Educational planning and management in a world with AIDS

Volume 2

Facilitating Policy

United Nations Educational, Scientific and Cultural Organization

International Institute for Educational Planning

EduSector AIDS Response Trust

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Foreword

With the unrelenting spread of HIV, the AIDS epidemic has increasingly become a significant problem for the education sector. In the worst affected countries of East and Southern Africa there is a real danger that Education for All (EFA) goals will not be attained if the current degree of impact on the sector is not addressed. Even in countries that are not facing such a serious epidemic, as in West Africa, the Caribbean or countries of South-East Asia, increased levels of HIV prevalence are already affecting the internal capacity of education systems.

Ministries of education and other significant stakeholders have responded actively to the threats posed by the epidemic by developing sector-specific HIV and AIDS policies in some cases, and generally introducing prevention programmes and new courses in their curriculum. Nevertheless, education ministries in affected countries have expressed the need for additional support in addressing the management challenges that the pandemic imposes on their education systems. Increasingly, they recognize the urgent need to equip educational planners and managers with the requisite skills to address the impact of HIV and AIDS on the education sector. Existing techniques have to be adapted and new tools developed to prepare personnel to better manage and mitigate the impact of the pandemic.

The present series was developed to help build the conceptual, analytical and practical capacity of key staff to develop and implement effective responses in the education sector. It aims to increase access for a wide community of practitioners to information concerning planning and management in a world with HIV and AIDS; and to develop the capacity and skills of educational planners and managers to conceptualize and analyze the interaction between the epidemic and educational planning and management, as well as to plan and develop strategies to mitigate its impact.

The overall objectives of the set of modules are to:

- present the current epidemiological state of the HIV pandemic and its present and future impact;
- critically analyze the state of the pandemic in relation to its effect on the education sector and on the Education for All objectives;
- present selected planning and management techniques adapted to the new context of HIV and AIDS so as to ensure better quality of education and better utilization of the human and financial resources involved;
- identify strategies for improved institutional management, particularly in critical areas such as leadership, human resource management and information and financial management;
- provide a range of innovative experiences in integrating HIV and AIDS issues into educational planning and management.

By building on the expertise acquired by UNESCO's International Institute for Educational Planning (IIEP) and the EduSector AIDS Response Trust network (originally the Mobile Task Team [MTT] on the impact of HIV/AIDS on education) through their work in a variety of countries, the series provides the most up-to-date information available and lessons learned on successful approaches to educational planning and management in a world with AIDS.

The modules have been designed as self-study materials but they can also be used by training institutions in different courses and workshops. Most modules address the needs of planners and managers working at central or regional levels. Some, however, can be usefully read by policy-makers and directors of primary and secondary education. Others will help inspectors and administrators at local level address the issues that the epidemic raises for them in their day-to-day work.

Financial support for the development of modules and for the publication of the series at IIEP was provided by the UK Department for International Development (DFID) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The Mobile Task Team (MTT) on the impact of HIV/AIDS on education, based at HEARD at the University of KwaZulu-Natal from 2000 to 2006, was funded by the United States Agency for International Development (USAID). The EduSector AIDS Response Trust, an independent, non-profit Trust was established to continue the work of the MTT in 2006.

The editing team for the series comprised Peter Badcock-Walters, and Michael Kelly for the MTT (now ESART), and Françoise Caillods, Lucy Teasdale and Barbara Tournier for the IIEP. The module authors are grateful to Miriam Jones for carefully editing each module. They are also grateful to Philippe Abbou-Avon of the IIEP Publications Unit for finalizing the layout of this series.

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Volume 2: Facilitating Policy

Now that you have understood how HIV and AIDS can impact your society, you can begin to establish policies and structures within the ministry that promote and sustain actions to reduce HIV-related problems in the workplace, and in the larger education sector. It is with this end in mind that Volume 2, *Facilitating Policy* has been designed.

Learner's guide

by B. Tournier

This set of training modules for educational planning and management in a world with AIDS is addressed primarily to staff of ministries of education and training institutions, including national, provincial and district level planners and managers. It is also intended for staff of United Nations organizations, donor agencies, and non-governmental organizations (NGOs) working to support ministries, associations and trade unions.

The series is available to all and can be downloaded at the following web address: www.unesco.org/iiep. The modules have been designed for use in training courses and workshops but they can also be used as self-study materials.

Background

HIV and AIDS are having a profound impact on the education sector in many regions of the world: widespread teacher and pupil absenteeism, decreasing enrolment rates and a growing number of orphans are increasingly threatening the attainment of Educational for All by 2015. It is within this context, that the series aims to heighten awareness of the educational management issues that the epidemic raises for the education sector and to impart practical planning techniques. Its objective is to build staff capacity to develop core competencies in policy analysis and design, as well as programme implementation and management that will effectively prevent further spread of HIV and mitigate the impact of AIDS in the education sector.

The project started in 2005 when IIEP and MTT (the Mobile Task Team on the Impact of HIV and AIDS on Education), now replaced by ESART, the Education Sector AIDS Response Trust, brought together the expertise of some 20 international experts to develop training modules that provide detailed guidance on educational planning and management specifically from the perspective of the AIDS epidemic. The modules were developed between 2005 and 2007; they were then reviewed, edited and enriched to produce the five volumes that now constitute the series.

Each situation is different

Examples are used throughout the modules to make them more interactive and relevant to the learner or trainer. A majority of these examples refer to highly impacted countries of southern Africa, but others are drawn from the Caribbean, where high HIV prevalence levels have frequently been documented. Each epidemiological situation is different: the epidemic affects a particular country differently depending on its traditions and culture, and on the specific educational and socio-economic problems it faces. Understanding this, the strategies and responses you adopt will need to be context-specific. The suggestions offered in this set of modules constitute a checklist of points for you to consider in any response to HIV and AIDS.

In some countries, different ministries are in charge of education in addition to the ministry of education. For example there may be a separate ministry of higher education, or a ministry for technical education. For clarity, we shall use the terms ministry of education when referring to all education ministries dealing with HIV and education matters.

Structure of the series

This series contains 22 modules, organized in five volumes. There are frequent cross-references between modules to allow trainers and learners to benefit from linkages between topics. HIV and AIDS fact sheets and an HIV and AIDS knowledge test can be found in Volume 1 to allow you to review the basic facts of HIV transmission and progression. At the end of all the volumes is a section of reference tools including a list of all the web sites and downloadable resources referred to in the modules, as well as an HIV and AIDS glossary.

The volumes

Not all modules will be of relevance or interest to each learner or trainer. Five core modules have been identified in Volume 1. It is recommended that you read and complete these before choosing the individual study route that best serves your professional and personal needs.

Volume 1, *Setting the Scene,* gives the background to how HIV and AIDS are unfolding in the larger society and within schools. HIV and AIDS influence the demand for education, the resources available, as well as the quality of the education provided. The different modules should allow you to assess better the impact of HIV and AIDS on education and on development, and will allow you to understand the environment in which you are working before articulating a response.

Volume 2, *Facilitating Policy,* helps you to understand how policies and structures within the ministry promote and sustain actions to reduce HIV-related problems in the workplace and in the education sector. Supporting policy development and implementation requires a detailed understanding the issues influencing people and organizations with regards to HIV and AIDS.

In **Volume 3,** *Understanding Impact,* you will assess the need to gather new data to understand the impact of HIV and AIDS on the education system in order to inform policy-making. You will then learn different approaches to collecting and analyzing such data.

Volume 4, *Responding to the Epidemic,* will provide you with concrete tools to help you plan and implement specific actions to address the challenges you face responding to HIV and AIDS. It will prepare you prioritize your actions in key areas of the education sector.

The last volume in the series, **Volume 5,** *Costing, Monitoring and Managing,* focuses on costing and funding your planned response, monitoring its evolution and staying on target. The management checklist at the end provides you with a comprehensive framework to advocate, guide and inform the planning and management of your HIV and AIDS response.

The modules

Each module has the same internal structure, comprising the following sections:

- **Introductory remarks:** Each author begins the module by stating the aims and objectives of the module and making general introductory remarks. These are designed to give you an idea of the content of the module and how you might use it for training.

- **Questions for reflection:** This section is to get you thinking about what you know on the topic before launching into the module. As you read, the answers to these questions will become apparent. Some space is provided for you to write your answers, but use as much additional paper as necessary. **We recommend that you take time to reflect on these questions before you begin.**

- **Activities and Answers to activities:** The activities are an integral part of the modules and have been designed to test what you know as well as the new knowledge you have acquired. It is important that you actually do the exercises. Each activity is there for a specific reason and is an important part of the learning process.

  In each activity, space has been provided for you to write your answers and ideas, although you may prefer to make a note of your answers in another notebook. You will find the answers to the activities at the end of the module you are working on. However, in some cases, the activities and questions may require country-specific information and do not have a 'right' or 'wrong' answer (e.g. "Explain how your ministry advocates for the prevention of HIV"). As much as possible, sources are suggested where you could find this information.

- **Summary remarks/Lessons learned:** This section brings together the main ideas of the module and then summarizes the most important aspects that were presented and discussed.

- **Bibliographical references and resources:** Each author has listed the cited references and any additional resources appropriate to the module. In addition to the cited documents, some modules provide a list of web sites and useful resources.

Teaching the series: using the modules in training courses

As stated above, these modules are designed for use in training courses or for individual use.

Trainers are encouraged to adapt the materials to their specific context using examples from their own country. These examples can be usefully inserted in a presentation or lecture to illustrate points made in the module and to facilitate an active discussion with the learners. The objective is to assist learners to reflect on the situation in their own country and to engage them with the issue.

A number of activities can also be carried out in groups. The trainer can use answers provided at the back of the modules to add on to the group reports at the end of the exercise. In all cases, the trainer should prepare the answers in advance as they may require country-specific knowledge.

The bibliographic references can also provide useful reading lists for a particular course.

Your feedback

We hope that you will appreciate the modules and find them useful. Your feedback is important to us. Please send your feedback on any aspect of the series to: hiv-aids-clearinghouse@iiep.unesco.org – it will be taken into account in future revisions of the series. We look forward to receiving your comments and suggestions for the future.

Enjoy your work!

List of abbreviations

ABC	Abstain, be faithful, use condoms
ACU	AIDS control unit
ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
BCC	Behaviour change communication
BRAC	Bangladesh Rural Advancement Committee
CA	Cooperating Agency
CAER	Consulting Assistance on Economic Reform
CBO	Community-based organization
CCM	Country Coordination Mechanisms (Global Fund)
CDC	Centers for Disease Control and Prevention
CRC	Convention on the Rights of the Child
CRS	Catholic Relief Services
DAC	Development Assistance Committee (OECD)
DEMMIS	District education management and monitoring information systems
DEO	District education office
DFID	Department for International Development
DHS	Department of Human Services
EAP	Employee assistance programmes
ECCE	Early childhood care and education
EDI	EFA Development Index
EdSida	Education et VIH/Sida
EFA	Education for All
EMIS	Education management information system
ESART	Education Sector AIDS Response Trust
FAO	Food and Agricultural Organization
FBO	Faith-based organization
FHI	Family Health International
FRESH	Focusing Resources on Effective School Health
FTI	Fast Track Initiative

GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater involvement of people living with or affected by HIV and AIDS
HAART	Highly active antiretroviral therapy
HAMU	HIV and AIDS Management Unit
HBC	Home-based care
HDN	Health and development networks
HFLE	Health and family life education
HIPC	Highly indebted poor countries
HIV	Human Immunodeficiency Virus
HR	Human resources
IBE	International Bureau of Education
ICASA	International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa
ICASO	International Council of AIDS Service Organizations
IDU	Injecting drug user
IEC	Information, education and communication
IFC	International Finance Corporation
IIEP	International Institute for Educational Planning
ILO	International Labour Organization
INSET	In-service education and training
IPPF	International Planned Parenthood Federation
KAPB	Knowledge, attitudes, practices and behaviour
M&E	Monitoring and evaluation
MAP	Multi-Country AIDS Program (World Bank)
MDG	Millennium Development Goals
MIS	Management information system
MLP	Medium-to-large-scale project
MoBESC	Ministry of Basic Education, Sport and Culture
MoE	Ministry of education
MoES	Ministry of Education and Sports
MoHETEC	Ministry of Higher Education, Training and Employment Creation
MSM	Men who have sex with men
MTEF	Medium-term expenditure framework
MTCT	Mother-to-child transmission
MTT	Mobile Task Team (MTT) on the Impact of HIV and AIDS on Education

NAC	National AIDS Council
NACA	National AIDS Co-ordinating Agency
NDP	National Development Plan
NFE	Non-formal education
NGO	Non-government organizations
NTFO	National Task Force on Orphans
OOSY	Out-of-school youth
OVC	Orphans and vulnerable children
PAF	Programme Acceleration Funds (UNAIDS)
PEAP	Poverty Eradication Action Plan
PEP	Post-exposure prophylaxis
PEPFAR	(US) President's Emergency Plan for AIDS Relief
PMTCT	Prevention of mother-to-child transmission
PREP	Pre-exposure prophylaxis
PRSP	Poverty reduction strategy paper
PSI	Population Services International
PTA	Parent-teacher association
SACC	South African Church Council
SAfAIDS	Southern Africa HIV and AIDS Information Dissemination Service
SGB	School governing body
SIDA	Swedish International Development Cooperation Agency
SMT	School management team
SP	Smaller project
SRF	Strategic response framework
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TB	Tuberculosis
TOR	Terms of reference
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS

UNICEF	United Nations Children's Fund
UP	Universal precautions
UPE	Universal primary education
USAID	United States Agency for International Development
VCCT	Voluntary (and confidential) counselling and testing
VCT	Voluntary (HIV) counselling and testing
VIPP	Visualization in participatory programmes
WCSDG	World Commission on the Social Dimensions of Globalization
WHO	World Health Organization
WV	World Vision

Module 2.1

P. Badcock-Walters

Developing and implementing HIV/AIDS policy in education

About the author

Peter Badcock-Walters is Director of the EduSector AIDS Response Trust and was the founding Director of the Mobile Task Team (MTT) on the impact of HIV/AIDS on education. He specializes in strategic planning, policy development, implementation design and research, with a particular interest in systemic response, information-based decision support systems, process facilitation and training.

Table of contents

Aims

The aims of this module are to:

- clarify the role and importance of HIV and AIDS policy in the education sector and describe why and how such a policy should be developed and what it might include;
- demonstrate how implementation of an education sector HIV and AIDS policy and other strategic education activity can be planned, costed, actioned, monitored, reported and used strategically to unlock resources.

Objectives

On completion of this module, you should be able to:

- identify the issues involved, participate effectively in, or even lead an inclusive, sector-wide HIV and AIDS policy development process for the education sector and advocate its principles and outcomes;
- identify the need for national implementation planning frameworks, sub-national (decentralized) activity planning, costing and monitoring, and have the skills to participate in, or even lead, such planning and report on its outcomes.

Before you begin...

Questions for reflection

Take a few minutes to think about the questions below. You may find it helpful to make a note of your ideas in the spaces provided. As you work through the module, see how your ideas and observations compare with those of the author.

Why is an education sector HIV and AIDS policy necessary?

Should such a policy govern the entire education sector or just the formal system managed by the ministry of education?

How should the education sector be defined and what should it include?

What are the key challenges in implementing an HIV and AIDS policy?

Should a policy be implemented at all levels of the sector/system? Why?

Should a policy be regularly reviewed, updated and monitored? Why?

What would happen if there was no education sector HIV and AIDS policy?

Module 2.1

Introductory remarks

This module will treat the impact of HIV and AIDS on the education sector as a systemic management challenge for education. Very many ministries of education (MoEs) have assumed HIV and AIDS to be a public health issue and have consequently deferred to the leadership of the ministry of health in this connection. This response has resulted in a one-dimensional focus on the prevention of HIV and AIDS, to the virtual exclusion of a more comprehensive approach targeting prevention; treatment, care and support; workplace issues; and management of the response.

This module will describe an inclusive policy development process involving as many key stakeholders in the sector as can be identified and engaged. Policy development is often, (perhaps historically) seen as the business of government and not as the interactive consensus-building activity it can more appropriately become. In the AIDS era, given the comparatively limited resources and infrastructure of MoEs in developing environments, it is critical that operational partnerships be developed to multiply response capacity. Involvement in sector policy development is therefore the logical expression of this commitment and should be taken very seriously. Conversely, it should be recognized that stakeholder groups not engaged in this process could become opponents to its adoption and implementation, rather than allies.

Education sector HIV and AIDS policy development will be presented as a component of the wider national sector policy framework of each country, and the module will stress that any education sector HIV and AIDS policy development must be undertaken in that context. This context extends to wider education sector policy and planning, and relationships with other social sector ministries; this multi-sectoral or cross-sectoral context is of considerable importance in respect of response to issues of orphaning, vulnerable children and food security as well as the roll-out of antiretroviral therapy (ART).

Any substantive policy begins from a principled position and develops within a conceptual framework that gives practical application to these principles. A number of examples of contemporary education sector HIV and AIDS policy development will be discussed and their approaches compared.

The issue of implementation will be discussed in some detail, as any education sector HIV and AIDS policy development process, regardless of its merits, may be regarded as an academic and fruitless exercise if effective implementation does not follow. The module will discuss the process of prioritized national implementation planning in order to develop indicative costs at the macro-level and will create a framework for decentralized implementation, roll-out planning and action. The process holds the key to delivery and also provides the opportunity for

more detailed costing at the meso- and micro-levels, and will accommodate inevitable variation in policy priorities at these levels.

