



United Nations  
Educational, Scientific and  
Cultural Organization

# WORKSHOP ON MAINSTREAMING HIV AND AIDS IN THE EDUCATION SECTOR

# WORKBOOK

4-6 November 2009  
Tunis, Tunisia

UNAIDS Inter-Agency Task Team (IATT) on Education



## A training course held for the African Development Bank,

Tunis, Tunisia,  
4-6 November 2009

### Lead trainers and authors of the Workbook:

Justine Sass  
Coordinator, UNAIDS Inter-Agency Task Team on Education  
Team Leader, Partnerships and Communication  
UNESCO  
Education Sector  
Division for the Coordination of UN Priorities in Education  
Section on HIV and AIDS  
Paris, France

Christophe Cornu  
Team Leader, EDUCAIDS and Country Implementation Support  
UNESCO  
Education Sector  
Division for the Coordination of UN Priorities in Education  
Section on HIV and AIDS  
Paris, France

# Table of contents

	Page number
<b>Learning objectives and expected results for participants</b>	<b>2</b>
<b>Workshop agenda</b>	<b>3</b>
<b>Acronyms</b>	<b>4</b>
<b>Session 1: Mainstreaming HIV in the education sector – What is it and why is it important?</b>	<b>5</b>
<b>Session 2: The critical elements of successful HIV and AIDS mainstreaming in the education sector</b>	<b>19</b>
<b>Session 3: Conducting an assessment of the status of HIV and AIDS mainstreaming</b>	<b>25</b>
<b>Session 4: Identifying opportunities and entry points for HIV mainstreaming</b>	<b>45</b>
<b>Session 5: Mainstreaming issues of children affected by HIV and AIDS in education sector responses to HIV and AIDS</b>	<b>51</b>
<b>Session 6: Mainstreaming gender equality and sexual and reproductive health and rights in education sector responses to HIV and AIDS</b>	<b>63</b>

# **O**bjectives and expected results for participants

## **1.1 Learning objectives**

By the end of this workshop, participants will be able to:

Describe what HIV and AIDS mainstreaming means in education and the importance of comprehensive education sector responses to HIV and AIDS

Identify the critical elements of successful HIV and AIDS mainstreaming in the education sector.

Identify the key areas to be covered for an assessment of the status of mainstreaming HIV and AIDS in education at the country-level; and the key steps to conduct this type of assessment.

Identify specific opportunities and entry points for HIV and AIDS mainstreaming in education in their respective countries.

Identify key steps to support the mainstreaming of issues such as gender equality and children affected by AIDS in education sector responses.

## **1.2 Expected outcomes**

- Increased awareness of the importance of HIV mainstreaming in the education sector.
- Increased knowledge on issues related to HIV mainstreaming in the education sector.
- Increased capacity to manage, or participate in, processes to assess the status of mainstreaming HIV and AIDS in education at the country-level.
- Increased capacity to select quality education and/or health projects/grants that encourage the mainstreaming of HIV in the education sector.
- Increased capacity to manage, monitor and evaluate education and/or health projects/grants with a focus on HIV mainstreaming in the education sector.

# Workshop agenda

Time	Wednesday 4 November	Thursday 5 November	Friday 6 November
8.00	Registration	Recap previous day and review day	Recap previous day and review day
8.15	Opening remarks from the ADB	Conducting a mainstreaming assessment (Part 2)	Mainstreaming gender equality and sexual and reproductive health and rights in education sector responses to HIV and AIDS
8.30	Introductions		
8.45	Workshop introduction and overview		
9.15	Mainstreaming – what is it and why is it important? (Part 1)		
10.00	Coffee/Tea break		
10.30	Mainstreaming – what is it and why is it important? (Part 2)	Conducting a mainstreaming assessment (Part 3)	Review outcomes of the workshop and agree on next steps
11.30	Critical elements of mainstreaming (Part 1)	Specific opportunities and entry points for HIV and AIDS mainstreaming (Part 1)	Evaluation and closing ceremony
12.00	Lunch		
14.00	Critical elements of mainstreaming (Part 2)	Specific opportunities and entry points for HIV and AIDS mainstreaming (Part 2)	
15.00	Coffee/Tea break		
15.30	Conducting a mainstreaming assessment	Mainstreaming children affected by AIDS in education sector responses to HIV and AIDS	
17.15	Closing of the day	Closing of the day	
17.30	End-day evaluation	End-day evaluation	

# Acronyms

<b>ADB</b>	African Development Bank
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ART</b>	Antiretroviral Therapy
<b>CABA</b>	Children Affected by AIDS
<b>CFS</b>	Child-friendly schools
<b>EFA</b>	Education for All
<b>EMIS</b>	Education Management Information System
<b>FRESH</b>	Focusing Resources on Effective School Health
<b>FTI</b>	Fast Track Initiative
<b>GER</b>	Gross Enrolment Ratio
<b>GPI</b>	Gender Parity Index
<b>HIV</b>	Human Immunodeficiency Virus
<b>HPS</b>	Health Promoting Schools
<b>IATT</b>	Inter-Agency Task Team
<b>IDU</b>	Injecting drug user
<b>IST</b>	Integrated Services Delivery Team
<b>KZN</b>	KwaZulu Natal
<b>MDG</b>	Millennium Development Goal
<b>MiET</b>	Media in Education Trust
<b>MSM</b>	Men who have sex with men
<b>NGO</b>	Non-governmental organization
<b>PRSP</b>	Poverty Reduction Strategy Paper
<b>SCCS</b>	Schools as Centres of Care and Support
<b>SRH</b>	Sexual and reproductive health
<b>SRHR</b>	Sexual and reproductive health and rights
<b>STI</b>	Sexually transmitted infection
<b>TORs</b>	Terms of Reference
<b>UN</b>	United Nations
<b>UNAIDS</b>	United Nations Joint Programme on HIV/AIDS
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNICEF</b>	United Nations Children's Fund
<b>VCT</b>	Voluntary Counselling and Testing
<b>WHO</b>	World Health Organization

# Session 1:

## Mainstreaming HIV in the education sector – What is it and why is it important?

### Learning objectives

By the end of this session you will be able to:

- Explain the importance of comprehensive education sector responses to HIV and AIDS.
- Describe what HIV and AIDS mainstreaming means in education.
- Describe the five essential components of comprehensive education sector responses to HIV and AIDS.
- List the categories of obstacles to the implementation of comprehensive education sector responses to HIV and AIDS allowing the mainstreaming of HIV in education.

### Core reading:

- UNAIDS Inter-Agency Task Team (IATT) on Education. *Toolkit on Mainstreaming HIV in the Education Sector: Guidelines for Development Cooperation Agencies*. Paris, UNESCO.
  - Tool 1: When does HIV need to be comprehensively addressed through education?
  - Tool 2: Why is mainstreaming HIV and AIDS important?
  - Tool 4: Mainstreaming : basic questions to ask yourself and others
  - Tool 5: What is the status of mainstreaming?

<http://unesdoc.unesco.org/images/0015/001566/156673e.pdf>

- *EDUCAIDS Framework for Action* (included in the EDUCAIDS Resource Pack). Paris, UNESCO

<http://unesdoc.unesco.org/images/0014/001473/147360e.pdf>

*EDUCAIDS Framework for Action* outlines five essential components of comprehensive education sector responses to HIV and AIDS implementation support available through the EDUCAIDS initiative.

- EDUCAIDS Technical Briefs (included in the EDUCAIDS Resource Pack). Paris, UNESCO

<http://unesdoc.unesco.org/images/0015/001584/158436e.pdf>

The 35 *EDUCAIDS Technical Briefs*, or two-page are summaries of key issues related to a comprehensive education sector response. Each brief can be used as a stand-alone reference, and together they offer comprehensive and flexible guidelines on the continuum of activities required to respond to the epidemic at the country level.

## **Additional resources:**

- UNAIDS Inter-Agency Task Team (IATT) on Education. *A Strategic Approach: HIV&AIDS and Education*. Paris, UNESCO.  
<http://unesdoc.unesco.org/images/0014/001461/146115e.pdf>

This publication provides a strategic vision of the critically important role that education must play in addressing HIV and AIDS. It targets decision-makers and practitioners in the education sector, as well as colleagues who work on HIV and AIDS responses in other sectors.

It can be used as an advocacy tool to build commitment to the role of education in the HIV and AIDS response and to generate multisectoral partnerships for implementation.

It identifies key priorities for responding to HIV and AIDS through education, puts forward two central objectives for education responses, and outlines how the response should be tailored to the local epidemiological situation and other factors.

- *Overviews of Practical Resources* (included in the EDUCAIDS Resource Pack). Paris, UNESCO  
<http://unesdoc.unesco.org/images/0015/001584/158428e.pdf>

*Overviews of Practical Resources* provide guidance on the technical and operational aspects of the response. Each Overview is introduced by a resource summary list and is followed by a two-page analysis of the included resources identifying crucial resource gaps, needs for further research, and additional online resources.

# **M**ainstreaming HIV and AIDS in the education sector: why is it important?

HIV and AIDS and the education sector are linked at two different levels:

1. In some cases the HIV epidemic is a direct risk to the education sector. This is the case in high prevalence countries, most of them being in Africa.
2. The education sector has a key role to play within a multi-sectoral response to HIV and AIDS

## **H**IV and AIDS: a risk to the education sector?

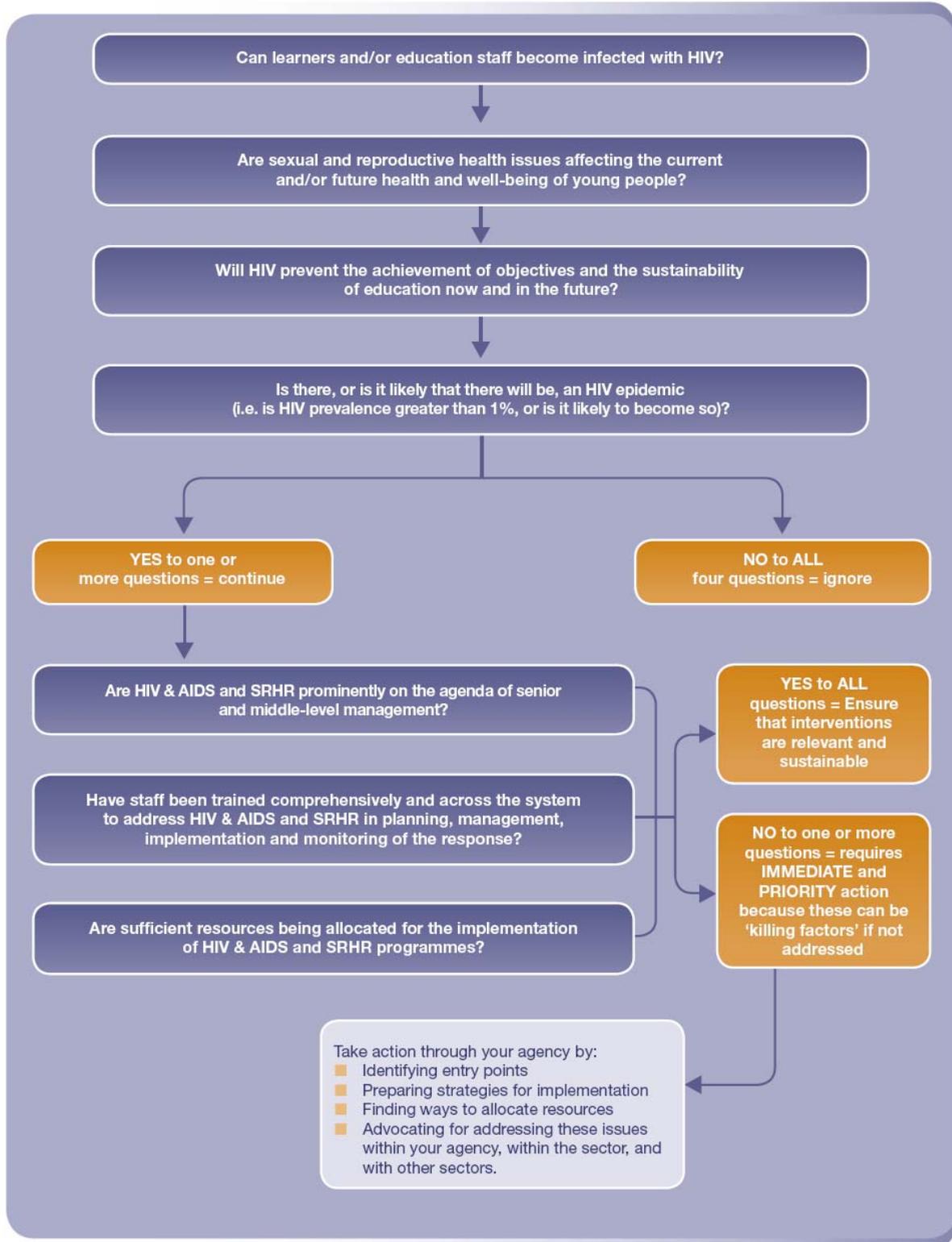
### **E**xercise 1.1

The flow chart is a useful tool to analyse how HIV and AIDS can be a risk to the education sector.

