaziland, the report was prepared by the consultancy group JTK based in Mbabane.

³⁰ Kelly op. Cit pages 46 ff. Here from the homepage of IIEP.

³¹ The complete list is presented in Appendix 1

³² See also Helland et al (op cit) page 13-16

³³ The AIDS Campaign Team for Africa, World Bank; “Exploring the Implications of the HIV/AIDS Epidemic for Educational Planning in Selected African Countries: The Demographic Question”, page 2-3, September 2000. Also referred to by Kelly op.cit. page 49-50.

The gender aspect

HIV may increase educational disparities between boys and girls because girls are removed from school to nurse siblings or relatives, to substitute for the productive work of other family members or to save the costs of school fees. Moreover, girls may be encouraged to marry early – because they are pushed out to seek escape from overcrowded extended families; because men seek younger and presumably uninfected wives; and because parents want daughters removed from a “dangerous” school environment in terms of infection risk and sex education.³⁴ Hence the statistics to be collected and the plans and strategies to be developed need to be gender sensitive and gender specific. In many cases more resources will be needed to provide educational services to girls compared to boys.

Changed educational needs of the pupils

In areas severely hit by HIV, schools will need to change both content of the education as well as the methods whereby the message is transmitted. Larger number of orphans might lead to more caring and sensitive schooling where the needs of the orphans are emphasised. In Ethiopia only, one calculates that there will be 6,9 million orphans in 2010. Child headed households, and children caring for sick family members need a sort of education which is more flexible in terms of methods and place of delivery, as well as change in content in order to be more relevant to these children’s survival from day to day. The role of the school and of individual teachers will need to change in order to care better for children with deep psychological trauma and hence not able to participate in traditional school settings.³⁵

Increasing the numbers of teachers trained

Education in many countries is already strongly negatively impacted due to loss and reduced productivity among teachers and school administrative personnel because of HIV. HIV infection rates among teachers in Africa south of Sahara tend to be higher than those of the general adult education. In 1998 teacher mortality in Zambia stood at 40 per thousand, being about 70 percent higher than in the general population.³⁶ December 2000 indicators show that the HIV prevalence rate among teachers has shot up to 45 percent.³⁷ Government figures from Kenya indicates that as recently as 1993, fewer than 10 teachers died annually. By 1996, this had skyrocketed to about 1,000 and is steadily rising.³⁸ Kenya, which spends 40 percent of the official budget on education, stopped hiring teachers in 1998 as part of a structural adjustment plan imposed by the International Monetary Fund.

The high AIDS-related rates of illness and deaths among teachers will increase the demand of new teachers to be trained. The Ministry of Education in Zambia has indicated that if the present negative trend continues, they will resort to training two to three teachers where they

³⁴ USAID; “Education Sector” www.usaid.gov/regions/afr/hhrraa/aids_briefs/educate.htm

³⁵ But such changes in school organisation can be hard to implement. An commentator to this report wrote: “in government schools, we have found it incredibly difficult to generate divergent thinking about how the school can be managed differently to accommodate the real needs of children. Suggesting to a head teacher that he/she might start the school day 30 minutes later to allow orphans to deal first with domestic chores seems to be like suggesting a major revolution!”

³⁶ The AIDS Campaign Team for Africa (2000), op. cit. p. 19, (and Kelly (2000) (op. cit.) page 64).

³⁷ Panafrican News Agency, December 6, 2000, www.medguide.org.zm/aids/aidszam29.htm

³⁸ The causes of death are not compiled officially, but experts say such huge changes in death rates among an adult population can only be attributed to AIDS. Source: Crawley, Mike, Christian Science Monitor, July 25, 2000. www.csmonitor.com/durable/2000/07/25/pls4-htm

before needed only one.³⁹ Already in many countries it is reported that school activities are hampered due to impact of HIV. From an educational planning point of view, it is important to maintain the functions of education at the best possible level, by reorganising existing training resources, change the education setting etc. These measures will need to be decided at local school or community level, however, and the national MOE need to enforce and enable this to happen. As several authors point out, educational planners and administrators are faced by serious problems due to lack of relevant information, not least because of the stigma that attach to AIDS.

Partnership with NGOs and other suppliers of alternative education.

Many countries will not be able to fulfil their educational related goals unless strong ties and partnerships are made between Ministries of Education and suppliers of alternative schooling and training. Non-government organisations, for instance, have long records from testing and practising alternative school systems. The structure and content of these schools vary from country to country. In Zambia, the Zambia Community School Secretariat (ZCSS) signed an agreement with Ministry of Education and UNICEF in May 2001 indicating a strong partnership between these stakeholders. An estimated 65,000 vulnerable children would benefit from this agreement. The number of community schools in Zambia has grown from 56 in 1996 to 701 in 2001.⁴⁰

4. The situation related to HIV strategies and policies in some African countries⁴¹

4.1 The intention

Concluding from previous sections it seems obvious that the education sector, in close co-operation with other sectors, has a large potential to become a significant instrument in the fight against HIV. As pointed out by professor Kelly, specific educational policies and strategies should be worked out. What follows is a rather impressionistic review, based on Internet search and document studies, of the “state of affairs” in African countries south of Sahara in relation to “educational HIV policies and strategies”.

For each country a step-by-step approach has been utilised. Firstly, general national HIV/AIDS policies are identified and looked into in terms of whether they have references to, and specific indications of, the role of the education sector, and if so, in what way? Secondly, for the countries that have developed specific instruments related to education, these are described more in detail.

To a large extent this approach is hampered by the fact that it has been impossible, under the time frame available, to collect all the important documents, plans and policies. Sometimes there is a chance that we base the study on old documents where new versions are in place.

³⁹ UN Integrated Regional Information Network, January 12, 2001: Saluseki, Vivian. Referring to Education Deputy Permanent Secretary Barbara Chilangwa. www.medguide.org.zm/aids/aidszam29.htm

⁴⁰ Saluseki, Vivian, “Education Feels the Impact of HIV/AIDS”. Helath-L, May 15, 2001. www.medguide.org.zm/aids/aidszam31.htm

⁴¹ This presentation is based on Internet and document search. A particularly helpful contribution has been provided by an excellent mapping prepared by SADC (HRD SCU) from March 2001: “Report on Country Preparedness in dealing with HIV/AIDS in the Education and Training Sector”

4.2 Country reviews

Botswana

In **Botswana** the National Policy on HIV/AIDS was developed, approved and adopted through Presidential Directive in 1993.

The Policy states that the Office of the President will provide political leadership for the national response to the HIV/AIDS epidemic, and ensure that all sectors are mobilised and become involved as is necessary. Their role will include mobilising policy-makers and advocating for the provision of national public and private resources as needed for HIV/AIDS prevention and care. Also it is mentioned that the Department of Information and Broadcasting will play an active role in information and education on HIV/AIDS and STD through the development and broadcasting of programmes, spots and advertisements on various aspects of AIDS/STD.

