



**THE EDUCATION SECTOR POLICY AND
STRATEGY ON HIV & AIDS**



**Responding to the Challenges of
HIV&AIDS in Ethiopia**



**The Federal Ministry
of Education,**

Addis Ababa, Ethiopia



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ACRONYMS

AIDS: Acquired Immune Deficiency Syndrome

ARV: Antiretroviral Therapy

BCC: Behavioral Change and Communication

CBOs: Community-Based Organizations

CRCs: Cluster Resource Centers

DEOs: District Education Offices

EMIS: Education Management Information System

FBOs: Faith-Based Organizations

FMoE: Federal Ministry of Education

HAPCO: HIV&AIDS Prevention and Control Office

HIV: Human Immunodeficiency Virus

IEC: Information, Education and Communication

IGAs: Inter-Governmental Agencies

KAP: Knowledge, Attitude and Practice

MoH: Ministry of Health

NGOs: Non-Governmental Organizations

OVC: Orphan and Vulnerable Children

PLWHA: People Living with HIV&AIDS

PTAs: Parent Teacher Associations

REBs: Regional Education Bureaus

TIEs: Teachers Education Institutions

TORs: Terms of References

TTCs: Teachers Training Colleges

VCT: Voluntary Counselling and Testing

WBs: Woreda Education Bureaus

ZEOs: Zonal Education Offices



Table of Contents

No.	Description	page
1	Introduction	2
2	Policy Rationale	3
3	Goal	4
4	Objectives	4
5	Scope and Application	5
6	Guiding Principles	7
7	Policy Implementation and Coordination	8
8	Monitoring and Evaluation	8
9	The Major Components of Education Sector Strategy	8
10	Strategy Framework	17

1. INTRODUCTION

Human Immunodeficiency Virus (HIV) was detected in Ethiopia in 1984. Two years later the first case of Acquired Immune Deficiency Syndrome (AIDS) was reported. Since then the disease has spread at an alarming rate.

The estimated prevalence of HIV infection in the adult population (aged 15 to 49 years) in Ethiopia was 2.1% for 2007. According to the estimate on the same population, at the end of 2007 there were 977,394 people living with the HIV virus in Ethiopia, out of which 64,813 were children (aged 0 to 14 years), on a population of around 77.2 million. During that year, there were 125,528 new infections, out of which 71,902 died of AIDS. The 2.1% prevalence categorizes Ethiopia as a country with a "generalized epidemic"; however, recent studies show that this definition is not complete, because it does not describe the particular regions, riskgroups or behavior patterns that are driving continued transmission and new case acquisition. Students, youth and mobile workers (often including teachers) may be among the most vulnerable groups in the country; although there is insufficient data to accurately measure the recent spread of HIV in these groups and their possible role in the further spread of HIV to the general population. However, these findings have policy implications for the education sector; which need particular attention and further research.

HIV&AIDS continue to have devastating impacts on the quality of life of people; its impact being particularly severe on schools and the education sector in general. It was estimated that in 2007 there was a total of 5,441,556 orphans aged between 0 to 17 years of age, out of which 898,350 were AIDS orphans. These orphans are likely to face serious difficulties in completing their education. Many of them may be withdrawn from schools and colleges, in response to rising household expenditure, and in providing care to household members. This may affect children's access to education. By the same token, HIV&AIDS also reduce the number of teachers and other staff in the sector. Due to illness and death, there are an increasing number of teachers and other staff in the sector who are unable to carry out their work effectively in schools, thereby reducing the number of qualified professionals in the education system.

It also affects the quality of education because of the strain on material and human resources in the education system as well as on the health and attendance of learners.

Education, as a very important factor to human development, is of a high priority in the overall development endeavor of the country. The resources developed in the sector are believed to have a vital importance to accelerate and enhance the pace of the social and economic activities at all levels.

Though the sector has such a vital role, today, HIV&AIDS is affecting it seriously. The education sector comprises a large number of academic and non academic staff and the young population, which means it is one of the most affected sectors by HIV&AIDS. Thus, the sector has developed a new education policy and strategy on HIV&AIDS that aims at facilitating and ensuring the prevention, care, support, and treatment services for the individuals and community of the sector at large.

2. POLICY RATIONALE

The devastating impact of HIV&AIDS on the quality of life of the people still continues, with particular severity in the education sector.

In its current position, education remains the most human intensive public sector in Ethiopia. Cumulatively the sector has a total of 17,413,176 students, 314,524 teachers and more than 80,000 non-teaching staff, (Education Sector Annual Abstract, 2008) constituting more than 24% of the country's population. This large number of sectoral community represents a strategic avenue to the national response to HIV prevention, treatment, care and support as well as reduction of stigma and discrimination.

Teachers are key partners for delivering HIV&AIDS prevention education as well as facilitating mitigation services to the learners. Moreover, the plan that the ministry has to expand and strengthen adult education in the country is believed to be a good opportunity to intensify the fight against the epidemic in the sector.

HIV&AIDS affect teachers, non-teaching staff as well as learners. Teachers who are affected by HIV&AIDS are likely to take repeatedly much time off work. Those with sick families may also take time off to attend funerals or care for sick or dying relatives, and further absenteeism may result from the psychological effects of the epidemic. When a teacher falls ill, the class is either be taken over by another teacher or left uncovered. Even if there is adequate supply of teachers to replace the losses, it might have a significant negative impact on the students' academic performances.