It should be recognized from the outset that, ironically, the HIV and AIDS crisis presents a unique opportunity to identify and address challenges for wider systemic reform. In normal circumstances, engineering change in complex systems is slow, difficult and often unsatisfactory. System-wide crisis, for whatever reason, represents an opportunity to cut across the density and complexity of long-established bureaucratic structures and identify key functions that may be changed and which will have a dynamic, knock-on effect. One example will illustrate the point: Increased teacher mortality will add to attrition and may upset the delicate balance of teacher demand and supply over time, to the extent that training colleges may not be able to keep up with the demand for replacement stock. In this event, the MoE may have to confront a number of policy options to balance the equation, including, perhaps, reducing the period of pre-service teacher training. If this confronting of options were to occur, it would also represent an opportunity to reconsider the 'business' and goals of teacher training and revise curriculum (and also address other long-standing issues of concern in this process).

This module is organized in two complementary sections: the first deals with education sector HIV and AIDS policy development, while the second deals with the implementation of such a policy at national and sub-national levels.

This module should be studied in conjunction with Module 1.2, *The HIV/AIDS challenge to education*, in volume 1; Module 2.2, *HIV/AIDS management structures in education*, in volume 2; Module 4.3, *An education policy framework for orphans and vulnerable children;* and Module 5.4, *Management checklist: mitigating HIV/AIDS impact on education.*

1. Policy development

Box 1 Definition of policy

> **Policy (n), pl policies** – 1 a plan of action adopted or pursued by an individual, government, party, business etc. 2 wisdom, shrewdness, or sagacity. Archaic: wisdom or prudence. Originally from OF policie, from L polītīa administration, POLITY
>
> (Collins Concise English Dictionary, 21st Century Edition).

The role of an education sector HIV and AIDS policy

It is useful to note that the dictionary definition refers to policy as a plan of action. This confirms the earlier contention that the role of policy is to frame and guide action, and not merely provide inert documentation to grace the bookshelves of the system. Throughout the module this view of action will be reinforced, and good, flexible and responsive policy will be shown to be central to the development of a comprehensive response to the HIV and AIDS impact. It is also no coincidence that in its archaic context, policy was seen to be synonymous with wisdom and prudence. Wisdom and prudence are qualities that should permeate any policy of substance, an education sector HIV and AIDS policy in particular.

An education sector HIV and AIDS policy is intended to guide a comprehensive and explicit education sector response, within a national HIV and AIDS policy framework and within an international set of agreements, conventions and principles. In other words, an education sector policy will acknowledge and be contextualized by national policy frameworks and guidelines, but will deal with those issues of substance and detail that are specific to the education system and sector. This means that the necessary generalities of a national HIV and AIDS policy (where these exist, and which are often underpinned by a health ministry approach) will be supplemented by policies that specifically address the functions and structures of the education system, and are competent to guide regulation and legal frameworks within that system. The emphasis on international agreements and conventions is also important inasmuch as an increasing number of such agreements now inform every aspect of educational access, provisioning and quality, as well as workplace policy and other commitments to gender, human rights, and in particular the rights of the child. In other words, any policy that does not take account of these issues will be judged inadequate and will not be taken seriously by the international community.

An education sector HIV and AIDS policy should inform every function of the education system and sector management, including the development of regulations that gives legal effect to policy.

In particular, an education sector HIV and AIDS policy should have the effect of making routine educational management sensitive to HIV and AIDS and of protecting the affected and infected. In other words, the policy should lay down a number of achievable goals, objectives and guidelines that make planning, budgeting, managing, monitoring and reporting at every level of the system

sensitive to the direct and indirect impacts of HIV and AIDS. In practical terms, this means providing guidance for the development of a regulatory framework that makes such 'sensitivity' a routine function of every educational manager's job. The same framework would apply to managers and other professionals in the wider education sector, who would similarly be bound by the provisions of such policy.

Key issues

There are a number of key issues that must be recognized and considered over the course of this module and in subsequent application.

Identification of education sector interest groups, their role and importance: While MoEs have both the mandate and responsibility to deliver quality teaching and learning in an accessible environment, they have to recognize that there are many other interest groups in the sector with real capacity, responsibility and power. These groups might include teacher unions, private and independent basic education providers, representative parent bodies (at various levels), representative student bodies, including student teachers, higher education, independent or private colleges, non-government organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), academics, researchers, funders and other development partners.

While the situation will vary from country to country, it is reasonable to suggest that some or all of these interest groups will contribute to a comprehensive policy development process and will add value to the final outcome. Equally important, they will be pivotal in implementing the education sector HIV and AIDS policy – or in contesting it if they are not seriously engaged or consulted.

Policy development as an advocacy intervention: The process of policy development, its adoption and dissemination should be recognized as a national advocacy intervention of some magnitude, particularly if all the key interest groups have been involved and are supportive. The event of launching a policy on an issue as important as HIV and AIDS in education, and backing this with an achievable action plan for implementation, sends a national and international signal of great significance; one moreover which might well have the effect of mobilizing international support and funding.

Flexibility of an adaptive policy framework: It is no longer possible in the AIDS era to contemplate an education policy cast in stone – particularly one dealing expressly with the management and mitigation of HIV and AIDS. The dynamics of HIV and AIDS impact in medium- and high-prevalence countries and the unpredictability this dynamic brings to planning suggest that at best this requires a flexible policy framework capable of accommodating regular revision and change. For the education sector, where policy is traditionally an unquestioned edict from above, this approach represents a radical departure from tradition and one that may take some time to accept. Certainly, experience of education sector HIV and AIDS policy development indicates considerable reservation amongst MoE officials about the concept of regular, possibly annual, review. Notwithstanding this reservation, it is imperative that policy be seen as a flexible, even responsive, guiding framework, within which implementation planning can be contextualized and decentralized delivery achieved.

Process steps and workshop programmes: In another departure from more traditional approaches, this module advocates a short, proactive and inclusive approach to policy development, and later implementation planning. These process steps and workshop programmes are described in some detail below, but it is important here to note that the dynamics of the HIV and AIDS era demand a level of response quite different to that of old. Innovation and speed are of the essence, and experience to date suggests that, properly managed, innovation and speed in no way reduce the quality of the output.

Comprehensive approach to policy themes: Prevention, treatment, care and support, workplace issues and response management. As has already been noted, it is imperative that the education sector move beyond the almost exclusive focus on prevention of the last two decades and accept the need for a more comprehensive approach. What is required is the development of the political will and structural capacity to manage the response process. It is likely, for example, that the limited success of prevention strategies to date is due in part to the lack of a systemic context and support structure that would sustain and monitor such strategies.

Follow-up steps including ratification, approval and development of regulations: It should be clearly understood that the development of a draft education sector HIV and AIDS policy is merely the first step in a long process to implementation. Any draft, no matter how comprehensive, must be subject to a process of review within the MoE, wider government and their partners. This process may take a good deal of time and lead to requests for revision and change before official approval and ratification of the policy, and its formal adoption and publication.

Monitoring and evaluation and sector-wide reporting: There are problems associated with policy development and its implementation. The most common are associated with monitoring and evaluation, closely followed by information access and reporting. Some reasons for this are the lack of adequate skills and resources, or the lack of a structure mandated for this purpose. Addressing these difficulties should be a primary objective of the policy implementation process, and the process should also aim to motivate and mobilize the internal and external resources required to address the difficulties.

Defining the education sector: If an education sector HIV and AIDS policy is to accommodate the needs of the entire sector and govern its collective response, there has to be consensus regarding the scope of application of the policy. In other words, there has to be agreement on what the education sector includes and excludes.

Every country then needs to agree to a comprehensive definition of its education sector for the purpose of policy development and to define levels, divisions and sub-sectors for inclusion. Examples from three southern African countries may serve to provide some insight into the issues involved:

- Republic of Kenya Education Sector Policy on HIV and AIDS; Scope of Application: The Education Sector Policy on HIV and AIDS applies to learners, employees, managers, employers and other providers of education and training in all public and private, formal and non-formal learning institutions at all levels of the education system in the Republic of Kenya.
- Republic of Namibia National Education Sector Policy on HIV and AIDS; Scope of Application: The Namibia National Education Sector Policy on

HIV and AIDS applies to the entire education cycle, from pre-primary to post secondary and tertiary education, including both the private and public sectors.

- Republic of Zambia National HIV and AIDS Policy for the Education Sector; Scope of Application: The National HIV and AIDS Policy for the Education Sector applies to all learners, employees, managers and providers of education and training in all public and private, formal and non-formal and traditional learning institutions at all levels of the education system in the Republic of Zambia.

Policy development in a workshop setting

In the most general terms, policy development has historically been the province of specialist working groups or commissions, usually established by governments, and has been characterized by political, legal and sectoral imperatives. The concept of consultation has long been entrenched, but more often than not the policy development process has been lengthy, with consultation taking place only in the period leading up to the final drafting of such a policy.

In the AIDS era however, the circumstances have changed quite profoundly. As the magnitude of the crisis is felt, more and more governments in general and MoEs in particular have recognized the need to develop sector specific HIV and AIDS policy to guide response as a matter of greatest urgency. As a consequence, the rules have been open to change and the policy development process itself has been subject to considerable pressure – often for the better.

One outcome of this change has been the development of a rapid policy development process pioneered by the Mobile Task Team on the impact of HIV and AIDS on education (MTT). Used in a number of African countries with considerable success, this approach involves bringing together a group of participants, representative of the wider education sector, to develop an initial draft policy in a matter of five days.

This rapid policy development process reverses the traditional approach, in which a first draft may only emerge after a long period of consultation, review, and often opaque deliberation. The rapid policy development process concentrates on getting 80 per cent of the work done in the opening round in order to provide a tangible output for much wider review and more immediate public consultation. It should be stressed that this rapid policy development process is only one approach, and that other options exist. Whichever direction a given education sector elects to take, the key issues remain the same.

On the basis of experience to date, a set of steps and a tightly managed facilitation process are required to ensure success.

- The identification and invitation of a group broadly representative of the MoE and other education sector interest groups. This group should not exceed 60 in number, and for credibility's sake not less than 40. This decision is a critical step and requires the greatest political and development sensitivity.

- Selection of participants who could and should be included, as well as all key divisions of the MoE:
  - HIV and AIDS directorate/management unit
  - Planning
  - Education management information systems
  - Human resources
  - Higher education
  - Curriculum and teacher training
  - Student union
  - Parent body representatives
  - NGO, CBO and FBO partners
  - Providers of private and non-formal education
  - People living with HIV from the sector
  - Development partners
  - Specialist facilitators
- Establishment of key and transparent criteria for invitation and involvement, including the capacity of the participants to represent their interest group, enhance the policy development process and contribute to its adoption (and later implementation) by mobilizing the support of the interest group involved.
- Development of a five-day programme designed to ensure the desired outcomes (i.e. draft a five-year national implementation planning framework) and assurance that invitations and background information – including copies of the education sector HIV and AIDS policy – are sent out carrying the signature of the minister of education or his/her most senior official.
- Confirmation that an experienced professional facilitation team is available to manage and guide the process, and ensure the desired outcomes.
- Finally, confirmation that participants are expected to attend the full workshop and not come and go at will. To support this approach, assurance that a venue is selected far enough away from the participants' homes and offices to keep them in place and involved.

The programme should be designed to maximize participation and focus on the practical development of a comprehensive, draft education sector HIV and AIDS policy. The following work flow (by day) illustrates the type of programme that might be used.

Box 2 Day-by-day work flow of a programme

Day one

Official opening: optimally by a minister or permanent secretary (with media coverage)
Participant introductions, expectations and concerns
Workshop objectives, process and output
Understanding the policy: education sector HIV and AIDS policy review
Understanding the issues: HIV and AIDS impact mitigation as systemic issue
Comparative experience: country models of policy implementation planning

Day two

Introduction to implementation planning: outcomes-based approach
Guiding principles: what, who, when, how and where?
HIV and AIDS education sector policy themes
Group work: national implementation framework planning by theme
Setting objectives by a policy goal
Prioritization for delivery
Template-based action planning
First plenary report back: group progress reports and plenary critique

Day three

Group work: Implementation framework planning and plenary critique and inputs
Template-based action planning continues
Second plenary report back: review indicators of success, timeframes, technical assistance and budget requirements; group work continues to finalize draft planning.
Identify cost centres
Third plenary report back/presentation by policy theme, goal and objective, using PowerPoint templates supplied

Day four

Policy theme group plenary review
Policy theme group revision of priorities and sequencing
Plenary introduction to decentralized implementation and national responsibilities – implications for planning
Plenary review: implementation costing and budgeting per national norms
Groups, rapporteurs and resource persons prepare final presentations

Sector-wide involvement

If policy is to have sector-wide application, it is necessary to identify and involve all the interest groups with a stake in its success – if they are to support it. The greater the number of interest groups, the longer and more complex the process may be. The key principle therefore is representativity: in other words, ensuring limited but effective representation from as many groups as possible without unnecessary duplication. The interest groups involved have an obligation to engage with their areas of concern/expertise (and represent their constituencies) as well as the wider sector-policy context. This interest group involvement is also an opportunity to create and empower advocates from every sub-sector as 'champions' of the policy.

Guiding principles

An education sector HIV and AIDS policy must be guided by a set of principles that entrench the rights and responsibilities of every interest group in the sector. In addition, these principles must accord with the country's national HIV and AIDS policy or guidelines, and must conform to international conventions, national laws, policies, guidelines and regulations. In particular, the principles must take into account gender issues, learners with special needs, and recognize the universality of human rights. To be effective, these principles must address all of the key issues in the education sector including:

- access to education;
- access to information;
- equality;
- privacy and confidentiality;
- access to care, treatment and support;
- a safe workplace and learning institution;
- fair labour practices;
- gender sensitivity/responsiveness;
- greater involvement of people living with HIV;
- partnerships.

Excellent examples of the application of such principles may be found in the Republic of Kenya's Education Sector Policy on HIV and AIDS, the Republic of Uganda's draft Education Sector Policy on HIV and AIDS and the draft Education Sector Policy on HIV and AIDS of the Republic of Zambia.

Policy themes

To be comprehensive, an education sector HIV and AIDS policy must address four internationally recognized policy and implementation themes:

- prevention;
- treatment, care and support;
- workplace issues;
- management of the response.

By addressing all four of these themes, the danger of undue or one-dimensional focus on any one to the exclusion of others is avoided. The inclusion of all interest groups and directorates of the MoE also means that the importance of all these themes, and the issues within them, will be protected. It is likely that many of the interest groups involved will have a single-theme focus, but within the wider group (and plenary interrogation) these interests will merge to provide a comprehensive picture within which each element is adequately addressed.

A goal for each theme should be set, which describes the 'desired outcome' once the policy is implemented. These four goals, taken together, should describe an optimal situation in the education sector brought about by the successful implementation of the policy at every level and in every area. Theoretically at least,

this outcome will be achieved by the end of the planned implementation period (probably set at five years) if everyone plays their part, if resources are available and if effective monitoring and reporting provide an insight into activity and progress.

For each overarching theme goal, a set of objectives and activities should be listed to address each key issue, focus attention and provide a checklist for implementation. For example, in the Kenyan Education Sector HIV and AIDS Policy, under the theme heading Care and Support, 21 separate objectives are contained under six sub-headings. These sub-headings include: Scope; Access to health services; Psychosocial support; Community mobilization; Orphans and vulnerable children (OVC); and Financial support. Taken as a cluster of issues and objectives, these comprehensively address all the activities that would be required to achieve the theme goal, which reads (and anticipates within five years):

"An education sector in which care and support is available for all, particularly orphans and vulnerable children (OVC) and those with special needs."

Policy outcomes, review, adoption and dissemination

Assuming the political will, professional process management, adherence to these and any other steps that might be required, a workshop programme of this kind can be expected to produce a first draft of an education sector HIV and AIDS policy for circulation and review. It should be recognized, however, that adherence to the principles of access and consultation does not stop after the first round; it should be expected that the draft will be engaged by very many education and political interest groups, and that a great deal of further comment will be forthcoming.

This is all to the good, as the wider the engagement the wider the chances of the policy's acceptance and success. The key to the success of this second round of comparatively uncontrolled comment and input is ensuring its capture and processing within a clearly defined period. For this purpose, a simple instrument can be developed and attached to the published draft which will enable others to record their comments and views in a structured and common format. These instruments can then be mailed to a secretariat established for this purpose, and the input categorized and recorded. Some mechanism must be agreed for the purpose of accepting or rejecting this input, and optimally the structure of this mechanism should be representative of the wider sector; importantly, a deadline must be established beyond which comments will not be accepted, to ensure closure.

The closure of the second round of comment and input does not, however, signal the end of the debate; indeed, there may be many drafts before final adoption and it is therefore important that each one be clearly dated and numbered. As has been remarked throughout this module, the policy should be seen as a flexible framework subject to regular review and change. Thus the education sector should be able to make further comment at any point and be assured that some further round of review and revision lies ahead.

For practical and legal purposes, it will be the MoE that ultimately accepts and adopts the draft education sector HIV and AIDS policy. It is, after all, the mandated ministry of government and has both the legal power and resources to give effect to the policy; it is also responsible for the parliamentary and other processes

required. Most importantly, in the implementation phase of the policy development process, the MoE will have the responsibility of establishing the legally-binding regulations that flow from this policy. These are central to the whole process as it is these regulations that govern the management and administration of education and guide workplace policy and practice.