The Ministry of Health should, because of the experience in this field, be the "lead ministry" in HIV/AIDS prevention and care for some time. Their role will be:

- to lead the development and refinement of strategies for prevention and care, involving other sectors, NGOs and the private sector
- to provide technical support
- to coordinate and monitor the implementation
- to continue with the implementation of health-sector based interventions
- Information, Education and Communication
- control of sexually transmitted diseases
- condom promotion
- counselling for prevention
- to provide appropriate health facility-based care

According to the National Policy, the Ministry of Education will integrate AIDS and STD education into all levels and institutions of education. It will also involve parents and ensure that other services related to HIV and STD control and care are accessible to students in need.

In December 2000 the Ministry of Education in collaboration with DFID issued the report "The impact of HIV/AIDS on primary and secondary education in Botswana: Developing a comprehensive strategic response"⁴². This document seems to represent an excellent background for developing an education policy and strategy in Botswana.

The different sectors in Botswana have developed their own policies or are in the process of doing so. An education strategic plan was in draft form in March 2001, but might have been issued now (February 2002).

Ethiopia

Ethiopia has adopted far-reaching policies for national mobilization to fight the worsening situation of the epidemic. It has recently developed comprehensive multisectoral strategic plans for the medium term, fully endorsed the principle of public/private partnership to implement the national strategies, and established national HIV/AIDS councils and secretariats at the highest level of government to assume overall program coordination.⁴³

⁴² Report of the "HIV/AIDS and education" study group, December 2000

⁴³ World Bank Map for Africa

UNICEF estimated that the expense of treatment and care for HIV and AIDS will likely make up 33 percent of all government health spending in Ethiopia within five years.⁴⁴

Following the “Policy on HIV/AIDS of the Federal Democratic Republic of Ethiopia”, (para. 1.5.) Ministry of Health shall provide technical assistance to the Ministry of Education to ensure that appropriate curriculum and teaching materials shall be developed and implemented for HIV/AIDS/STDs in school health education at all levels, beginning from the primary level. Furthermore, multisectoral interventions shall be developed and implemented for youth out-of-school in rural and urban areas.

The present study has not been able to identify a specific HIV education sector policy or strategy.

Ghana

The draft National HIV/AIDS and STI Policy Document underlines the importance of intensifying public health education on STI. Referring to the education sector, Ghana National AIDS/STDs Control Programme (2000)⁴⁵ the targets for manpower development and training are unlikely to be met and the rate of replacement may never match attrition due to either premature or normal loss from the service. This may ultimately affect the quality of the educational system. The Policy shall therefore seek to: Strengthen the integration of HIV/AIDS education into the curricular of formal schools beginning at the primary level. According to the Draft National HIV/AIDS and STI Policy Document the Ministry of Education shall:

- Integrate AIDS and STIs education into all levels and institutions of education...
- Involve parents...in discussion of school-based HIV/AIDS education and other programmes or activities.
- Ensure that other services related to HIV and STIs control and care are accessible to students in need.

We have not been able to identify any specific education sector policy of strategy. There is however an Elmina Declaration, which is not a policy statement as such for Ghana, but for all ECOWAS countries. This was developed in March 2001.

Kenya

The Ministry of Health has formulated the goal of AIDS education to be to facilitate and sustain responsible behaviour for continued HIV prevention. According to Ministry of Health in 1997, young people comprise the majority of AIDS cases as reported from various hospitals, and a broad explanation is provided as the “youth become infected through environmental, social, cultural, psychological, and biological factors”. In order to protect young people against HIV/STD infections, the Kenyan Government stated in 1997 that it at least would undertake the following tasks related to education:

- Provide direction in designing culturally, morally and scientifically acceptable AIDS education programmes for youth in and out of school;

⁴⁴ <http://www.hivdent.org/pediatrics/peduoclwh122000.htm>

⁴⁵ Ministry of Education

- Advocate for protection of youth against antisocial behaviours such as premarital sex, drug abuse, teenage pregnancy and school drop out;
- Strengthen the capacity of teachers, parents leaders and communities in general to enable them lead and educate young people about HIV/AIDS and provide role models for the youth.

The same source states that the AIDS education programme will be based on culturally acceptable moral values and will be integrated into ongoing school programmes. AIDS education will focus on assertiveness and skills needed in discussing AIDS prevention with potential sex partners. Building the self-esteem of young people and girls in particular will be emphasized.⁴⁶ Finally one can note that within the framework of Universal Primary Education, the Government will offer free educational and social support to orphans.

We have not been able to find the Ministry of Education's response in terms of specific policies and strategies. There has been a delay in coming up with a revised education policy document. But it is being drafted and is based on an education commission report as well as on research findings. With respect to HIV/AIDS policies are suggested in relation to providing behaviour formation and change, for mitigation against HIV/AIDS spread and impact by the year 2005 in all educational institutions and for incorporating HIV/AIDS in educational planning.

Lesotho

In Lesotho there is a relatively recent general Policy Framework document on HIV/AIDS Prevention, Control and Management from 2000,⁴⁷ and some aspects related to education are included in this plan. But there are no separate HIV policy or codes of conduct for education in place. It is for instance noted that the Government of Lesotho, in the general policy framework, recognises the difficulties faced by orphans as they grow up and the need for them to receive the love, care and education requisite for growing into responsible adults and productive members of society. Children who become orphans as a result of HIV/AIDS will enjoy the same facilities as other orphans and will not suffer discrimination. Members of extended families will be encouraged and assisted to care for orphans. Government institutions and NGOs will be supported to establish and maintain proper caring facilities for orphans.

HIV/AIDS and STI education will be integrated into the curricula of schools at all levels. Career and guidance counsellors will be designated and trained to offer counselling to the youth. Healthy HIV carriers will be treated the same as any student with regard to further training and education.

Malawi

Malawi's National Response to HIV/AIDS for 2000-2004: "Combatting HIV/AIDS with Renewed Hope and Vigour in the New Millennium"⁴⁸ (1999) proposes as Key Strategic Actions with educational content:

- To design a core IEC strategy (Information, Education and Communication) as a basis for planning, delivery and education

⁴⁶ MOH, "The Kenya Sessional Paper No. 4 of 1997 on AIDS in Kenya", 1997.

⁴⁷ Government of Lesotho, Maseru

⁴⁸ Government of Malawi, Strategic Planning Unit, National AIDS Control Programme, Ministry of Health and Population, Blantyre, 1999

- To incorporate issues of gender equity and equality in all public programmes, including formal education, non-formal education and various training programmes for men and women, girls and boys.
- To strengthen and broaden the scope of lending institutions, entrepreneurial training organisations and formal and non-formal education programmes targeting women, youth and other marginalized people

Direct reference to Ministry of Education has not been found in the above document. The present consultants have not been able to get the IEC strategy.

Funded by USAID and DFID MOEST convened a week-long working session for Ministry officials and other stakeholders in January/February 2001. Among the objectives of the session one can mention to understand the need for a comprehensive framework within the education sector on which to base action to respond to the challenge of HIV/AIDS. The report following this session that has been identified is Third Draft and dated 6th of February 2001. This is not for quotation and further description of the process so far in Malawi is therefore not made.