The findings of the study on the impact of HIV&AIDS on the Education Sector in Ethiopia, (The FMOE, July 2003, AA, Ethiopia), indicated that between the years 1998 – 2002, the general picture of the prevalence of death among teachers in Ethiopian schools increased significantly. A decline in school enrolment is one of the most visible effects of the epidemic. Children may be withdrawn from schools to care for their parents or other family members, or be the victim of the HIV virus themselves.

Many are unable to afford school fees and other expenses. This is a common problem especially among children who have lost their parents due to AIDS.

The Federal Ministry of Education strongly believes that the implementation of both internal and external HIV mainstreaming could bring significant results in the reduction of the spread of HIV&AIDS and mitigate its impact in the sector.

It is also believed that as an effect of a strong commitment for mainstreaming HIV&AIDS issues and its effective implementation in education sector a favorable environment for teachers, other staff members and students shall be created to prevent themselves and their family from the danger of HIV&AIDS and the community at large.

This policy therefore, has been developed in recognition of the devastating impact of HIV&AIDS on the education sector and the comparative advantage that the sector has in combating the epidemic through teachers, students and their families. It also reflects the government's commitment and call for action at all levels of the education sector.

As a framework and guide, this policy is the formalization of not only the rights, but also the roles and responsibilities of every person, institution and organization directly or indirectly involved in the education sector, to respond to the impact of the epidemic.

3. Goal

The overall goal of the education sector policy on HIV&AIDS is to create HIV free environment in the education sector in Ethiopia.

4. Objectives

1. To prevent the spread of HIV in Public/Private and Formal/Informal education sectors by targeting learners/trainees, teachers, facilitators, families, children, and other education sector staff in the country.
2. To mitigate the impact of HIV&AIDS on the sector by creating a supportive learning and teaching environment that is free from stigma and discrimination.
3. To mainstream HIV&AIDS interventions into the education sector's structures and processes.
4. To integrate HIV&AIDS issues as pertinent research topics of the tertiary level institutions.

5. Scope and Application

The education sector policy on HIV&AIDS will be applied to all learners/students, teachers, trainers, lecturers, and other staff in the public, private, autonomous, semi-autonomous, formal, non-formal education and training institutions, including personnel operating at all levels of the system and in all subsectors of the education in Ethiopia.

This policy comprises six strategic themes:

1. Prevention
2. Mitigation
3. Care and Support
4. Tertiary Education
5. Mainstreaming the Sector's Response
6. Research

6. Guiding Principles

The guiding principles of this policy are in accordance with the existing international conventions, national laws, policies, guidelines and regulations. They take into consideration particular issues: such as a shared sense of urgency; decentralization and adaptability to local situations; inclusiveness, participation and the human rights of People Living with HIV&AIDS; special roles of learners and teachers, in particular with special needs; mainstreaming services in all government sectors; results-oriented strategies; human rights-based, sector-wide and multi-sectoral approaches; and sensitivity to gender-based vulnerabilities.

6.1. Shared Sense of Urgency

Appropriate information is the key to preventing HIV infections amongst learners and educators. Education is defined as a social vaccine against HIV infections thus providing a 'window of hope' for children in schools. This is because reduced vulnerability has been observed in people with secondary or higher education. It is imperative that children are protected from getting HIV infections. The entire education sector must therefore act immediately, conceptualizing, planning and implementing responses to the challenges to HIV&AIDS as a matter of urgency.

6.2. Decentralization and Adaptability

This national sector policy takes into account the demands of diversity, the wide variety of circumstances facing the education sector in Ethiopia, and the autonomy of the regional states, their governing bodies, councils' steering committees and populations.

It is adaptable and can be applied to regional contexts. The REBs, regional steering committees, Woreda Education Bureaus (WEBs), governing bodies and school management as well as Parent Teacher Associations (PTAs) and other relevant bodies acting within their functions as stipulated in the laws of the country, will play a significant role in the effectiveness of the national education and training policy by developing and implementing regional HIV&AIDS action plans. They can respond to the challenges of HIV&AIDS within the region, while keeping within the framework of the national policy.

6.3.1. Inclusiveness, Participation and Human Rights of People Living With HIV&AIDS

All persons in the education system, living with HIV&AIDS, should lead as full a life as possible. Learners should not be denied the opportunity to receive education to the maximum of their ability. Likewise, all teachers and other education sector employees living with HIV&AIDS should lead as full a professional life as possible. They should not be denied a chance to contribute to, and/or benefit from, education service provisions. They should therefore, have the same rights and opportunities as employees in any other sector, without discrimination because of their HIV status.

6.4. Special Roles of Learners and Teachers

This policy takes into consideration the fact that both learners and teachers have roles and responsibilities that differ from those of other workers in the education sector. Furthermore, it also takes into account that there are also learners and teachers, who because of their physical and health conditions, are more vulnerable to HIV infections than others. This policy creates a provision for their protection.

6.5. Mainstreaming Services

Considering the impact of the HIV&AIDS epidemic, the cross-cutting nature of the related issues and the need to scale up and expand the response to the challenges of the epidemic in Ethiopia, this policy fosters integration of HIV&AIDS Prevention, Mitigation, Care and Support into the everyday activities of the education sector. The policy emphasizes the importance of HIV&AIDS issues into all aspects of work, planning, budgeting, implementation, management, and monitoring and evaluation of the education sector's development program performance in particular and of the government in general.