Discuss the four questions at the top of the flow chart: for each question please describe the possible implications for the education sector if the answer to the question is 'yes'.

Finally discuss what strategies should be put in place if HIV prevalence is low in the countries where you work and if a relatively limited number of education staff and learners are HIV-positive. Does it mean that nothing should be done in the education sector in relation to HIV?

# When does HIV become a risk to the education sector?



The below table summarises some of the major risks related to the HIV epidemic that threaten education staff and learners, as well as the consequences on demand for education and capacity to supply education, and financial implications for the education sector. This applies to countries with a generalised epidemic or hyper-endemic scenario.

Risks for education staff and learners	Risks that affect demand for education and the capacity to supply quality education	Financial risks for the education sector
<b>Risks for education staff who may be HIV-positive</b>	Risks that the <b>capacity of the education system to supply quality education</b> as a result of: <ul style="list-style-type: none"> <li>• <b>High level of absenteeism</b> amongst education staff who are HIV-positive and have not been tested and/or do not have access to treatment.</li> <li>• <b>High mortality rate</b> amongst education staff who are HIV-positive and have not been tested and/or do not have access to treatment.</li> <li>• <b>Need to contract substitute teachers</b> who are not properly trained to cover for teachers who are absent or prematurely deceased.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Additional costs</b> linked to the <b>substitution of absent personnel.</b></li> <li>• <b>Additional costs</b> linked to the <b>training of new teachers</b> to cover for teachers who are absent or prematurely deceased.</li> </ul>
<b>Risks for learners who may be HIV-positive</b>	Risks that affect demand for education from learners who may be HIV-positive and/or whose relatives are HIV-positive as a result of: <ul style="list-style-type: none"> <li>• <b>High level of absenteeism</b></li> <li>• <b>Drop-out of school as a result of lack of sufficient resources in the household; or to take care of relatives who are HIV-positive;</b> or because of stigma and discrimination against children who are infected with or affected by HIV.</li> </ul> <p>= Impossibility to meet the EFA targets.</p>	Additional costs related to <b>measures put in place to ensure access to education for orphans and vulnerable children</b> (bursaries, scholarships, etc.)

# **T**he role of the education sector in the response to HIV and AIDS

The response to HIV is a multi-sectoral response as HIV is not only a health problem. The education sector is a key sector that has an essential role to play in the response to HIV and AIDS at different levels:

- **Prevention:** Sexuality education and HIV education can delay the initiation of sex, decrease the number of sexual partners and promote condom use.
- **Mitigation of the impact of the HIV epidemic on the education sector:**
  - Increased awareness of HIV-related issues amongst education staff.
  - Improved access to care and treatment for education staff who are living with HIV.
  - Improved access to care and treatment for learners who are living with HIV in order to improve access to education.
- **Fight against stigma and discrimination** towards people living with HIV and affected people, including staff education and learners.

# Mainstreaming HIV and AIDS in the education sector: what is it?

The best approach to ensure that the education sector fully plays its role in the response to the HIV epidemic is through mainstreaming HIV and AIDS in the education sector.

## Definition of HIV mainstreaming in the education sector

Mainstreaming ensures that addressing HIV and AIDS is not an add-on or isolated activity but an integral part of education sector policy and plan formulation. This includes attention to HIV in education system processes such as curriculum development, teacher training, management of human resources, and monitoring and evaluation of outcomes and impact. It also means that HIV and AIDS should not be seen as a separate issue, but as part of overall educational plans and priorities, including those related to life skills, social skills, health and nutrition.

## Mainstreaming in practice

- Ensuring that attention to HIV and AIDS is comprehensively included in the overall education policy and in mechanisms for reviewing the implementation of this policy.
- Including HIV prevention and SRHR for learners in the curriculum at all levels, including in pre-service and in-service teacher training.
- Introducing practices that improve access to education and reduce vulnerability to HIV infection, for example, by abolishing school fees and by ensuring that both girls and boys attend and complete school.
- Putting in place policies and practices that promote a safe and inclusive work environment for education sector staff, for example, through prevention education and by adopting a workplace policy that supports all staff, including those who are living with HIV and AIDS, and addresses issues of stigma and discrimination.
- Putting in place policies and systems that ensure access to treatment, services and referral for learners and employees who are affected and infected.
- Ensuring policy and implementation with respect to training and recruitment which takes into consideration future staff depletion rates, and possible disruption caused by increased absenteeism and attrition to other sectors, and in later stages by morbidity and mortality.
- Refocusing the work of the organization to ensure those infected and affected by the epidemic are meaningfully included in the analysis, planning, implementation and evaluation of programmes and are able to benefit from their activities.
- Ensuring that sector activities do not increase the vulnerability of the communities they work with to HIV and to other sexually transmitted infections (STIs), or undermine their options for coping with the effects of the pandemic.

# Internal and external dimensions of HIV mainstreaming in the education sector

For mainstreaming to be effective, it needs to address two closely interlinked and complementary dimensions of mainstreaming: internal and external.

## Exercise 1.2

- Analyse in the below table each example of activities that correspond to the internal dimension of HIV mainstreaming in the education sector and briefly explain how these activities can help to respond effectively to the HIV epidemic.
- Give some additional examples of internal activities that can contribute to an effective response of the education sector to HIV and AIDS.
- Conduct the same analysis with the examples of external mainstreaming.

	Definition	Examples of education sector activities
<b>Internal mainstreaming</b>	Involves recognising and pre-empting, reversing or mitigating the likely impacts of HIV and AIDS on the organization as a whole.	<ul style="list-style-type: none"> <li>• Conducting internal advocacy to ensure that there is more money for HIV prevention within the overall education budget.</li> <li>• Supporting peer education activities among educators.</li> <li>• Ensuring condom distribution at teacher training institutions.</li> <li>• Providing affordable and accessible voluntary testing and counselling services for HIV to education employees and their families.</li> <li>• Revising health and workplace policies and services to ensure access to STI testing and antiretroviral therapy (ART).</li> </ul>
<b>External mainstreaming</b>	Involves recognising and pre-empting, reversing or mitigating the likely impacts of HIV and AIDS on the clients of the sector and the communities with which it works.	<ul style="list-style-type: none"> <li>• Providing scholarships or bursaries for orphans and vulnerable children.</li> <li>• Adopting legislation to ensure children (including girls) stay in school.</li> <li>• Involving religious leaders and other prominent community members in discussions around HIV prevention.</li> <li>• Abolishing school fees so that barriers to accessing education are reduced.</li> <li>• Introducing school feeding programmes.</li> <li>• Introducing measures that make school hours and curricula more flexible to address the needs of working children.</li> </ul>

Source: Adapted from UNAIDS, World Bank and UNDP (2005a)

# **M**ainstreaming HIV through comprehensive education sector responses to HIV and AIDS: the EDUCAIDS Initiative

Recognising the vital role of the education sector in national responses to HIV and AIDS, the UNAIDS Committee of Cosponsoring Organizations (CCO) launched EDUCAIDS, the Global Initiative on Education and HIV & AIDS, in March 2004. A UNAIDS initiative led by UNESCO with the collaboration of key stakeholders, EDUCAIDS seeks to promote, develop and support comprehensive education sector responses to HIV and AIDS.

According to the EDUCAIDS framework comprehensive education sector responses comprise **five essential components**:

- 1) quality education;
- 2) content, curriculum and learning materials;
- 3) educator training and support;
- 4) policy, management and systems;
- 5) approaches and illustrative entry points.

## **E**xercise 1.3

Each participant picks randomly two cards from an envelope. On each card is written down one of the elements related to one of the five components of comprehensive education sector responses as described by the EDUCAIDS framework.

Participants should explain to which of the five components the elements they have selected are related and why.

## 1. Quality education

- Rights-based, learner-centred and inclusive
- Gender-responsive
- Scientifically accurate
- Culturally sensitive
- Age-specific
- Delivered in safe and secure learning environments
- Focused on and tailored to various groups, including vulnerable populations
- Promoting the involvement of people living with HIV and AIDS

## 2. Content, curriculum and learning materials

- Adapted and appropriate for various ages, levels and settings (including formal and non-formal)
- Integrated into the national curriculum
- Beginning early, before the onset of sexual activity
- Building knowledge and skills to adopt protective behaviours (i.e. delaying the onset of sexual activity, reducing the number of sexual partners, and increasing condom use) and reduce vulnerabilities
- Focused on prevention, while also including relevant care, treatment and support issues
- Addressing stigma and discrimination, gender inequality and other structural drivers of the epidemic
- Involving communities in curriculum development and revision to ensure ownership and support

## 4. Policy, management and systems

- Inclusion of the education sector response in the national HIV and AIDS strategy
- Sectoral policies and strategies on HIV and AIDS integrated into the national education plan
- HIV and AIDS workplace policies that ensure supportive and safe environments for educators and learners
- HIV and AIDS management structures or committees to guide and monitor the sector's response
- Education management information systems, situation analyses and needs assessments
- Planning for human capacity, impact assessment and projection models
- Strategic partnerships for coordination, advocacy and resource mobilisation
- Monitoring, evaluating and assessing outcomes and impact

### 3. Educator training and support

- Pre- and in-service programmes for teachers and support for non-formal educators
- Deepening educators' technical knowledge on HIV and AIDS, confidence and experience in interactive and participatory learning methodologies
- Addressing educators' own vulnerability to HIV infection and the impact of HIV and AIDS
- Complemented by appropriate learning and teaching materials and aids
- Reinforced through supervision, peer coaching and mentoring by experienced teachers
- Involving communities to share knowledge, build support and encourage dialogue
- Support for HIV-positive educators through teachers unions' and positive teacher networks

All of these five components need to be in place and working well to ensure optimal success in the response to the HIV epidemic.

**The implementation of comprehensive education sector responses that comprise the five components described here ensures the mainstreaming of HIV and AIDS in the education sector.**

### 5. Approaches and entry points

- Sex, HIV and relationships education
- School health and school feeding programmes
- Peer education
- Communications and media
- Community-based learning and outreach, including for out-of-school young people
- Life skills education
- Adult education and literacy
- HIV and AIDS treatment education

# Barriers to HIV mainstreaming in the education sector

You may face a series of barriers when trying to support HIV mainstreaming in the education sector in the countries where you work. Those barriers are usually classified in eight categories called the eight Cs.

## THE EIGHT Cs

Barriers to mainstreaming usually relate to:

- Capacity
- Commitment
- Coverage
- Cost
- Culture and Context
- Competition
- Collaboration

## Exercise 1.4

For each one of the eight Cs give some concrete examples of barriers to HIV mainstreaming in the education sector, particularly those based on your experience.

The below table includes some examples of barriers. Some examples are related to several categories.

The eight categories of barriers (the eight C)	Examples of barriers
<b>Capacity</b>	<ul style="list-style-type: none"> <li>○ Limited capacity and poor conditions of service.</li> <li>○ Lack of knowledge about HIV and AIDS.</li> <li>○ Assignment of HIV and AIDS to a single person who may also be responsible for other tasks and is therefore not able to devote sufficient time to the topic.</li> </ul>
<b>Commitment</b>	<ul style="list-style-type: none"> <li>○ Denial in the face of the current and/or future impact of the epidemic.</li> <li>○ Lack of commitment from senior leadership.</li> <li>○ The perception that HIV and AIDS are health issues only and that other sectors need not take responsibility.</li> </ul>
<b>Coverage</b>	Poor infrastructure and inadequate administrative systems that prevent the decentralisation of education policies at district level, in particular in rural areas

<b>Cost</b>	Reluctance to take on unfunded mandates since it may take time to advocate for and obtain a budget.
<b>Culture et Context</b>	<ul style="list-style-type: none"> <li>○ Stigma and discrimination which impede access to HIV testing, prevention, treatment and care.</li> <li>○ Cultural and moral barriers to addressing issues of sexuality and reproductive health.</li> </ul>
<b>Competition</b>	The perception that other development issues are competing with HIV prevention and HIV & AIDS impact mitigation. This applies to issues such as poverty, gender and school health.
<b>Collaboration</b>	The perception that HIV and AIDS are health issues only and that other sectors need not take responsibility.

## Core learning of the session

1. HIV and AIDS and the education sector are linked at two different levels:
  - In some cases the HIV epidemic is a direct risk to the education sector.
  - The education sector has a key role to play within a multi-sectoral response to HIV and AIDS
  
2. The education sector plays this key role at different levels
  - **Prevention**
  - **Mitigation of the impact of the HIV epidemic on the education sector**
  - **Fight against stigma and discrimination** towards people living with HIV and affected people, including staff education and learners.
  
3. The **best approach** to ensure that the education sector fully plays its role in the response to the HIV epidemic is **through mainstreaming HIV and AIDS in the education sector**. For mainstreaming to be effective, **it needs to address two closely interlinked and complementary dimensions of mainstreaming: internal and external**.
  