Mauritius

For Mauritius there is a national HIV strategic plan but none specifically covering the education sector.

Mozambique

Mozambique has developed general HIV/AIDS policies but not so for the education sector. The present consultants are informed that there are HIV educational sector plans concentrating on primary and secondary education, but these documents have not been found.

For this study only the 1994-1998 “Medium Term Plan II of the National Control Programme against STD/AIDS in Mozambique”⁴⁹, has been identified. Reference to the education sector in this document seems to be scanty. In general it is stated that informing and educating the public, especially the most vulnerable groups (e.g. soldiers, young people, displaced people) is an important strategy in the prevention of AIDS/STD, and there is a need for an inter-sectoral approach, for a decentralisation of educational activities (more dynamic and autonomous activity by provincial nuclei), for greater coordination with the sectors involved in the NCP (NGOs, churches, schools, the media, companies etc.), and for greater production of educational material. However, behavioural changes essential for controlling the spread of AIDS do not arise merely from information. Intervention actions are essential, whether undertaken by the government or as the fruit of community initiatives, in which each individual identifies the problem as his or her own and learns how to handle it.

Namibia

Namibia has produced a national strategic HIV plan with one chapter for education. The Ministry of Basic Education, Sport and Culture and the Ministry of Higher Education, Training and Employment Creation have issued a Draft National Policy on HIV/AIDS for the Education Sector, (hereafter termed “Draft Policy”). Hence, Namibia belongs to a very small group of countries that have started the important work on developing education policy and strategy instruments against HIV.

⁴⁹ Maputo, NCP STD/AIDS., 1995

The Draft Policy consists of 19 pages and is divided into 15 sections:

1. Preamble
2. Premises
3. Non-discrimination and equality with regard to learners, students and educators with HIV/AIDS
4. HIV/AIDS testing and the admission of learners and students to educational institutions, or the appointment of educators
5. Attendance at schools and institutions by learners or students with HIV/AIDS
6. Disclosure of HIV/AIDS-related information and confidentiality
7. A safe school and institution environment
8. Prevention of HIV transmission during play and sport
9. Education on HIV/AIDS
10. Duties and responsibilities of learners, students, educators and parents
11. Refusal to study with or teach a learner or student with HIV/AIDS, or to work with or be taught by an educator with HIV/AIDS
12. Educational Institution implementation plans
13. Health advisory committee
14. Implementation of this national policy on HIV/AIDS
15. Regular review

As a Draft Policy the document is relatively detailed in terms of activities and regulations at school level. Paragraph 7 is one of the largest sections – covering “a safe school and institutional environment”, and the impression is given that this is the main concern. It is quite clear that authors of the Draft Plan have emphasised the medical and contamination aspects. Duties and regulations on other levels than the schools are few. It states that it is imperative that each institution must have a planned strategy to cope with the epidemic (para 2.3).

One could perhaps hoped for more elaborations in terms of how the education system could contribute in general to fight back the epidemics, and for instance how the education sector intends to link up to other sectors.

Relationships between the schools as an institutional unit and the surrounding locality are covered to a little extent, however, para 2.11 states that the policy is intended as a broad framework on which individual educational institutions may build. Furthermore, it is expected that each educational institution adopt a HIV/AIDS implementation plan that would reflect the needs, ethos and values of a specific educational institution and its community within the framework of the national policy. Finally, in para.12.2 it is stated that stakeholders in the wider educational institution community (for example religious and traditional leaders, representatives of the medical or health care professions or traditional healers) should be involved in developing an implementation plan on HIV/AIDS for the institutions. This is a very promising scope and role of the schools. However, an educational national policy should provide much more advice and details for the schools.

Following the check list (presented in the last chapter of this report) one can for instance comment that:

- Targets are relatively loosely refined, and not in terms of numbers
- Higher level support for the Draft Policy is not mentioned
- Cooperation with other ministries, and other relevant governmental and private institutions are not included.

- The management and follow-up of the Draft Policy in terms of administrative set-up and responsibilities could have been indicated
- The necessity of updating data, undertaking of research and studies are not specified.

However, taking into account that the document is still termed “draft” and as it is not dated and new drafts might have been produced, there is no need at this place further to comment on the paper in detail.

Nigeria

In Nigeria (with a HIV prevalence of approximately 5,4%) a HIV/AIDS Emergency Plan (HEAP) has been prepared by the National Action Committee on HIV/AIDS (NACA). This does not include strategy for the reform of the education sector. The Education Ministry seems not to have found its position yet related to its response at all levels of the education sector.

A National Policy on HIV/AIDS/STIS Control, Federal Ministry of Health (1997) states that among the strategies to obtain control the government shall provide for HIV/AIDS/STIs education to all children in and out of school. i.e. the integration of HIV/AIDS/STIs education into the school curriculum and using appropriate media of communication to reach out of school youths. Empowerment of women in the area of education, work and choice in marriage and sexual life is also emphasised.

Rwanda

According to information obtained Rwanda has started on a strategic plan. There is an HIV/AIDS unit in the Ministry of Education consisting of one professional microbiologist and two junior civil servants.

Seychelles

Seychelles has got a national policy. Education sector policy is at draft stage (March 2001). There are no specific educational strategic plans developed at the moment.

South Africa

The National AIDS Plan for South Africa 1994-1995, (NACOSA), states that as youth are particularly vulnerable to HIV infection it is essential that they receive sound sexuality and sex education in schools. Youth sex education should be part of the formal school curriculum and parents, elders and teachers should be involved in programmes designed to enable youth to understand their position with regard to the epidemic and their power to limit and prevent future transmission.

The NACOSA also covers the need of making relevant data available by ensuring that all people working in the field of AIDS education, prevention and care, have immediate access to all the research data and findings available, as well as to the current theoretical debates in the various disciplines concerned with research into HIV/AIDS and related issues.

There is a draft National Policy on HIV/AIDS, for learners and educators in public schools, and students and educators in further education and training institutions, referred to as National Education Policy Act (Act. No. 27 of 1996.)

Provinces have developed Operational Plans for HIV/AIDS and STDs, as the Western Cape Province, for 1997/1998. According to this, the government has a crucial responsibility with

regard to the provision of education, care and welfare of all the people of South Africa. All sectors of government shall be involved in the fights against AIDS, and HIV/AIDS education, prevention and care will be viewed in a broad social context. It is also pointing out that a holistic approach to education and care shall be developed.

The Department of Health, HIV/AIDS & STD Strategic Plan for South Africa 2000-2005⁵⁰ mentions as an objective to broaden responsibility for the prevention of HIV to all sectors of government and civil society Selected Strategies. This means i.e. to develop sector-specific policies and plans for the prevention of HIV/AIDS & STDs, focusing specially on sectors including education. The same Plan states that education, counselling and health care shall be sensitive to the culture, language and social circumstances of all people at all times.