6.6. Results-Oriented Strategies

There is an increasing realization that there are several possible interventions that can be pursued in reducing the impact of HIV&AIDS on the education sector. The application of this policy will focus on the efforts and resources of the sector on those interventions that are feasible and effective. The focus on feasibility and effectiveness will guide the planning and implementation of activities at all levels of the education sector.

6.7. Human Rights-Based Approach

The constitutional rights of all learners and educators must be protected. If a suitably qualified person ascertains that a learner, teacher or other education sector staff member poses a medically recognized significant health risk to others, appropriate measures that mitigate such risks should be taken. This policy constitutes a framework for such measures, but confidentiality and respect for the individual should be observed. The policy also makes provisions for the protection of those infected and affected by the HIV virus, such as stigma and discrimination while at the workplace.

6.8. Sector-Wide and Multi-Sectoral Approaches

Given the multi-dimensional impact of HIV&AIDS on the education sector constituencies, the sector will work with core Ministries, including Health, Labour and Social Affairs, Women Affairs, Youth and Sports, Culture and HAPCO to ensure greater social mobilization, and to encourage success while remaining responsible and accountable for the implementation of this policy. Furthermore, given that at least 75% of learners, students and education sector employees are within the reproductive age group, and thus at risk of HIV infection. By using this policy framework, the sector will be able to respond to the treatments of the epidemic in a holistic manner, encompassing its structures, subsectors and systems: pre-school, primary, secondary and tertiary education.

6.9. Gender Sensitivity

As HIV&AIDS impacts differently on men and women due to the biological, economic and socio-cultural factors, all aspects of this policy will be applied in a way that is responsive to the different vulnerabilities and susceptibilities of men, women, boys and girls.

7. Policy Implementation and Co-ordination

In line with the National HIV&AIDS policy and multi-sectoral response, the Ministry of Education will ensure functional policy implementation and coordination of stakeholders, in the prevention of HIV&AIDS and mitigation of its impact at all levels of the sector.

Moreover, a strategic plan derived from this policy will provide improved mechanisms for implementation, resource mobilization and allocation, coordination, monitoring and evaluation of HIV&AIDS activities within the education sector.

The Ministry, in collaboration with other stakeholders within and outside the sector, will also consolidate the efforts to strengthen, manage, and support the fight against the HIV&AIDS epidemic for the benefit of the sector and the country at large. Appropriate policy implementation guidelines and manuals will be developed.

8. Monitoring & Evaluation

The existing Education Management Information System (EMIS) will incorporate data collection and summarizing tools for HIV&AIDS and include HIV&AIDS indicators. This will capture quantitative information on the status of the implementation of the sector policy on HIV&AIDS and its impact on the sector. All the sectoral routine reports and joint reviews will incorporate efforts made on the HIV&AIDS response and the stakeholders' involvement in monitoring and evaluation activities.

9. The Major Components of Education Sector HIV&AIDS Strategy

9.1. Prevention

9.1.1. The Federal Ministry of Education in collaboration with the Ministry of Health and other stakeholders will develop specific guidelines on HIV&AIDS prevention and sex education, particularly promoting options that are available to our youth that are culturally acceptable, for protecting themselves and others from HIV infection.

9.1.2. All learning institutions have the responsibility to put in place mainstreaming and cocurricular activities. These should include age-appropriate HIV&AIDS information, and knowledge and skills, thereby changing attitudes and strengthening responsible behavior of school communities, especially the youth, in avoiding risks of HIV infection. Utilizing active learning and participatory approaches that involve children and youth will achieve this.

- 9.1.3. All learning institutions will ensure that in mainstreaming HIV&AIDS prevention education, they will become sensitive to socio-cultural contexts and any other special needs that may be pertinent to HIV&AIDS prevention.
- 9.1.4 All learning institutions will ensure that age appropriate HIV&AIDS educational materials such as Information, Education and Communication (IEC) or Behavior Change Communication (BCC) are available and accessible to all members of the education system throughout the country.
- 9.1.5. Learning institutions will advocate and sensitize girls, boys, men and women on the prevention of HIV and on the risks arising from it through IEC or BCC activities.
- 9.1.6. All learning institutions will design and implement creative extracurricular activities, to provide prevention education and thereby mitigate the impact of HIV&AIDS on people within the education sector.
- 9.1.7. All learning institutions and workplaces in the education sector will take precautionary measures to reduce exposure to HIV, by creating a conducive environment, that is safe and hygienic for handling all forms of injuries in line with universal precautions.
- 9.1.8 Different stakeholders outside the education sector may coordinate extracurricular HIV&AIDS response activities, within education institutions, in collaboration with the education authorities in place.
- 9.1.9. Local communities, religious groups and leaders, parents, caregivers, guardians and other stakeholders need to mobilize support through financial, human, and material resources. This will contribute to the successful implementation of HIV&AIDS prevention education and mitigation measures within education institutions.

9.2. Care and Support

9.2.1. Care and Support of Learners in General

- 9.2.1.1.** All education and training institutions and organizations will put in place precautions that protect learners from HIV infection by addressing the health, nutrition, water and sanitation concerns that exacerbate the susceptibility and vulnerability of learners to HIV&AIDS.

- 9.2.1.2. No form of sexual abuse or harassment will be tolerated in any institution or organization within the education sector.
- 9.2.1.3. No learner or student may be denied admission to, or continued attendance in a school or any education institution on account of his or her known or perceived HIV status.
- 9.2.1.4. No learner or student (or parent on behalf of a learner or student), is compelled to disclose his or her HIV status to the school or education institution.
- 9.2.1.5. In the event of voluntary disclosure, it may be in the best interests of a learner or student with HIV&AIDS if a member of the staff of the school or institution directly involved with the care of the learner or student, is informed of his or her HIV status. Such disclosure should only be to improve the quality of care and support provided to such a student.
- 9.2.1.6. Local communities, religious groups and leaders, parents, caregivers, guardians and other stakeholders need to mobilize support, through financial, human, and material resources to ensure the successful implementation of the care and support measures within education institutions.

