

HIV/AIDS Series

## **Building Capacity in the Education Sector Within a Multi-Sectoral Response**

**Some IHSD Experience in the Caribbean**

**Roger England**

**Institute for Health Sector Development**

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IHSD  
27 Old Street  
London EC1V 9HL, UK  
Tel: +44 (0) 20 7253 2222  
Fax: +44 (0) 20 72514404  
enquiries@ihsd.org  
www.ihsd.org

## 1. Background

The education sector has a key role to play in preventing HIV and in mitigating the effects of HIV and AIDS on individuals and communities. Crucially, the sector can contribute to reducing vulnerability and risk by providing appropriate information, skills and services to young people before and after they have become sexually active.

The United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS set the target of reducing HIV infection among 15-24 year olds by 25 percent globally by 2010. This UNGASS target and the Millennium Development Goal (MDG) for HIV/AIDS cannot be achieved without the active involvement of the education sector<sup>1</sup>. The sector is now facing the challenge of how to move beyond its traditional role of educating students in academic disciplines, to how to support children and young people in developing broader life skills to reduce their vulnerability to risky behaviour. Well implemented HIV/AIDS prevention programmes can reduce risk by delaying the age of first sex, increasing condom use, reducing the number of sexual partners, promoting the early treatment of sexually transmitted infections (STIs), promoting access to voluntary and confidential counselling and testing, and reducing other forms of risky behaviour such as injecting drug use<sup>2</sup>.

In the Caribbean Region we have been collaborating with CARICOM<sup>3</sup>, UNESCO and the Inter American Development Bank (IADB) to develop a programme to improve the response and capacity of the education sector in HIV/AIDS prevention and mitigation. Across the region, the response to the HIV/AIDS situation is accelerating through government and non-government actions. National multi-sectoral coordination bodies (National HIV/AIDS Commissions – NACS) are being established or strengthened. A strong NAC can play a catalytic role in policy development, advocacy and coordination of broad-based strategic plans, but in most countries in the region the NACs have not been given adequate status, authority or budget to fulfil this multi-sectoral leadership role. While increasingly there is recognition that the HIV/AIDS epidemic is more than a public health issue, almost all technical assistance and funds to support HIV/AIDS prevention and mitigation are currently channelled through the Ministries of Health. Other Ministries have only recently begun to come on board in the framework of a multi-sectoral approach, but still lack concrete policies and models of best practice to address HIV/AIDS.

## 2. Key Issues in Strengthening the Education Sector

In the Caribbean, AIDS is now the leading cause of death in the 15-44 age group. Gender issues are particularly crucial, with the epidemic interacting with a situation in which young males are under-performing in the education system, and females are often placed in social and sexual situations which increase their vulnerability to HIV infection. Available data (eg from Jamaica, Guyana, and Trinidad and Tobago) indicate that in the 15-19 age group, HIV infection rates are five times higher in girls than boys. This is thought to be related to girls having sex with older men as well as biological factors that make young females more vulnerable to infection.

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<sup>1</sup> UNAIDS (2001) HIV and Education: A Strategic Approach

<sup>2</sup> Ibid.

<sup>3</sup> Caribbean Community

Despite the obvious opportunities for interventions, HIV/AIDS is a new topic for the Caribbean education sector and most countries have no policies or programmes in place, apart from the inclusion of HIV/AIDS in the Health and Family Life Education (HFLE) curriculum. To date HFLE experiences are varied and the programme is at different stages of implementation in countries in the region, but nowhere is it yet implemented effectively. Although most countries have education sector strategic plans, few of these include more than a cursory mention of HIV/AIDS and the issue has not been given priority by the Ministries of Education (MOE). But schools have a crucial role to play in encouraging behaviour change in young people to reduce HIV transmission and change attitudes related to stigma. Schools could achieve a great deal if they were supported by a stronger sector policy and strategic context.