The Department of Education's Implementation Plan for Tirisano covers the period from January 2000 to December 2004, and consists of 5 programmes. One of these programmes is called "HIV/AIDS"⁵¹ and is lead by a prioritising that "We must deal urgently and purposefully with the HIV/AIDS emergency in and through the education and training system". Three projects are specified with their relative objectives, outcomes and performance indicators as exemplified by the following:

Project 1: Awareness, information and advocacy

Strategic Objectives:

- To raise awareness and the level of knowledge of HIV/AIDS among educators, learners and students at all levels and institutions within the education and training system, including departmental employees.
- To promote values, which inculcate respect for girls and women and recognise the right of girls and women to free choice in sexual relations.

Outcomes:

- Increased awareness, understanding, knowledge and sensitivity of the causes of HIV/AIDS, its consequences and impact on individuals, communities and society in general.
- Eradication of non-discriminatory practices against individuals affected by HIV/AIDS.
- Development of HIV/AIDS policy for the education and training system.
- Change of attitude and behaviour towards sexuality including an increased respect for girls and women.

Performance Indicators:

- Myths about HIV/AIDS are eradicated.
- Increased acceptance of the need to practise safe sex.
- Establishment of non-discriminatory practices in all education and training institutions, including departments of education.
- Finalisation of the HIV/AIDS policy.
- Popular material on HIV/AIDS is readily available.
- Visible change of attitude towards girls and women.

Project 2: HIV/AIDS within the curriculum

Strategic Objective:

- To ensure that life skills and HIV/AIDS education are integrated into the curriculum at all levels of the education and training system.

Outcomes:

- Every learner understands the causes and consequences of HIV/AIDS.
- All learners lead healthy lifestyles and take responsible decisions regarding their sexual behaviour.

Performance Indicators:

- Life skills and HIV/AIDS education is integrated across the curriculum.
- Increase in knowledge of, and changed attitudes towards, sexuality and HIV/AIDS among learners.

⁵⁰ Department of Health, Ministry of Health, Pretoria 2000

⁵¹ http://education.pwv.gov.za/HIVAIDS_Folder/ImplementationPlan.htm

- Reduction in incidence of HIV/AIDS among learners.

Project 3: HIV/AIDS and the education system

Strategic Objective:

- To develop planning models for analysing and understanding the impact of HIV/AIDS on the education and training system.

Outcomes:

- Plans and strategies to respond to the impact of HIV/AIDS on the sustainability of the education and training system and the human resource needs of the education and training system in particular, and of the country more generally.
- Establishment of care and support systems for learners and educators affected by HIV/AIDS.

Performance Indicators:

- Improved data and planning models are available.
- Impact studies on all aspects related to the education and training system have been initiated and/or completed.
- Responsiveness of national and provincial education plans and strategies to the impact of HIV/AIDS.

In concretisation of Tirisano for 2001-2002 the Programme 1 on HIV/AIDS has been split into 8 projects, and details are provided for “Strategic Objectives”, “Activities”, “Outputs” and “Time Frame”. The projects with strategic objectives, as they are presented by the Department of Education,⁵² are as follows:

Project	Strategic Objectives
1: A THREAT TO THE EDUCATION SYSTEM	<p>Develop tools and planning models to facilitate analysis and understanding of the impact of HIV/AIDS on the education system</p> <p>Improve monitoring and evaluation of programmes to guide continued response to HIV/AIDS and its impact</p> <p>Update all education policies and legislation to take the projected impact of HIV/AIDS into consideration</p>
2: HIV/AIDS IN THE CURRICULUM	<p>Ensure that Life Skills and HIV/AIDS education is integrated across the curriculum at all levels and educators are appropriately trained and resourced</p>
3: HIV/AIDS & LEARNERS WITH SPECIAL EDUCATION NEEDS (LSEN)	<p>Ensure that Life Skills and HIV/AIDS education is integrated in the curriculum at all levels for learners in special needs programmes and educators are appropriately skilled</p> <p>Establish a system to identify orphans/children in distress, and co-ordinate support and care programmes for these learners</p>
4: HIV/AIDS IN THE WORKPLACE	<p>Promote the creation of an open, supportive environment to living with HIV/AIDS</p> <p>Develop an HIV/AIDS in the workplace programme for all employees at national and provincial including educators</p> <p>Make HIV/AIDS prevention and precaution tools available and accessible</p>
5: HIV/AIDS AWARENESS, INFORMATION AND ADVOCACY	<p>Raise awareness of HIV/AIDS among educators, learners and students at all levels</p> <p>Communicate DOE's HIV/AIDS programme to staff and other stakeholders</p>
6: HIV/AIDS: EARLY CHILDHOOD DEVELOPMENT	<p>Raise awareness among learners, educators and public at this level</p> <p>Ensure that Life Skills and HIV/AIDS education are integrated into the</p>

⁵² http://education.pwv.gov.za/HIVAIDS_Folder/ImplementationPlan.htm

	curriculum
7: HIV/AIDS: HIGHER EDUCATION	Advocacy for HE institutions to develop HIV/AIDS programmes that are congruent with the National Strategic Plan
8: IMPLEMENTATION OF THE STRATEGIC PLAN AND REFINEMENT OF STRATEGY	<p>Development of necessary structures, capacity and resources to drive development, implementation and refinement of policy and strategy</p> <p>Mainstreaming of HIV/AIDS into all education components and programmes to ensure efficient use of resources and action in all relevant areas</p> <p>Development of processes to ensure effective implementation at all levels of the education system</p> <p>Strengthening partnerships and co-ordination between stakeholders to enhance efficiency and effectiveness of the response</p> <p>Integrate relevant HIV/AIDS objectives into performance criteria for senior managers including principals</p>

For each of the Strategic Objectives, Activities, Outputs and Time Frames are presented.

The South African Department of Education Implementation Plan for Tirisano 2001-2002 is most likely the most comprehensive, detailed and specific education HIV plan found among the SSA countries. The only aspect missing from the available information on the Internet site, has to do with actors: who are responsible for the implementation of the numerous activities listed?

Swaziland

In Swaziland there is no education sector policy or education sector strategic plan in place. The Swaziland National Strategic Plan for HIV/AIDS⁵³ from 2000 states as one objective to reduce the impact of HIV/AIDS on the education sector, and as strategies:

- Support peer education in schools and at tertiary levels.
- Expand the provision of reproductive and family life education in pre schools, schools and tertiary education.
- Advocate, engage and provide appropriate information to parents on reproductive, family life education, HIV/AIDS life skills.
- Develop policies and guidelines on HIV/AIDS in education sector. - Expand counselling services in schools.
- Find solution to teachers housing problems and encourage families to live together.
- Increase intake into the Teacher Training Institutions in order to address the teacher pupil ratio.
- Integrate HIV/AIDS into the curricula all levels including pre schools.
- Mainstream gender issues in all subjects at all levels in schools
- Advocate for Government to waive school fees for orphans and other disadvantaged children.

Tanzania

Tanzania National Policy on HIV/AIDS/STD from 1995⁵⁴ pronounce that all persons have a right to information, education and counselling on matters relating to HIV/AIDS/STDs.

⁵³ HIV/AIDS Crisis Management & Technical Committee, 2000

⁵⁴ National AIDS Control Programme. (Version 1.0) 1995

Schools and Training Institutions should provide appropriate education on reproductive health matters related to HIV/AIDS/STDs. This will be integrated into school and training institutions curricula.