9.2.2. Orphans and Vulnerable Children

- 9.2.2.1. All persons, authorities, and associations involved in the education sector in one way or other, are duty bound to ensure that the rights and the dignity of OVC who are infected with and affected by HIV&AIDS are respected.
- 9.2.2.2. All heads of government education institutions, parents and caregivers will be provided with information for addressing the education-related costs for OVC of compulsory school-going age. This will provide information on allowed exemptions for those who are unable to meet such costs.
- 9.2.2.3. Various institutions and organizations in the sector such as the Teacher Associations (TAs), PTAs management structures like Zonal Education Office (ZEOs), and District Education Office (DEOs) will liaise with relevant Ministries (i.e. Health, Labour and Social Affairs, Justice, and Women's Affairs) communities and other stakeholders, to enable OVC to access and complete schooling.

9.2.2.4. All public and private learning institutions have the responsibility to identify and record the existence of OVC and any other learners with special needs, identify resources and establish mechanisms to support their learning needs.

9.2.2.5. All public and private learning institutions within the sector are responsible for establishing effective professional counseling services for learners, teachers and other education staff, with the view to strengthening the psychosocial and physical wellbeing of OVC.

9.2.2.6. All education sector personnel need to be sensitized and given the skills to support learners orphaned or affected by HIV&AIDS.

9.2.3. Care and Support to Education Personnel

9.2.3.1. No teachers or non-teaching staff of the education sector will be tested for HIV, as a prerequisite for admission to, or continued attendance or employment at a school or an institution, or to determine the incidence of HIV&AIDS in education institutions.

9.2.3.2. No teacher or other education staff member is compelled to disclose his or her HIV status to the school, institution or employer.

9.2.3.3. Any person who has access to any information about the HIV status of a learner, educator, or any other staff member must keep this information confidential. Unauthorized disclosure of HIV&AIDS-related information will constitute legal liability.

9.2.3.4. No teacher or any other education staff member may be denied the right to employment, appointment to a post, to teach, or be promoted or be treated in any unfair or discriminatory manner on account of their actual or perceived HIV status.

9.2.3.5. In the event of voluntary disclosure, it may be in the best interests of a teacher or other education sector staff member with HIV&AIDS for the head of the school or institution to be informed of his or her HIV status. The head, once informed of their HIV status may only disclose this information to other institutions, if it is for the purpose of improving the quality of care and support provided to the individual who has made this disclosure.

9.2.4. Care and Support to People Living with HIV&AIDS in the Education Sector

- 9.2.4.1. No learner, teacher or other education sector staff member living with HIV&AIDS may be stigmatized or discriminated against directly or indirectly.
- 9.2.4.2. Learners, teachers and other education sector staff members living with HIV&AIDS should be treated in a just, humane and life-affirming way.
- 9.2.4.3. Any special measures in respect of a learner, teacher or any other education staff living with HIV should be fair and justifiable in the light of medical facts, established legal rules and principles, ethical guidelines, the best interest of the person living with HIV&AIDS, the conditions of schools or institution, and the best interest of other learners, students, teachers and staff.
- 9.2.4.4. Learners living with HIV have the right to attend any school or institution of their choice. The needs of learners living with HIV&AIDS with regard to their right to all levels of education should be accommodated in the school or institution as far as is reasonably practicable.
- 9.2.4.5. Learners living with HIV&AIDS should attend classes in accordance with statutory requirements for as long as they are able to do so effectively.
- 9.2.4.6. Learners living with HIV&AIDS, who are unable to benefit from attendance at school or home education, may be granted exemption from attendance after consultation with the principal, the parent and, if possible, the medical practitioner.
- 9.2.4.7. If learners and students living with HIV&AIDS become incapacitated through illness, the school or institution can facilitate home study and should support continued learning, while facilitating access to treatment and palliative care where possible. Parents should, where practically possible, be supported to educate their children at home or provide older learners with distance education.

9.2.4.8. Learners, teachers and other education sector staff living with HIV&AIDS should be facilitated to access: ART, clinical care for the treatment and management of opportunistic infections, and universal precautions.

9.2.4.9. Voluntary disclosure of the HIV status of learners, teachers or other education sector staff members to the appropriate authority should be encouraged for the purposes of counselling. An environment should be cultivated in which the confidentiality of such information is ensured, discrimination not tolerated, and access to health services facilitated.

9.2.4.10. No employer in the education sector should require an applicant for a job to undergo an HIV test before he/she is considered for employment. An employee should not be dismissed, demoted or denied a job simply because he or she is HIV-positive.

9.3. Tertiary Education

9.3.1. Public and private universities and all higher learning institutions should develop a HIV&AIDS Policy and Strategy in line with the provisions of HAPCO and the National HIV&AIDS policies. It should adhere to the education sector HIV&AIDS policy, within the mandate of their institutions, philosophy, priorities, strengths and capacities.