A fundamental obstacle is that teachers are not equipped or eager to deal with sexuality education for young people. Cultural and religious factors work against this. Effective education for HIV/AIDS requires large scale attitudinal change and skills development by teachers in the use of participatory and student-centred approaches. However, there are few incentives for changing from more traditional and didactic teaching methods in countries where education sector reforms are slow. Teachers' colleges in the region lack clear policies to support teachers in sexuality education and in HIV prevention. There is a great need for culturally appropriate and gender sensitive instructional materials on HIV/AIDS for all levels of the education system.

There is also a need for teachers' colleges to begin to consider the impact of HIV/AIDS on the education sector. This will require immediate and medium term planning to address the need for: increased output of graduates to replace teachers who are sick or dying from AIDS; rapid training in specialised areas for teachers needing to assume additional responsibilities to cover for absent colleagues; and specialised training to help teachers meet new demands as a result of the behavioural, emotional and psychological problems of students affected by HIV and AIDS.

But these are medium term initiatives, whilst the need for effective interventions is immediate. Schools must look to outside help in the form of NGOs and other organisations already keen and (some) able to provide appropriate services both directly to young people and to selected teachers. MOEs must set the context for this so that support can be provided in a coordinated way.

Also, there are large numbers of young people in the Caribbean region who are currently out-of-school. In Jamaica around 20% of 12-18 year olds are not enrolled in school and in Belize 42% of children do not reach secondary school. Out-of-school youth are predominantly male, poor and at high risk of HIV infection. These young people are hard to reach through government services and the formal education sector. School attendees are also out of school for a large part of the school year and, for reasons of confidentiality, many feel more comfortable accessing services in non-school settings. HIV/AIDS needs to be addressed beyond the conventional boundaries of the school system. Interventions must be aimed at young people in settings where they will be most effective and focussed on those young people most at risk of HIV infection. It is within this context that the Caribbean Education Sector HIV/AIDS Response Capacity Building Technical Cooperation Project has been designed.

### **The Caribbean Education Sector HIV/AIDS Response Capacity Building Technical Cooperation Project**

In early 2003 CARICOM, the UNESCO Office for the Caribbean and the Inter-American Development Bank organised a Joint Programme Identification Study to prepare a Plan of Operation to guide the implementation of the Caribbean Education Sector HIV/AIDS Response and Capacity Building Technical Cooperation Project.

The overarching objective of the project is to contribute to the UNGASS goal to reduce HIV/AIDS incidence in youth 15-24 by 25% by 2010, and the MDG to achieve universal primary education.

The goal of the project is: to improve the response of the education sector to the HIV/AIDS epidemic and to ensure that by 2005, 90% of youth will have access to accurate information on HIV/AIDS. The purpose is to develop effective intervention models for use by education sectors.

The project will work primarily in selected countries where there is: a demonstrated willingness by the Ministry of Education (MOE) to work with different models of delivering sexuality education; NGO or private sector capacity to work with youth on HIV/AIDS including in school settings; a multi-sectoral strategy led and coordinated by a National AIDS Commission.

In selected countries the TC will test models for strengthening the response of the sector to reach both in and out of school youth. The models are:

- Education sector policies on HIV/AIDS prevention and mitigation
- Ministries of Education (MOE) contracting with NGOs to deliver HIV/AIDS services in schools in a coordinated, cost-effective and systematic manner
- Production of culturally appropriate teaching materials (print and multi-media) on HIV/AIDS – designed with the direct input of youth, to support the implementation of Health and Family Life Education in schools and other contexts
- Peer to Peer training programs on HIV/AIDS, between university students and in and out of school youth
- Community-based youth drop-in centre providing HIV/AIDS educational services to both school attendees after school hours as well as out of school youth, providing counselling and risk prevention skills
- Regional dissemination of the results of country-based models based on monitoring and evaluation.