4. The **implementation of comprehensive education sector responses** that comprise the five components described in the EDUCAIDS framework **ensures the mainstreaming of HIV and AIDS in the education sector**.
  
5. **Barriers to the implementation of comprehensive education sector responses** and HIV mainstreaming in the education sector **should not be underestimated**.



# Session 2:

## The critical elements of successful HIV and AIDS mainstreaming in the education sector

### Learning objectives

By the end of this session you will be able to:

- Identify the critical elements of successful HIV and AIDS mainstreaming in the education sector.
- Identify the elements of greatest relevance to the country in which you work.
- Identify the strengths and weaknesses of the ADB in advancing these areas, and how the ADB could best position itself to move these priority issues forward.

### Core reading:

UNAIDS Inter-Agency Task Team (IATT) on Education. *Toolkit on Mainstreaming HIV in the Education Sector: Guidelines for Development Cooperation Agencies*. Tool 3: Successful HIV and AIDS mainstreaming: Critical Elements. Paris, UNESCO.

<http://unesdoc.unesco.org/images/0015/001566/156673e.pdf>

### Additional resources:

OXFAM. 2002. *Mainstreaming HIV/AIDS into Development: What It Can Look Like*. London, OXFAM. [http://www.oxfam.org.uk/what\\_we\\_do/issues/hivaids/downloads/mainstreamind.pdf](http://www.oxfam.org.uk/what_we_do/issues/hivaids/downloads/mainstreamind.pdf)

UNAIDS, World Bank, UNDP. 2005a. *Mainstreaming HIV/AIDS in Sectors and Programs – An Implementation Guide for National Responses*. Geneva, UNAIDS.

<http://www.undp.org/hiv/docs/MainstreamingB%5B1%5D.pdf>

UNAIDS, World Bank, UNDP. 2005b. *Mainstreaming AIDS in Development Instruments and Processes at National Level – a Review of Experiences*. Geneva, UNAIDS.

[http://data.unaids.org/Publications/IRC-pub06/mainstreaming\\_aids%20in\\_dev\\_instr\\_rep\\_28nov05\\_en.pdf](http://data.unaids.org/Publications/IRC-pub06/mainstreaming_aids%20in_dev_instr_rep_28nov05_en.pdf)

In the table below you will find a checklist of mainstreaming elements that has been compiled from a range of studies:

# C

## hecklist of mainstreaming elements



Mainstreaming elements	Critical for successful mainstreaming
Development of approach, principles and methodologies	
Participation of the target group(s)	
Role identification of key players	
Training and/or capacity-building	
Planning and budgeting	
Mapping of current situation	
Identifying entry points (e.g. high-risk situations)	
Individual personal change and or/empowerment	
Support from key leaders inside and outside of the sector	
Resources (human, financial or material)	
Skills inventory	
Identification and implementation of appropriate responses	
Advocacy to garner support	
Building awareness at the outset	
Opening the debate about HIV and AIDS	
Motivation and ownership	
Tapping existing partnerships	
Identifying and developing new partnerships	
Building on existing projects	
Networking, collaboration and consultation	
Research	
Monitoring and evaluation	
Actively developing the potential for sustainability	

# Exercise 2.1

## **Prioritising the critical elements**

- Go through the checklist carefully and identify no more than six elements that, in your opinion, are the most important for successful mainstreaming of HIV in the education sector in the country where you are working.
- Review your “shortlist” with another participant, discuss any differences in your respective lists.

# Exercise 2.2

In small groups, consider:

## **Moving these forward**

- If you had to draw up an action plan for HIV and AIDS mainstreaming, which elements would you start with and why? (Consider what elements are already being addressed in the country in which you work and which aspects need to be advanced.)

## **Strengths and weakness of the ADB in these areas**

- Once you have identified the priority elements, consider the strengths and weaknesses of the African Development Bank in terms of moving these along.
- How can the ADB best position itself to move these priority issues forward and what role could you play in the country in which you work? Who are the stakeholders that the ADB would need to engage for further progress?

# Critical elements

Lessons learned from successful programme experience in mainstreaming HIV and AIDS<sup>1</sup> suggest that there are **critical elements** of success including:

- **Leadership and commitment** from a visionary champion – one or more persons with political clout and visibility.
- **Personalisation** – HIV & AIDS and sexual and reproductive health and rights are best addressed when understood at a personal level.
- **A clearly defined mandate** and policy directive, such as a formal/policy requirement to mainstream HIV and AIDS provide legitimacy and a broad framework for action.
- **Capacity-building** at different levels – to generate understanding of the nature of the change envisioned, to put people through a capacity awareness process (from self-awareness to activism) and ultimately to garner commitment for action.
- **Advocacy skills** – to generate greater awareness and to get other critical people on board.
- **Partnerships** – identifying those people and institutions that must be on board, contacting them and enlisting their support. Partnerships will often be new and less traditional in nature, including the business community, religious leaders or people in entertainment.

In conceptual terms this means:

- Understanding that mainstreaming is a **process** – not an event or a series of events.
- Working from the basis that this is a **complex issue** – HIV and AIDS can only be addressed through a range of complementary actions.
- A need for **broad contextualisation** so that HIV and AIDS are placed and addressed in the broader context of development, poverty reduction and gender equity.
- Building on existing institutional structures, policies and plans and integrating HIV and AIDS in all **core functions** of an organization – again to ensure that HIV and AIDS are not stand-alone issues or relegated to the status of a specific project.

## MAINSTREAMING LESSONS

A review by UNAIDS, the World Bank and UNDP (2005b) highlights the following lessons:

- Mainstreaming efforts are still plagued by considerable misconceptions about the nature of the change that is envisaged. The idea that cross-sectoral issues (such as gender, environmental sustainability and HIV & AIDS) are the responsibility of a single ministry, person, focal point or unit continues to prevail. In other words, the core business of many of these institutions has remained unchanged.
- Mainstreaming requires a process of personal and institutional change. Because of this it will need to be put in place as a process with long-term commitment to institutional change that affects norms, values and systems.
- Mainstreaming needs to take place at different levels so that processes can feed into each other. In other words, mainstreaming HIV and AIDS into development processes such as Poverty Reduction Strategy Papers (PRSPs), and doing so across sectors, is mutually reinforcing.
- Mainstreaming requires strong leadership, coordination and the tracking of outcomes of multiple sectors by a central authority in order to avoid fragmentation.

<sup>1</sup> UNAIDS, World Bank, UNDP. 2005. *Mainstreaming AIDS in Development Instruments and Processes at National Level – a Review of Experiences*. Geneva, UNAIDS. <http://www.undp.org/hiv/docs:MainstreamingB%5B1.%5D.pdf>

## Core learning of the session

1. Mainstreaming is a **process** that requires long-term commitment to **personal and institutional change**
2. Addressing HIV and AIDS is **complex** – requiring actions at different levels that are mutually reinforcing
3. HIV and AIDS should be **contextualised** in the context of broader goals related to development, poverty reduction and gender equity
4. Mainstreaming means that HIV and AIDS are integrated in all **core functions** of the an organization
5. **Critical elements of successful mainstreaming** include :
  - Leadership and commitment
  - Personalisation of the issues
  - A clearly defined mandate
  - Capacity-building
  - Advocacy
  - Partnerships
6. Advancing these areas requires an analysis of the **strengths and weakness** of the organization, and the identification of entry points and opportunities to advance this further (see Session 4)



# Session 3:

## Conducting an assessment of the status of HIV and AIDS mainstreaming

### Learning objectives

By the end of this session, participants will be able to:

- Identify the key areas to be covered in an assessment of the status of HIV and AIDS mainstreaming in the education sector
- Identify the key steps to conduct this kind of assessment.

### Core reading:

UNAIDS Inter-Agency Task Team (IATT) on Education. 2008. *Toolkit on Mainstreaming HIV in the Education Sector: Guidelines for Development Cooperation Agencies*. Tool 5: What is the status of mainstreaming? Paris, UNESCO.

<http://unesdoc.unesco.org/images/0015/001566/156673e.pdf>

### Additional resources:

- UNAIDS IATT on Education. 2005a. *Global HIV/AIDS Readiness Survey*. Paris, UNESCO. <http://unesdoc.unesco.org/images/0013/001399/139972e.pdf>
- UNAIDS IATT on Education. 2006a. *Global HIV & AIDS Readiness Survey – Policy Implications for Education and Development*. <http://unesdoc.unesco.org/images/0014/001446/144625e.pdf>

The Global Readiness Survey provides information on the comparative readiness of the education sectors in 71 countries to respond to, manage and mitigate the impact of HIV and AIDS. The first publication provides annexes containing an abbreviated version of the survey used, as well as the full survey with country results. The second document outlines policy implications and recommendations to influence future responses in the education sector.

- UNAIDS. 2006. *Practical Guidelines for Intensifying HIV Prevention – Towards Universal Access*. [http://data.unaids.org/pub/Manual/2007/20070306\\_Prevention\\_Guidelines\\_Towards\\_Universal\\_Access\\_en.pdf](http://data.unaids.org/pub/Manual/2007/20070306_Prevention_Guidelines_Towards_Universal_Access_en.pdf)  
This document provides practical guidelines on 'knowing your epidemic and your current response'. It is targeted at policymakers and focuses on tailoring the national HIV prevention response to the dynamics and social context of the country and to the population groups that are most vulnerable to and at risk of HIV infection.
- Anderson, H. and Rylander, B. 2004. *SIDA's Approach to HIV and AIDS in Education – An Overview of Achievements*.
- Visser-Valfrey, M. 2005. *Addressing HIV/AIDS in Education – A Survey of Field Staff of the Netherlands Ministry of Foreign Affairs*.

The two above documents provide information on challenges to mainstreaming from the perspective of agency staff. They can be obtained by writing to [info-iatt@unesco.org](mailto:info-iatt@unesco.org).

- UNESCO. 2008. *Regional Overview: Sub-Saharan Africa. 2009 Education for All (EFA) Global Monitoring Report*. Paris, UNESCO.  
<http://unesdoc.unesco.org/images/0017/001784/178418e.pdf>
- WHO, UNAIDS, UNICEF. 2008. *Epidemiological fact sheets on HIV and AIDS, 2008 update. Core data on epidemiology and response*. Paris, WHO.  
<http://www.who.int/hiv/pub/epidemiology/pubfacts/en/>

# What is the status of mainstreaming?

In many countries, education ministries will already have made some progress towards the mainstreaming of HIV & AIDS and sexual and reproductive health and rights. A useful starting point in developing a strategy for the ADB to support mainstreaming processes is to assess the current situation in the countries in which it is operating.

This assessment can be done at different times and with different purposes:

- It can be a **comprehensive assessment conducted as part of an overall planning process in the education sector**.
- It can be a **periodic review of the progress achieved in mainstreaming HIV** in the education sector, for example as part of a **monitoring and evaluation** plan;
- The assessment can **focus on specific topics** such as **gender equality and sexual and reproductive health and rights**, or mainstreaming issues of **children affected by AIDS**;
- You can also **assess or monitor the work that the ADB is undertaking** to support HIV mainstreaming in the education sector.

## Expected results

When thinking about progress, it is useful to have a sense of what we would expect the results of mainstreaming to be. The UNAIDS guide for implementing national responses<sup>2</sup> highlights the following expected result:

*“In any sector, HIV and AIDS mainstreaming should result in the epidemic becoming part and parcel of the routine functions and functioning of a sector. In other words we would expect mainstreaming to result in the provision of prevention services, in support for people living with AIDS, and in the mitigation of the impact on the clients of the sector as an integral part of the planning, budgeting, implementation and monitoring activities of the sector.”*

In the table on the next page, you will find some general and sector-specific examples of short- and long-term results of HIV and AIDS mainstreaming.

Short-term results (outcomes)	Long-term results (impact)
Content on HIV and AIDS, on SRHR, on life skills and other key areas included in the curriculum.	School-going children and young people equipped with knowledge and skills to prevent HIV infection.
Increased awareness of HIV and AIDS among learners, staff and education managers.	Reduced STI and HIV prevalence among young people.
Referral mechanisms for treatment or pilot projects for infected staff and spouses in place.	Improved access to, and completion of, education by children affected by HIV.
Policy for non-discrimination on the basis of HIV status adopted.	Organizational systems able to respond to internal direct and indirect aspects of HIV and AIDS.
HIV and AIDS focal point and team established in the Ministry of Education.	Embedded capacity for financial planning and forecasting for HIV and AIDS.
Staff across sectors trained in mainstreaming.	Staff living with HIV employed at all levels of the organization, including in senior posts.
Specific mainstreaming actions costed and budgeted for.	Reduced STI and HIV prevalence among learners and staff.
School fees abolished.	Comprehensive treatment available for infected staff and spouses.