9.3.2. All teachers graduating from Teacher Education Institutions (TEIs) should be equipped with knowledge and skills for HIV prevention and mitigation, through their pre-service and inservice training, and continuous teacher development programs. 9.3.3. Every tertiary education institution should allocate and/or mobilize adequate resources for different HIV&AIDS-related activities in the areas of Prevention, Mitigation, Care and Support, and Research on different aspects of HIV&AIDS that would be beneficial to the education sector.

9.3.4. Universities and other tertiary institutions should undertake research on HIV&AIDS, and thereby generate knowledge that would inform the HIV&AIDS interventions in the education sector.

9.3.5. Every tertiary education institution should work towards establishing links, networks and cooperative working relationships with communities, education stakeholders and other partners, both locally and internationally, for the purposes of effective implementation of HIV&AIDS Prevention and Care and Support activities within all its programs.

9.3.6. Each tertiary education institution should ensure gender equity and equality in all its policies, programs and activities.

9.4. Mainstreaming the Education Sector Response

9.4.1. HIV&AIDS Prevention, Mitigation, and Care and Support activities will be incorporated into the regular planning processes at all levels of the entire education system, and will be reflected in the multi-sectoral HIV&AIDS plans at the relevant levels.

9.4.2. Well-defined financial, human, material, and intellectual resources will be allocated by the Federal Ministry of Education, REBs, education development partners and the community for the planning and implementation of activities relating to HIV&AIDS at all levels of the education system.

9.4.3 The education sector will establish a mechanism for coordinating the planning, implementing, monitoring and evaluation of HIV&AIDS related activities in all the subsectors and at all levels of the education system, in conjunction with existing multi-sectoral HIV&AIDS plans.

9.4.4. Planning will be carried out at the relevant levels of the education system in a highly participatory, efficient and effective manner.

9.4.5. The Ministry of Education, the REBs and all institutions in the education sector, should review and strengthen both vertical and horizontal organizational structures. These should include classifying the roles and responsibilities of different departments, partners and levels of education delivery to mainstream HIV&AIDS objectives, inputs, activities and processes.

9.4.6. Links between the civil society organizations, Regional, Zonal, Woreda and Kebele authorities, private sector institutions, and the relevant sector ministries, in particular the Ministries of Health and Social Affairs, should be strengthened in collaboration with HAPCO to mitigate the impact of HIV&AIDS on learners, teachers and other education staff.

- 9.4.7. In line with the National HIV&AIDS Policy and multi-sectoral response, the Ministry of Education will ensure functional coordination of stakeholders, in the prevention and mitigation of HIV&AIDS, at all levels of the sector.
- 9.4.8. The education sector, in collaboration with other stakeholders within and outside the sector, will consolidate efforts to strengthen, manage, and support HIV&AIDS, and with the education partners Forum for the benefit of the education sector, ensure experience, information and knowledge sharing and resource mobilization.
- 9.4.9. The Ministry of Education and REBs will closely work together to create an environment that enables the promotion of information sharing, joint planning, implementation and supervising sector-related HIV&AIDS interventions. This will include among others TAs, PTAs, WEBS, school management, and Community-Based Organizations (CBOs), at all levels.
- 9.4.10. To ensure strong coordination and partnership among all stakeholders in the sector, the Ministry of Education will strengthen the workplace environment and working practices in order that they are transparent, accountable and efficient in the handling of partnership and cooperation agreements. Education partners' resources in support of the sector's programs will be equitably distributed to ensure that HIV&AIDS related activities are adequately funded, and the most vulnerable children and youth are effectively reached.
- 9.4.11. Continuous training and capacity building in the areas of HIV&AIDS Prevention, Care and Support will be implemented among all educational personnel, including teachers, facilitators, non-teaching staff within and outside the education institutions.
- 9.4.12. All institutions and authorities in the education sector will ensure that their personnel are well-informed with up-to-date information about HIV&AIDS and methods of Prevention and Mitigation.
- 9.4.13. The teacher education curriculum (pre-service and in-service) must prepare educators to respond to HIV&AIDS within their own lives, and as professionals to build positive attitudes and skills for HIV&AIDS prevention and control among all their learners.

9.4.14. There will be capacity building and continuous professional development for the education personnel in the planning, monitoring and evaluation of HIV&AIDS activities.

9.4.15. The existing Education Management Information System (EMIS) will incorporate data collection, summarizing tools for HIV&AIDS and include HIV&AIDS indicators in order to capture quantitative information on the status of HIV&AIDS and its impact on the education sector.

9.4.16. Stakeholders' involvement in monitoring and evaluation activities will be encouraged and enhanced.

9.5.1 Research

9.5.1 Research on HIV&AIDS will be encouraged in order to address emerging challenges in the education sector and in the country at large.

9.5.2 Universities and other institutions of higher learning will be encouraged to undertake basic, preventive and curative research or enter into local or international consortiums or partnerships for this purpose.

9.5.3 Other organizations interested in undertaking HIV&AIDS related research on the education sector will be encouraged and authorized on the understanding that their research findings are made fully available for incorporation into the EMIS to reduce duplication and enhance sector knowledge.

9.5.4 All education sub-sectors will be required to provide the data necessary for the development of a consolidated and accessible information system to support the planning and coordination of research on the impact of HIV&AIDS on the education sector's response to HIV&AIDS.

10. Framework for the Education Sector Response

10.1 Prevention

Goal: To prevent, control and alleviate the spread of HIV in the current generation, and to create a new generation free of HIV infection, by targeting families, children, youth, teachers, facilitators, and other education sector staff in the public/private and formal/non formal education sectors.