Once adopted, and when the MoE has committed itself to the legal process involved, the education sector HIV and AIDS policy must be shared with the sector and the nation. This is a considerable logistical challenge but it should be seen in the first instance as an opportunity for advocacy on a grand scale. Publication and release provide an opportunity for the minister of education – perhaps with the country's president or prime minister – to launch the policy with due fanfare and open a series of media engagements to interrogate and disseminate its contents. This should confirm the MoE's commitment to transparency and access and should be supported by the most extensive publication possible of the policy, in a format designed for easy reading and consumption.

In the final analysis, the policy should be available in every classroom and should constitute the basis for classroom-level codes of conduct, committing both the teacher and the learner to their collective responsibilities towards one another.

2. Policy implementation

Box 3 Definition of implement

Implement (n) – 2 a means to achieve a purpose; (vb) 3 to carry out; put into action: to implement a plan. Originally from LL implēmentum, lit.: a filling up, from L implēre to fill up, satisfy, fulfil ▸ implementation (n)

(Collins Concise English Dictionary, 21st Century Edition).

National education sector HIV and AIDS policy implementation planning objectives

The dictionary definition is unambiguous: Implementation means achieving, carrying out, and putting into action (in this case a policy). Its Latin roots confirm the character of the word and its intention; it means literally to satisfy and fulfil (needs and expectation). In other words, it appropriately signals that implementation is designed to meet the many expectations raised by an education sector HIV and AIDS policy.

The first objective is to demonstrate how national implementation of an education sector HIV and AIDS policy can be planned, costed, actioned, monitored, reported and used strategically to mobilize resources.

The second objective is to develop an understanding of national implementation planning frameworks, sub-national (decentralized) activity planning, costing and monitoring.

The third objective is to develop the skills to undertake such planning, co-ordinate its implementation and report its outcomes.

Policy implementation themes

As indicated in the previous section, an education sector HIV and AIDS policy addresses four internationally-recognized policy and implementation themes. These are prevention; treatment, care and support; workplace issues; and management of the response.

Policy implementation is therefore divided on the same basis, and identifies the goals that were set for each of these themes. Each of the four goals will be realized by the achievement of a number of objectives. In each case, the theme goal describes the 'desired outcome' that will be realized once all of the theme's objectives have been achieved.

Each theme represents a major set of activities in its own right. Some of the interest groups – and even directorates within the MoE – will have greater interest and expertise in some of these than in other areas. For this reason, each interest group is encouraged to associate itself in the workshop process with the theme in which it is most interested and knowledgeable.

The strength of the final outcome – a comprehensive implementation plan – relies on this blend of interest and expertise and on the fact that everyone involved, regardless of specific interest or expertise, will have to deal holistically with the entire plan in the plenary interrogation process, assuming joint responsibility and ownership and committing to its success.

Adaptive framework: national versus decentralized planning

In the same way that an education sector HIV and AIDS policy must be seen as adaptive to changing needs, implementation planning must be adaptive to changing circumstances over time. A national education sector HIV and AIDS policy and implementation planning should provide a flexible framework within which sub-national needs and priorities can be met and dealt with effectively. While a national policy framework is designed to address the wider policy imperatives of the country (or sector), it cannot easily take account of the widely differing circumstances, needs and priorities of different parts of the country in relation to one another. Different areas of any country – or levels or parts of the education system – may have widely differing levels of capacity, development, provisioning or quality; the same will be true for the variability of HIV prevalence within countries and communities. In short, there has to be sufficient flexibility within the national policy and implementation framework to accommodate quite different applications of the plan, based on these local circumstances, provided they recognize and subscribe to the same national principles, goals and objectives.

In practical terms this means that adaptive policy can be segmented by theme and prioritized quite differently in different areas or at different levels of the system. It also means that decentralized planning may be played out in quite different time-bound, locally costed or regional action plans designed to mobilize internal and external resources most efficiently for the area or level concerned.

Implementation will roll out in short-, medium- and long-term phases, and the dynamics of the AIDS era may require considerable adaptability to changing circumstances. The implementation can and should be driven by constant monitoring, evaluation, consultation and review. The action planning templates used to plan implementation can also be used to track progress using key indicators and identifiers, and show how such activity can be monitored and reported at every level. This process is strategically important and must be led and managed by a dedicated team with a clear mandate.

Once the national implementation planning framework exists, this should be taken forward into a second round of sub-national workshops at a level best suited to support action and delivery. For many countries this may be the district level, and these workshops may be aggregated into provincial or regional workshops for the purpose of planning. This second round should follow hard on the heels of the ratification and dissemination process to harness the latent energy in those interest groups that were involved in the national planning process and are available to play a role in the decentralized rollout of workshops.

Each of these sub-national workshops should mirror the national process described earlier in this module, including a maximum participation of 60 persons at each. At this level more than ever, representivity and participation will be the key to successful implementation; moreover, it is at this level that exclusions and invalid assumptions will be identified and addressed. In short, this is not as much

an exercise in development democracy as in adding value to the development process.

Implementation planning in a workshop setting

The module has already shown that it is possible, indeed desirable, to develop preliminary outcomes of major strategic significance in a short period and in a workshop setting. The same approach is proposed for the planning of implementation. Evidence shows that considerable success can be achieved provided the objective is to develop a national implementation planning framework, of the kind described above, and not a detailed set of decentralized plans. The latter objectives are more appropriately the business of a second round of decentralized workshops in which locally representative and inclusive groups of stakeholders meet to consider local needs and priorities.

On the basis of experience to date, a set of steps is required to ensure success in 'workshopping' the implementation planning of any policy.

- First, as described above, a group broadly representative of the MoE and other education sector interest groups must be identified and invited to participate; this group should not be more than 60 in number and, for credibility's sake, not less than 40. Ideally, this number should include the core group responsible for the original development of the education sector HIV and AIDS policy.
- Second, the key criterion for invitation and involvement should be the capacity of the interest group involved to enhance the planning process and contribute to its implementation. Preliminary planning should therefore identify all those groups, organizations, departments, partners, and even other ministries – including persons living with HIV – who would have a role to play in implementation, and ensure that these attend.
- Third, participants should feel valued and representative of their constituencies; in other words they should be taken seriously – and feel they are being taken seriously.
- Fourth, develop a five-day programme designed to ensure the desired outcomes (i.e. draft five-year national implementation planning framework) and ensure that invitations and background information – including copies of the education sector HIV and AIDS policy – are sent out carrying the signature of the minister of education or his/her most senior official.
- Fifth, ensure that an experienced professional facilitation team is available to manage and guide the process to ensure the desired outcomes.
- Finally, ensure that the invitation makes it clear that participants are expected to attend the full workshop and not come and go at will. To support this approach, ensure that the venue selected is of a significant distance from the participants' homes and offices so as to oblige them to remain throughout the duration of the workshop.

The programme should be designed to maximize participation and focus on the practical outcomes of the workshop; the following day-by-day workflow illustrates the type of programme required.

Box 4 Proposed day-by-day workflow of a workshop

Day one

Official opening: optimally by a minister or permanent secretary (with media coverage)
Participant introductions, expectations and concerns
Workshop objectives, process and output
Understanding the policy: education sector HIV and AIDS policy review
Understanding the issues: HIV and AIDS impact mitigation as a systemic issue
Comparative experience: country models of policy implementation planning

Day two

Introduction to implementation planning: the outcomes-based approach
Guiding principles: what, who, when, how and where?
HIV and AIDS education sector policy themes
Group work: national implementation framework planning by theme
Setting objectives by policy goal
Prioritization for delivery
Template-based action planning
First plenary report back: group progress reports and plenary critique

Day three

Group work: implementation framework planning and plenary critique and inputs
Template-based action planning continues
Second plenary report back: review indicators of success, timeframes, technical assistance and budget requirements; group work continues to finalize draft planning.
Identify cost centres
Third plenary report back/presentation by policy theme, goal and objective, using PowerPoint templates supplied

Day four

Policy theme group plenary review
Policy theme group revision of priorities and sequencing
Plenary introduction to decentralized implementation and national responsibilities – Implications for planning
Plenary review: implementation costing and budgeting per national norms
Groups, rapporteurs and resource persons prepare final presentations

Day five

Process review and key point summary
Policy theme presentations: action plans by prioritized objectives
Plenary discussion and review: comments from invited expert review panel
Next steps: agreement on way forward
Draft implementation plan dissemination and adoption process
Process for decentralized implementation planning by sub-region
Responsibilities and budgeting
Official closure and thanks by a minister or permanent secretary (with media coverage)

Planning templates

A planning template provides a logical framework or discipline for the recording of key planning information. Many countries and MoEs will already have their own variants of this template, but care must be taken to ensure that all the elements shown in the example overleaf are included. The point of using this simple device is to ensure that everyone involved in the implementation process of planning, budgeting, management and monitoring is able to derive all the key information they need in order carry out their role or function.

The planning template must identify the policy theme goal and specific objective (linked to the education sector HIV and AIDS policy) and must be completed in full and cross-checked. Any gaps or invalid assumptions will render the template useless and compromise the work that will need to be done to complete the remainder of the template. The following points should be considered, with reference to the sample template below.

- Overall responsibility for the goal and objective addressed by the planning template must rest with the senior accounting officer responsible. However, for practical purposes there is little point in identifying the permanent secretary on every occasion, so it is sensible to identify the most senior official with direct-line function responsible for the type of activity described.
- Each action or activity in the strategy column of the template must be described in sufficient detail to be clear and understandable to everyone involved.
- Responsibility for each action must be apportioned to a responsible organization or agency. This may be a MoE directorate for example, an NGO or related social sector agency. Whichever it is, it must be identified sufficiently clearly to allow that sub-unit or directorate to be contacted and held accountable if required.
- Objectively verifiable indicators are simple indicators of achievement that will confirm whether or not the action or activity has been successfully undertaken; for example, "90 teachers trained for one week in life skills teaching" clearly means that 90 teachers have to be trained as described for the activity to be judged to be successful. It is a simple qualitative measure.
- Key assumptions allow comment on the necessary preconditions for success; taking the last point for example, if only 60 teachers are available for training, the objective, activity and objectively verifiable indicators would all have to be changed to accommodate this reality.
    - Starting and completion dates must be indicated.
    - Funding sources must be identified; this may be as simple as saying that they are from the internal MoE budget (although it should be specified from which directorate, line function, etc.) or by mentioning a donor funding programme. However, one should refrain from saying ‘donor funding’ if there is no certainty as regards the source or the amount.
    - Other inputs and remarks provide the opportunity to add any necessary information that might assist the planning process; for example, information on the fact that the 90 teachers are

available only between May and July would be strategically important and should be added.

- Finally, the identity of any actual or prospective partners must be revealed in order to ensure communication, role allocation and adequate project monitoring. This information may also lead to other partners being identified once there is a better understanding of who is involved and what their role may or may not be.

A sample education sector HIV and AIDS policy implementation planning template

Goal:
Objective:
Responsibility:

Strategies: actions/activity		Responsible organization/ agency	Objectively verifiable indicators	Key assumptions	Time frame		Funding source	Other inputs	Remarks	Partners
					Start	End				
1										
2										

Prioritization and costing

Each theme will inevitably have a long list of planned or proposed actions for implementation in the short, medium and long terms. This is as it should be, but it does require that the implementation planners make some choices and organize the list to take account of what is the most important in terms of available resources. This is to some extent what happens in the real world of education budgeting and planning; the key difference is that in this event, widely representative interest groups have the opportunity to debate the priority ranking and reach some measure of consensus.

The key question is which of these objectives and activities are more or less important than the others and in which order should they be actioned? The process answer is somewhat more complicated, given that some of these objectives and activities cost a great deal less and are much easier to achieve than others. Taken together, these issues require that the process achieves an acceptable measure of compromise that satisfies the greatest number of interest groups involved.

It is vital therefore that the prioritization process takes account of:

- strategic imperatives (i.e. those objectives or activities which, by common assent, are most important in the greater scheme of things);
- sequential imperatives (i.e. which actions must be completed before others can be initiated);
- Comparative ease and cost of implementation;
- Comparative importance relative to other objectives and activities.

A number of simple but effective workshop techniques can be used to facilitate the prioritization process once the objectives and activities have been developed by theme. Ironically, this is a testing process principally, because each interest group – including those from within the MoE – has its own concerns and prejudices. In the event, this may be the most fruitful of the workshop processes and outcomes since it forces participants to look beyond their own interests and work for the greater good.

Process outcomes

The national education sector HIV and AIDS policy implementation planning workshop described above should produce the first draft, prioritized plan for ratification and costing. This should cover the four policy themes discussed earlier, and may add a number of cross-cutting objectives and activities such as the reduction of stigma and discrimination.

It should identify all the actions required within a comprehensive and holistic plan, guided by the policy and its principles, and allocate responsibility for these together with timeframes and verifiable indicators of achievement.

This should provide a framework for decentralized implementation planning by region or district, within which these sub-national areas can reorder their own priorities and action planning to suit local conditions and needs. The overarching goals and objectives will, however, remain central to this decentralized planning process, and only in exceptional circumstances will entirely new objectives be developed in a given area.

The publication of the draft education sector HIV and AIDS policy implementation plan should bind the education sector to a collective commitment to action and to facilitate partnerships. The process will inevitably involve circulation of the draft, review and ratification, and finally dissemination into the education sector and the development community.

A core sectoral team, competent to carry forward the process of revision and costing, should be appointed without delay to initiate the indicative costing of this plan. This costing framework should provide the assumptions and guidelines necessary for the decentralized workshops to develop more detailed costing of sub-national plans, which together should be re-aggregated at the national level to provide a second round of more accurate estimation of the national cost of roll-out.

Activity 1

What is meant by a principle? Give five examples of principles that might guide education sector HIV and AIDS policy.

How might these principles guide policy development and provide the basis for monitoring and evaluation.

Give a working definition of the education sector, and provide a clear description by level, sub-sector and education type.

Discuss and list all possible/likely education sector partners who should be involved in education sector HIV and AIDS policy development and explain why they should be involved.

If out-of-school youth have not been included in the education sector definition, describe at least three ways in which this group could be successfully engaged by the sector policy.

Summary remarks

This module confirms that an education sector policy should be seen as an active rather than a passive instrument of government and governance, and that in the AIDS era it has elevated importance in confirming that the pandemic is first and foremost a management challenge. In this respect, it is important that developing and implementing policy be seen as an opportunity in a crisis to build on the sector HIV and AIDS response to remedy many other long-standing systemic and infrastructural problems.

The module has described an inclusive policy development process involving as many key stakeholders in the sector as can be identified and engaged. It confirms that policy development in the AIDS era is the business of every stakeholder and not simply that of government. More to the point, it confirms that the involvement of sectoral partners in interactive consensus-building can add real value to the process of policy development and implementation. In effect, the approach presents an opportunity to cement partnerships and trust, and multiply the sector's potential to respond. Conversely, we have emphasized that the exclusion of any stakeholder group or tier of education could lead to non-adherence or even opposition to the policy implementation process. This prospect should be avoided at all costs when in fact the process could spin off an important network of sectoral allies and 'champions'.

We have argued too that education sector HIV and AIDS policy development must be seen as a detailed reinforcement of the wider national sector policy framework of each country, and an expression of the intent of linked international policies, conventions, guidelines and protocols. What may be less evident is the extreme importance of sound sector policy and planning in underpinning the role of education in its relationship with other social sector ministries; we have stressed that this multi-sectoral or cross-sectoral context is critical in respect of inclusive response to issues of child and family vulnerability, food security and ART roll-out, for example.

But perhaps the most important point to make in summary is to reinforce the central need to see policy development, national and decentralized implementation, monitoring, evaluation, reporting and review as a strategic continuum.

Policy without time-bound and measurable implementation is of as much use as a motor-vehicle without a motor: Possibly nice to look at; perhaps even a model of technical advancement and design; but absolutely useless in terms of its intended function. Put differently, the true measure of the value and viability of policy is the measurable success of its implementation all the way to ground-level. We have outlined an inclusive process to address these components and shown that implementation at the national level may also be of limited value if it is not played out at the real point of delivery. In this respect the challenge increases exponentially, as it is at this point of delivery that even the best-intentioned of policies encounters the reality of systemic and infrastructural constraints.

Here we emphasize again that the need to mount a decentralized HIV and AIDS response may open the way – in terms of thinking, planning and resourcing – to addressing long-standing systemic dysfunction at different levels of the education sector. The process of costing and quantifying logistical support may well open the

way to the resolution of issues that have simply not seen the light of day until now, and that may often be resolved with remarkably little expenditure and effort. This last point speaks to the issue of giving practical effect to the expression of political will.

Finally, it is probably fair to say that as a direct consequence of HIV and AIDS impact on the education sector and its associated community structures, the business and regularity of policy development and implementation will never be the same. Evidence from a number of African countries that have undertaken these steps with considerable success confirms that the entire conceptual and regulatory framework of educational planning and management can be, and has been, irrevocably changed. And they have demonstrated, in the process, the value of inclusive partnerships and intense commitment of every sector stakeholder to this strategic challenge.

Lessons learned

Lesson One: It is vital for the successful management of the HIV and AIDS epidemic that the education sector develop a policy which should govern the entire education sector.