<sup>2</sup> UNAIDS. August 2005a. *Intensifying HIV Prevention: UNAIDS Policy Position Paper*. Geneva: UNAIDS. Accessed online 28 September 2007 at: [http://data.unaids.org/publications/irc-pub06/jc1165-intensif\\_hiv-newstyle\\_en.pdf](http://data.unaids.org/publications/irc-pub06/jc1165-intensif_hiv-newstyle_en.pdf)

# Considering the HIV prevalence rate

Countries have specific contexts and needs, as well as different realities. Adult HIV prevalence levels will be one of the factors that will determine the extent to which a country needs to be prepared to address HIV and AIDS through education – including the structures and programmes we would expect to see in place.

Thus a country with an adult prevalence rate of 1% will necessarily be different from one where the prevalence is 5% or more, because the impact on the education sector in countries with high adult prevalence rates is quite different. As a result, we would expect to see significantly more attention to planning and policy issues in such a country than in a low prevalence country.

**Where HIV is generalised, every workplace, school and community setting must be used for intensive HIV prevention activities.<sup>1</sup>**

Source: Global HIV Prevention Working Group. 2008. *Behaviour Change and HIV Prevention: (Re)Considerations for the 21<sup>st</sup> Century*. Geneva, UNAIDS. [http://www.globalhivprevention.org/pdfs/PWG\\_behavior%20report\\_FINAL.pdf](http://www.globalhivprevention.org/pdfs/PWG_behavior%20report_FINAL.pdf)

## Epidemiological scenarios

### Low-level

- HIV prevalence among general population < 1%
- HIV prevalence has not spread significantly in any sub-group
- Risk is diffuse (low levels of partner exchange or of nonsterile injecting equipment) or virus only recently introduced.

### Concentrated

- HIV prevalence high in population sub-groups.
- Epidemic is fuelled by key risk behaviours, in most cases: unsafe injecting drug use; unprotected male-to-male sex; and unprotected sex in the context of sex work.
- Virus is not circulating at high levels among the so-called 'general population'

### Generalised

- 1-15% of pregnant women attending antenatal clinics are HIV-positive.
- HIV is present among general population and spreading widely

### Hyper-endemic

- Virus has spread to over 15 % of adult population and very large numbers of people are living with HIV.
- Drivers of epidemic: include early sexual debut; low understanding of risk; high levels of intergenerational sex; multiple and concurrent partnerships among men and women; gender-based inequalities; extreme poverty, stigma and discrimination; violence and human rights abuses; inconsistent condom use and low availability/ acceptability of condoms; and low levels of male circumcision.

Source: UNAIDS. 2007. *Practical Guidelines for Intensifying HIV Prevention Towards Universal Access*. Geneva, UNAIDS. [http://data.unaids.org/pub/Manual/2007/jc1274-towardsuniversalaccess\\_en.pdf](http://data.unaids.org/pub/Manual/2007/jc1274-towardsuniversalaccess_en.pdf)

However, using HIV prevalence as a sole criterion can be misleading. It is important to examine the available data overall to get a sense of what direction the epidemic is heading (has prevalence been growing, and among which groups? What risk and protective factors exist (i.e. is voluntary counselling and testing (VCT) for HIV available? Are stigma and discrimination prevalent? Are gender inequities significant? Is the population very mobile?), and what programmes have been put in place in general (in the health sector, but also overall within government) and in the education sector specifically.

# Tool to assess the status of mainstreaming

Strategic Area	Assessment of status					Possible Action to be Taken
	Yes	No	N/A	On-going	Planned	
<b>1. HIV structures established and functioning</b>						
Senior strategic HIV and AIDS team in place with well-defined functions						
Operational unit for HIV and AIDS management established, headed by senior official (with a dedicated position)						
Focal people in place in ministry of education key departments (curriculum, planning, budget, human resources, etc.)						
HIV and AIDS sub-committees in place at provincial level, chaired by senior education person						
HIV and AIDS working groups with mandate to deal with all institutional level external and internal matters in place, linked to multi-sectoral response						
<b>2. Enabling legal and policy framework in place</b>						
National School Act in place regulating admissions, fees, compulsory schooling for girls, etc. including fee exemption for poor families						
Education sector policy in place with common vision, principles, minimum standards and commitments						
Workplace policy developed in consultation with unions, in line with public sector conditions of service and binding on all institutions						
School-level policy on HIV and AIDS developed by each school, in line with other policies such as those that address life skills, violence/sexual harassment, SRHR						
National policy unit in place that reviews all laws, regulations, policies, procedures, codes of conduct and collective agreements to ensure that HIV and AIDS are appropriately addressed						
Mechanisms in place to ensure that all levels of the education system are adequately informed about policies						
<b>3. HIV and AIDS mainstreamed into all planning and budgeting</b>						
Baseline impact assessment conducted and used as an advocacy and reference document						
HIV and AIDS Plan for the sector linked to routine planning, budgeting and monitoring mechanisms of the sector and annually reviewed						
Sector-wide HIV and AIDS indicators developed and integrated in relevant education-wide instruments						
Education Management Information System (EMIS) reviewed to include HIV- and AIDS-sensitive indicators						
<b>4. HIV and AIDS mainstreamed into all human resource functions</b>						
Human resource policies amended to minimise vulnerability and to take account of teacher attrition						
Conditions of service reviewed to accommodate HIV and AIDS (e.g. reasonable time off for sickness)						
Succession planning in place based on review of demand and supply						
Guidelines on HIV and AIDS prevention and management developed for education managers and educators and disseminated						
Code of conduct adopted by all educators committing to zero tolerance for violence, (sexual) abuse and stigmatisation						
System established to implement and track education quality with early warning and remedial procedures						
<b>5. Workplace HIV and AIDS programme developed, implemented and monitored</b>						
Appropriately adjusted national awareness programme for national staff						
Peer education programme with sessions during working hours						
HIV and AIDS counselling available						
Referrals established for voluntary counselling and testing, treatment and social support						
Infection control guidelines developed and disseminated, resources (e.g. gloves) distributed						

Strategic Area	Assessment of status					Possible Action to be Taken
	Yes	No	N/A	On-going	Planned	
<b>6. HIV and AIDS mainstreamed into curricula</b>						
Curriculum amended to include HIV & AIDS and SRHR issues, with appropriate focus on gender						
Teaching materials amended for different levels and to conform to outcome-based methodologies						
Information and material dissemination support implemented						
Monitoring and evaluation systems established						
Youth peer educators recruited, trained and supported						
<b>7. Holistic support available for infected and affected staff and learners</b>						
Systems developed, implemented and monitored for identification and support of orphans and other vulnerable children						
School feeding scheme in place for at least one meal a day for all learners						
Arrangements put in place for educators to attend briefing session on signs, symptoms and management of HIV						
Arrangements for regular attendance agreed upon for infected and affected children						
Counselling service established for crisis and bereavement						
<b>8. Training and capacity-building underway on HIV and AIDS</b>						
Annual quota increased of educators to be trained in line with results and priorities of impact assessment						
Specialist educators trained in line with national demands for these skills						
Educators trained in HIV & AIDS and SRHR and life skills						
Select educators trained as counsellors						
System institutionalised for mentoring and support for educators and counsellors						
Resources are developed, disseminated and integrated in an accessible database						
<b>9. Partnerships and coordination established to enhance the response</b>						
Database of national and district partners established						
Sector mobilisation strategy of partners defined and implemented						
HIV and AIDS prominent bi-annual education conference organized						
Consultations at district level held and roles, responsibilities and commitments defined						
Orientation sessions on HIV and AIDS held for parents at the school level						
<b>10. Research studies implemented to enhance the response</b>						
Research agenda defined, based on research conducted and gaps identified						
Research commission established to answer priority questions						
Funds committed to funding research						
Strategy and mechanisms for dissemination of research results in place						

# How to use this tool

This tool provides insight into what we can expect from HIV and AIDS mainstreaming. It contains a table that is structured along a ten-point plan for effective mainstreaming. In an ideal situation, with HIV & AIDS and SRHR perfectly mainstreamed in education, we would expect all of these ten areas to be comprehensively addressed. The specific priority actions may vary by country, depending on the state of the epidemic, among others, but ideally most of these would be in place.

For each of the ten areas in the above tool, make a judgement regarding whether, and to what extent, this is an area that is being addressed, and its importance. Place a tick in the relevant column choosing between 'yes', 'no', 'not applicable (N/A)', 'on-going' and 'planned'. If you are not sure about the status of a particular area, then identify – in the last column on 'possible action to be taken' – how you will get this information. Alternatively, you can also use this last column to identify what could be done (by ADB or others) to move this issue along.

- You can do this assessment by yourself, or you can use it as a tool for discussion with other partners. This will be particularly useful in countries with low prevalence levels where there may be areas of action that are less applicable and/or urgent.
- You can also adapt this table to do the same assessment of how HIV and AIDS are being addressed by ADB or by the office where you work.
- You can use this tool as a baseline assessment to measure progress and to identify problematic areas. In this case, keep the initial assessment and use this tool as a framework. It may also be interesting to compare your assessment of progress with that of other colleagues (i.e. other development agencies, other stakeholders and the Ministry of Education itself) and to discuss any important differences.

# Exercise 3.1 – Case Study: Gold Star State

Goldstar State is a hypothetical country, described as a developing nation, with a decentralised system of government.

The socio-demographic profile of the country is as follows:

Population (in millions)	10
Population under 15 (%)	43
Urban population (%)	21
Average life expectancy at birth (in years) – -males	52
Average life expectancy at birth (in years) – females	54
Unemployment rate (%)	66
Proportion of the Population below US\$1.25 a day (% , 2005 Purchasing Power Parity)	57
HIV prevalence rate(% of the population 15-49)	5
Orphans due to AIDS (in thousands)	120

The key education indicators for Goldstar State are as follows:

Adult literacy rate (% ages 15+) – male	65
Adult literacy rate (% ages 15+) – female	55
Pupil/teacher ratio	45
Gross Enrolment Ratio (GER) in primary education (%) – male	75
Gross Enrolment Ratio (GER) in primary education (%) – female	65
Gross Enrolment Ratio Gender Parity Index (GPI) (F/M)	0.87
Transition from primary to secondary general education (%) - male	60
Transition from primary to secondary general education (%) - female	40
Drop out rates by Grade 5 (%) – males	N/A
Drop out rates by Grade 5 (%) – females	N/A

The key players in the education sector include:

INTERNAL (workplace)	EXTERNAL (beneficiaries & partners)
<b>National level</b>	
Ministers Ministry staff Unions (national representatives)	Other ministries Learner representative bodies Research institutions Civil society organizations (e.g. national NGOs, media)
<b>District level</b>	
District officials Regional Ministry staff Unions (district representatives)	Other ministries (regional representatives) C Civil society organizations (e.g. NGOs, media)
<b>School and institutional level</b>	
Principal and management Educators Support staff	Learners Parents School Governing Bodies Other schools/institutions Health facilities

## Education sector response to the AIDS epidemic

Despite many competing demands on the government of Goldstar State, and enormous challenges within the education sector, the Ministry of Education has worked with other partners in the past three years to mount an emergency response to the AIDS epidemic.



Each participant has a card with information on different aspects of the Ministry of Education's response.

## Questions to explore

With the above information, and the information provided to each participant on flash cards, use the tool to review the efforts to date by Goldstar State, noting:

1. How well Goldstar State has done in each of the 10 response areas found in the tool.
2. Allocate a % score **for each response area** as follows:
 

0-33%	Long way to go!
33-66%	More-or-less average!
66-100%	Doing well!
3. Discuss the strengths and weaknesses in the response.
4. Identify the 5 top priorities for urgent action, and consider possible actions to be taken.
5. Present in plenary the top priority areas for the sector and actions.

# Methods and steps for conducting an assessment

You can use different methods to produce a situation analysis of the status of HIV mainstreaming in the education sector or to conduct periodic reviews to monitor the progress made towards achieving HIV mainstreaming:

- **Method No 1:** You can commission an organization or individuals, for example consultants to conduct a study using different data collection methods such as literature review, in-depth interviews, the administration of questionnaires, and focus group discussions (FGDs).
- **Method No 2:** You can organize meetings or workshops where key stakeholders involved in the education sector and other sectors participate and analyse the situation together using participatory methods.

You may also want to mix the two methods. The below tables describes some of the activities to be carried out to produce either an education sector situation assessment report or periodic monitoring reports.