Objectives	Main Activities	Key Outputs
<ul style="list-style-type: none"> • Mainstream HIV&AIDS information, knowledge, skills, and attitudes into the school curriculum, educational materials, and research. 	<ul style="list-style-type: none"> • Review, adapt, develop, and integrate HIV&AIDS related information into formal/non-formal school curricula and programs, and provide supplementary readers at all levels of the system. • Revise and integrate HIV&AIDS in to the pre-service and inservice teacher training curriculum and continuous professional development programs. • Conduct training in mainstreaming of HIV&AIDS in all activities in the sector. Organize training for curriculum developers onskills of integrating HIV&AIDS, training teachers and educators on how to teach HIV&AIDS in the classroom, train non-teaching staff on how to deal with and prevent HIV&AIDS, and training peer educators and students to spearhead HIV&AIDS preventive education. • Conduct surveys on the effectiveness of the existing curriculum in providing preventive education. • Conduct age-specific life skills training at all levels based on the full understanding of Knowledge, Attitude and Practice (KAP). 	<ul style="list-style-type: none"> • HIV&AIDS-related information is fully integrated in all subject textbooks, teachers' guides, and supplementary Information, Education and Communication (IEC) materials, and are availableat all public and private schools. • Increased numbers of graduating teachers with correct attitudes, knowledge and skills to teach HIV&AIDS prevention.

Objectives	Main Activities	Key Outputs
<p>Achieve behavioural change that prevents the spread of HIV&AIDS amongst learners, educators and other staff.</p>	<ul style="list-style-type: none"> Identify methodologies and approaches to address HIV&AIDS education, with a focus on identifying causes of vulnerability and risky behaviour (with key sectors e.g. Health and Social Affairs). Develop manuals, training guidelines and materials based on the new approaches identified. Conduct behaviour-change oriented educational programs and activities, e.g. advocacy, information dissemination, resource materials, and peer learning. Implement continuous assessment to monitor whether be haviour change is occurring. If not, revise activities accordingly to ensure the objective is achieved. 	<ul style="list-style-type: none"> Increased number of educators conversant with creative methodologies and approaches for behaviour change. Increased number of educators and learners adopting safer behaviour. For example: <ul style="list-style-type: none"> Fewer partners. Condom use. Abstinence. Increased age at first sexual experience. Increased number of educators and learners aware of their HIV status.
<p>Sensitize, advocate and involve communities and institutions in HIV&AIDS prevention activities in and around local schools.</p>	<ul style="list-style-type: none"> Develop materials for training local institutions on community involvement. Conduct sensitization workshops on community involvement with Idir, Parent Teacher Associations (PTAs), Kebele Education and Training Boards, and other local institutions. Supervise and support the local communities in their transfer of knowledge to the educational and school community. 	<ul style="list-style-type: none"> Increased links between schools and target communities and involvement in HIV&AIDS prevention activities.

Objectives	Main Activities	Key Outputs
<p>Implement all HIV&AIDS prevention activities with gender sensitivity</p>	<ul style="list-style-type: none"> • Review available curricula, manuals, guidelines and other materials with a view to making them more gender-sensitive. • Involve the gender department or focal person in material development, training development and activity planning. • Train additional female staff to adequately address HIV&AIDS prevention issues and act as role models. • Assign an HIV&AIDS counselor and gender focal point in very education and learning center. 	<ul style="list-style-type: none"> • Increase in the number of girls participating in co-curricular activities in school. • Increased number of girls taking leadership in school-related activities.
<p>Implement HIV&AIDS prevention at all levels of the education sector within life skills, peer learning, teaching and extra-curricular</p>	<ul style="list-style-type: none"> • Establish HIV&AIDS Clubs in all schools. • Strengthen, equip and furnish existing HIV&AIDS Clubs. • Integrate HIV&AIDS content and issues into other existing Clubs and extracurricular activities. • Prepare guidelines on peer education around HIV&AIDS prevention. • Identify peer groups by age, sex, and community characteristics and customize the content of peer education programs. • Create an environment conducive to peer learning. • Train peer educators. • Implement peer learning and teaching about HIV&AIDS prevention at all levels. 	<ul style="list-style-type: none"> • Guidelines on peer education and support in HIV&AIDS prevention, developed and circulated in all schools. • Peer learning and teaching activities continuously undertaken for HIV&AIDS prevention at all levels.

Objectives	Main Activities	Key Outputs
<p>Combat all harmful practices that aggravate the transmission of HIV&AIDS within the education sector and within the society.</p>	<ul style="list-style-type: none"> • Promote school enrolment and retention as a specific measure to combat HIV&AIDS, specifically at primary level. • Introduce mechanisms that promote precautionary measures and combat harmful practices that aggravate the spread of HIV&AIDS. • Involve key local members of the community, such as elders, traditional birth attendants, scouts, etc. in preventing and mitigating harmful practices. • Liaise with other government ministries and agencies to promote activities that encourage enrolment in, and completion of school. 	<ul style="list-style-type: none"> • Increased numbers of children and youth enrolling in and completing schooling. • Increased numbers of cases where legal action is taken against parents who interfere with children's or young persons' schooling.
<p>Develop culturally appropriate and locally relevant HIV&AIDS prevention materials, and ensure availability and accessibility through a central information clearinghouse and information resource centers in all learning institutions.</p>	<ul style="list-style-type: none"> • Select, develop and distribute IEC materials. • Establish HIV&AIDS resource centers at all levels of the educational system. • Train and assign HIV&AIDS resource center coordinators. • Conduct continuous assessment and follow-up to link information dissemination to behavioural change. 	<ul style="list-style-type: none"> • Increase in the amount of standardized and accurate information shared with schools through IEC materials.