As regards schools, education on condoms and their use shall be provided. This underscores the risk to which pupils/students are exposed and the fact that they are future adults. However, condoms shall not be distributed to schools, for the reason that such decision connotes encouragement of sexual practices in schools.

The 1998-2002 National AIDS Control Programme Strategy for Mainland Tanzania under MTPIII,⁵⁵ states that cultural norms, values, and practices play an integral role in all education, prevention and care programs. A strategy is announced to incorporate life skills education in school curricula with emphasis on cultural norms and values to reduce HIV/AIDS. Girls' enrollment in secondary and higher education facilities shall be expanded and economic assistance for secondary and higher education to girls in need be provided. Also it is stated as a strategy to strengthen HIV/AIDS and STD peer education for out-of-school youth at existing youth meeting points.

According to the same strategy HIV/AIDS education for in-school youth at primary, secondary, and post-secondary levels will be provided and HIV/AIDS/STD education will be incorporated into school curricula. Parents are to be involved in HIV/AIDS/STD prevention efforts in schools and promotion of HIV/AIDS/STD education in school extracurricular activities to take place. It is also a strategy to provide and promote the use of HIV/AIDS/STD information in school libraries. Promotion of behaviour change at the post-secondary school level through peer education is also proposed.

Education will equip girls with the necessary tools to negotiate for safe sex and will delay early sex, which puts many young girls at risk of HIV/AIDS. Girls fail to continue with higher Education due to many factors. Some of these factors contribute to their particular vulnerability to HIV infection due to low socio-economic status of their parents.

However, the Tanzania Basic Education Master Plan (BEMP) Strategic Programme Framework 1997-2002, does not mention HIV/AIDS at all⁵⁶, and specific Ministry of Education plans and strategies for HIV have not been identified.

Uganda

The Uganda AIDS Commission (UAC) was established in 1992 with a multisectoral mandate, acknowledging that AIDS affects all sectors of society (including education).⁵⁷ A national operational plan followed up describing priority intervention areas, target groups and areas for resource allocation. The multisectoral approach applied in Uganda (at a relatively early stage) underlined the importance of strengthening the human and institutional capacity, including management of all aspects of the epidemic. AIDS control programs were then created in 17 line ministries, including education and sports.

National AIDS Control Policy Proposals (Revision 3)⁵⁸ states that risky sexual behaviour should be minimized through education and by formulation and enforcement of relevant

⁵⁵ National AIDS Control Programme Secretariat, 1998

⁵⁶ Helland 1998

⁵⁷ Ministry of Education and Sports, "HIV/AIDS Strategic Plan", Kampala 2001 (?), page 1

⁵⁸ Uganda AIDS Commission, 1996

legislation. However, “education” in this context is very general and seems not related to the school system as such. On the other hand appropriate AIDS control programmes for out-of-school youths shall, according to the same proposal, be developed and actively implemented, with the justification that the majority of national youths are outside the formal education system and consequently outside the reach of AIDS control programmes developed for school youths.

The National Strategic Framework for HIV/AIDS Activities in Uganda: 2000/1-2005/6⁵⁹ is promoting AIDS education and counselling to students in schools, colleges and institutions of higher learning. But the education sector has not been a major player in diffusion of information. MoES officials state that school and teacher oriented HIV/AIDS programs have not been particularly strong. The ministry is looking at the possibility of the sector to play a more active role in addressing information about the epidemic.⁶⁰ The National HIV/AIDS Plan for the same period required that all stakeholders designed new work-plans to ensure equitable allocation of resources and a well-coordinated response. To this end the Uganda Ministry of Education and Sports issued a “HIV/AIDS Strategic Plan”. This is a comprehensive document of 42 pages and covers the period 2000/1 to 2005/6. UNAIDS have provided funding and the Uganda AIDS Commission has assisted with technical support.

One of the strengths of this Strategic Plan is that it reviews some earlier experiences as initiatives to institutionalise preventive education in the sector, and also that it indicates weaknesses with existing policies. One of the factors mentioned is related to lack of incorporation of HIV/AIDS issues in the curriculum and syllabus for all educational levels.

When it comes to the question of making the necessary changes in school curricula, a study finance by the Rockefeller Foundation assessed the new primary education curriculum (introduced in 2000). The consultants concluded for the main theme of the subject of Integrated Science that the coverage of HIV/AIDS was surprisingly sparse. It was first mentioned in books for the second term of P7 – just before the students leaves primary school. In addition it was concluded that there were a number of missed opportunities (of taking up HIV/AIDS), for instance when discussing hygiene in the context of caring for the sick and elderly, breast-feeding and nutrition.

The new syllabuses for the Uganda Certificate of Education that guide instruction at the secondary level contain no references to HIV/AIDS in biology, health science, Christian or Islamic Religious Education.

The MOES HIV/AIDS Strategic Plan, based on previous gaps and weaknesses, gives recommendations in nine areas. All areas have formulated objectives, outcomes and strategies. As there is considerable interest connected to how such main areas are selected, they are reflected in the following:

Policy

- Develop/formulate a clear and binding policy and guidelines that promote prevention and mitigation of the epidemic (including co-curricular and curricular activities)
- Develop and distribute guidelines and standards for protection of school children against all forms of abuse;
- Enforce the existing supportive policies and regulations regarding early marriages and child abuse;
- Legislate policy on Reproductive Health education at all levels; and
- Formulate and popularise policy on pregnancies among school-going children.

⁵⁹ Uganda AIDS Commission, 2000

⁶⁰ World Bank Sept. 2000 p. 58

Advocacy and mobilization

- Advocate for establishment of child friendly information and services, including institution based VCT, care, child rights clubs and other forms of support in education and sport institutions;
- Advocate for in educational institutions including referral systems; and
- Advocacy and awareness on reproductive health, including family planning, drug and substance abuse.

Curriculum

- Review the curriculum at various levels (primary, secondary, tertiary, university) to include HIV/AIDS;
- Incorporate child rights and responsibilities issues into the curriculum at all education levels including primary; and
- Guide and supervise curriculum reform at higher education level.

AIDS education, counselling and care

- Initiate and intensify HIV/AIDS Education, counselling and other support services;
- Promote IEC on life skills, children's rights and responsibilities and peer education to ensure informed decision making
- Establish referral points to tackle psychological and physical problems associated with the epidemic; and
- Sensitise foundation bodies, head of education institutions, parents and teachers associations and other groups/associations that are in or dealing with education and sports institutions.

Skills-based training

- Promote skills-based tutor/lecturer/teachers training, which emphasizes counselling, communication and life skills; and
- Intensify training and re-training to fill the gap created by death of skilled human resources due to HIV/AIDS.

Staff and orphan welfare

- Establish a system for early identification, tracking and follow-up of weak staff and students due to AIDS-related sickness;
- Initiate welfare scheme for staff and students living with HIV/AIDS, which includes palliative care and funeral/burial support;
- Establish AIDS orphan scheme, which includes education bursaries/scholarship and material support, and
- Help and train school children, particularly AIDS orphans to initiate income generating activities such as poultry, horticulture, arts and crafts, etc.