Method	Main activities / steps
<b>Commissioned study</b>	<ul style="list-style-type: none"> <li>• Prepare TOR</li> <li>• Orient researcher(s) / Consultant(s)</li> <li>• Draft study protocol</li> </ul>
	<ul style="list-style-type: none"> <li>• Develop data collection tools</li> <li>• Pre-test and validate data collection tools</li> </ul>
	<ul style="list-style-type: none"> <li>• Review draft report</li> </ul>

Method	Main activities / steps
<b>Participatory workshop(s) for a comprehensive assessment or review of the status of HIV mainstreaming</b>	Introduction to the assessment (1): <ul style="list-style-type: none"> <li>• Introduce the rationale for the assessment of mainstreaming</li> </ul>
	Introduction to the assessment (2): <ul style="list-style-type: none"> <li>• Present critical elements of successful mainstreaming</li> <li>• Prioritise the elements in the context of the assessment</li> </ul>
	Introduction to the assessment (3): <ul style="list-style-type: none"> <li>• Reflect on basic questions for the assessment of mainstreaming</li> </ul>
	<ul style="list-style-type: none"> <li>• Assess the status of mainstreaming</li> <li>• Initial assessment (baseline data)</li> </ul> or <ul style="list-style-type: none"> <li>• Review of progress made</li> </ul>
	Conduct stakeholder/partner analysis

The IATT on Education Toolkit on *Mainstreaming HIV in the Education Sector* includes a range of tools that can assist this process. For example, if you decide to **commission a study**, you can use Tools 4, 5 and 7 for the following steps:

Main activities / steps	How to use the tools
<ul style="list-style-type: none"> <li>• Prepare TOR</li> <li>• Orient researcher(s) / Consultant(s)</li> <li>• Draft study protocol</li> </ul>	<ul style="list-style-type: none"> <li>• Use/adapt the list of general questions to consider around HIV mainstreaming (pp. 23-24) and/or education-specific questions (pp. 24-26) in Tool 4.</li> <li>• Refer to the expected results of HIV mainstreaming in Tool 5 (p. 34).</li> <li>• Refer to the five-step method for conducting a stakeholder analysis in Tool 7 (pp. 43-44).</li> <li>• Refer to existing elements that can be used for data collection in the different tools (see below).</li> </ul>
<ul style="list-style-type: none"> <li>• Develop data collection tools</li> <li>• Pre-test and validate data collection tools</li> </ul>	<p>Use/adapt the following elements for the development of data collection tools, e.g. interview and FGD guides and/or questionnaires:</p> <ul style="list-style-type: none"> <li>• Checklist to assess the status of HIV mainstreaming in 10 strategic areas in Tool 5 (pp. 30-31).</li> <li>• Form used to measure the <i>Education Sector Global HIV/AIDS Readiness</i> in Tool 5 (p. 33). Refer to the original results of the survey for participating countries.</li> <li>• Stakeholder analysis matrix in Tool 7 (p. 45) to identify relevant actors and their area(s) of work.</li> <li>• You can also use the above mentioned elements to develop indicators to be included in a monitoring and evaluation plan</li> </ul>
<ul style="list-style-type: none"> <li>• Review draft report</li> </ul>	<ul style="list-style-type: none"> <li>• Use the elements above mentioned to assess whether key issues referred to in the Toolkit are adequately addressed in the report.</li> <li>• Use this analysis to provide feedback to the authors.</li> </ul>

If you decide to hold a **participatory workshop(s) for a comprehensive assessment or review of the status of HIV mainstreaming** you can use Tools 1, 3, 4, 5 and 7 for the following steps:

Main activities / steps	How to use the tools
Introduction to the assessment (1): <ul style="list-style-type: none"> <li>• Introduce the rationale for the assessment of mainstreaming</li> </ul>	<ul style="list-style-type: none"> <li>• Use the flow chart on p. 10 in Tool 1 to make an initial and overall assessment of the situation</li> </ul>
Introduction to the assessment (2): <ul style="list-style-type: none"> <li>• Present critical elements of successful mainstreaming</li> <li>• Prioritise the elements in the context of the assessment</li> </ul>	Use Tool 3 to: <ul style="list-style-type: none"> <li>• Prepare a presentation on critical elements and lessons learned based on the content on p. 19 (adding local examples, where possible).</li> <li>• Present or adapt the checklist of critical elements for successful mainstreaming (p. 20).</li> <li>• Based on the checklist (or an adaptation) on p. 20 ask participants to identify the elements that are most important in the country/setting as well as existing strengths and weaknesses in terms of HIV mainstreaming.</li> <li>• Review the findings with participants, encouraging discussion on areas of disagreement.</li> </ul>
Introduction to the assessment (3): <ul style="list-style-type: none"> <li>• Reflect on basic questions for the assessment of mainstreaming</li> </ul>	Use Tool 4 to: <ul style="list-style-type: none"> <li>• Use/adapt the list of general questions to consider around HIV mainstreaming (pp. 23-24) and/or education-specific questions (pp. 24-26) to discuss which issues are the most relevant for the assessment depending on the purpose of the assessment (e.g. for sector planning or for funding arrangements).</li> </ul>
<ul style="list-style-type: none"> <li>• Assess the status of mainstreaming</li> <li>• Initial assessment (baseline data)</li> </ul> or <ul style="list-style-type: none"> <li>• Review of progress made</li> </ul>	Use Tool 5 to: <ul style="list-style-type: none"> <li>• Use/adapt the checklist to assess the status of HIV mainstreaming in 10 strategic areas (pp. 30-31) and identify the gaps.</li> <li>• Use/adapt the form used to measure the <i>Education Sector Global HIV/AIDS Readiness</i> (p. 33). Refer to the original results of the survey for participating countries.</li> </ul>
Conduct stakeholder/partner analysis	<ul style="list-style-type: none"> <li>• Use/adapt the stakeholder analysis matrix (p. 45) in Tool 7 to identify relevant actors and their area(s) of work.</li> </ul>

# Exercise 3.2

Participants are divided into several small groups/pairs (by countries or according to other criteria).

- Half the groups should develop a concept note that describes the methods and steps that they recommend to conduct an assessment of HIV mainstreaming in the education sector in the country where they work, or in another country of their choice.
- The other groups should develop the Terms of Reference (TORs) for the consultants who will conduct an assessment of HIV mainstreaming in the education sector in the country where they work, or in another country of their choice.

## **Instructions for the groups who will develop a concept note that describes the methods and steps that they recommend to conduct an assessment of HIV mainstreaming in the education sector**

- Documents:
  1. UNAIDS Inter-Agency Task Team (IATT) on Education. 2008. *Toolkit on Mainstreaming HIV in the Education Sector: Guidelines for Development Cooperation Agencies. User's Guide*. Paris, UNESCO.
  2. UNAIDS Inter-Agency Task Team (IATT) on Education. 2008. *Toolkit on Mainstreaming HIV in the Education Sector: Guidelines for Development Cooperation Agencies*. Paris, UNESCO.
- Read the *User's Guide* (Document No1) and look for practical advice on how the *Toolkit on Mainstreaming HIV in the Education Sector* (Document No2) can be used to help to conduct an assessment of HIV mainstreaming in the education sector. The sections that include this practical advice are also included in this workbook (see above). NB: Please note that the *User's Guide* is a pilot version that is currently field-tested and therefore feedback from participants on this document will be solicited.
- Consult the relevant tools in the *Toolkit on Mainstreaming HIV in the Education Sector* (Document No2) as mentioned in the *User's Guide*.
- Draft the concept note using the two documents. The concept note should include at least the following sections:
  1. List of activities that will be carried out for the assessment
  2. Suggested methods for each activity
  3. Objectives / Expected results and/or expected outputs
  4. Areas that should be covered by the assessment
  5. People/Organisations involved in each activity
- The concept note should be maximum three-page long.

## **Instructions for the groups who will develop the TORs for the consultants who will conduct an assessment of HIV mainstreaming in the education sector**

- Documents:
  1. UNAIDS Inter-Agency Task Team (IATT) on Education. 2008. *Toolkit on Mainstreaming HIV in the Education Sector: Guidelines for Development Cooperation Agencies. User's Guide*. Paris, UNESCO.
  2. UNAIDS Inter-Agency Task Team (IATT) on Education. 2008. *Toolkit on Mainstreaming HIV in the Education Sector: Guidelines for Development Cooperation Agencies*. Paris, UNESCO.
- Read the *User's Guide* (Document No1) and look for practical advice on how the *Toolkit on Mainstreaming HIV in the Education Sector* (Document No2) can be

used to help to conduct an assessment of HIV mainstreaming in the education sector. The sections that include this practical advice are also included in this workbook (see above). NB: Please note that the *User's Guide* is a pilot version that is currently field-tested and therefore feedback from participants on this document will be solicited.

- Consult the relevant tools in the *Toolkit on Mainstreaming HIV in the Education Sector* (Document No2) as mentioned in the *User's Guide*.
- Draft the TORs using the two documents. The TORs should include at least the following sections:
  1. Objectives / Expected results and/or expected outputs
  2. Areas that should be covered by the assessment
  3. List of activities that will be carried out for the assessment
  4. People/Organisations involved in each activity
- The TORs should be maximum three-page long.

# A practical example

In 2005, the UNAIDS IATT on Education conducted a survey of the comparative readiness of 71 countries to respond to, manage and mitigate the impact of HIV and AIDS. The survey provides a benchmark against which countries can regularly assess progress, and also a basis for comparison between countries.

In conducting the survey the study segmented countries by reported UNAIDS adult HIV prevalence, as follows:

High prevalence = 6% or more

Medium prevalence = between 2% and 6%

Low prevalence = between 0.05% and 2%

Using this classification, 60% of the countries surveyed fell in the low prevalence category, 20% in the medium prevalence and 20% were classified as high prevalence. In recognition of the fact that adult prevalence will determine what measures we will expect to have in place, the survey questionnaire was adapted to different contexts. All countries completed a basic questionnaire, which included seventy-three questions. For medium prevalence countries, a further eight questions were added, and high prevalence countries completed an additional twenty-seven questions. Some examples for selected countries in sub-Saharan Africa can be found in subsequent pages.

Consider what progress has taken place since then, and outstanding actions for HIV prevention and HIV & AIDS impact mitigation.

You can find more information on the GRS in “Additional Resources” at the introduction to this session.

# Education Sector Global HIV/AIDS Readiness Survey

## Selected Key Results for: **Burkina Faso**

UN Region: **Sub-Saharan Africa**

Prevalence: **High**

Date Completed:

<b>1. Education System</b>	
• Is there a single education Ministry in your country, or two (e.g. Ministry of Basic Education and Ministry of Higher Education)?	Two
• Is total enrolment in your schools growing, shrinking or remaining stable?	Growing
<b>2. Ministry of Education HIV/AIDS structures</b>	
• At the national level, do you have a dedicated committee or management unit that is responsible for co-ordinating the response to the HIV/AIDS epidemic?	Yes
• Are there staff at the national Ministry level who <u>only</u> deal with HIV/AIDS issues?	Yes
• Do you have regional structures responsible for implementing a response to the HIV/AIDS epidemic?	Yes
<b>3. Enabling Environment for an effective response to HIV/AIDS</b>	
• You have regulations for schools and other educational institutions in terms of admissions and fees	True
• The Ministry of Education has a specific HIV/AIDS policy	True
• The Ministry of Education has a workplace policy relating to HIV/AIDS	True
• Other rules and regulations within the Ministry have been reviewed in light of the impacts and implications of HIV/AIDS	True
<b>4. HIV/AIDS Mainstreaming</b>	
• Is there an education sector HIV/AIDS strategic plan?	Yes
• Is HIV/AIDS considered when making district level plans?	Yes
<b>5. Human Resources adaptation to the impacts of HIV/AIDS</b>	
• Human resource policies have been amended to minimise vulnerability and susceptibility to HIV/AIDS (e.g. deployment of teachers away from their families)	True
• An analysis of the impact of HIV/AIDS on demand and supply of human resources in the education sector has been conducted	False
• Guidelines for teachers on dealing with HIV/AIDS in schools have been developed	In Process
<b>6. Workplace HIV/AIDS programmes</b>	
• Does the Ministry/Department have an HIV/AIDS awareness programme for all its employees: At the national level?	Yes
At the district level?	Yes
For staff at education institutions?	Yes
• Have guidelines for implementing universal precautions been developed for use by all staff?	Yes
• Does the Ministry have a policy of non-discrimination with regard to recruitment, advancement, continued employment and benefits for personnel affected by HIV/AIDS	Yes
• Do you enforce confidentiality of information about Ministry employees affected by HIV/AIDS?	No
<b>7. HIV/AIDS and the Curriculum</b>	
• Is there a life skills programme established in your education system at the following levels: Primary?	Yes
Secondary?	Yes
Does the life skills programme consider issues relating to gender?	Yes
• Have orientation programmes been undertaken for teachers in school life skills and HIV/AIDS?	Yes
• Has there been an orientation process for parents regarding life skills programmes in schools?	Yes
• Are HIV/AIDS materials available to all students within the tertiary sector?	Yes
• Are HIV/AIDS and life skills integral components in the curriculum for the professional preparation of all new teachers?	Yes
• Have efforts been made to include out of school youths in life skills and HIV/AIDS awareness efforts?	Yes
<b>8. Responses aims at the Infected and Affected</b>	
• Does the Ministry have a programme to address the needs of orphaned and vulnerable children in the education system?	Yes
• Is there currently a school feeding scheme in place?	No
• Are counseling services, by trained counsellors, available at most or all schools at the following levels: At the Primary level	Yes
At the Secondary level	Yes
<b>9. Partnership development in response to HIV/AIDS</b>	
• Has an effort been made to identify possible partners for the fight against HIV/AIDS within the education sector?	Yes
• Does the education sector have a shared strategy for the fight against AIDS?	Yes
<b>10. Research guiding the response to HIV/AIDS</b>	
• Has a research agenda been defined that prioritises gaps in knowledge relating to the impacts of and response to HIV/AIDS within the education sector?	Yes
• Has any research been commissioned to inform the education sector response to HIV/AIDS?	Yes