10.2 Care and Support

Goal: To mitigate the impact of HIV&AIDS on learners, teachers and other education staff in general and those directly or indirectly affected by HIV&AIDS in particular, by creating supportive learning, teaching and work environments, free from stigma and discrimination.

10.2.1. Care and Support of Learners in General

Sub Goal: To mitigate the impact of HIV&AIDS by establishing a learning and teaching environment that is child-friendly, safe, healthy, supportive, and protective of the learners with regard to HIV infection, enabling children and youth to attend and complete schooling.

Objectives	Main Activities	Key Outputs
<p>To improve the health, nutrition and psychological status of learners in formal institutions and non-formal learning centers.</p>	<ul style="list-style-type: none"> • In liaison with the Ministry of Health (MoH), conduct regular assessments of the health and nutrition conditions of learners. • In liaison with the MoH, and other partners provide health, nutrition and psychological services in schools. Such as: <ul style="list-style-type: none"> * Malaria treatment and control, * De-worming, * Vitamin A supplementation, * Nutrition education, * Supplementation of other essential nutrients as relevant. • In partnership with the relevant United Nations agencies to provide feeding programs whenever required. • In partnership with the local health facilities, facilitate learners with access to Reproductive Health Education and services. 	<ul style="list-style-type: none"> • Decreased absenteeism of learners due to insufficient feeding, illness and other related causes.

Objectives	Main Activities	Key Outputs
<p>To provide a safe and sanitary environment in schools and other learning institutions.</p>	<ul style="list-style-type: none"> • Provide toilets/latrines for the required numbers of boys and girls in all learning institutions. • Provide adequate hand washing facilities in the learning institutions. 	<ul style="list-style-type: none"> • Improved latrine access rates especially among girls.
<p>To create a supportive and protective learning environment in schools and other learning institutions.</p>	<ul style="list-style-type: none"> • Regularly monitor, assess and identify students with psychosocial problems requiring intervention beyond the education sector. • Liaise with other relevant institutions, groups and departments, to provide greater access to services by learners. • Refer needy cases to the Children's Department, police and other relevant government authorities for further action. • Take action against teachers and other staff involved in sexual abuse of students. 	<ul style="list-style-type: none"> • Increased confidence exemplified by learners throughout the learning system.

10.2.2. Orphans and Vulnerable Children

Sub Goal: To develop an education system that supports OVC to access and complete schooling, through establishing mechanisms to address the psychosocial, health, nutritional, emotional, spiritual, sanitation and educational needs of both learners who have been infected with and affected by HIV&AIDS.

Objectives	Main Activities	Key Outputs
<p>To create conditions that encourages the retention of OVC in schools and non-formal learning centers.</p>	<ul style="list-style-type: none"> • Identify and carry out needs assessment of school-age OVC. • Organize workshops to share and disseminate the findings of the needs assessment. • Enroll all OVC in school and non-formal learning centers. • Track academic performance and attendance of OVC in school. • Eliminate all education-related expenses for OVC. • Provide guidance and counseling services by trained personnel. 	<p>Increased numbers of OVC in enrolment and completion of schooling.</p>
<p>To create and maintain conducive and child-friendly learning environments.</p>	<ul style="list-style-type: none"> • Develop child-friendly age appropriate psychosocial OVC guidelines. • Conduct HIV&AIDS/OVC awareness creation programs for schools and communities. • Advocate for the implementation of guidelines. • Provide adequate water, girl-friendly sanitation facilities and nutrition in all schools. • Implement school improvement programs. 	<ul style="list-style-type: none"> • Increased confidence exemplified by learners throughout the learning system.
<p>To support all schools and communities in implementing programs aimed at addressing the psychosocial and physical wellbeing of OVC.</p>	<ul style="list-style-type: none"> • Strengthen the Cluster Resource Centers (CRCs) as a Joint Committee composed of: PTAs; students; Community-Based Organizations (CBOs); Faith-Based Organizations (FBOs); NGOs; and the local government. • Training of the Joint Committee on the psychosocial and well being of OVC. • Develop a Terms of Reference (TOR) for the Joint Committee. • Initiate Inter-Governmental Agencies (IGAs) and other schemes to support OVC in a sustainable manner. 	<p>Increased number of OVC directly supported by parent communities to attend and complete schooling.</p>

10.2.3. Care and Support to Education Personnel

Sub Goal: To create an environment free from stigma and discrimination based on a person's HIV status.

Objectives	Main Activities	Key Outputs
<p>To prevent new HIV infections amongst the workers and learners in the education sector.</p>	<ul style="list-style-type: none"> • Provide information on access to Voluntary Counseling and Testing (VCT) services at all levels. • Promote access to health facilities at Woreda level in collaboration with the Health Office. • Provide training for individuals involved in VCT services (Club leaders, school guidance and counseling) at the federal, regional and Woreda levels. 	<p>Increased numbers of OVC in enrolment and completion of schooling.</p>
<p>To decrease the rates of absenteeism by teachers and other staff members living with HIV&AIDS, due to illness.</p>	<ul style="list-style-type: none"> • Facilitate access to Antiretroviral Therapy (ART) services for needy individuals at Health facilities. • Facilitate access to nutritional support for those people who are taking ART. • Facilitate treatment for those people who are exposed to opportunistic infections. 	<ul style="list-style-type: none"> • In line with the Multi-sectoral Plan of Action for Universal Access to Prevention, Care, Treatment and Support, all teachers and education sector staff that are HIV-positive will have regular access to ARVs. • All teachers and staff of the education sector will have regular access to treatment for opportunistic infections.