It is for this reason that it is important to begin the process by agreeing on an inclusive definition of the sector and then identifying all those institutional and organizational components of it. The exclusion of any part of the sector may at best create tensions and at worst alienate it from the goals of the policy.

Lesson Two: All stakeholders should be involved in the development of the policy.

Apart from ensuring that no part of the sector is left out, this approach also represents a real opportunity to create a sector-wide network of 'champions' for the policy and help the stakeholders concerned to develop a more holistic understanding of a comprehensive response.

Lesson Three: Policy development should not be seen as an academic exercise of limited relevance to the implementation of a response.

Instead, it should be seen from the outset as a dynamic management tool with a clear value and function. One example of this relevance is the importance of sector policy in translating national and international policy, principles and protocols into a relevant set of guidelines for the education sector. A second example is the policy's role in framing legally binding regulations to govern the roles and functions of those civil servants working within the sector, to ensure that they undertake those activities assigned to them in relation to the HIV and AIDS response.

Lesson Four: Policy should be regularly reviewed and updated.

This approach is in marked contrast to the practice and traditions of many education ministries, which regard such policies as a set of commandments. It is imperative that the policy development process provide the opportunity for stakeholders to see the need for regular review based on sector monitoring and analysis. This approach is driven both by the unpredictability of the AIDS era and the need to reposition ideas and attitudes about policy in the minds of all those concerned.

Lesson Five: Monitoring and evaluation systems are essential.

Without the ability to monitor the success of implementation there is no way that response can be measured and policy informed. Key to this is the identification of simple indicators of achievement in the implementation planning process and the establishment of practical systems to monitor, measure and report these. Such systems must be integral to the day-to-day business of educational managers at every level, add value to their existing activities and not be so onerous as to create resistance. In short, monitoring and evaluation indicators and systems must be central to the implementation process from the outset and not seen as a complex

addition once the design is complete. Finally, the system must determine how, and how often, monitoring and evaluation will be reported, and to whom.

Lesson Six: Dynamic, responsive sector policy provides a flexible framework within which an integrated and comprehensive sector response can be framed – with due attention to national and international policy and guidelines.

Without this policy, the education sector has no way of dealing systematically with the erosive impact of HIV and AIDS, or of fulfilling its mandate to provide teaching and learning to underpin socio-economic development.

Answers to activities

Activity 1

1. A principle is a general rule that you apply in a given context, and which entrenches the rights and responsibilities of every interest group in the sector. Key issues in the education sector include the ten listed on page 11 of this module. To confirm that the listed issues have been addressed in country policies, read any five from those available of the MTT website (www.mttaids.com).
2. Principles can mirror those described in national and international policies and conventions, and must entrench the rights and responsibilities of every interest group in the sector. Each principle forms the basis for a goal that the policy must achieve and therefore guides not only policy development but implementation at every level. To be effective, these principles must address all of the key issues in the education sector. Every policy goal based on these principles will have a set of contributing objectives; each one of these may encompass a set of activities which will be time-bound and identify some indicator(s) of achievement. Measurement of these indicators over time provides the basis for the monitoring and evaluation of the implementation of this policy.
3. Please refer to page 8 of this module to read on the scope of application of the education sector policies of Kenya, Namibia and Zambia.
4. Likely partners who should be involved in HIV and AIDS education sector policy development are listed on page 9 of this module. However, you may want to add others in addition to those given.
5. Out-of-school youth (OOSY). For example:
    - Motivate the policy development group/workshop to revise the sector definition to include OOSY.
    - Review the principles underpinning the policy and identify those that point to the need to include all children/learners in and out of school in the policy.
    - Review the existing national and educational policies as well as international conventions and declarations to establish the urgency to address the needs of OOSY.
    - Find and review research work to confirm the particular problems/needs of OOSY in terms of comparative risk and vulnerability.
    - Identify organizations/ministries/NGOs working with OOSY to present the case for inclusion.
    - Publish the draft policy and open it for public comment and input to ensure that this stakeholder group can make appropriate representation for inclusion.

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Tools and resources

A number of intervention tools and resources are available for download on the MTT website (www.mttaids.com), they include:

- Rapid Appraisal Framework/Assessment TOR
- Data Analysis Criteria and HIV and AIDS Impact Indicators
- Policy Development Framework/Country Samples
- Prioritised Implementation Planning Templates
- Budget Planning & Implementation Costing Tools
- Partnership/Programme Database Template
- District Education Management & Monitoring Information Systems (DEMMIS)
- Monitoring and Evaluation Options
- Educator Mortality/Attrition Research Models & Templates
- Educator Demand & Supply Modelling

Module 2.2

R. Smart

HIV/AIDS management structures in education

About the author

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Module 2.2

HIV/AIDS MANAGEMENT STRUCTURES IN EDUCATION

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Aims

The aim of the module is to enable you to describe the roles, composition and functions of different HIV and AIDS management structures within an education sector.

Objectives

At the end of the module, you should be able to:

- describe the different education sector structures with AIDS-related responsibilities;
- define the terms of reference for a national education sector HIV and AIDS management unit;
- analyze the different options for placement of the unit;
- identify typical barriers faced by many HIV and AIDS management units;
- discuss the mechanisms and processes for formalizing and institutionalizing the different structures;
- discuss the mechanisms and processes for formalizing and institutionalizing inter- and intra-sectoral HIV and AIDS co-ordination and communication;
- describe a capacity audit to inform a skills development plan for the members of an HIV and AIDS management structure;
- propose the composition and functions of a sub-national HIV and AIDS management structure.

Before you begin...

Questions for reflection

Take a few moments to think about the questions below, make a note of your ideas and answers in the spaces provided. As you work through the module, see how your responses compare to those put forward by the author.

Why is it necessary to have an HIV and AIDS management structure, or structures, within a ministry of education?

What are the options for placement of the unit; e.g. in human resources (HR), in policy and planning, or in an employee assistance programme (EAP), etc.?

In light of the placement options, what is the optimal profile of the person to head the structure? Should this be a dedicated or part-time position? Why?

What processes are necessary to formally establish an HIV and AIDS management structure?

What links should a national HIV and AIDS management unit have with other structures, and what partnerships should it form to fulfil its functions?

What are the critical skills that members of an HIV and AIDS management unit require in order for them to operate optimally?

What are the different or additional functions of an HIV and AIDS management structure at sub-national and school levels?

Module 2.2

. . . . . HIV/AIDS MANAGEMENT STRUCTURES IN EDUCATION

Introductory remarks

The module covers the structures that should be in place to facilitate an AIDS response – the policies, plans, procedures and programmes – in an education sector.

For the purpose of the module an important distinction is made between an internal HIV and AIDS structure comprising education sector officials, which is referred to as an HIV and AIDS management unit (HAMU), and a broader consultative body that includes both education sector officials and other stakeholders, referred to as an HIV and AIDS committee. In different contexts these bodies will have different names, such as AIDS Control Unit (Kenya), Multisectoral HIV/AIDS Committee (Botswana), Education AIDS Steering Committee (Ghana) and so on.

Experiences from many countries have confirmed the need to establish HIV and AIDS management structures to direct, guide and monitor the education sector's AIDS response. However the form taken by these structures varies considerably from one situation to another, as well as at national and sub-national levels. So, whilst the module proposes two types of structure, these structures may not always be consistent with the models chosen by education sectors in different countries.

When discussing the functions of HIV and AIDS management structures, reference will be made to internal functions, referring to functions related to the sector as a workplace and employer, and external functions, referring to AIDS-related activities and programmes that are linked to the core responsibilities of the education sector, namely to fulfil the educational needs of citizens and the human resource requirements of a country's economy. Both internal and external functions are important foci for an HIV and AIDS management structure, and both need to be adequately represented within the terms of reference of such structures.

External AIDS response refers to those elements of a comprehensive response that are linked to the core functions of education and that focus on beneficiaries (like pupils), partners and education sector communities (like school communities).

Internal AIDS response refers to those elements of a comprehensive response that are linked to the sector's role as an employer and as a workplace. The focus therefore will be on staff – managerial, teaching, and administrative and support staff.

Box 1 Extract from MTT concept paper

"The HIV/AIDS management unit must become the Ministry's 'Joint Operational Command Centre' in the fight against HIV/AIDS and have somewhat exceptional powers and mandates to effectively play this role" (Badcock-Walters, 2001: 5).

Box 2 Example of HIV and AIDS management structures – the institutional arrangements at national level in Botswana

1. A Multi-sectoral HIV/AIDS Committee

The committee has specific tasks.

- Provide overall guidance and administration of the Ministry of Education (MoE) HIV/AIDS response strategy.
- Provide the necessary structure and resources that will ensure efficient, quick and comprehensive implementation of the MoE HIV/AIDS response strategy.
- Ensure that activities proposed in the strategy documents are undertaken as per the proposed workplan.
- Oversee the consolidation and co-ordination of the strategic plan and ensure consistency in its implementation.
- Provide necessary guidance/assistance to any HIV/AIDS consultancies that are taking place in the sector, including the organization of meetings for the dissemination of the outputs of the consultancies.

2. An HIV/AIDS Co-ordination Unit

3. Two MoE technical committees, one comprising heads of departments, the other consisting of departmental representatives. The technical committees have specific tasks.

- Advocate for mainstreaming of HIV/AIDS within the activities of the ministry.
- Develop guidelines for MoE HIV/AIDS policy implementation in all departments and divisions/institutions.
- Develop HIV/AIDS education campaign programmes for institutions and workplaces.
- Co-ordinate the establishment and training of HIV/AIDS peer educators.
- Co-ordinate the implementation of HIV/AIDS campaigns and programmes to ensure effective participation at all levels.
- Advise the co-ordinating committee on policy matters related to HIV/AIDS.
- Prepare quarterly HIV/AIDS departmental progress reports.
- Identify and mobilize resources required for the MoE HIV/AIDS programme.
- Collaborate with the national AIDS co-ordinating agency (NACA) and other partners in HIV/AIDS prevention, care and advocacy.
- Monitor the execution of and provide guidelines for consultancies on studies that may be required for MoE HIV/AIDS activities.
- Monitor and evaluate the progress and impact of HIV/AIDS activities in the MoE departments/divisions and institutions.

1. HIV/AIDS management unit (HAMU)

As described above, the optimal scenario for an education sector is to have an operational unit of education sector officials – the HIV and AIDS management unit – and a broader, representative stakeholder consultative and advisory body – the HIV and AIDS committee. Each is dealt with separately below.

The structure, placement and functions of this unit will largely determine its success or lack of success. Key factors in this regard will be:

- clearly defined mandates, roles, responsibilities and functions;
- the involvement of key role players;
- clear lines of communication and accountability;
- a well developed, disseminated and budgeted plan; and
- active and visible involvement of leadership and management in a range of prevention, care and support, and rights activities.

The functions of an education sector HAMU could include:

- policy development;
- advocacy;
- co-ordination;
- fostering partnerships and linkages;
- information dissemination and exchange;
- communication, liaison and networking;
- planning;
- resource mobilization;
- facilitation and/or implementation of programme activities;
- technical support (e.g. to the districts);
- advisory;
- reporting; and
- monitoring.

The unit should include officials with the following portfolios:

- Those who will be involved in the development, implementation, and monitoring and evaluation of the ministry's AIDS policy and programme.
- Senior management.
- Representatives from all divisions within the ministry, and, where possible, from different geographic areas as well.
- Special interest groups, such as trade unions, women groups and people living with HIV.
- People who have the relevant skills that the AIDS programme requires.

Ideally the unit should be staffed with a number of dedicated positions; however this tends to be the exception rather than the rule. More often the unit is headed by a full-time co-ordinator with most, if not all, of the other members having other functions in addition to their AIDS-related ones. This situation requires that the co-ordinator have seniority, a clearly defined mandate and multiple skills, as well as a solid AIDS background if s/he is to make such a structure functional. His/her skills should include:

- advocacy, networking and co-ordination;
- leadership qualities, and credibility with key sectors and stakeholders;
- project management and planning skills including HR and financial management experience;
- good inter-personal, negotiation, facilitation and communication skills;
- fund-raising or resource mobilization experience;
- good organizational abilities; and
- report writing skills, and monitoring and evaluation experience.

A HAMU will usually have both internal and external functions, and so will require the involvement of officials who can lead on each of the following:

- Policy development;
- Planning;
- Workplace HIV prevention, and treatment, care and support;
- Employee assistance programmes;
- Occupational health and safety;
- Curriculum development;
- Human resources;
- Management of an education management information system (EMIS) and other data;
- Special programmes;
- Labour relations.

Measures or indicators of the success of a HAMU may be:

- an AIDS management system established;
- a workplace prevention, treatment, care and support programme designed and implemented;
- analysis of data;
- common milestones and implementation indicators identified;
- roles of staff comprising the unit assigned in writing;
- a permanent secretariat established;
- mechanisms in place for timely technical support (to districts); and
- agreed guidelines on various aspects of an education sector AIDS response for use by districts.

Activity 1

Establishing (or strengthening) a HAMU

Develop a submission to management for either the establishment of a HAMU within your national ministry of education or the strengthening of an existing HAMU. Use the following headings in the submission.

Purpose (of the submission)

Background

Motivation

Implications (policy, HR and financial)

Recommendation

Box 3 Extract from the Ministry of Education (Ghana) *Workplan for addressing HIV prevention*

INTERVENTION AREA 4: DECENTRALIZED IMPLEMENTATION AND INSTITUTIONAL ARRANGEMENTS

Objective: To establish a strong and functional education sector institutional mechanisms for development, implementation and coordination of HIV/AIDS interventions at national, regional, district and community levels

Strategy:
4.1.0 Strengthening the institutional capacity of education sector to effectively and efficiently manage education sector HIV/AIDS responses at the national, regional and district levels

Activities:
4.1.1 Create office space at the national, regional and district levels.
4.1.2 Establish HIV/AIDS desks and appoint HIV/AIDS focal officers at the national, regional and district levels.
4.1.3 Recruit Technical Coordinator (for 12 months), one National Coordinator, Project Officers and Support Staff.
4.1.4 Procure equipment and logistical materials to strengthen the capacity of National, regional and district level HIV/AIDS focal offices to implement, monitor and evaluate HIV/AIDS interventions (Vehicles, Computers).
4.1.5 Establish and sustain operations of Education AIDS Steering Committees at the national, regional and district levels.
4.1.6 Conduct orientation workshops/seminars on the implementation modalities of HIV/AIDS interventions in the education sector.
4.1.7 Identify and prepare an inventory of Education sector partners (including public, private NGOs, FBOs, CBOs) active in responding to the HIV/AIDS epidemic at the national, district and community levels.
4.1.8 Conduct a two-day integrated planning meetings with Partners.
4.1.9 Develop operational guidelines/manuals for partners responding to the HIV/AIDS epidemic at the district and school levels.
4.1.10 Establish school-community liaison groups to strengthen partnerships between schools and communities.
4.1.11 Develop HIV/AIDS education networks at district level in collaboration with District Response Initiative.
4.1.12 Establish AIDS resource centers in schools to be accessed by education sector population (staff, pupils, students, workers) and communities.
4.1.13 Mobilize resources to for implementation of Education Sector HIV/AIDS responses at the national, regional and district levels.
4.1.14 Establish HIV/AIDS and Education Sector Web site as well as a Documentation Center.
4.1.15 Organize resources to attend short courses for Coordinators.

Source: MoE (Ghana), 2000: 8

As indicated in the above example it is critically important to build into strategic and operational plans the establishment and maintenance of HIV and AIDS management structures.

Activity 2

Provision for a HAMU in annual operational plans

1. Develop an objective that could be one of the objectives in the annual operational plan of your ministry and that clearly states the desired outcome in terms of a permanent, functional HAMU.

2. Then, using a simple workplan template (see below), develop a workplan for one year that relates to the submission done as activity one. The workplan could therefore be for (a) the establishment or (b) the strengthening of a HAMU.

ACTIVITY	TIMEFRAME	RESPONSIBLE PERSON/UNIT	OUTPUT OR OUTCOME	BUDGET

3. Ensure that the workplan also includes any process steps to institutionalize or formalize the HAMU and any activities related to the co-ordination and communication roles of the structure, both within the ministry and beyond (intra- and inter-sectoral).

A HAMU will function better if the staff that comprise it are appropriately skilled. It may therefore be useful to conduct a capacity audit and to use the results as the basis for a skills development plan. Areas to be tested may include:

- basic knowledge of HIV, AIDS and other sexually transmitted infections (STIs);
- in-depth knowledge about selected aspects, like voluntary (HIV) counselling and testing (VCT), highly active antiretroviral therapy (HAART), legal and human rights issues;
- attitudes towards people living with HIV, homosexuality and men who have sex with men (MSM), etc.;
- communication, networking and advocacy skills;
- project management, including financial controls, and budgeting skills;
- understanding of research and of legal issues;
- monitoring and evaluation; and
- knowledge of referrals to health and social services.

There are many potential barriers to the establishment and functioning of an effective HAMU, such as:

- no provision at policy level for its establishment;
- denial, at all levels of the need for an additional structure;
- no common vision of what needs to be done;
- a lack of commitment from top management and/or unions to be involved;
- the lack of a uniform approach by management and organized labour;
- apathy from employees and lack of involvement in the activities of the AIDS programme;
- inappropriate attitudes, particularly to people living with HIV;
- for members of the HAMU, competing demands on their time – the AIDS portfolio is just one of many;
- the lack of a formal mandate for the AIDS work that the members are expected to do;
- AIDS is not part of their job description or a key performance area against which their performance will be evaluated;
- inadequate resources (financial and material) for AIDS-related activities;
- inability to design and/or implement a comprehensive workplace HIV and AIDS programme; and
- inadequate information about supportive community services.