Please note that this is an extract of responses to the Education Sector Global HIV/AIDS Readiness Assessment Survey

# Education Sector Global HIV/AIDS Readiness Survey

## Selected Key Results for: **Kenya**

UN Region: **Sub-Saharan Africa**

Prevalence: **High**

Date Completed: **11 Aug 04**

<b>1. Education System</b>	
• Is there a single education Ministry in your country, or two (e.g. Ministry of Basic Education and Ministry of Higher Education)?	Single
• Is total enrolment in your schools growing, shrinking or remaining stable?	Growing
<b>2. Ministry of Education HIV/AIDS structures</b>	
• At the national level, do you have a dedicated committee or management unit that is responsible for co-ordinating the response to the HIV/AIDS epidemic?	Yes
• Are there staff at the national Ministry level who <u>only</u> deal with HIV/AIDS issues?	Yes
• Do you have regional structures responsible for implementing a response to the HIV/AIDS epidemic?	Yes
<b>3. Enabling Environment for an effective response to HIV/AIDS</b>	
• You have regulations for schools and other educational institutions in terms of admissions and fees	True
• The Ministry of Education has a specific HIV/AIDS policy	True
• The Ministry of Education has a workplace policy relating to HIV/AIDS	True
• Other rules and regulations within the Ministry have been reviewed in light of the impacts and implications of HIV/AIDS	True
<b>4. HIV/AIDS Mainstreaming</b>	
• Is there an education sector HIV/AIDS strategic plan?	Yes
• Is HIV/AIDS considered when making district level plans?	Yes
<b>5. Human Resources adaptation to the impacts of HIV/AIDS</b>	
• Human resource policies have been amended to minimise vulnerability and susceptibility to HIV/AIDS (e.g. deployment of teachers away from their families)	In Process
• An analysis of the impact of HIV/AIDS on demand and supply of human resources in the education sector has been conducted	False
• Guidelines for teachers on dealing with HIV/AIDS in schools have been developed	In Process
<b>6. Workplace HIV/AIDS programmes</b>	
• Does the Ministry/Department have an HIV/AIDS awareness programme for all its employees: At the national level?	Yes
At the district level?	Yes
For staff at education institutions?	Yes
• Have guidelines for implementing universal precautions been developed for use by all staff?	No
• Does the Ministry have a policy of non-discrimination with regard to recruitment, advancement, continued employment and benefits for personnel affected by HIV/AIDS	Yes
• Do you enforce confidentiality of information about Ministry employees affected by HIV/AIDS?	Yes
<b>7. HIV/AIDS and the Curriculum</b>	
• Is there a life skills programme established in your education system at the following levels: Primary?	Yes
Secondary?	Yes
Does the life skills programme consider issues relating to gender?	Yes
• Have orientation programmes been undertaken for teachers in school life skills and HIV/AIDS?	In Process
• Has there been an orientation process for parents regarding life skills programmes in schools?	No
• Are HIV/AIDS materials available to all students within the tertiary sector?	Yes
• Are HIV/AIDS and life skills integral components in the curriculum for the professional preparation of all new teachers?	Yes
• Have efforts been made to include out of school youths in life skills and HIV/AIDS awareness efforts?	No
<b>8. Responses aimed at the Infected and Affected</b>	
• Does the Ministry have a programme to address the needs of orphaned and vulnerable children in the education system?	Yes
• Is there currently a school feeding scheme in place?	Yes
• Are counseling services, by trained counsellors, available at most or all schools at the following levels: At the Primary level	No
At the Secondary level	Yes
<b>9. Partnership development in response to HIV/AIDS</b>	
• Has an effort been made to identify possible partners for the fight against HIV/AIDS within the education sector?	Yes
• Does the education sector have a shared strategy for the fight against AIDS?	Yes
<b>10. Research guiding the response to HIV/AIDS</b>	
• Has a research agenda been defined that prioritises gaps in knowledge relating to the impacts of and response to HIV/AIDS within the education sector?	No
• Has any research been commissioned to inform the education sector response to HIV/AIDS?	No

Please note that this is an extract of responses to the Education Sector Global HIV/AIDS Readiness Assessment Survey

## Core learning of the session

- In order to plan and implement effectively HIV mainstreaming in the education sector it is **important to start by assessing the status of HIV mainstreaming**, through an initial assessment where needed and through a periodic monitoring of the progress made towards mainstreaming.
- It is also **important to know what is expected from HIV mainstreaming**.
- The **epidemiological context is a key element** in the assessment of HIV mainstreaming even if it is not the only one.
- There are a **number of key areas where the assessment** of HIV mainstreaming in the education sector **has to be conducted**.
- There are **different methods** and steps to conduct an assessment:
  - **Commission an organization or individuals**, for example consultants to conduct a study using different data collection methods such as literature review, in-depth interviews, the administration of questionnaires, and focus group discussions.
  - Organize a **participatory process including meetings and workshops** where you involved the key stakeholders involved in the education sector.
  - **A mix of both approaches**.



# Session 4:

## Identifying opportunities and entry points for HIV mainstreaming

### Learning objectives

By the end of this session you will be able to:

- Identify specific opportunities and entry points for HIV and AIDS mainstreaming in education in their respective countries.

### Core reading:

- UNAIDS Inter-Agency Task Team (IATT) on Education. *Toolkit on Mainstreaming HIV in the Education Sector: Guidelines for Development Cooperation Agencies*. Paris, UNESCO.
  - Tool 6: Identify opportunities and entry points for HIV and AIDS mainstreaming

<http://unesdoc.unesco.org/images/0015/001566/156673e.pdf>

### Additional resources:

- *EDUCAIDS Framework for Action* (included in the EDUCAIDS Resource Pack). Paris, UNESCO  
<http://unesdoc.unesco.org/images/0014/001473/147360e.pdf>
- *EDUCAIDS Technical Briefs* (included in the EDUCAIDS Resource Pack). Paris, UNESCO  
<http://unesdoc.unesco.org/images/0015/001584/158436e.pdf>

# The five types of entry points for mainstreaming HIV and AIDS in the education sector

- 1) existing processes
- 2) existing partnerships
- 3) thematic issues
- 4) specific vulnerable populations
- 5) development platforms and policy directives.

## Examples of existing processes

The regular planning processes of agencies and government organizations (such as the Ministry of Education) can be used as a starting point. Examples of possible entry points include:

- Annual review of the education plan or of major initiatives.
- Other sectoral planning processes, such as midterm reviews in which specific questions on HIV and AIDS can be included.
- Media events, for example, for the launching of new initiatives.
- Discussion of major reforms in education (curriculum reforms, civil service reform, legislation etc.).
- Major international initiatives such as the in-country endorsement process for FTI and the review of progress towards the MDGs.
- Studies and other research projects, for example, by conducting a comprehensive review of the impact of sexuality education in schools on attitudes and behaviour of young people.
- Training events, for example, by including HIV and AIDS forecasting in training on education planning and management.
- Specific initiatives e.g. the establishment of an HIV and AIDS unit in the Ministry of Education, or the review of legislation regarding school inspection.

## Examples of existing partnerships

In many countries, there will be partnerships in place between different organizations and ministries that can be used as an entry point for addressing HIV and AIDS. In other countries, there are strong links that can be built upon between agriculture and industry and education because of vocational education. In some cases, partnering with the private sector may be a useful way to learn about effective workplace policies. Examples of possible partnerships that you can use as entry points include:

- Multisectoral ministerial working groups around specific issues and themes, for example, around orphans and other vulnerable children.
- Working groups or thematic groups that fall under the National AIDS programme or its equivalent and bring together stakeholders from a variety of sectors.
- Task teams or thematic groups coordinated by the Ministry of Education.

- Donor coordination groups for the education sector specifically or for development aid in general.
- Regional networks and meetings.
- Civil society coordination or working groups.
- PRSP Working Groups.
- MDG Working Groups.
- Working groups established in the context of the FTI approval process.

## Examples of thematic issues

In general, poverty reduction, gender, population movements and food security are good examples of development issues that provide opportunities for integrating HIV & AIDS and SRHR. It may not always be obvious to all parties why it is important to include a focus on HIV & AIDS and SRHR in approaches towards these issues, so it may be necessary to find data or commission studies that make such information available.

In the education sector, examples of thematic issues can include such issues as:

- access and equity,
- education quality,
- teacher training reform or human resource development.

In the case of teacher training reform typical questions to ask are:

- What is the impact of HIV and AIDS on the teaching force?
- How does the placement strategy and the transfer of educators' impact on HIV?
- Which educators are most vulnerable to HIV infection?
- How can the teacher training and human resource policies be strengthened to reduce vulnerability to HIV?
- What role should educators play in HIV prevention and in promoting SRHR and what is necessary to ensure that they can effectively play that role?

## Examples of specific vulnerable populations

Vulnerable populations, also known as key populations, are important entry points, particularly in low prevalence settings when the epidemic is still restricted to specific groups within the population. Key populations may include:

- people located on migration routes or border areas and people in areas of conflict, especially young people
- orphans and vulnerable children
- sex workers, especially young female and male sex workers
- men who have sex with men, especially young men
- injecting drug users (IDUs), especially young IDUs

# Examples of development platforms and policy directives

It is critical to ensure that mainstreaming has legitimacy. There are various ways of doing this.

- One way is to relate mainstreaming to specific development platforms, for example, to the constitutional objectives of local government or to the MDGs.
- Another option is specific policy directives. Some of these may exist – either at sectoral or government level – but they are not well disseminated, used, or operational. Often what is missing is support to the dissemination and enforcement of these policy directives.

## Guiding principles for identifying entry points

- Mainstreaming efforts should be located within existing frameworks and institutional structures.
- Advocacy, continuous education and capacity-building are required to place people in a better position to undertake mainstreaming.
- Internal and external mainstreaming need to be clearly distinguished and it is essential to ensure that both are addressed.
- Strategic partnerships based upon comparative advantages and collaboration must be developed for effective implementation.

## **E**xercise 4.1

Participants are divided into small groups or pairs (by countries or according to other criteria)

In each group participants should list the existing opportunities and entry points for mainstreaming HIV and AIDS in the education sector in the countries where they work in reference to the five types of entry points. Examples should be concrete.

When participants in one group do not work in the same country, each participant should list the existing opportunities and entry points in the country where they work. Then participants should share their lists and comment them.

## Core learning of the session

- There are five types of entry points for mainstreaming HIV and AIDS in the education sector:
  - 1) existing processes
  - 2) existing partnerships
  - 3) thematic issues
  - 4) specific vulnerable populations
  - 5) development platforms and policy directives.
- Efforts for mainstreaming HIV in the education sector need to be built on what already exists.
- It is important to sensitise all stakeholders and to build their capacities.
- Both the internal and external dimensions of HIV mainstreaming should be promoted.
- Collaboration is essential. Partnerships should be based on the comparative advantages of the various stakeholders.



# Session 5:

## Mainstreaming issues of children affected by HIV and AIDS in education sector responses to HIV and AIDS

### Learning objectives

By the end of this session, participants will be able to:

1. Identify the disadvantages and challenges children affected by AIDS may face and the impact on their educational opportunities.
2. Identify key steps to support the mainstreaming of issues of children affected by AIDS in education sector responses.

### Core reading:

- UNAIDS Inter-Agency Task Team (IATT) on Education. 2008. *Toolkit on Mainstreaming HIV in the Education Sector: Guidelines for Development Cooperation Agencies*. Tool 10: Mainstreaming issues of children affected by HIV and AIDS in education sector responses to HIV and AIDS. Paris, UNESCO.  
<http://unesdoc.unesco.org/images/0015/001566/156673e.pdf>
- Partnership for Child Development (PCD), Banque mondiale, UNICEF. 2006 (2<sup>e</sup> édition). *Ensuring access for orphans and vulnerable children : A Planners Handbook*.  
<http://www.worldbank.org/education/schoolhealth>  
This handbook serves as a guide for discussions about enabling orphans and vulnerable children to access education. It promotes a collaborative inter-sectoral response to the challenges faced by this group.
- UNICEF, World Bank, Partnership for Child Development (PCD). 2009. *Promoting quality education for orphans and vulnerable children: A sourcebook of programme experiences in Eastern and Southern Africa*. New York, UNICEF.
- ActionAid International et Save the Children Fund (2003). *Addressing the educational needs of orphans and vulnerable Children*. Londres, ActionAid.  
<http://www.actionaid.org.uk/content/documents/ovcpaper.pdf>  
The paper describes the educational disadvantage faced by orphans and other vulnerable children. It goes on to look at educational responses with a specific focus on three: open and distance learning; school feeding schemes; and the index for inclusion.