Partnership and networking

- Build partnerships and networking with government departments and NGOs/CBOs including private groups such as mothers and fathers unions in provision of AIDS education, counselling and care in various education institutions.

Information Documentation and Research

- Carry out comprehensive survey/research on all aspects relevant to the HIV/AIDS including number of AIDS orphans, and staff and students infected and dead at all levels; and
- Establish an information and documentation system relevant to HIV/AIDS including coping mechanisms and examples of best practices in education and sports institutions.

Planning, monitoring and evaluation

- Strengthen institutional and human capacity of the sector to plan, implement, monitor and evaluate HIV/AIDS activities;
- Intensify inspection and monitoring utilization of resources earmarked for HIV/AIDS activities; and
- Incorporate HIV/AIDS activities in plans and budgets for education and sports institutions/organisations and clubs.

The Strategic Plan also includes aspects as implementation arrangements, collaboration linkages, and proposals for monitoring and evaluation. It can only be concluded that the Uganda MOES has prepared an impressive plan, and it will be very interesting to follow up, and assess implementation rate and success. As no financial plans have been available to the present reports, we are unable to comment on this.

Zambia

The institutions and instruments to fight the HIV epidemic in this country, as in most other countries, were during the first phases mostly related to the Ministry of Health. In 1987 a First Medium Term Plan was developed. The Zambia National AIDS Prevention and Control Programme assumed responsibility for the implementation of this plan. District/provincial

AIDS coordinators were appointed and eight different units were created to address HIV/AIDS prevention and control. In 1992 the “National AIDS/STD/TB and Leprosy programme” (NASTLP) was established. This programme issued a second Medium Term Plan in 1993, which had a broader scope in that it was designed to extend efforts beyond the Ministry of Health; the intention was to open for participation from all ministries, NGOs, religious groups as well as the private sector.

According to the Strategic Plan 1994-1998: “A Time to Act, A Time to Care”⁶¹ AIDS will continue to have impact on the various sectors. And therefore development of policy guidelines is critical to the actual prevention and coping with AIDS. It was intended to evolve policies for the prevention and control of AIDS/STD for the youth in school and out of school and a health education policy was to be developed in Zambia.

In 1997, the development of a multi-sector strategic plan for 1999-2000 began. A working group consulted widely with other groups and individuals to ensure broad participation in the development of the plan. The working groups consisted of members from ministries, PLWHAs, UNAIDS, UNICEF, researchers, NGOs and others.

The National HIV/AIDS/STD/TB Strategic Framework for the years 2000-2002⁶² explains that one major weakness of the previous Medium Term Plans is that activities were planned according to universal norms and applied to all beneficiaries, irrespective of their situation. A more realistic national response is introduced by the new Strategic Framework in that it defines key intermediate steps needed for future initiatives to be result-based. “The framework also takes into account several underlying country specific socio-cultural and biological determinants that shape the dynamics of the pandemic and how they affect different segments and demographic groups of the society over time.” The Strategic Framework indicates as a strategic goal (2.1) that by mid of 2001, national guidelines and respective policies should be developed for several areas, including:

- Out-of-school young people peer education with the respective gender issues
- Support for orphans and vulnerable children
- In-school formal education programmes
- Youth friendly health services for reproductive health/STD

The objective was described as to reduce HIV/STD transmission mainly focusing on children, youth, women and situations providing risk for HIV transmission. The Government through the Ministry of Education had adopted a number of HIV/AIDS/STD and reproductive health teaching materials in the mainstream school curriculum at national level. This is within the context of Life Skills education for boys and girls from primary school up to tertiary levels.

In the first phase of the planning of an Education Sector Programme in Zambia (then called ESIP) HIV/AIDS was relatively strongly emphasised. The MoE paper “Educating our future” from 1996, outlined, for instance, how HIV/AIDS prevention was to be integrated into school programmes.⁶³ And in the first draft of a sector programme, gender and HIV/AIDS were

61 Zambia National AIDS/STD/TB & Leprosy Programme., 1993

62 Zambia National HIV/AIDS/STD/TB Council, Draft as of November 1999

63 See Helland A.; “The impacts of HIV/AIDS on education, A background working paper” LINS, Oslo, April 2000. Helland is frequently referring to Goliber, T: “ Exploring the implications of the HIV/AIDS epidemic for educational planning in selected African countries: The demographic question”, World Bank, Washington, 1999.

specifically mentioned as crosscutting issues. The consultants representing Norway during the Identification Mission of ESIP reported to the Norwegian Embassy/NORAD how ruthlessly HIV/AIDS impacted on all actors in the Zambian school, pupils, teachers and leaders, and that this led to a feeling of defeatism and despair in the sector.⁶⁴

However, when ESIP was downscaled to BESSIP, according to Helland⁶⁵, HIV/AIDS was omitted in the basic education programme. In 1999, the *BESSIP statement on HIV/AIDS* was published, as a beginning to reintegration of HIV/AIDS into the work plans. Here incorporation of HIV/AIDS into all subject areas are called for and the importance of comprehensive training programmes for teachers and other education officers underlined.

Goliber concludes, however, that the MOE is not doing a very good job in incorporating HIV/AIDS into the actual planning processes. In the BESSIP project documents, projections for primary education enrolment fail to take HIV/AIDS into account.⁶⁶ In terms of earmarked funding, HIV/AIDS is not high on BESSIP's agenda either. In the annual work plan summary for 1999, HIV/AIDS is mentioned as an "area of priority for funding". The actual financial means earmarked are however limited: The concept of HIV/AIDS only appears under budget item 6, school health and nutrition, and is granted US\$65,000 out of an item total of **US\$291,000** under the same heading.⁶⁷ Helland underlines:

"There is a need for a real and well coordinated mainstreaming of these issues, based on careful planning and with clear goals"

Also the World Bank finds that BESSIP was slow in incorporating HIV/AIDS into its overall program.⁶⁸ That there is a marked change in the position of the World Bank is illustrated by the fact that when the Zambian MOE suggested at the end of 1998 that BESSIP should contain a much stronger and more comprehensive provision for AIDS in education, the World Bank's response was that the existing BESSIP document already made adequate reference to the problem and nothing further was needed. The World Bank made a complete reversal of its position in early 1999 when UNICEF stormily brought the Bank's attention to the contents of the BESSIP Statement on AIDS. Within a few months the World Bank worked on its own strategy paper which it launched in Lusaka in September 1999.

The situation in BESSIP has changed entirely and at the annual BESSIP review in 2000 it was agreed that HIV/AIDS should become an independent component of BESSIP, and that decision was implemented during 2001.

Ministry of Education has drafted a HIV/AIDS Strategic Plan.⁶⁹ Already the first sentence in "Vision Statement" underlines the need and willingness to collaborate with the wider society;

"We are planning for a Zambia where learners, families, educators, churches and non-governmental organizations collaborate to achieve a society free of AIDS and its

⁶⁴ Wirak, Anders & Hetland, Atle: "Zambia, Norsk bistand til grunnutdanning?" (p. 3) LINS, DECO, Oslo 13 September 1996.