### 3. Lessons Learned From International Best Practice

The design of the Caribbean Education Sector Capacity Building Technical Cooperation Project has been informed by lessons learned from international best practice in both the education and health sectors. These can be summarised as:

#### A Multi-sectoral Response

- Coherent national responses require political will and commitment, inter-sectoral collaboration, and engagement by a broad range of stakeholders including teachers, teacher educators, health workers, parents, community, religious leaders, young people and people living with HIV and AIDS<sup>4</sup>.
- Successful work to prevent HIV/AIDS and mitigate its impact on systems requires a readiness to tackle gender and other forms of social inequality and action to protect people living with HIV/AIDS from stigma and discrimination<sup>5</sup>.
- Multi-sectoral leadership and action is necessary to address stigma and discrimination based on understanding of complex issues affecting vulnerability to HIV and AIDS - Ministries of Health have often tended to focus too narrowly, seeing HIV/AIDS as a health problem rather than facilitating multi-sectoral strategies and interventions.
- Governments cannot provide a coherent response on their own. NGOs and civil society groups play a vital role in developing innovative interventions and targeting marginalized groups. HIV prevention must reach the most vulnerable groups, many of whom may be engaged in high risk behaviours - some of which are illegal. In the context of young people this can include under-age sex, transactional sex and use of illicit drugs. These groups are often hard for government and the formal health and education sectors to reach.

#### The Education Sector

- Education sector activities are most effective when supported by a clear commitment from the MOE to comprehensive programming and policies which promote tolerance and respect, equality and anti-discrimination.
- International experience indicates that the following policies when fully implemented are key to an effective sectoral response: integration of HIV into curricula for primary and secondary schools; education for HIV/AIDS prevention in the pre and in-service training of teachers; anti-discrimination policy on school children and school personnel infected with HIV; policy on fees for HIV affected children; parental involvement in youth education on HIV/AIDS prevention; and planning for the impact of HIV/AIDS on the education sector.
- Teachers need to be properly prepared for their role in carrying out HIV/AIDS education. Teachers trained in traditional teaching methods do not necessarily

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<sup>4</sup> UNAIDS (2001) HIV and Education: A Strategic Approach

<sup>5</sup> Ibid.

possess the skills and competence to teach about sexuality, relationships and health. They require support in gaining skills to promote participatory, gender sensitive and rights based approaches<sup>6</sup>.

- School-based interventions can be an effective way to reduce risk behaviours among young people. Schools can also work effectively in collaboration with NGOs and community groups to reach young people in non-school settings.

### **Sexuality Education and Behaviour Change Communication**

- Sexuality education programmes do not lead to earlier or increased sexual activity among young people – this (apparently trivial) finding is very important given that some governments and powerful religious groups are promoting the opposite.
- Education for HIV/AIDS should begin as early as possible and be continued throughout childhood and adolescence, and take place in developmentally and culturally appropriate ways.
- Behaviour change requires individuals to recognise that they are at risk and to develop skills to put knowledge into practice. Providing information about causes and risks is not enough to change behaviours. Social, cultural and economic factors often prevent people from exercising choice and control over risk behaviours. In the context of young people this can include decisions about whether to have sex and whether to use a condom.
- As part of education for prevention six key set issues need to be addressed: understanding the nature of the infection; knowing what behaviours to avoid; knowing how to reduce risk; adopting attitudes of respect for human rights; understanding the nature and dynamics of human relationships; and life skills development.
- Young people must be involved in the whole process of learning including involvement in the development, planning, implementation, evaluation and redesigning of HIV/AIDS education curricula.
- HIV/AIDS education should be gender sensitive and gender appropriate. Programmes involving boys and girls can encourage discussion to support positive social norms for gender-based behaviour. Male and female managed strategies are also important for building self-esteem and negotiation skills.
- HIV/AIDS education should be part of a comprehensive life skills and health education programme delivered in partnership with community groups, NGOs and others in the school environment including teachers, nurses, counsellors and parents.

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<sup>6</sup> Ibid.