### Additional resources:

- UNICEF, OMS, FNUAP. 2008. *Children and AIDS: Third Stocktaking Report, 2008*. New York, UNICEF.  
[http://www.unicef.org/publications/index\\_46585.html](http://www.unicef.org/publications/index_46585.html)  
This *Third Stocktaking Report* examines data on progress, emerging evidence, and current knowledge and practice for children as they relate to four programme areas, and it calls for several focused, concrete, achievable actions that can significantly improve prospects for children and women and help nations move towards their goals.
- UNESCO. 2007. *School-centred HIV & AIDS care and support in Southern Africa Technical Consultation Report*. Technical Consultation in 22-24 May 2007 Gaborone, Botswana.  
<http://unesdoc.unesco.org/images/0015/001578/157860e.pdf>  
This report provides a synthesis of discussions held at a UNESCO technical consultation on school-centred care and support in Southern Africa.
- UNICEF. 2004. *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. New York, UNICEF.  
[http://www.unicef.org/aids/files/Framework\\_English.pdf](http://www.unicef.org/aids/files/Framework_English.pdf)  
This framework aims at providing a common agenda for mounting an effective response. It is targeted at senior leaders and decision-makers who can influence policies, programmes and resources directed at orphans and vulnerable children.
- UNAIDS Inter-Agency Task Team (IATT) on Education. 2004. *The Role of Education in the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. Paris, UNESCO.  
<http://unesdoc.unesco.org/images/0013/001355/135531e.pdf>  
This report outlines how education can contribute to the protection, care and support of orphans and other vulnerable children, as set out in the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS and intends to provide guidance for investments and interventions. In particular, this paper draws upon and seeks to logically relate education responses to the overlapping commitments made such as UNGASS, the MDGs, EFA and the Convention on the Rights of the Child.

# Who are children affected by HIV and AIDS?

Children affected by AIDS are those children under 18 with additional vulnerabilities and disadvantages due to HIV and AIDS, including:

- Having parents who are HIV infected or suffering from AIDS.
- Leading or living in child-headed households.
- Living in families that are caring for orphans or other additional family members due to AIDS.
- Living in communities severely devastated by HIV and AIDS.
- Being orphaned due to AIDS (maternal, paternal or both).
- Living with HIV since birth.
- Having been newly infected with HIV.
- Being especially vulnerable and at risk of HIV infection due to lack of economic or gendered power in the face of the epidemic.

Girls often bear a double burden as they are more vulnerable to infection and potentially at a higher risk of being affected by the impact of the epidemic.

# What disadvantages can children affected by HIV and AIDS face and how might this affect their education?

The link between the disadvantages and vulnerabilities of children affected by AIDS and the implications for education are complex. The table below provides a summary of the issues that put children at a disadvantage and of the potential impact on their educational outcomes.

Potential disadvantages	Potential impact on educational outcomes
<ul style="list-style-type: none"> <li>• Poverty (lack of livelihoods)</li> <li>• Physical health (HIV status, health and nutrition status)</li> <li>• Emotional well-being (trauma, bereavement)</li> <li>• Gender inequalities in social structures and support systems (stigma, social exclusion, stereotypes, violence, lack of family support and structure etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Drop-outs due to inability to pay school fees</li> <li>• Participation (absenteeism and erratic attendance) due to inability to pay indirect fees, additional responsibilities outside school, gender discrimination, stigma and health status, vulnerability to sexual harassment and abuse</li> <li>• Achievement and outcomes due to lowered attention span and motivation, psycho-social problems and perceived irrelevance of education</li> </ul>

# How can the education sector mainstream the needs of children affected by AIDS?

Mainstreaming implies that the concerns of children affected by AIDS need to be part of education sector plans and policies for HIV and AIDS and other sector reform documents to ensure that the rights of all children, including those affected by the epidemic, are taken into account.

This means taking steps to ensure children's **right to education (access)**, **rights within education (provision of services)** and **rights through education (outcomes)**.

## RIGHT TO EDUCATION – A strong commitment to getting all children to school and keeping them there

Supporting the EFA goals is critical to ensuring that all children have access to education. Policies to reduce costs of schooling will have a positive impact on children affected by HIV and AIDS. In countries with universal free primary education, enrolments have increased permitting access to schooling for orphans, poverty-affected learners and girls who were previously unable to attend school. Efforts to reduce indirect fees, including tuition, textbooks, compulsory uniforms and other costs have had the same positive effect on access to schooling by children affected by AIDS.

### Critical actions:

- Supporting the **abolition of school fees** and indirect education costs.
- Targeting **interventions to reduce non-fee costs**, including opportunity costs, through bursaries, loans, community grants, in-school meals or supplementary food assistance for households, etc.
- Supporting **community networks** that support children affected by AIDS to go to school; provide family-like environments and care and support for orphans and child-headed households.
- Expanding **flexible access and alternatives** to quality education, including non-formal approaches, flexible instruction hours, and acceleration and catch-up programmes.
- Establishing **quality community-based early childhood care and education**, which promote early identification of and quality care and support for vulnerable young children.

## RIGHTS WITHIN EDUCATION – Protecting and keeping children safe and healthy whilst at school

Schools have an important role to play in minimising the impact of the epidemic on children. This includes promoting safe and protective learning environments, with particular attention to preventing and addressing stigma and discrimination and gender inequality. Gender can frequently be associated with vulnerability and vulnerable girls, in particular, need protection.

School-based health, nutrition and social protection interventions can assist in monitoring the status and promoting the well-being of all children, including those affected by the epidemic. Schools can also link to community services, including those for psycho-social support and counselling, for follow-up and addressing any specialised needs.

**Critical actions:**

- Ensuring that education and school **policies** are rights-based and child-centred, with specific attention to the needs and rights of children affected by AIDS.
- Providing education within **enabling and protective learning environments** that are healthy and safe for all children to participate in, with policies and ground rules for class involvement, protection, positive recognition and reinforcement.
- Providing an **education that is child-centred, participatory and builds skills**, that takes into account issues of children living with HIV and AIDS and those who are especially vulnerable.
- Ensuring provision of social and health **services**, either directly or through linkages to community.

**EXAMPLE**

In Lesotho, the Ministry of Education and Training has developed a specific plan to provide educational opportunities and assistance for orphans and other children considered to be vulnerable. Other ministries, including the Ministry of Health and Social Welfare and the Ministry of Justice and Human Rights and Correctional Services, have also developed policies that incorporate the needs of orphans and vulnerable children.

Source: UNICEF, OMS, FNUAP. 2008. *Children and AIDS: Third Stocktaking Report, 2008*. New York, UNICEF.

**RIGHTS THROUGH EDUCATION –  
Ensuring that children leave school empowered with life skills**

Schools as learning institutions can provide children with life skills education that increases their potential for critical thinking and decision-making, coping with loss and living with HIV, communication and negotiation skills and empathy. It is also critical to ensure that the education system delivers high quality learning opportunities that give children the knowledge, attitudes and skills that they need to understand their environment, to interact with others, and to lead productive and healthy lives in general.

**Critical actions:**

- Providing **comprehensive and correct information** to all children, which provides knowledge about ways of preventing HIV infection and dispels major misconceptions about HIV and AIDS.
- Addressing **psycho-social factors** which affect risk and vulnerability, such as values, attitudes, norms and self-efficacy, or the extent to which one can control actions or outcomes.
- Linking education about HIV and AIDS to a broader educational process influencing **norms of surrounding communities**, with particular emphasis on issues of children affected by AIDS and other vulnerabilities.
- **Monitoring effectiveness** in shorter-term knowledge and life skills acquisition, medium-term behavioural intentions and outcomes, and potential long-term contribution to health goals.

## Example - School-centred care and support

*'Schools provide a unique opportunity for HIV and AIDS intervention in the lives of their staff, learners and wider communities. There are few viable alternatives that offer access to so many young people and their mentors over such a sustained period.'*

-Male participant,

School-centred HIV & AIDS care and support in Southern Africa Technical Consultation

Source : UNESCO. 2007. *School-centred HIV & AIDS care and support in Southern Africa Technical Consultation Report*. Technical Consultation in 22-24 May 2007 Gaborone, Botswana.

Ministries of education throughout Eastern and Southern Africa are working with external partners and NGOs to better coordinate school-based interventions. Some example of different frameworks for addressing the needs of children affected by AIDS are provided in the table below.

Framework for:	Rights	Enabling and protective environments	Skills-building	Social services and community participation
Child-friendly schools (CFS) - <i>rights-based and gender-responsive</i> school models	Child-friendly systems, policies, practices	Healthy, safe and protective of children	Effective and relevant to children's needs for life skills	Enabling of child, family and community participation, and providing care and support ( <i>Learning plus</i> )
Focusing Resources on Effective School Health (FRESH) - framework on minimum <i>quality education</i> standards	School health policies	Safe water and sanitation and healthy, safe and protective environments	Skills-based health education	Linkages to community health and nutrition services
Health Promoting Schools (HPS) - a social model for <i>health</i>	Democracy and equity	The school environment	Empowerment through the curriculum	Collaboration with communities for sustainability

## Case Study 1

# Circles Of Support



Between 2003 and 2005, a programme called 'Circles of Support' was piloted in 36 schools across Botswana, Namibia and Swaziland. Children are at the centre of this model. The collaboration of local communities is also fundamental to the approach of Circles of Support so that schools can deliver the range of activities that are needed to support a vulnerable child.

The first 'circle of support' around a child is a network of individuals in the child's immediate environment – family, friends and neighbours. The second circle of support is the school and its staff, other members of the local community and local professionals such as a nurse or counsellor; the third circle of support consists of the provincial and national social sector policy framework.

The overall purpose of the programme is to ensure that the basic needs of children are met, to provide psychosocial support for children affected by HIV and AIDS, to ensure that children remain in school and that those dropping out of school can return to their studies. Every pilot school implemented the approach in different ways. Some decided to try out the suggested programmatic components; others decided to stick to government guidelines for care and support. However, essentially the model suggests the school as the meeting point for a number of 'protagonists': school convenors; neighbourhood agents (selected through community structures); and fieldworkers (initially playing an advocacy role, then part of monitoring and evaluation).

The way the programme was set up needed to be flexible enough to respond to the nature of the community – especially in regards to training needs. School convenors and neighbourhood agents were encouraged to attend training together so that they built a team (in some cases the heads of school took part as well).

The CoS programme did not provide money/grants for economic development in pilot communities. Instead, the programme wanted to investigate to what extent opportunities for local resources could be identified and harnessed for developing and sustaining the programme. It was found that taking responsibility for the funding and management of the programme can enhance ownership and motivation in communities.

Source : UNESCO. 2007. *School-centred HIV & AIDS care and support in Southern Africa Technical Consultation Report*. Technical Consultation in 22-24 May 2007 Gaborone, Botswana.

## Case Study 2

# School-centred care and support (SCCS)



In the KwaZulu-Natal (KZN) province of South Africa, which has a particularly high prevalence of HIV, the district governors have used the Schools as Centres of Care and Support (SCCS) model developed by the Media in Education Trust (MiET) as a guiding principle when implementing school-based care and support programmes.

The KwaZulu-Natal education policy has embedded the concept of *inclusive education* in their education policy by looking holistically at the various barriers to learning. In implementing a care and support system to address these barriers to learning, a cross-sector leadership team (involving education, health care, social welfare, transport, agriculture, etc.) has been created drawing on managers from the municipal and district level, as well as local governors and ministries.

Further, within each school circuit, each sector has provided representative(s) to form the 'Integrated Services Delivery Team' (IST). This team consists of a range of service providers such as health-care workers, a learning support worker (who provides support with curriculum adaptation in order to tailor programmes to local needs), a community development worker and a councillor. The team works with a group of four to five clusters of schools in an area.

Each cluster is made up of wards, which each has a support team to coordinate services. Each school in turn has got a formal, institution-based support team consisting of teachers, learners and community members. Such leadership at school level is crucial to integrated service delivery. Care and support is not seen as an add-on, but part of the mainstream provision. In fact, it is integrated into the curriculum at all levels, and built into planning.

This is an example of a multisectoral partnership where advocacy is key. The strengths of the programme are multifaceted. For example:

- 1) Political leadership – the education policy of the district has agreed to an inclusive education policy;
- 2) Committed participation at all levels;
- 3) Tangible results;
- 4) Multisectoral teams;
- 5) Strong focus on community – ISTs made up of teachers, learners, community members – each with their own portfolio of expertise and experience (will link with community members, e.g. respected leaders);
- 6) Champions (although it is difficult to find and keep them).