⁶⁵ Op cit page 5

⁶⁶ Goliber op cit p 24, Helland op cit page 5

⁶⁷ Helland op cit page 5

⁶⁸ World Bank, op cit Sept. 2000 p. 26

⁶⁹ Third Draft of Vision, Goals, and Objectives, dated 28/3/2001

stigma where the rights and dignity of all – men, women, children, and those living with AIDS – are respected.”

Also the text following stresses the fact that the schools and the whole education system have to work closely with other stakeholders;

“As planners for the Education Sector, we are specifically committed to responses to AIDS that result in . . .

***Schools** that are safe, adequately resourced, and multi-purpose centers of hope, learning, and service in their communities.*

***Learners** who are given equal access to knowledge and skills, health care, and nutrition that sustain them in mind, body, and spirit; and who are aware of and committed to behaviours that protect them from infection.*

*A sufficient number of **Educators** who are equipped and supported to teach about HIV and AIDS and are role models for responsible behaviour to their students and communities.*

*A **Ministry of Education** that is a leader in a systemic government response to AIDS; fully able to provide policies, resources, and support for schools, learners, and all employees; has adequate and timely information to guide and monitor its responses to AIDS; and that participates fully in*

***Partnerships** with non-governmental and community-based organizations, other ministries, donors, communities, faith groups, and others that are based on mutual respect and shared commitment to the future of a healthy, well-educated nation that is free of AIDS.”*

In support of the Vision Statement, goals are presented for the above issues, accompanied by objectives, initiators, implementers, collaborators, and in some cases also costs. This is an excellent piece of plan, which places the responsibility both among Zambian government as well as external partners, such as donors and UN organisations. The second step was to work on the operational plan which would give time frames, actors, and costs. This part of the work has not yet been satisfactorily completed (as of April 2002). MOE has also developed HIV Guidelines. In addition a comprehensive Strategic Plan for the education sector take some account of AIDS.

Zanzibar

The Ministry of Education, Culture and Sports in Zanzibar has no Educational Policy on HIV/AIDS and Sex education. After recognising the impact of HIV/AIDS problems on students and society at large the Ministry established 4 interventions to curb HIV/AIDS transmission. Establishment of Moral Ethics and Environmental studies project in schools and colleges as strategy of empowering the youth with information, knowledge and skills to influence changes in attitude behaviour and practices towards reproductive health issues. Curriculum reform was initiated with the aim of developing appropriate AIDS education message to the school youths. Through formal classroom teaching using integrated curriculum in science, social science, Islamic studies, geography, biology, civics.

Also school Health clubs was to be established.⁷⁰

Zimbabwe

National Policy on HIV/AIDS for the Republic of Zimbabwe 1999⁷¹ provides a number of Guiding Principles. Many of these principles contain educational activities, but in the general sense as “educating the public” or “educating special target groups”. Strategies for Guiding Principle 2 is an example: to implement education and information interventions aimed at changing the attitudes of the general public and specific target population groups in support of respect of human rights and avoidance of discrimination, or Guiding Principle 39: All persons have the absolute right to clear and accurate information, education and communication on HIV/AIDS/STIs.

Children and young people have the right to information and to advice on means to protect themselves from early sex, unwanted pregnancies and HIV/STI. Equal access to education, training and employment among girls and boys was underlined. Abstinence and the deferment of sexual debut should be a major component of reproductive health advice to the children and the youths. (Guiding Principle 27). Still, these are general formulations not mentioning the school system or the Ministry of Education.

Schools are, however, included in the strategies for Guiding Principle 40, where support organisations and institutions such as churches, schools and families are to adopt effective communication skills in order to enable people to discuss and understand HIV/AIDS/STI issues within the context of respect for family values, social development and sexuality. Life skills and HIV/AIDS issues are to be integrated into all educational and training curricula and appropriate guidelines are to be developed and applied on HIV/AIDS education. Further, strategies for Guiding Principle 40 are to:

- Encourage and support parents and extended family members to take an active role in educating their children about sexuality and HIV/AIDS/STI.
- Encourage parents and other adults to provide positive role models for the young people. There is need to develop programmes to strengthen parents' ability to communicate with their children about sexuality, HIV/AIDS and develop their life skills.
- Encourage and strengthen the role of the family as the basic building structure of society, and a protection against AIDS.

MoES&C, with support from UNICEF, Dutch aid and DFID, has created an HIV/AIDS Secretariat within the ministry, later re-named to the Life Skills secretariat. This unit is mandated to develop and implement programs within the ministry and schools that address HIV/AIDS.⁷² The government, with DFID financing, has organised a study on the impact of HIV/AIDS on education in the country. The study, presented in April 2002, underlined that nearly all aspects of the work of the ministry is affected by HIV/AIDS, and that much more emphasis on this would be needed from the ministry’s point of view.

4.3 Conclusions from the country review

⁷⁰ Information provided by Director of Planning and Finance, 2001.12.21

⁷¹ Zimbabwe National AIDS Coordination Programme., 1999

⁷² World Bank, op cit Sept. 2000

There are good reasons to believe that this report has not captured the whole story in all countries. For some countries information has not been identified at all, and the report might very well have overlooked existing and relevant documents. One can add that the focus for study is a continuously moving phenomenon, but it would be exaggerating to state that it is moving rapidly.

Still some preliminary observations can be made:

- The way national general policies refer to the role of education differs very much between the countries.
- There seems to be a tendency that the more recent national policies have more references to the education sector compared to the older ones and that the trend is towards increasing role of education in the fight against HIV.
- One interesting point, which needs further investigation, is the relationship between the ministries of health and education. The ministries of health were, typically, given the responsibility to coordinate HIV/AIDS actions during the first years as the medical aspects were considered most important. The Ministries of Health were often mandated to involve the other ministries, including the Ministry of Education. Therefore the work relationship between the ministries, the way they collaborate, and the political administrative tradition and status and prestige of the various sectors and ministries become important phenomena to explain if and to what extent the Ministries of Education were involved. Most likely, but this is a hypothesis, countries where HIV/AIDS coordinating bodies were established outside or above the ministerial levels will have developed a multifaceted approaches faster.
- As for March 2002 only four countries have been identified with HIV related education sector policies and strategies. These are Namibia, South Africa, Uganda and Zambia.
- Some countries are in the process and are expected to come up with strategies and policies/plans in the relatively near future, while other countries seem not to have specific plans in this direction.⁷³
- The emphasis of the education sector policies and strategies seem to be on the school level, typically covering aspects as how one can prevent spread of the virus in the school setting, how to protect the students and teachers, and so on, and less on how the education system can contribute at more general level.
- There are large variations as to how the policies refer to the relationship between the schools and the world outside the school compound. Perhaps keeping a low profile in this regard is the most realistic approach, considering the limited resources at the disposal of the school sector in most countries. However, if the

⁷³ This observation was confirmed at the ADEA Biennial Meeting in Arusha in 2001 where a summary of HIV/AIDS studies among 17 countries was presented. Only Ghana had taken up the matter of integrating HIV/AIDS into system management and survival, while countries in general tend to be more interested in integrating HIV/AIDS into school programs. (Ref: ADEA Newsletter, vol. 13, Number 4 for October-December 2001).

perspective is that the school sector has a potential and significant role to play in collaboration with institutions outside the school, the approach of the policies seems to be inadequate.