Box 4 Extract from Education Sector Policy on HIV and AIDS (Kenya)

Role of the AIDS control units (ACUs)

The education sector commits itself to establishing well-staffed, strong and sustainable ACUs at all levels of the education and training system.
ACUs at all levels of the system need to be accountable and responsive to the needs of learners, employers, stakeholders and other staff in the sector.

Source: Republic of Kenya, 2004.

It is important to identify potential barriers to the establishment of and HAMU, and to develop strategies to address these, in a proactive way.

Typically the HAMU at national level will be replicated in some form at provincial/regional/district level and at school level. The process of establishing such sub-national structures creates ownership and commitment, and whilst some uniformity is desirable, flexibility is also important.

The process may include some or all of the following steps:

- Consulting the national policy;
- Consulting any existing guidelines;
- Consulting with stakeholders at different sub-national levels;
- Considering existing structures;

- Identifying stakeholders and organizations to be represented;
- Mobilizing resources (human, material and financial as required);
- Defining terms of reference;
- Identifying the capacity needs of members.

Box 5 Example of terms of reference for an AIDS co-ordinator at school level (from Botswana)

Under the supervision of the Head of Pastoral, the HIV/AIDS Co-ordinator will co-ordinate, lead, direct and guide HIV/AIDS national responses at a school level.

Oversee implementation of all HIV/AIDS-related activities including health issues at a school level.
Establish and chair the School HIV/AIDS Committee.
Be responsible for the School Health Programme.
Design and facilitate the development of rights-based, gender and cultural school-based HIV/AIDS projects/programmes.
Develop a school-based HIV/AIDS action plan in line with the ministry's strategic plan – for teachers, students and all employees in the school.
Monitor and evaluate the effectiveness of school-based projects/programmes.
Build a resource on HIV/AIDS-related and health materials for use by the school population.
Liaise with partners and stakeholders involved in the fight against HIV/AIDS.
Submit reports to the Chief Education Officer at the Regional Office or as required.
Represent the school in various HIV/AIDS forums at local and national level.

2. HIV and AIDS committee

An education sector HIV and AIDS committee has a distinctly different role to the HAMU, but each should complement the other.

Box 6 Example of an HIV and AIDS advisory committee

Extract from the *National policy on HIV/AIDS for the education sector,* Ministry of Basic Education, Sport and Culture and Ministry of Higher Education, Training and Employment Creation (Namibia)

HIV/AIDS Advisory Committee and implementation plans

Each educational institution should establish its own HIV/AIDS Advisory Committee as a committee of the governing body.

The HIV/AIDS Advisory Committee should:

- be set up by the governing body and consist of representatives of:
  - education sector employees;
  - parents or caregivers of learners or students at the institution;
  - Learners or students;
  - Local medical, health care and social services practitioners;
  - Traditional healers;
  - The local Regional AIDS Committee for Education (RACE); and
  - The support and counselling services.
- elect its own chairperson;
- advise the governing body on all matters relating to HIV/AIDS;
- be responsible for developing and promoting a plan for the implementation of this policy at the educational institution, and monitor, evaluate and review the plan and its implementation from time to time, especially as new scientific and medical knowledge about HIV/AIDS becomes available;
- advise and be consulted on provisions relating to the prevention of HIV transmission in the Code of Conduct.

Source: Republic of Namibia, 2003.

An HIV and AIDS committee should be member-owned, with a clearly stated commitment to shared objectives and means of action. The structure should be jointly developed, with shared responsibility and shared action; it should be representative, involving all relevant stakeholders, including people living with HIV.

The structure of the HIV and AIDS committee will be defined by what work needs to be done; what groups (or sub-committees) need to be formed to do the work; what the roles and responsibilities are of these groups; how the groups will govern themselves; and how communication will take place between the various groups and other education sector structures.

Members and memoranda

In identifying key constituencies to be represented on the HIV and AIDS committee, start with all the constituencies that are present on other education sector bodies, and then consider what additional constituencies with AIDS-related roles and responsibilities should be represented.

It may be useful to define what is expected of members by means of a memorandum of understanding that states the organization's commitment to the goals, objectives and activities of the committee; what the organization expects in return for its participation in the committee; how much time the organization's representative can commit; and the level and kind of resources that the organization can contribute (funds, in-kind contributions, volunteer time, expertise, etc.).

The overarching role or purpose of the HIV and AIDS committee is likely to be to support the education sector AIDS response. Individual functions may include a number of the following:

- Enable role players to interact and build alliances.
- Promote co-operation and collaboration.
- Co-ordinate advocacy action on matters identified by members.
- Mobilize capacities for HIV prevention, care and support.
- Identify emerging issues and appropriate responses.
- Generate and share information, and maintain essential communications.
- Provide both formal and informal opportunities for enhancing the skills of members.
- Assess progress being made and identify problems needing to be addressed.

Box 7 Example of the terms of reference of an HIV and AIDS committee

Extract from working document, Department of Education, Eastern Cape Province, South Africa

The functions of the HIV/AIDS Co-ordinating Committee shall complement those of the HIV/AIDS Unit. The HIV/AIDS Co-ordinating Committee is NOT an implementing body. Its functions will be as follows.

Advocacy
- Support the role of the HIV/AIDS Unit with advocacy
- Provide a focal point for advocacy across the department and within the education sector in the province

Co-ordination
- Co-ordinate the initiation and delivery of activities
- Provide senior management with a single point of contact with all focal point officers on HIV/AIDS
- Enable greater integration/mainstreaming of prevention, management and mitigation interventions

Communication
- Provide a regular link with districts and allow for two-way feedback on policy and implementation issues
- Communicate with stakeholders – in association with the Communications Unit

Facilitation
- Facilitate information sharing
- Facilitate resource sharing
- Facilitate management level decision-making on programmes

Advisory
- Advise senior management on provincial HIV/AIDS issues in general and specifically within the education sector
- Support the role of the HIV/AIDS Unit with strategic advice
- Provide senior management with current information on programme implementation

Monitoring and reporting
- Monitor and report on a departmental strategic plan/workplan on HIV/AIDS

Outputs or measures of the success of the HIV and AIDS committee may be mutually acceptable working arrangements, agreed plans, and mechanisms for including diverse and non-traditional partners.

3. Other education sector structures with potential AIDS-related roles

Too often the existence of a HAMU and/or an HIV and AIDS committee is seen as absolving all other standing and statutory education sector bodies of any responsibility in this area. It is however feasible and practical to consider amending the scope of these bodies to include AIDS-related roles, particularly in those areas where in the body has influence or a mandate to operate.

These bodies include:

- political or parliamentary bodies and committees;
- national structures on topics such as curriculum development, guidance and counselling, and teacher training;
- forums that bring together representatives from regional or district level as well as development partners and other stakeholders;
- teacher service commissions, teacher unions and student representative bodies; and
- school governing boards or parent teacher associations at school level.

Box 8 Example of AIDS-related functions assigned to structures

Extract from the Ministry of Education and Sports (MoES) Uganda *HIV/AIDS Action Plan 2003/6 (draft 2003).*
Objective 9: To promote joint planning, co-ordination, monitoring and evaluation of HIV/AIDS activities in the education sector.
Outcome 9: A functional committee and defined mechanisms for joint planning, co-ordination, monitoring and evaluation of HIV/AIDS activities in the education sector.
Motivation: MoEs will use the HIV/AIDS Committee and its Task Teams – with the support of full time advisors – to create stronger programme development and management capacity within the sector.

Source: MoES (Uganda), 2003.

Activity 3

Terms of reference for an education sector HIV and AIDS committee

Draft the terms of reference for an HIV and AIDS committee that will support your ministry's AIDS response, using the following headings:

Name of the structure

Mandate or goal

Guiding principles

Accountability

Membership and representation

Functions and/or responsibilities

Modus operandi (quorum, frequency of meetings, secretariat, etc.)

Operating budget

Summary remarks

The AIDS epidemic represents an extraordinary challenge to education sectors across Africa. Whilst many aspects of a comprehensive and holistic AIDS response can emerge from the traditional functions of the sector, having a strong institutional framework to direct and guide the response is necessary. The form that this institutional framework will take will vary from country to country, but it is likely to consist of both an operational type of structure (referred to as the HIV and AIDS management unit) and a more consultative body (referred to as the HIV and AIDS committee). The module has explored aspects of these two bodies, with practical exercises that allow for better understanding of such structures within different countries and contexts.

Lessons learned

Lesson One

There are opportunities to mainstream AIDS into the functions of existing education sector structures. However, because of the seriousness of the epidemic it is imperative to create dedicated HIV and AIDS structures. It is optimal to have a structure within a ministry of education, consisting of education sector officials and with a clear mandate to direct the ministry's AIDS response (an HIV and AIDS management unit). Another consultative body should include other stakeholders (an HIV and AIDS committee).

Lesson Two

The placement of an HIV and AIDS management unit, its terms of reference and methods of co-ordinating and communicating within and outside of the ministry are critical decisions that will affect (positively or negatively) the unit's operations.

Lesson Three

Investing in building the capacity of those participating in HIV and AIDS management structures will pay dividends.

Lesson Four

Creating multiple layers of HIV and AIDS management structures – at national, district and school levels – is time consuming and requires human resources, but it will have long-term benefits, particularly as much of an education sector's AIDS response must be delivered at local level.

Lesson Five

All processes related to establishing and maintaining HIV and AIDS management structures should be included in routine education sector policy, planning and monitoring processes.

Answers to activities

Activity 1

Refer to the section *HIV and AIDS management unit* for information to include or adapt for the submission.

Activity 2

Below is an example of what might appear in an annual operational plan.

Objective: *A well-staffed, strong and sustainable HIV and AIDS management unit established within the national ministry of education*

Activity	Timeframe	Responsible person/unit	Output/Outcome	Budget
Task team set up with mandate to investigate options and develop a concept paper on the HIV and AIDS management unit				
Concept paper submitted to Management Committee for approval				
Human resource implications of the unit actioned – such as position created and advertised, job description written, etc.				
Interview panel established and interviews held				
Head of unit appointed and inducted				

Activity 3

Refer to the Botswana (Box 5) and Eastern Cape (Box 7) examples for information that could be used in developing the terms of reference.

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Module 2.3

D. Chetty

HIV/AIDS in the educational workplace

About the author

Dhianaraj Chetty is an independent consultant, specializing in education planning and higher education management and has been involved in the design and development of national and international HIV and AIDS responses in the higher education sub-sector. He is also a member of the EduSector AIDS Response Trust network and was a member of the Mobile Task Team (MTT) on the impact of HIV/AIDS on education.

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Aims

The aim of the module is to:

- enable users and trainees to develop an understanding of the role of workplace policy as a response to HIV and AIDS in the education sector;
- facilitate the design and establishment of appropriate workplace programmes, as well as explain how to assess their progress.

Objectives

At the end of the module, participants will be able to:

- identify the connections between education sector policies on HIV and AIDS, national policy on HIV and AIDS, institutional policies on HIV and AIDS and the other policy or regulatory procedures that affect the world of work;
- design and implement an HIV and AIDS in the workplace policy process relevant to their own context;
- distinguish between a workplace policy and a workplace programme;
- facilitate the establishment of a workplace programme.

Before you begin...

Questions for reflection

Take a few minutes to think about the questions below. You may find it helpful to make a note of your ideas in the spaces provided. As you work through the module, see how your ideas and observations compare with those of the author.

How has your organization addressed the issue of HIV and AIDS on the workplace? Can you think of possible impacts on staff?

What is the difference between a workplace policy and an institutional policy? What role can they play in the response to HIV and AIDS in your institution?

How are workplace policies related to workplace programmes? How do they differ? Does an organization need one of each? Why or why not?

Why is it important to have an HIV and AIDS-in-the-workplace programme?

What kinds of HIV and AIDS-in-the-workplace programmes can ministries of education and educational institutions realistically implement? What are the priority needs that should and can be addressed?

Module 2.3

HIV/AIDS IN THE EDUCATIONAL WORKPLACE

Introductory remarks

The education sector is the largest public sector employer in most countries. While there is some debate about levels of HIV infection and HIV-related attrition among education sector employees, it is widely accepted that HIV is a serious threat to the health of many employees in this sector in many countries.

One way of addressing this controversy is by allowing institutions to take a position on the subject and taking action to reinforce that position. An HIV and AIDS workplace policy enables an institution, an organization, or a ministry to make a statement about its role in protecting the legal rights of its employees and diminishing the impact of HIV and AIDS within the workplace.

This module will examine the linkages between education sector policies on HIV and AIDS, national policy on HIV and AIDS, institutional policies on HIV and AIDS and the other policy or regulatory procedures that affect the world of work. The module will highlight the importance of linkages to wider human resources policies within government and propose a range of options for developing HIV and AIDS workplace policies and programmes

The module will also examine (a) the rationale for a workplace policy; (b) the rights and obligations inherent in the policy; (c) the process of developing a workplace policy; and (d) the roles and responsibilities of all stakeholders.

Using selected examples, the module will discuss the key components of a workplace policy. As an exercise, learners will be expected to outline a workplace policy process relevant to their own context.

The module provides an overview of the various components of a workplace programme, and then looks in more detail at components of prevention and impact mitigation strategies.

1. Policy

What types of policies can exist in the education sector?

'Policy' has different meanings and authority depending on the context. Policy may refer to the following:

- a document approved by the permanent secretary or director general of a ministry;
- a document approved specifically by parliament or a legislative authority and formally known as an 'act' or statute;
- a document known as 'standing orders', 'administrative circular' or 'guidelines' issued by a line department of the national ministry.

A workplace policy can take the form of any of these provided that it carries the support of social partners in the sector, especially trade unions and other employee organizations. Where they exist, education sector policies on HIV and AIDS have integrated a range of workplace-related issues. Typically, they cover protection from discrimination and stigma, fair labour practices, establish and promote confidentiality and reasonable accommodation. Why then is it necessary to have a workplace policy as a stand-alone instrument? The answer to this question and the options available to education sector managers and employees are examined in the next section.

For the purposes of this module, there are four main types of HIV and AIDS policies that need to be presented for clarity. These are the national HIV and AIDS policy, the education sector HIV and AIDS policy, an institutional policy and a workplace policy.

- **National HIV and AIDS policy:** This provides a framework for leadership and co-ordination of the National multisectoral response to the HIV and AIDS epidemics. This includes formulation, by all sectors, of appropriate interventions in order to prevent transmission of HIV and other sexually transmitted infections (STIs), protect and support vulnerable groups, and mitigate the social and economic impact of HIV and AIDS. It also provides for the framework for strengthening the capacity of institutions, communities and individuals in all sectors to arrest the spread of the epidemic.
- **Education sector policy:** The Education Sector Policy on HIV and AIDS formalizes the rights and responsibilities of every person involved, directly or indirectly, in the education sector with regard to HIV and AIDS: the learners, their parents and caregivers, educators, managers, administrators, support staff and the civil society.
- **Institution specific/human resources policy:** (sometimes a HR policy): A policy that defines an institution's position with respect to HIV and AIDS prevention and management. It establishes who will do what within the institution and why.
- **Workplace policy:** A guiding statement of principles and intent taking into account all staff and personnel of an institution. This can often be part of the larger institutional policy.

Let us now look briefly at these types of policies, specifically those that fall within the education sector.

Education sector HIV and AIDS policies

The response to HIV and AIDS in the education sector has for the past decade or more been focussed on two objectives: (1) making the sector aware at all levels of the impacts the epidemic is having and will have on the supply of and demand for education and the quality of education; (2) ensuring that learners are provided with the knowledge, skills and values they need to understand the threat of HIV and AIDS and to cope with living in an AIDS-affected world.

More recently attention has turned towards mitigation and management of the epidemic, particularly in countries where a generalized epidemic has placed increased strain on already fragile education systems. In the realm of management, developing capacity and the tools to manage the epidemic are an equally high priority.

Education sector HIV and AIDS policies have been recognized as an increasingly effective tool as part of a comprehensive response. Sector level policies, which are treated in Module 2.1 *Developing and implementing HIV/AIDS policy in education*, are now in existence in Kenya, Uganda, Zambia, South Africa, Namibia and a number of other countries.

Education sector policies on HIV and AIDS have usually been designed to be consistent with the policy frameworks at country level and international conventions.

Of these national policy frameworks, the National Policy/Strategy on HIV and AIDS, often driven by the ministry of health or the national AIDS commission, provides the umbrella for all other interventions.

Where multi-sectoral responses have been well implemented, specific attention has been given to the management of HIV and AIDS in the public sector more generally. Criticism has been levelled at the public sector for the slowness with which governments have recognized the threat to both individuals and systems within the public sector. With a few exceptions, teachers – the largest component of public sector employees in most developing countries – have received little, if any, attention. In contrast, enterprises in the private sector have taken a much more pro-active stance in assessing the risks, the impacts of the epidemic, and management interventions in the workplace. Though the context differs, organizations in the private sector have a lot to offer by way of experience in developing workplace policy and programmes.