However, despite this strong methodology, getting people from different departments to join budgets and plan together has been found to be challenging at times – especially scaling up multisectoral collaboration at all levels. Partnerships are often all too fragile if there are no mechanisms in place at policy level to strengthen them. Another challenge has been that, in order to ensure high-quality management and delivery, it has been necessary to build in a strong focus on capacity development at all levels – especially in leadership skills.

Source : UNESCO. 2007. *School-centred HIV & AIDS care and support in Southern Africa Technical Consultation Report*. Technical Consultation in 22-24 May 2007 Gaborone, Botswana.

# Questions to explore

1. Review the actions outlined undertaken in the two case study countries and consider:
  - What 'critical elements' (see Session 2) are addressed in these examples?
  - What are the strengths and weaknesses in the different approaches?
  - What other actions could be promoted to maximise the impact of these efforts?
2. Review the examples of critical areas of mainstreaming the issues of children affected by HIV and AIDS mainstreaming, and consider:
  - Which of the three dimensions of mainstreaming is being most effectively addressed in the education sector in the country where you work?
  - Which key stakeholders are involved?
  - What actions do you think need to receive priority to ensure that the rights of children affected by AIDS are addressed?
  - Which of these actions would have the greatest impact on HIV and AIDS prevention and mitigation?

## Core learning of the session

1. **Children affected by AIDS** are those children under 18 with additional vulnerabilities and disadvantages due to HIV and AIDS. This can include children with parents who are ill, those who may have lost one or both parents to AIDS, those leading or living in child-headed households, or living in families and/or in communities that have been severely affected by the epidemic. They may/may not themselves be living with HIV.
2. The links are **complex** between the disadvantages and vulnerabilities of children affected by AIDS and the implications for their education outcomes.
3. Mainstreaming implies that the concerns of children affected by AIDS are **part of education sector plans and policies** for HIV and AIDS and **other sector reform documents and strategies**.
4. The education sector can take measures to ensure children's **right to education (access), rights within education (provision of services) and rights through education (outcomes)**.
5. Schools can play an important role in **minimising the impact of the epidemic** on children, and on provided affected children with the skills to **reduce their vulnerabilities and risk and increase their coping abilities and psycho-social well-being**.



# Session 6:

## Mainstreaming gender equality and sexual and reproductive health and rights in education sector responses to HIV and AIDS

### Learning objectives

By the end of this session, participants will be able to:

- Identify key steps to support the mainstreaming of issues such as gender equality as well as sexual and reproductive health and rights (SRHR) in education sector responses to HIV and AIDS.

### Core reading:

- UNAIDS Inter-Agency Task Team (IATT) on Education. 2008. *Toolkit on Mainstreaming HIV in the Education Sector: Guidelines for Development Cooperation Agencies*. Tool 9: Mainstreaming gender equality and SRHR in education sector responses to HIV and AIDS. Paris, UNESCO.  
<http://unesdoc.unesco.org/images/0015/001566/156673e.pdf>

### Additional resources:

- UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS. 2005. *Resource Pack on Gender and HIV/AIDS*.  
<http://www.kit.nl/smartsite.shtml?id=SINGLEPUBLICATION&ch=FAB&ItemID=1868>

This resource pack sets out the status of the AIDS epidemic globally and how it links with gender-based inequality and inequity. It analyses the impact of gender relations on the different aspects of the AIDS epidemic and makes recommendations for effective programme and policy options.

- UNAIDS Inter-Agency Task Team on Education. 2006c. *Review of the Evidence: Girls' Education and HIV Prevention CD-Rom*.

This CD-Rom contains policy documents, case studies, reports, tools, curricula and other materials aimed to expand the evidence base on the link between girls' education and HIV prevention.

- ActionAid International. 2006. *Girl Power: The Impact of Girls' Education on HIV and Sexual Behaviour*.  
[http://www.actionaid.org.uk/doc\\_lib/girl\\_power\\_2006.pdf](http://www.actionaid.org.uk/doc_lib/girl_power_2006.pdf)

This systematic review examines 600 pieces of research on girls' education, sexual behaviour and HIV and shows that secondary education provides African girls with the power to make reduce vulnerability to HIV infection, and help them to make more independent choices about their sexual behaviour.

# Definition of concepts: gender / Sexual and reproductive health and rights (SRHR)

## Gender

**Gender:** unlike sex – male or female – that is biological and defined at birth, gender refers to the roles assigned to men and women by societies and cultures where they live. Masculine and feminine roles are social constructions that can evolve.

## Sexual and reproductive health and rights (SRHR)

**Reproductive health:** Within the framework of WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

**Sexual health:** the concept of sexual health is based on the idea that sexuality cannot be limited to reproduction.

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

**SRHR / Rights:** SRHR is based on the assumption of an equal relationship between men and women in matters of sexual relations and reproduction, including full and mutual respect, consent and shared responsibility for sexual behaviour and its consequences.

# Why it is important to mainstream gender equality and SRHR in education sector responses to HIV and AIDS?

- Well over 75% of all HIV infections are acquired through sexual activity, during pregnancy, in labour or through breastfeeding.
- The presence of STIs (other than HIV) increases the risk of HIV infection.
- The lack of understanding and respect for the SRHR of women enhances vulnerability to HIV infection. In many countries, particularly in Africa women are the most affected by HIV and AIDS. They have a greater biological vulnerability of women and traditional gender roles reinforce the subordinate role for women in all matters – including in sexual relations.
- Stigma and discrimination and marginalisation of sexual minorities such as men who sex with men (MSM) and transgenders also enhance vulnerability of those populations to HIV infection. In many countries in the world MSM are still one of the most-at-risk-populations. In Africa sex between men remains a taboo even if an increasing number of studies and SRHR programmes reveal that it exists and that African MSM are particularly at risk.
- The same root causes affecting SRHR also affect HIV, including gender inequality and gender-related discriminations as well as poverty.

## The role of education

Education has the power to influence attitudes and behaviours of young people as well as social norms in the area of SRHR by:

- Highlighting gender stereotypes affecting men and women.
- Challenging damaging notions of masculinity which reinforce the subordinate role of women and other gender stereotypes.
- Enhancing knowledge, self-efficacy, self-esteem, and developing key skills, including those that strengthen the ability of girls and women to decide when, where and whether sex occurs.
- Encouraging both young men and women to discuss and address issues related to sex and sexuality and other factors that enhance vulnerability.
- Supporting efforts to reduce violence including sexual and gender-based violence.

# Strategies for mainstreaming SRHR in education sector responses to HIV and AIDS

At the systemic level	Yes	No	Partly	N/A
Has a gender analysis and identification of barriers to equality been undertaken to examine how these affect HIV prevention and HIV & AIDS impact mitigation as well as SRHR?				
Have gender equality, HIV & AIDS and SRHR been integrated into education sector plans?				
Have existing HIV- and AIDS-specific strategies and programmes been reviewed to ensure that they contribute to changing societal norms and cultural practices that are currently a barrier to the empowerment of girls, and to guarantee that they promote SRHR?				
Are commitments to ensuring gender equality being actively pursued?				
Are gender disparities in access, retention, protection, teaching-learning and learning achievement being monitored?				
Do school policies address sexual harassment and abuse among students and between school staff, teachers and students?				
Are protocols and facilities in place to solve problems related to victims and offenders in sexual harassment and abuse cases?				
Has capacity-building on gender, SRHR, and HIV & AIDS been integrated in education planning and implementation, including for managers and teachers?				
Has legislation been revised/adapted to ensure that girls and boys are protected against (sexual) violence?				
Are there mechanisms in place to ensure that legislation against (sexual) violence is enforced?				
Have social protection mechanisms been put in place to provide support to girls who have assumed an increased burden of care due to the HIV epidemic?				
Have social protection mechanisms been put in place to ensure access to youth-friendly, confidential and gender-sensitive counseling and SRH services and to ensure SRHR are enforced?				
At the level of learning outcomes	Yes	No	Partly	N/A
Does the content provide comprehensive, gender-sensitive and correct information that rejects major myths and misconceptions about HIV and sexuality and that refutes gender stereotypes?				
Are capacities of educators being developed to use gender-responsive interactive and participatory approaches to learning and teaching that promote the SRH of youth?				
Does the content allow sufficient time to foster gender-sensitive skill acquisition and ensure their maintenance and generalisation in both boys and girls?				
At the level of the teaching-learning process	Yes	No	Partly	N/A
Are specific needs and rights of boys and girls being promoted through meaningful participation in planning, developing and implementing interventions?				
Do schools consistently make use of trained peer educators for in- and out-of-school HIV prevention and SRHR activities?				
Have curricula been modified to include relevant content on life skills, HIV & AIDS and SRHR?				
At the level of learning environments	Yes	No	Partly	N/A
Have steps been taken to ensure that HIV and AIDS education is being provided in an enabling and protective learning environment that is healthy, confidential and safe for both girls and boys?				
Have vulnerable groups been identified and are specific actions in place to reach these?				
Are the interventions that have been identified multifaceted with links to gender-responsive and youth-friendly counselling and social health and SRHR services?				
Is education about HIV and AIDS being linked to broader educational processes that influence norms of surrounding communities so these support the messages provided in schools?				
At the level of assessment	Yes	No	Partly	N/A
Are the outcomes of HIV and AIDS and SRHR programmes being measured in terms of short-term knowledge, appropriate attitudes and life skills acquisition and medium-term behavioural intentions and outcomes?				
Are the results of assessments of HIV and AIDS and SRHR programmes being discussed in key education fora?				
Are the results of assessment being fed back into decision-making processes about HIV prevention and SRHR programmes?				

# Exercise 6.1

Participants are divided into three groups (by countries or according to other criteria).

The three groups should use the above grid to analyse to what extent SRHR is already mainstreamed in the education sector in the countries where they work. Each group should analyse different levels:

- Group 1 – Systemic level
- Group 2 – Level of learning outcomes and level of teaching-learning process
- Group 3 – Level of learning environments and level of assessment

Instructions:

- Step 1 – Within each group, look at each element of the grid corresponding to the level(s) you have to analyse. For each element discuss whether this element has already been put in place and how in the countries where you work. Tick the corresponding box in front of the element 'yes', 'no', 'partly' or 'N/A'. If you don't know do not tick any box.
- Step 2 – After the analysis of each element, please summarise all measures that have been put in place or that should be put in place in the countries where you work in order to ensure effective mainstreaming of SRHR in the response of the education sector to HIV and AIDS.
- Step 3 – Each group will present the results of their analysis in plenary.

**Effective mainstreaming of SRHR in the response of the education sector to HIV and AIDS requires the implementation of the following strategies:**

- Efforts to attract girls and boys to school and retain them in quality education programmes.
- Policies and legislation for schools that affirm and protect the rights of girls and boys and that promote safe and healthy learning environments and encourage respect for SRHR.
- Curricula and learning outcomes that empower girls and boys including the information, skills and services on HIV & AIDS and SRHR.
- Measures to fight against discriminations that affect young MSM and transgenders and to provide them with psychological support, in accordance with the cultural context and the local legislation.
- Strong and effective links with services across sectors to ensure that those in need and at risk get the support they need.

**Strategies for the African Development Bank** include to:

- **Establish alliances** – look for other agencies that have gender and SRHR high on their agenda and discuss with them ways to move these issues forward.
- **Identify organizations** that have experience working on issues of gender equality and SRHR (e.g. universities, research institutes, NGOs and human rights groups).
- **Work with people who have expertise in the field.**
- **Identify thematic groups** that function in the education sector – for example, on education quality or on curriculum reform – and volunteer to participate.
- **Critically review the initiatives, programmes and projects** your agency is supporting and identify opportunities for integrating gender equality, HIV & AIDS and SRHR.
- **Find out about successful experiences and examples** from other countries and ensure that these become known in the country where you work.

### **Core learning of the session**

- **Definitions of the different concepts related to SRHR** : difference between sex and gender, difference between reproductive health and sexual health, rights linked to reproductive health and sexual health.
- **The lack of understanding and respect for the SRHR of women enhances vulnerability to HIV infection.**
- **Stigma and discrimination and marginalisation of sexual minorities** such as men who sex with men (MSM) and transgenders also **enhance vulnerability of those populations to HIV infection.**
- **Education has the power to influence attitudes and behaviours of young people as well as social norms in the area of SRHR**
- **SRHR needs to be mainstreamed in education sector responses to HIV and AIDS** through the following strategies:
  - **Promoting access to quality education for both boys AND girls.**
  - **Policies and legislation that guarantee safe and healthy learning environments** for all boys and girls, and **encourage respect for SRHR.**
  - **Programmes adapted to the needs of young people that enhance knowledge, self-efficacy, self- esteem, and develop key skills.**
- **The African Bank for Development can play a role to promote the mainstreaming of gender equality and SRHR** in education sector responses to HIV and AIDS through the following strategies:
  - **Work in partnership with other organizations and with specialists** who have experience working on issues related to gender equality and SRHR.
  - **Participate in thematic groups.**
  - **Critically review the projects it supports** in relation to SHRH.
  - **Promote best practice** in relation to SHRH.