5. Education sector HIV/AIDS strategy: a check-list

As a result of the HIV/AIDS epidemic, the role of the school system in society is changing. This is a process taking place whether policies and strategies are formulated or not. The changes will challenge the foundation on which the schools are built, the role of the teachers, students, headmasters, and parents. Resources will have to be utilised differently and other parameters will have to change as well. Although negative impacts on the school system by HIV/AIDS have been increasingly described and analysed during the last years, it is difficult to foresee everything. But some elements can be planned for in advance. Relevant policies and strategies can function as tools to prepare the school system for the changes to take place.

In order for each and every individual school to develop and find their place in the new landscape, the education system must adapt an appropriate level of flexibility, starting from top and through all levels.

Michael J. Kelly proposes in his book “Planning for education in the context of HIV/AIDS” (IIEP Paris, 2000) that the Education Ministries formulate a strategic approach that will clearly express a number of issues, among them

- the Ministry’s policy on HIV/AIDS;
- the relationship of this policy to the wider national AIDS policy;
- the ministry’s commitment to well-coordinated multisectoral interventions and to work in close co-operation with communities, religions bodies and other organs of civil society;
- its commitment to the development of an information base to guide policy and planning and
- how it proposes to monitor the impacts of the disease in the sector and to measure the success of its intervention.

When Ministries of Education embark on the process of developing policies and strategies for HIV, their mandates will vary in accordance with the countries’ different situations, culture, and approaches, and in accordance with differences development of the epidemic. But there will be similarities and common interests as well.

The following table of topics and questions is meant as a sort of tool for developing and assessing education HIV strategies. Of course it cannot be used unconditionally as a “check-list” where all aspects are supposed to be identified in all environments. Still it has been found relevant and to a large extent reflecting main areas of concern today.⁷⁴

Item	Questions and comments
Objectives and targets	Are targets defined? Are they realistic? Can they be measured?

⁷⁴ SADC Human Resources Development Sector has produced a very helpful and informative paper: “SADC HIV/AIDS in Education Strategic Framework”. This constitutes a statement of selected priorities for regional action by ministries of education, education and training institutions, non-government and community organisations in the sector (p. 2). April 2001.

Obtaining high level support for the plans and strategies	Are the plan and strategy development processes taking into consideration the important need to obtain support from highest levels of the organisations/institutions? The roles and responsibilities of top-level leaders should be specifically spelled out.
Relationship to human rights and rights of the child	Is the policy or strategy based on international instruments related to human rights or the rights of the child? Are aspects as stigma and discrimination sufficiently covered?
Partnership and coordination, general	Are the plans and strategies made in close cooperation with other stakeholders? One example is partnership between government and teachers' trade unions. ⁷⁵
Partnership and coordination with other suppliers of educational services	What is the quality and content of agreements between ministries of education and other suppliers of educational services, such as NGOs and community schools? How are these partnerships concerned with HIV-related problems?
Managing strategies and plans at central levels	Is the maintenance and building up of a necessary management system in place in order to follow up of the strategies and plans made? Are staff appointed, are they given necessary authority, is there adequate logistic and financial support? ⁷⁶
Collection of information and analysis of trends and processes	Is the MOE obtaining the necessary information in order to know how HIV impacts on the various units and institutions of the sector? Is there a plan to collect and analyse data? Will data be collected on a continuous basis to enable monitoring over time? Is data collection coordinated with other governmental bodies/ministries? In addition to hard data, such as school attendance, information will be needed about aspects related to socio-economics and motivation among teachers, students and local communities as a whole.
Making the necessary changes in the school curricula	As one of the largest channels of information to the general public – to what degree has the authorities started to include HIV-related aspects in curriculum? Is it age appropriate? What will be the emphasis: specific HIV subjects or mainstreaming HIV/AIDS aspects in several subjects?
Greater flexibility in provision of knowledge and school organisation.	Is there need for greater flexibility related to educational provision, daily schedule, organisation, technology of presentation, cooperation with locality and other educational providers discussed?
Schools to involve, and be involved, in the community	How are the policies and strategies taking into account how the communities can be involved, or how the schools can be involved in community HIV activities?
The dual approach; prevention and reduce consequences	Is the policy and strategy taking into account both how the education sector can prevent further spread of HIV and how one can reduce the negative consequences of HIV the on education sector?
Safety in the school environment	Are safety issues for students and educators taken care of? Are there sufficient precautions to eliminate risk of infection at school?
Education for AIDS-affected children	Are the strategies and plans taking into account how the education system can reach children who are not coming to school, or otherwise affected. by HIV/AIDS? Orphans, child headed households, children infected by HIV? (Special efforts might be: fee reduction, scholarships and other support in particular to HIV-affected girls.)
Counselling and caring for education related personnel with HIV/AIDS and their dependants.	Are there strategies in place to sensitise teachers and other staff to undergo HIV tests, so that HIV infected persons can be assisted and medicated to live longer? Are HIV infected staff encouraged to continue work? What kind of security systems is in place to assist dependants of dead teachers?
Gender specific data collection and planning	Is the information gender sensitive? Is the statistic split for sexes? Are methods of data collection sensitive to the situation of girls and women?
Counselling programs	How are counselling considered and covered in the strategies and programs? Increased counselling is expensive, are there ways and means whereby more cost-efficient counselling can take place?

⁷⁵ Education International has found that as many as 84% of the trade unions participating in a survey consider themselves to receive little or no support from reinforcement policies focusing on the prevention of HIV/AIDS and related discrimination. EI, Op. cit. p 7. <http://www.ei-ie.org/educ/aids/eeintro.htm>

⁷⁶ Already at UNESCO Regional Seminar on HIV/AIDS and Education, 20-24 February 1995 in Harare high level MOE officials from 28 participating English-speaking countries in Africa recommended that there should be specific units with HIV/AIDS education in the school system within the Ministries of Education. www.unesco.org/education/educprog/pead/GB/activi/Mobiliz/Harare.html

Teachers' training	What steps will be taken to prepare teachers for their new responsibilities? Are there plans for pre-service and in-service training of teachers to enable them to teach HIV/AIDS, reproductive health and psychosocial life-skills? Are there plans for developing the needed manuals and material for the above training? Is it considered whether it is possible to locate training programmes, both in-service and pre-service close to the teachers' place of residence?
Teachers' practise	How will the education system respond to the new roles of teachers? What strategies are developed in order to prevent that the new teacher roles are coming as an additional burden to already overworked teachers? Will peer education be included in teachers training? Are there strict and enforced prohibitions regarding the sexual exploitation of students by teachers? Is there planning for teachers' illness?
Education sector administrative staff	Is the education system planning for staff illness and increased death rates?