Objectives	Main Activities	Key Outputs
<p>To protect the rights of People Living with HIV&AIDS (PLWHA) against stigma and discrimination.</p>	<ul style="list-style-type: none"> • Create awareness creation at all levels. • Prepare and dispatch IEC materials. • Take disciplinary measures against those who violate the rights of PLWHAs. • Initiate and encourage PLWHAs to be involved in advocacy at all levels. 	<ul style="list-style-type: none"> • Increases in cases of disciplinary action taken against those who violate the rights of PLWHAs in schools, training institutions and other education sector workplaces.
<p>To prevent sexual harassment of individuals.</p>	<ul style="list-style-type: none"> • Conduct training on psychosocial skills at all levels. • Develop guidelines for the institutional prevention of sexual harassment. • Design different programs that promote gender equality (with the Ministry of Education and REB). • Network with other relevant institutions to protect people from sexual harassment (i.e. The Court, Police, Women's Affairs, etc.). 	<ul style="list-style-type: none"> • Increase in cases of disciplinary action taken against sexual harassment within the education sector. • Clear code of conduct developed, circulated and shared.
<p>To create a conducive working environment.</p>	<ul style="list-style-type: none"> • Educate workers in different safety measures at all levels. • Reassure personnel and introduce working procedures (i.e. Transfer, Recruit etc) • Minimize the workload for PLWHAs. 	<ul style="list-style-type: none"> • Increased number of safety measures put in place without discrimination against PLWHAs.

10.2.4. Care and Support to People Living with HIV&AIDS in the Education Sector

Sub Goal: To facilitate an environment within the education sector that is supportive of the rights of PLWHAs, thereby giving them ample room to live meaningful lives, and thus, maximize their participation and contribution to the education sector and the society at large.

Objectives	Main Activities	Key Outputs
<p>To improve the health and nutrition status of teachers and staff living with HIV&AIDS in all learning institutions.</p> <p>To facilitate access to medical care for learners, teachers and other staff living with HIV&AIDS.</p>	<ul style="list-style-type: none"> • In liaison with the MoH, to conduct regular assessments of the health and nutrition conditions of learners, teachers and other staff living with HIV&AIDS. • In liaison with the MoH and other partners to provide health and nutrition services in schools to learners, teachers and staff living with HIV&AIDS. • Identifying ART providing institutions. • Facilitate access for learners, teachers and other staff living with HIV&AIDS to these institutions. • Facilitate access for learners, teachers and other staff living with HIV&AIDS to treatment of opportunistic infections. 	<ul style="list-style-type: none"> • Increased number of learners, teachers and staff living with HIV&AIDS continuing to perform their responsibilities normally, in their respective workplaces without any discrimination. • Increased percentage of PLWHAs accessing ART.

10.3. Tertiary Education

Goal: To create an environment to enable the prevention and control of HIV&AIDS epidemic in the entire tertiary education community, and play a leading role in the search for effective preventive and control strategies that can be applicable to the education sector and the Ethiopian society at large.

Objectives	Main Activities	Key Outputs
<p>Produce a teaching workforce with the ability to meet the challenges of the HIV&AIDS impact on the education sector.</p>	<ul style="list-style-type: none"> • Conduct in-service training sessions for the tutors of Teacher Education Institutions (TEIs). • Review the curriculum of TEIs to ensure inclusion of HIV&AIDS issues. • Develop and distribute training materials in line with the reviewed curriculum. • Provide continuous support to graduating teachers in their subject fields. 	<ul style="list-style-type: none"> • Increased number of teachers graduate from the TTCs with relevant knowledge, attitude, and skills for HIV&AIDS prevention and mitigation.
<p>Strengthen the capacity of non-teaching staff to support the institution-based interventions towards HIV&AIDS prevention</p>	<ul style="list-style-type: none"> • Identify relevant short courses in the areas of HIV&AIDS intervention. • Identify and prepare relevant personnel to attend training. • Organize training workshops. • Arrange internship opportunities for capacity building. 	<ul style="list-style-type: none"> • Increased proportion of non-teaching staff taking part in HIV&AIDS prevention and control activities at institutional levels.

Objectives	Main Activities	Key Outputs
<p>Strengthen the capacity of education managers at higher education levels to sustain the fight against the epidemic.</p>	<ul style="list-style-type: none"> • Incorporate HIV&AIDS refresher training in Continuous Teacher Development Programs. • Identify and prepare relevant personnel to attend training. • Organize training workshops. • Arrange internship opportunities for capacity building. 	<ul style="list-style-type: none"> • Improved prioritization and better management of resources allocated for HIV&AIDS activities at all levels.
<p>Generate knowledge that informs the HIV&AIDS interventions.</p>	<ul style="list-style-type: none"> • Mobilize financial, human, material and intellectual resources required for research. • Network and foster links with other external universities and institutions of higher learning. • Prepare documents and disseminate research findings in the fields of HIV&AIDS education. • Document and popularize the best practices in the area of HIV&AIDS education. • Review the education HIV&AIDS Policy, based on new research findings. 	<ul style="list-style-type: none"> • Increased amount of funding and other resources directed towards research on HIV&AIDS education. • Increase in the number of tertiary level students undertaking and documenting research on HIV&AIDS education.



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