Institution specific/human resources (HR) policies

Education sector workplaces are often subject to multiple legal provisions. For example, teachers in Kenya are employed by the national ministry but are also governed by the Teacher Service Commission, a statutory body that manages recruitment, selection and disciplinary matters. In South Africa, teachers are employed under specific legislation that is distinct from non-teaching personnel, who are mainstream public sector employees. Furthermore, teachers' conditions of

service are set at a national level, but the employer is a provincial government. In most education systems, semi-autonomous institutions such as universities, training institutes or statutory bodies also tend to have institution-specific terms and conditions of service. In Uganda, primary school teachers are appointed and managed by district authorities, not the national ministry. These differing institutional arrangements have an immediate bearing on how roles and responsibilities are allocated within the broader structure of the entire organization.

2. Workplace policy on HIV and AIDS

What is a workplace policy on HIV and AIDS?

Like any policy, a workplace policy on HIV and AIDS should be understood as a guiding statement of principles and intent. The policy defines an organization's approach to HIV and AIDS and clearly maps out the way(s) in which the organization will deal with the epidemic in the workplace and how it affects personnel. Like other organizational policies, a workplace HIV and AIDS policy must be an integral part of the organization's HIV and AIDS management system, informing the continuous process of planning, implementing, reviewing and improving the processes and actions required to meet the policy goals and targets.

In this light, workplace policies will overlap with some of the above-mentioned policies. Certain aspects of workplace policy on HIV and AIDS will also overlap with codes of conduct and ethics that govern the professional standards of behaviour and practice of teachers and other employers. These codes of conduct are increasingly important in managing cases of misconduct, including sexual abuse of learners, rape, harassment or other behaviours that may increase the risk of HIV infection amongst children and other employees. In practice, most of these allegations should be referred to the criminal justice authorities as a criminal matter. At the same time, ethical standards within the profession may result in a teacher being subjected to a disciplinary process or possibly disbarred from further employment if found guilty.

Why does an organization need an HIV and AIDS workplace policy?

- It sends a clear message that HIV and AIDS constitute a serious workplace issue and that there is a high level commitment to dealing with it.
- It provides guidance to managers and all stakeholders.
- It provides a set of standards for practice and guidelines for all interventions in the workplace.
- It sets out the organization's commitments in terms of financial and human resources.
- It protects rights and specifies the responsibilities of employers, employees, dependants and social partners in the workplace.
- It allocates responsibilities within the organization for the management of the epidemic and accountability for decision-making and resource allocation.
- It sets standards of ethical and social behaviour for everyone in the organization.
- It informs both affected and infected people of the resources and services available to them.
- It provides linkages to and consistency with other national policies and international conventions.

- It provides a framework within which external partners (NGOs, FBOs, donors) can operate effectively.
- It provides a framework within which all interventions can be monitored.

Activity 1

Workplace policies in the education sector

Review the workplace section of the education sector HIV and AIDS policy developed by Kenya. Assess whether it is appropriate to the context of your own education system.

You can access it on the UNESCO HIV/AIDS and Education Clearinghouse at the following website: UNESCO HIV and AIDS and Education Clearinghouse

What does the process of policy development entail?

There is no hard and fast template for policy development for the education sector, and practices differ across education systems. Box 1, which covers curriculum, workplace, and a range of others issues, can give you practical insights.

Box 1 The Kenyan experience of developing and education sector policy on HIV and AIDS

In late 2003, the Mobile Task Team (MTT) worked alongside a core team of focal point officers at ministerial level and UNESCO to develop an education sector policy on HIV and AIDS that would integrate workplace issues. The process began with a stakeholder consultation and involved as many as possible of the key departments at ministerial level, officials representing other levels and sub-sectors of the system and institutions, plus a range of non-government stakeholders and partners. After an initial discussion and analysis of the major concerns related to HIV and AIDS in the education sector, working groups began by reviewing existing examples of education sector policies from elsewhere in Africa and a range of Kenya-specific data and policy-related information. All participants agreed on a set of core principles and then drafted an allocated section of the document. In this process, it is useful to assign participants with the appropriate expertise to deal with a particular section. As a result, curriculum specialists focused on prevention issues and union representatives and members of the Teacher Service Commission concentrated on workplace issues.

Over the period of four-and-a-half days, each section of the document was reviewed and debated intensively until the ministry and other education stakeholders could reach a consensus on key issues. The resulting consultation document was then submitted to review and inputs from a further three stakeholder meetings at national level and finalized for adoption in 2004.

The Kenyan model has a number of important outcomes aside from producing a readily usable consultation document. It helps to build a sense of cohesion around HIV and AIDS between departments, institutions and stakeholders who may be working together for the first time. It begins the process of clarifying roles and responsibilities in the sector. It builds capacity in understanding the education sector response and it provides an opportunity for mobilizing human and material support. Lastly, whilst the task may be unusual for some stakeholders, the sense of ownership of the policy document that the process inculcates is a major advantage.

3. Policy development

Conceptual framework for policy development

It is possible to define a generic conceptual framework for a policy development process if such a process does not exist in your organization or if it is necessary to prepare participants to better understand the process. The outline below comprises six steps that include the majority of the activities related to policy development. This framework can also be used in conjunction with the policy development and implementation processes outlined in Module 2.1, *Developing and implementing HIV/AIDS policy on education.*

Step 1	Establish a policy task team
	Leadership on HIV and AIDS – employer and employees
	Establish a task team
	Provide training to the team if necessary
	Risk assessment or situation analysis
Step 2	Draft the policy
	Assemble information and data to inform policy
	Establish consensus on the goals and principles and key areas
Step 3	Social dialogue
	Implement a consultation process
	Review the document and take new inputs
Step 4	Finalize the policy
	Define indicators for monitoring
	Define implementation strategy
Step 5	Policy implementation
	Launch the policy publicly
	Disseminate to all employees and other stakeholders
	Implement the policy
	Develop programmes
	Implement programmes
	Promote organizational and cultural change related to HIV and AIDS
	Promote partnerships and alliances
Step 6	Monitor the policy
	Track and report on indicators/evaluation
	Review when necessary

Policy components

The major headings and expected content in any workplace HIV and AIDS policy should include:

Introduction

- Rationale for the policy;
- Context in which the policy is being developed.

Scope

- Persons and institutions covered by the policy.

Goals and objectives

- Statement on the organization's goals in its response to HIV and AIDS (e.g. reducing infections, improved care and support, etc.)

Principles

- Statements on the rights that are inherent in the policy – e.g. confidentiality, access to care, non-discrimination, etc. These statements are usually consistent with international conventions but may include specific provisions, such as a commitment to a multi-sectoral approach or poverty eradication.
- Greater involvement of people with AIDS (GIPA) and gender issues should be given specific attention.

Co-ordination and management structure

- Outlines of the institutional arrangements that will govern, plan, manage and report on the organization's response to the epidemic.

Roles and responsibilities

- Statements on the organization's expectations of the employer, employees, managers, trade unions and external partners.

HIV and AIDS and HR management

- The organization's position on how it will address the following issues in the context of HIV and AIDS:
    - Recruitment
    - Selection
    - Appointment
    - Job security

- Voluntary HIV testing and counselling (VTC)
- Confidentiality and disclosure
- Protection against discrimination
- Employee benefits (housing, medical insurance, pensions, sick and compassionate leave entitlements)
- Access to training
- Incapacity and reasonable accommodation
- Grievance procedures
- Retirement

Options

- If a comprehensive education sector policy or a public sector workplace policy on HIV and AIDS already exists, such a document should serve as a guide for the education sector workplace HIV and AIDS policy and for workplace programmes.
- In the absence of either alternative, even a simply formulated set of guidelines on HIV and AIDS in the workplace will lay the groundwork for a more sustained engagement with the key issues.

Box 2 Key Questions

Does an organization need policy before anything else?

No. Organizations often decide to put in place a policy framework well after ad hoc initiatives have already taken root. For example, a trade union in the sector might partner with a local or international NGO to start a peer education project amongst teachers at local level. A member of staff with counselling skills who sees the need for psychosocial support may set up a support group. These initiatives should be welcomed and supported – as long as they meet a felt need and are generally compliant with the ethics of working on HIV and AIDS. The absence of policy should not inhibit this kind of response. What the policy will do when it is in place is provide clear guidance and legitimacy for the continuance and development of these interventions and any others that follow.

Does policy by itself solve the problem?

No. Policy by itself is not an adequate response to the difficulties of responding to HIV and AIDS. It is a necessary and powerful tool that can be used to move an organization towards fundamental change. Creating a policy is not enough and too many policies are not backed by the necessary leadership, resources and commitment to make them a reality. Without such leadership there is a real danger of 'policy failure' in the case of HIV and AIDS or any other initiative that requires fairly far-reaching changes in the way organizations behave towards employees and stakeholders. To counteract this risk, the built-in requirement of rigorous monitoring and a policy review will provide the critical feedback to judge whether the policy is reaching its objectives. Moreover, if your organization follows the norm of annual implementation planning, that process too should provide opportunities for adjusting the response accordingly.

Mainstreaming

In the case of workplace policy, mainstreaming HIV and AIDS issues into sector activities should flow from the strategies used in the development and implementation of the sector policy or similar initiatives elsewhere in the public sector. To a degree, addressing HIV and AIDS from a workplace perspective has the significant advantage of being universal, and policies from one sector can easily be adapted for use in the education sector. Unlike the nature of the teaching process, where the qualities of the individual count so heavily, the law applies the same standards to all employees and employers. In education, the challenge is to move managers, and employees too, to see education sector staff as people at risk and not merely as providers of a service.

Cross-cutting issues

The policy development process will highlight issues that need to be considered within each section of the document. In the education context, three issues have repeatedly been singled out as cross-cutting priorities: gender, GIPA and advocacy.

HIV and AIDS have differential impacts on men and women, boys and girls in social, economic and physiological terms. In recognizing these differences, workplace policy development must take careful account of the gender dynamics and socio-economic status in the education context. For example, as primary caregivers in most families, women have to deal with various pressures that are time and energy consuming. The involvement of people living with HIV in the

development process and implementation should be encouraged as early as possible. Organizations specifically representing teachers living with HIV are beginning to take root, and the perspectives they bring to the development process are critically important. Advocacy is the act of supporting or pleading a cause. In HIV and AIDS policy development, advocacy and leadership must be a component of all the core policy elements.

Implementation

Implementation is the real test of the policy in terms of the commitment that employees, the employer and social partners are willing to make. In education, the challenge will be to reach every workplace in communities that have widely differing social and cultural strengths and barriers. By far the most important success factor is the role of leadership, at all levels of the system and from all partners. School principals, head teachers, rectors and vice chancellors hold the keys to success at institutional level. Translating the policy into reality at regional, provincial, zone or district level requires leadership from managers, inspectors and the other senior officers who manage the delivery of education on a day-to-day basis.

1. Costs

   Policies entail a commitment of resources – human, material and financial. In some systems, government will not approve a new policy unless it is costed and the financial implications have been accepted. In the education sector, it is important to note that many of the costly interventions and services that are needed are usually provided through the public health system, private or non-government providers. For example, in Senegal, non-government providers initiated most voluntary and confidential counselling and testing (VCCT) centres. Uganda too has a well-developed network of non-government providers of VCCT. In effect, the real challenge in education is to find ways to reduce the direct costs to the sector by using partnerships, referrals and existing programmes and services as effectively as possible. For example, the health sector should be the obvious source of information education communication (IEC) and behaviour change communication (BCC) materials and programmes.

   The human costs of the policy in terms of management time will be significant. If co-ordinators at head office or school level are not given the time to promote a workplace HIV and AIDS response and manage it accordingly, the objectives of the policy are undermined and there is an increased risk of policy failure.

   Given the size and scope of the education sector, it is often a challenge to find the funding necessary for a programme to adequately cover the sector. If funding for the entire sector is not available, this should not inhibit the development of smaller, localized or ad hoc projects, which can then be scaled up when more funding is found or can be made available.

2. Dependants

   There is considerable debate about the extent to which employers have a responsibility towards the dependants of their employees in the context of HIV and AIDS. The issue has come to a head particularly in cases where antiretroviral (ARV) drug treatment is being provided to employees but not to their partners or spouses. It is also possible that the employee will have children who are infected. There is as yet no easy solution to this question, but new initiatives are emerging in the public sector that may set a precedent. For example, both Uganda and Zambia have a framework in place concerning the provision of treatment for public officers.

Practices that continue to work against the spirit of the policy

Despite the existence of the policy and formal commitment to its values and objectives, practices that work against the spirit of the policy often continue. Stigma and discrimination are an obvious example. (See Module 1.4, *HIV/AIDS related stigma and discrimination*). Despite two decades of awareness raising and education, stigma and discrimination against infected and affected people continues to be a concern in many societies. Job security is not assured and many people can be fired or let go due to their HIV status. As a social contract in the workplace, policies are fundamental to protect people's rights. Care must be taken when implementing workplace policies and programmes that they adhere to the principles in the policy declarations as well as acknowledge and address stigma and discrimination when they arise.

Activity 2

Implementing and adopting policy

As a manager at ministry level, you are responsible for ensuring that all levels and institutions in a district-based system of education adopt and implement the workplace policy on HIV and AIDS. In three pages, outline a strategy for adopting the policy. Develop your strategy. Include trade unions, people living with HIV and teachers as the priority groups in your strategy.

You will present your plan to the permanent secretary or your supervisor (feel free to decide who might be the appropriate one). Your proposal should provide a brief assessment of the situation, the steps to be taken, and an outline of the human and financial implications for the ministry.

4. Programmes

Content and management of a workplace programme

A distinction should be drawn between a **workplace policy** and a **workplace programme.**

- A workplace policy is a guiding statement of principles and intent. Policies also capture the legal rights and obligations of the stakeholders and role players. They may also outline modes of implementation.
- A workplace programme is a set of practical plans and systems for implementation. These plans generally follow on from policy development. Aspects of programmes may be developed before policy is finalized.

Two broad objectives are served by HIV and AIDS-in-the-workplace programmes.

1. Creation of a supportive environment that promotes the wellbeing and rights of infected and affected employees, so that they are as healthy and productive as possible.
2. Managing and reducing the effects of HIV and AIDS on sector or workplace function.

Achieving the first objective is key to addressing objective two. If employees fear discrimination or do not expect support, they will seldom disclose their HIV-related problems, and this makes it more difficult to manage the effects of the problems.

As part of a comprehensive response to HIV and AIDS within the organization, the workplace programme should address (1) prevention needs; and (2) treatment, care and support. In a low HIV prevalence environment, prevention, advocacy, awareness raising and reducing stigma are likely to be more important than care and support issues, while in a high HIV prevalence setting, the main focus of the workplace policy will be management of staff health, access to testing and counselling and care and treatment. With respect to policy, the organization is expected to outline its position and commitments in the following areas, including the listed topics:

Prevention

- HIV and AIDS education (awareness raising, advocacy, peer education, training at all levels)
- Prevention services (condom distribution, prevention of mother-to-child transmission (PMTCT))
- Voluntary (and confidential) counselling and testing (VCCT)
- Opportunistic infection management (Tuberculoses, etc.)
- Sexually transmitted infection (STI) management
- Workplace safety, accidental exposure and compensation

Treatment, care and support

- Treatment awareness and education

- Access to treatment
- Home-based care (HBC)
- Antiretroviral therapy (ART)
- Post-exposure prophylaxis (PEP)
- Wellness management
- Counselling and other psycho-social support: employee assistance programmes
- Basic assistance
- Social support
- Referral mechanisms

All education sector employees, including non-educators, ought to be covered by HIV and AIDS-in-the-workplace programmes. Programme design should also consider pre-service trainees.

Apart from the direct benefits for employees and employers, workplace programmes can play an important role in equipping staff to contribute more effectively towards learner programmes. They can also contribute to national HIV and AIDS programme goals to prevent and mitigate the effects of the epidemic on society. As the education workforce is relatively skilled, empowered and part of an organized system, there are strong possibilities that workplace HIV and AIDS programmes can be effective.

Key considerations/components for developing and implementing a successful HIV and AIDS-in-the-workplace programme

Several general issues should be considered in workplace programme development.

- The **scope and coverage** of workplace programmes is a key question to be considered in planning ministry workplace programmes. Things to consider could be:
    - ❖ Are all education sector employees to be covered by the workplace programmes? Groups that should not be overlooked include non-educator staff and senior or management staff. These groups should be made aware of their risks and also could give important support to the programme.
    - ❖ Should pre-service trainees be covered by HIV and AIDS-in-the-workplace programmes? Even if they fall under separate higher education ministries or largely autonomous institutions, trainees and recent graduates, due to their age and circumstances, are often at very high risk of infection.
- **Targeted interventions** are needed to ensure that the design of the programme covers key groups and workplaces, and uses appropriate methods. Certain sector employees may be more at risk than others, or may be more difficult to replace if they become ill or die.

- Strong, **visible leadership** by senior management and political leaders tends to be key to successful workplace programmes. This should be actively cultivated as part of a programme's development if it does not already exist.
- Successful **implementation** of HIV and AIDS-in-the-workplace programmes also depends on buy-in from all key stakeholders. The design and implementation process of a workplace programme should be as inclusive as possible, incorporating inputs from all key stakeholders including unions and staff associations.
- Adequate **structures and capacity** will be important to ensure the success of the development and implementation of a workplace programme. The need for specific, dedicated HIV and AIDS programme staff with adequate skills must be considered. Active involvement of human resources and line managers is necessary to provide key expertise and authority, as well as skills to address areas such as human resource management and training issues.
- There is likely to be a need to **prioritize interventions**, even if resources and capacity are dedicated to the programme. The design and implementation of successful programmes must take cognisance of limited resources, capacity and skills, and of the challenges of implementing the full range of components of a comprehensive workplace programme. Programmes will therefore often have to start with a basic set of core interventions that can be extended in later phases of the programme. Prioritization should be planned and use appropriate criteria.
- Building of **partnerships and referral networks** is another determinant of success for workplace programmes, especially in resource-limited settings. These partnerships can help to ensure access to services and interventions that could otherwise not be delivered given the limitations on resources and expertise.
- An **integrated approach** to interventions is important for effectiveness, efficiency and sustainability. Different workplace components (e.g. prevention and care) often reinforce each other and increase success. Activities that can be linked to existing HR management and development interventions are more likely to be implemented and sustained.
- **Involving people living with HIV** in planning and implementation can add a lot of value and effectiveness to a programme, and can provide greater visibility for the issues and concerns of people living with HIV.
- Finally, **community and family outreach** should also be considered. Workplaces can provide resources and expertise to communities, and *vice versa*. Outreach can allow for a more holistic approach to prevention, care, support and treatment for employees, which are often affected by their home environment. Effective responses to families' and communities' needs have benefits for society and will also make employees feel more supported.

Activity 3

Organizational HIV and AIDS audit

Activity 3 below sets out the key components of an HIV and AIDS workplace programme to allow you to assess whether your ministry has them in place. The audit can be used as a quick reference guide of issues to be considered in planning a programme, or can be adapted to serve as a tool to monitor and manage your programme. (You may wish to refine this tool for use in planning and managing your own organization's HIV and AIDS programme.)

HIV and AIDS audit

Instructions:

Use the following template to conduct a rapid HIV and AIDS audit to assess the response of your workplace or sector to HIV and AIDS workplace issues.

In the 'Status' column, rate current progress.

0 – none

1 - Plan in place

2 - Partly implemented

3 – Fully implemented

4 – Evaluated and shown to work

In the 'Action Required' column, mark 'X' where action is important and 'XX' were action is a priority.

1. Identify three or four priority programme components in the table that you think need the most attention. If working with others, report these to other members in your group.

As a group, prioritize the three or four most pressing or common issues and programme components identified by your members. These may include key gaps in information about your sector's workplace response that you need to fill.

ACTIVITY 3: ORGANIZATIONAL HIV and AIDS AUDIT

GROUP: _____ NAME: _____

1. HIV and AIDS AUDIT TEMPLATE

PROGRAMME COMPONENT	BRIEF DESCRIPTION	STATUS	ACTION REQUIRED
MANAGEMENT AND LEADERSHIP			
Workplace HIV and AIDS policy	Drafted; accepted; disseminated; review process in place?		
HIV and AIDS co-ordinator(s) and structures	Appointed; adequate time allocated; appropriate committees in place?		
Surveillance and impact assessment	Assessment planned; partially done or complete; Ongoing monitoring of impact?		
Plans and budget	In process; developed and costed; accepted and budgeted?		
Leadership commitment	Commitment at Board/top management level including formal budgeting, accountability?		
Legal compliance and HR systems	Policies reviewed for compliance; HR guidelines in line with policy?		
IMPACT MANAGEMENT			
Management guidance	Guidelines; training and support for managing HIV and AIDS issues?		
Skills and succession plans	Critical vulnerabilities identified and covered by training or other responses?		
Ill-health and absenteeism management	Effective management and monitoring?		
Employee benefits	Medical and pension benefits reviewed; affordable but effective options in place?		

PROGRAMME COMPONENT	BRIEF DESCRIPTION	STATUS	ACTION REQUIRED
WORKPLACE PREVENTION PROGRAMME			
Prevention programme	KAPB monitored, reaches key targets e.g. managers, recruits, ongoing and varied awareness raising?		
Peer education	Identified; trained; active; supported?		
Condom promotion and distribution	Occur regularly; well monitored; female condom programme?		
STI management	STI treatment promoted; good access to services; STI rates monitored?		
VCT	Promoted regularly; counsellors and services available; uptake monitored?		
Universal precautions	Guidelines, equipment and training provided? Post exposure prophylaxis available?		

TREATMENT, CARE AND SUPPORT			
Counselling and psychosocial support	Access for employees in crisis and to prevent crises?		
Home-based care	Systematic referral and effective HBC available for terminally ill?		
Medical care	Opportunistic infections treatment and prevention affordable and accessible?		
ARV/HAART	ARVs available; sustainable financing; referral and support systems in place?		
Positive living and nutrition	Sustained programme; nutrition supplements available?		
Wellness/employee assistance programme	Effective; efficient; acceptable to employees?		
OUTREACH/ EXTERNAL PROGRAMME			
1. Partnerships	Other public and private employers and services; communities; PLWA?	1.	2.
2. Community prevention, care, support	Families and communities involved and supported?	3.	4.

2. GAPS IDENTIFIED BY PARTICIPANT/GROUP

The programme components in my organization that require the most action are:

- _____
- _____
- _____
- _____
- _____

3. PRIORITY COMPONENTS IN ORGANIZATIONAL RESPONSE

List below the programme components that you would prioritize in a workplace plan.

- _____
- _____
- _____
- _____
- _____

HIV prevention programme components and interventions in the education sector to be used in workplace programmes

Levels of HIV infection are often unclear and vary among countries and sites within countries. Accordingly, types of HIV risk situations faced by educators and other sector employees are also often unclear and varied. However, in the absence of better data, it should be assumed that educators face similar levels of risk to other adults in their communities.

Risk of HIV infection among employees is influenced by factors such as their level of knowledge about HIV, their beliefs and attitudes towards risk, and their personal actions to reduce their exposure to risk. Home and community norms regarding sexual behaviour and gender also determine how vulnerable someone is to HIV infection. Importantly, staff may face structural/environmental risk, for instance when their work separates them from stable partners through placements far from home, or through travel. Factors such as educators' status and opportunities for more sexual contacts, as well as concentration of teaching forces in urban areas also heighten the risk of infection. On the other hand, greater access to information and understanding about HIV and AIDS, as well as socio-economic stability and greater ability to act on knowledge reduces risk of infection.

Workplace prevention programmes should ideally include several of the following components:

1. Awareness/information education communication/behaviour change communication

Behaviour change communication (BCC) seeks to promote and sustain behaviour change in specific groups and the population as a whole, using targeted messages and a variety of channels and the media. It aims to promote safer sexual behaviour, increase awareness and access to prevention-support mechanisms and care and treatment services; promote positive living among people living with HIV, and reduce stigma and discrimination. These activities can be delivered through a number of initiatives, such as training and social events, seminars, group discussions, theatre, videos, posters and pamphlets.

Before implementing a BCC intervention, consider the following points that will influence the programme's success.

- Clearly identify target groups and target situations.
- Adapt approaches according to the cultures, beliefs, languages and educational levels of target groups to ensure they are appropriate and acceptable.
- Deliver positive messages. BCC should aim to be optimistic and highlight the benefits of HIV awareness and safety as well as living positively with HIV.
- Avoid moral lessons and scare tactics. In order for BCC to work, people must feel empowered to take positive actions to protect themselves, and not feel embarrassed, ashamed or singled out by certain actions they may have engaged in.
- Avoid fuelling stigma and discrimination by citing high-risk groups or pointing out negative behaviours of people and groups.
- Design attractive user-friendly materials to capture the attention of target groups.
- Require participation by all members of staff. BCC activities should be made compulsory (during work hours) for all staff, to ensure engagement with the materials.

- Sustain BCC programmes throughout the year to increase buy-in from staff members. It is important to remember that success of BCC programmes is unlikely if programmes are sporadic or one-day events.

2. Peer education

Selected members of a group are trained to become peer educators, and it becomes their task to facilitate change in the group by promoting awareness and information/education on safe sexual behaviour.

The underlying premise of peer education interventions is that peer education is based on trust and understanding between peers. There is also the notion that the experiences of other piers can be used as examples to encourage more responsible attitudes and reduce high-risk behaviour.

Several factors tend to be vital for the success of peer educator programmes.

- Selection of peer educators. They need appropriate communication skills, and must be able to motivate colleagues, win their trust, and act as role models.
- Support ongoing skills development for peer educators. This is important to maintain credibility, motivation and effectiveness.
- Numbers of peer educators. Adequate numbers need to be trained and maintained for ongoing effectiveness.
- Integrated with other programmes, peer education interventions should ideally combine prevention with care and support, such as VCCT, home-based care and ART, to maintain motivation, credibility and effectiveness of the educators.

3. Condom use, promotion and distribution

Condom use, promotion and distribution involve:

1. educating people about condoms, their use and purpose;
2. promoting awareness and acceptance of their role in safer sexual activities;
3. ensuring reliable and sustainable access to condoms.

Condom promotion and distribution should ideally be integrated with other prevention initiatives such as BCC and STI treatment. Peer education is also a good vehicle for education on condom use, and negotiating safe sex.

When planning condom provision and distribution, especially for educators, consider the following.

- In many communities, misinformation and beliefs about condom use persist. These can hamper the acceptance of condom promotion as a prevention intervention. Condom demonstrations could diminish this.
- Programmes should highlight the need for consistent condom use. Condom use is much less effective if it is erratic or if it stops when a relationship becomes ‘stable’ but before the partners have established their HIV status.
- Brand choice impacts acceptance. A generally unpopular brand of condom could prove equally unpopular in education institutions, even if they are free.
- Appropriateness of the provision of free or subsidized condoms should be decided.

- Creative distribution mechanisms that avoid stigmatization and respect privacy are critical. Leaving a bowl of condoms in full view of the staff room, for example, is not effective.
- Maintaining promotion, as well as a consistent supply and stock, is vital. It is important to identify reliable condom supply sources at central and local levels.
- Monitoring the reliability of supply and uptake is key to ensuring that condom programmes are effective. Monitoring is often neglected. Condom uptake and use may be monitored through a survey of knowledge, attitude, practice and behaviour (KAPB) studies.

4. Treatment for sexually transmitted infections (STIs)

Effective diagnosis and treatment of STIs other than HIV not only reduces STI illnesses and complications, but also substantially lowers the risk of HIV transmission. STI intervention involves:

- providing information and training on general reproductive health and the types of STIs that are prevalent in societies;
- promoting the treatment and prevention of such infections.

STI treatment can also serve as a vehicle to promote behaviour change. Increasing access to STI treatment requires consideration of both the funding and delivery of treatment. A variety of mechanisms may be available, including public or private providers, medical insurance, or in-house funding and delivery of treatment.

Syndromic treatment is a cornerstone of effective STI treatment. Syndromic treatment involves the recognition of particular signs and symptoms of STIs, and treatment according to ministry of health guidelines and drug protocols that are known to be effective. One of the challenges of implementing syndromic treatment of STIs is that health workers, and notably private practitioners, do not provide consistent or effective treatment in many health systems. Other common shortcomings include stigmatization, unreliable drug supply or use of less effective drugs, and inadequate counselling to promote effective treatment and behaviour change. These examples emphasize the challenge to organize effective and affordable delivery systems.

Education and other sectors often have to build partnerships and referral networks to promote access to treatment. Training and partnerships with traditional healers have been key components of effective STI services to increase co-operation and effective treatment.

5. Voluntary (and confidential) counselling and testing (VCCT)

VCCT is confidential HIV testing of a person who has undergone pre-test counselling, consents to the test, and will have post-test counselling. VCCT programmes need to promote voluntary testing and then make provision for pre- and post-test counselling and reliable testing. The duration and models of post-test counselling vary (e.g. single sessions or post-test clubs). However, it is important to note that post-test counselling in many services is limited and is often not adequate without other counselling and psychological support. A workplace VCCT programme may be provided by public, private or NGO services.

VCCT has a major role to play in HIV prevention by helping to modify the behaviour of employees to avoid infection. Furthermore, knowledge of HIV status enables infected staff to live positively and access treatment for opportunistic infections more effectively, as well as ARVs, when they need them.

Several factors influence the success of VCCT.

- It is important that services be provided in places and in a manner that is acceptable to employees, assure confidentiality and do not result in stigma.
- VCCT promotion and marketing is much easier if employees can be assured that they can get benefits such as counselling, treatment (if necessary) and follow-up support once they are tested. Clear and active linkages with other HR, care and support services within workplace programmes are therefore important.
- The quality of counselling and testing needs to be assured, and unnecessary delays between testing and providing the results should be minimized.
- Careful choices should be made about whether in-house or other service models are most acceptable and efficient.
- Counsellors should receive support to deal with stress, burnout and other issues.
- Monitoring and evaluation of quality, uptake, success and needs arising from VCCT will be important.

6. Universal Precautions and post exposure prophylaxis

Universal precautions (UP) are a standard set of infection control practices to be used to prevent infection (with HIV, Hepatitis B, etc.) through accidental exposure to blood/bodily fluids. They constitute one way of working towards the establishment of a safe working environment for education sector employees.

Though instances of exposure to HIV through blood or bodily fluids occurs less frequently in schools than in hospitals, workplace programmes provide an opportunity for staff and personnel to learn about UP to better protect themselves and others should an accident happen.

Examples of UP include (as taken from the World Health Organization (WHO) website):

- Using new, disposable injection equipment for all injections is highly recommended. Sterilizable injection should only be considered if disposable equipment is not available and if the sterilizing process can be documented with time, steam and temperature indicators.
- Discarding contaminated syringes immediately in puncture- and liquid-proof containers that are closed, sealed and destroyed before completely full.
- Documenting the quality of the sterilization of all medical equipment used for percutaneous procedures.
- Washing hands with soap and water before and after procedures; use of protective clothing such as gloves, gowns aprons, masks, goggles for direct contact with blood and other body fluids.
- Disinfecting instruments and other contaminated equipment.
- Proper handling of soiled linen. (Soiled linen should be handled as little as possible. Gloves and leak-proof bags should be used if necessary. Cleaning should occur outside patient areas, using detergent and hot water.)
- In case of accidental exposure, post-exposure prophylaxis (PEP) should be provided. PEP is a short course of ART for HIV that reduces the possibility of infection after a person is known to have been exposed to HIV.
- When administering such programmes, however, it is important not to create exaggerated fear of accidental exposure in the education sector, as this can lead to increased stigma and neglect of people who need assistance after such incidents. Application of UP and PEP must be seen as educating people in how to proceed in extreme circumstances and is especially important for employees

in clinics and hospitals where contact with infected fluids is frequent, and sometimes for travelling employees who may not have access to safe or protective medical equipment.

7. Prevention of mother-to-child transmission and reproductive health services

Prevention of mother-to-child transmission (PMTCT) and other reproductive health services for women is covered as a care and support strategy. For more information on PMTCT, please see Module 4.4, *HIV/AIDS care, support and treatment for education staff*. However, they are extremely important parts of prevention interventions. Many families are concerned with this issue and do not have accurate information as to the process of transmission and the risks involved. Promoting PMTCT (and its benefits), in particular, may encourage employees to engage in HIV and AIDS prevention issues and care and to seek out VCCT services.

Workplaces should seek to promote and improve access to PMTCT and reproductive health services for their employees and their families. Building referral networks and partnerships is usually vital for feasibility and success.

8. Reducing structural and environmental risk

Safe behaviour and avoidance of HIV infection are much more difficult if structural/environmental factors facing employees are not addressed. For instance, employees who travel a lot for work purposes are often at risk of infection, and hence should be targeted by prevention interventions. Further deployment policies and practices, and/or poor accommodation that make it more difficult for employees' spouses and families to live with them should be reviewed, given that such living arrangements increase the risk of infection.

Community and family outreach intervention programmes can address community norms that could put employees at risk of HIV infection. These interventions are also important for diminishing stigma and discrimination.

9. Potential care and support interventions

The main components of care, support and treatment interventions these interventions are listed below.

- Positive living, including nutrition
- VCCT
- Medical care
- Opportunistic infection treatment and prophylaxis
- HBC
- ART
- Counselling and psychosocial support
- Pension and death benefits
- Wellness/employee assistance programme
- Counselling and co-ordination

For more information on care and treatment strategies and interventions, see Module 4.4, *HIV/AIDS care, support and treatment for education staff*.

Activity 4

Identifying the feasibility of workplace prevention programme interventions in the education sector

As you can see, a comprehensive workplace policy requires many different interventions, though it may not be feasible to include all of the interventions we have listed. Therefore, you must prioritize the programmes you wish to develop. There are many factors to keep in mind as well, including cost, target audience, staff capacity and continuation of such initiatives. Now that you have looked over many possible interventions for your organization's workplace programme, please take a minute to answer the questions at the end of the module.

Common challenges to implementing workplace strategies

Once you have chosen the priority areas on which to focus, you can begin taking steps to implement prevention programmes in the workplace. Remember to keep the scale reasonable and implement programmes gradually to ensure their continuity.

As you are implementing these programmes, remember that the quality and accessibility of education services can be undermined by HIV and AIDS in several ways. Below are some common challenges that the education sector or the human resources division faces when trying to implement aspects of a workplace policy. Some of these effects can be reduced by improving care, support and treatment for infected and affected employees. However, some will benefit from improving aspects of human resource and education management in general, as HIV and AIDS will not necessarily be the only, or most important, reason of absenteeism, attrition, skills shortages, low morale and poor productivity in the sector.

Instructions:

Review the list of prevention programme components and interventions discussed on page 27 and then discuss the following questions.

(If you are a manager at institution, district or region level, you can interpret the term 'sector' below as 'district', for example, if that is more useful. However, it will still be valuable for you to identify and give reasons for changes needed at higher levels within the sector).

1. Which of the components are already being implemented in the sector?

   a. _____
   _____
   _____

   b. _____
   _____
   _____

   c. _____
   _____
   _____

   d. _____
   _____
   _____

2. Which key target groups should be covered by prevention programmes in your sector?

   a. _____
   _____
   _____

   b. _____
   _____
   _____

   c. _____
   _____
   _____

3. What key improvements are needed to make existing interventions more effective?

   a. _____
   _____
   _____

   b. _____
   _____
   _____

   c. _____
   _____
   _____

4. Which extra interventions can/should realistically form part of your workplace response at (a) school; (b) district/regional; and (c) head office level? Whom would these interventions target?

   a. _____
   _____
   _____

   b. _____
   _____
   _____

   c. _____
   _____
   _____

5. Which interventions cannot realistically be provided by the education sector alone?
   a. _____
   _____
   _____

   b. _____
   _____
   _____

   c. _____
   _____
   _____

6. Of the above interventions that cannot be provided by the education sector alone, which ones can be developed using partnerships with other sectors or partners? List the intervention and the partners for each.
   a. _____
   _____
   _____

   b. _____
   _____
   _____

   c. _____
   _____
   _____

7. When you review the above answers, what would you propose as the most important core package of prevention interventions that the sector should provide?
   a. _____
   _____
   _____

   b. _____
   _____
   _____

   c. _____
   _____
   _____

8. List the key recommendations that you would make to sector leadership to ensure effective prevention of HIV contraction among employees and trainees?
   a. _____
   _____
   _____

b. _____
_____
_____

c. _____
_____
_____

5. Human resources planning and development

HIV and AIDS highlight the need to ensure that sufficient numbers of skilled teachers, managers and other staff are available for the education system to achieve its goals of accessibility and quality of education. Planning may need to take into account a range of reasons for skills shortages, and different options for filling skills gaps most efficiently. In this regard, HIV and AIDS may often present an opportunity to increase the efficiency of education HR planning and sector skills development strategies.

Several options may need to be considered.

- **Recruitment and retention strategies**. In a number of education systems, skills shortages, and attrition may in large part be due to difficulties in retaining trainees and experienced teachers, rather than teacher deaths. Retained staff can be better at maintaining 'institutional memory' and experience and can play important roles in keeping systems working efficiently.
- **Staffing norms and skills mixes.** These may also require consideration, especially in services that face high demand. The extra stress of HIV and AIDS on service delivery often gives organizations an opportunity to review whether existing procedures make sense.
- **Succession planning and career development.** These can be important tools to ensure that if employees leave, there are sufficiently experienced staff to take over from them.
- **Trainee prevention-and-impact-management skills.** Integration of prevention activities and impact management skills into the curriculum of pre- and in-service trainees should be considered as a way of avoiding future losses of skills and build skills in HR impact management that trainees can use within the teaching service.

Human resources management capacity and confidence

Experience suggests that organizations in which there is a good pre-existing level of HR management skills and systems can manage HIV and AIDS impacts more effectively, even before extensive HIV and AIDS-related programmes are initiated.

Increasing the capabilities and confidence of HR and line managers in general HR management, as well as specific issues related to HIV and AIDS, can be an important component of the workplace HIV and AIDS response. These improvements can be achieved by providing training, support, mentoring and coaching. Specific skills may be prioritized, such as providing key managers and staff with training in how to process pension applications efficiently.

Deployment, recruitment, appointment and transfers

Inefficiencies in deployment, recruitment, appointment and transfer systems often cause substantial delays, costs and disruption in educational services. Posts that were blocked and frozen without consideration of the epidemic can be a further problem.

As more teachers become ill and/or are lost to the epidemic, weaknesses in staffing become increasingly urgent to address. Traditionally under-served areas and communities warrant specific consideration as they can be further disadvantaged by shortages of

trained and experienced professionals due to HIV and AIDS. To address such problems, it may be necessary to consider issues such as incentives for staff to work in under-served areas, and appropriate balances between centralized and decentralized decision-making in relation to recruitment and appointment.

Another important consideration is that systems may need to accommodate staff who have to be transferred to centres where ARV or other treatment is available.

Human resources management – monitoring of absenteeism and ill-health

Absenteeism and ill health can cause disruption and stress in education workplaces. In some systems, it is unclear whether or not absenteeism is a problem due to or independent of HIV and AIDS. The truth is, this does not matter. The important thing is for ministries and other employers to systematically manage and monitor absenteeism and ill health of employees.

To effectively manage absenteeism and ill health, and possibly to understand the repercussions of HIV and AIDS on absenteeism, it is desirable for employees to disclose their HIV or health status as early as possible. However, in order to encourage employees to be tested and know their sero status, it is imperative to ensure that they have supportive environments for disclosure. Provision of access to treatment and support services should therefore be promoted.

Sick and compassionate leave entitlements will often need review. The objectives of such reviews will be to flag absenteeism problems early so that they can be actively managed for the benefit of the employees and the overall functioning of the workplace.

Systems should also encourage ill employees to retire at the 'right' time for them and the employer. This will often require a review of care and support systems, including pension benefits and leave-related systems. If these are not well managed, employees often work for as long as possible, even if they cannot perform effectively. Alternatively, infected staff may retire too soon, leading to premature loss of education capacity.

Performance management systems can be a useful mechanism to allow objective judgement of when it is fair and appropriate to retire or re-deploy employees.

Analysis of job descriptions

Job and process design can be shaped or modified in several ways that may help to moderate HIV and AIDS impacts on service delivery and management. Strategies may include the following:

- Simplifying tasks and their required sets of skills. This can facilitate easier cover for employees that are absent or lost to the system. For example, teaching aids or assistants may be able to perform certain functions when a qualified teacher is not available.
- Team work and multi-skilling can result in a better understanding of other people's functions and make it easier for other staff to cover key responsibilities for short or longer periods. Teamwork and multi-skilling appear to be natural strategies that many schools adopt to cover for absent teachers or managers.
- Systematic review of qualifications frameworks and requirements. Requirements for unnecessarily high qualifications or specialization to perform tasks that less skilled personnel could do make it difficult to cope with absences.
- Deployment and over-manning strategies. Deployment of staff with specialized skills to cover more than one post, or the allocation of extra numbers of staff

with key skills can also be used to ensure that back-up for critical employees is available if they are absent, leave the system to change jobs, or die.

- Relief staff systems. This is a strategy that has been widely used in education, mainly in relation to maternity leave. However, HIV and AIDS have highlighted the need to make sure that such systems are affordable, efficient and of adequate quality to respond to larger numbers of absent staff or vacancies.
- Redeployment and reasonable accommodation. Law may require the reassigning of staff with disability or special needs to more manageable duties.

Strengthening information systems and information exchange

Important benefits can be derived from strengthening mechanisms for generating and sharing information in workplaces and the education sector.

- Information and knowledge transfer systems seek to ensure that more employees have an understanding of the education sector, its jobs and functions, and recent developments in the workplace. This enables them to step in and take over from colleagues more easily, and perhaps remain in the system longer. These systems can often be useful as a part of general skills development strategy in a workplace or sector.
- Strengthening management information systems is another mechanism for managing the impacts of HIV and AIDS on education staff. Well-managed information systems allow for the identification, management and monitoring of HIV and AIDS impacts and interventions that are targeted at education staff. Effective workplace management will usually need central and decentralized information systems to facilitate design, monitoring and refinement of the management response.

(For further information on AIDS-related information systems: EMIS and DEMMIS, see Module 3.2, *HIV/AIDS challenges for education information systems*). Effective workplace responses will usually require consideration of other HR management information systems, including payrolls and pension fund systems.

Summary remarks

The development of a workplace policy for the management of HIV and AIDS is a vital step in preparing a response to the epidemic within institutions and organizations. The workplace policy must be synchronized with other sector policies and with national and international policies on HIV and AIDS.

Following the development of a policy, the crucial next step is to develop and implement workplace programmes that will put into practice the principles established in the policy. These programmes should not focus only on prevention, but should embrace care, support and treatment interventions, as well as measures to manage and mitigate the impacts of the epidemic.

Lessons learned

Lesson One

Workplace policy is a necessary part of the comprehensive response to HIV and AIDS in the education sector. It defines an organization's approach to HIV and AIDS and clearly maps out the way(s) in which the organization will deal with the epidemic.

Lesson Two

HIV and AIDS workplace policies and programme development and implementation require high levels of leadership, commitment and participation. This commitment must come from three key stakeholders: employees, employers and social partners.

Lesson Three

Workplace policy in the education sector must take into account the differing profiles of employees and the institutional arrangements within which they are employed.

Lesson Four

Workplace policy should be consistent with and support other national level initiatives on HIV and AIDS in the public sector, as well as international standards on good practice in the workplace.

Lesson Five

Policy is not a pre-requisite for urgent action against HIV and AIDS, but should be used as a means of mobilizing stakeholders and resources; guiding the actions of all stakeholders and clarifying the roles and responsibilities.

Lesson Six

Leadership at all levels of the education system is the key to successful policy implementation.

Lesson Seven

HIV and AIDS-in-the-workplace programmes, consisting entirely of prevention interventions, will often be inadequate, particularly in high prevalence countries. A comprehensive workplace response links prevention, care, support and treatment and impact management interventions and strategies.

Lesson Eight

Many components of workplace HIV and AIDS programmes can have spin-off benefits in other areas such as HR management and HIV and AIDS interventions targeted at learners and communities.

Lesson Nine

Prioritization of interventions becomes a key issue. The range of prevention, care, support and treatment and impact management strategies is wide and most education ministries and institutions will lack resources and capacity to implement them all at once.

Lesson Ten

The successful implementation of workplace policy and/or programme response requires a consultative and collaborative process of decision-making between all key stakeholders that relies on their buy-in and co-operation.

Lesson Eleven

The building of collaborative, inter-sectorial networks and partners will often be vital in achieving certain goals of the programme and to the success of an HIV and AIDS-in-the-workplace programme.

Lesson Twelve

Like workplace policies, effective, active leadership support and the creation of adequate capacity and structures are of central importance to implementing workplace programmes. Structures should involve not only dedicated HIV and AIDS programme staff, but also HR managers – without their active involvement, programmes will not have the capacity or technical expertise to address many important programme areas.

Answers to activities

All answers are country specific and will be dependant upon your own workplace environment.

A useful policy reference document is the Kenya Education Sector Policy on HIV/AIDS. For more information you can also consult the ILO website (www.unaids.org/en/Cosponsors/ilo/default.asp).

Bibliographical references and additional resource materials

Documents

Smart R. 2004. *HIV/AIDS guide for the mining sector* (draft for pilot testing) *IFC and Golder.* www.ifc.org/ifcext/enviro.nsf/AttachmentsByTitle/ref_HIVAIDS_section1/$FILE/Section+1b.pdf

ILO. 2002. *Education and training manual – Implementing the code of practice on HIV/ AIDS and the world of work*. Geneva.

Rau B. 2002. *Workplace HIV/AIDS programmes – An action guide for managers*. North Carolina. Family Health International/USAID. www.fhi.org/en/hivaids/pub/guide/workplace_hiv_program_guide.htm

Rau B. 2004. *HIV/AIDS and the public sector workforce – An action guide for managers*. North Carolina. Family Health International/USAID. http://info.worldbank.org/etools/docs/library/134438/ALGAF/Algaf_cd/algaf_docs/Resources/AIDS%20and%20the%20Public%20Sector%20Workforce%20(2003).pdf

Useful links

Web sites:

Association for Qualitative Research/ Association pour la recherche qualitative:
www.recherche-qualitative.qc.ca

Bill and Melinda Gates Foundation:
www.gatesfoundation.org/default.htm

Catholic Relief Services:
www.crs.org

Centers for Disease Control and Prevention:
www.cdc.gov

The Department for International Development (DFID):
www.dfid.gov.uk

Eldis:
www.eldis.org/go/topics/resource-guides/hiv-and-aids

Family Health International:
www.fhi.org

Family Health International: Youth Area:
www.fhi.org/en/Youth/YouthNet/ProgramsAreas/Peer+Education.htm

Food and Agriculture Organization:
www.fao.org

GTZ: German Development Agency:
www.gtz.de/en/

Global Campaign for Education:
www.campaignforeducation.org

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM):
www.theglobalfund.org/en/

Global Service Corps:
www.globalservicecorps.org

The Henry J. Kaiser Family Foundation:
www.kff.org/hivaids/

International Bureau of Education:
www.ibe.unesco.org/

IBE-UNESCO Programme for HIV & AIDS education:
www.ibe.unesco.org/HIVAids.htm

International Institute for Educational Planning:
www.unesco.org/iiep

International Institute for qualitative methodology:
www.uofaweb.ualberta.ca/iiqm/

HIV/AIDS Impact on Education Clearinghouse:
hivaidsclearinghouse.unesco.org/ev_en.php

Kenya HIV/AIDS Business Council & UK National AIDS Trust. Positive action at work:
www.gsk.com/positiveaction/pa-at-work.htm

Mobile Task Team (MMT) on the Impact of HIV/AIDS on Education:
www.mttaids.com

OECD Co-operation Directorate:
www.oecd.org/linklist/0,3435,en_2649_33721_1797105_1_1_1_1,00.html.

The Policy Project
www.policyproject.com

Population Services International Youth AIDS:
http://projects.psi.org/site/PageServer?pagename=home_homepageindex

The United States President's Emergency Plan for AIDS Relief:
www.pepfar.gov/c22629.htm

UNAIDS Joint United Nations Program on HIV/AIDS:
www.unaids.org

UNESCO EFA Background documents and information:
www.unesco.org/education/efa/ed_for_all/background/background_documents.shtml

www.unesco.org/education/efa/know_sharing/flagship_initiatives/hiv_education.shtml

www.unesco.org/education/efa/index.shtml

UNESCO Institute of Statistics website:
www.uis.unesco.org

United Nations Millennium Development Goals:
www.un.org/millenniumgoals

UNICEF United Nations Children's Fund:
www.unicef.org

UNICEF Life skills:
www.unicef.org/lifeskills

UNAIDS Joint United Nations Program on HIV/AIDS:
www.unaids.org

United States Agency for International Development: USAID:
www.usaid.gov/

School Health:
www.schoolsandhealth.org/HIV-AIDS&Education.htm

World Bank EFA Fast Track Initiative:
www.fasttrackinitiative.org/

World Bank Multi-Country HIV/AIDS Program for Africa (MAP):
http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/EXTAFRHEANUTPOP/EXTAFRREGTOPHIVAIDS/0,,contentMDK:20415735~menuPK:1001234~pagePK:34004173~piPK:34003707~theSitePK:717148,00.html

World Economic Forum:
www.weforum.org/globalhealth

World Health Organization:
www.who.int/en/

World Vision
www.worldvision.org/

HIV and AIDS glossary

by L. Teasdale

The terms below are defined within the context of these modules.

Advocacy: Influencing outcomes - including public policy and resource allocation decisions within political, economic, and social systems and institutions - that directly affect people's lives.

Affected by HIV and AIDS: HIV and AIDS have impacts on the lives of those who are not necessarily infected themselves but who have friends or family members that are living with HIV. They may have to deal with similar negative consequences, for example stigma and discrimination, exclusion from social services, etc.

Affected persons: Persons whose lives are changed in any way by HIV and/or AIDS due to infection and/or the broader impact of the epidemic.

Age mixing: Sexual relations between individuals who differ considerably in age, typically between an older man and a younger woman, although the reverse occurs. Diseases can be treated, but there is no treatment for the immune system deficiency. AIDS is the most severe phase of HIV-related disease.

AIDS: The Acquired Immune Deficiency Syndrome is a range of medical conditions that occurs when a person's immune system is seriously weakened by HIV, the Human Immunodeficiency Virus, to the point where the person develops any number of diseases and cancers.

Antibodies: Immunoglobulin, or y-shaped protein molecules in the blood used by the body's immune system to identify and neutralize foreign objects such as bacteria and viruses. During full-blown AIDS, the antibodies produced against the virus fail to protect against it.

Antigen: Foreign substance which stimulates the production of antibodies when introduced into a living organism.

Antiretroviral drugs (ARV): Drugs that suppress the activity or replication of retroviruses, primarily HIV. Antiretroviral drugs reduce a person's viral load, thus helping to maintain the health of the patient. However, antiretroviral drugs cannot eradicate HIV entirely from the body. They are not a cure for HIV or AIDS.

Asymptomatic: Infected by a disease agent but exhibiting no visible or medical symptoms.

Bacteria: Microbes composed of single cells that reproduce by division. Bacteria are responsible for a large number of diseases. Bacteria can live independently, in contrast with viruses, which can only survive within the living cells that they infect.

Baseline study: A study that documents the existing state of an environment to serve as a reference point against which future changes to that environment can be measured

Care, treatment and support: Services provided to educators and learners infected or affected by HIV.

Clinical trial: A clinical trial is a study that tries to improve current treatment or find new treatments for diseases, or to evaluate the comparative efficacy of two or more medicines. Drugs are tested on people, under strictly controlled conditions.

Combination therapy: A course of antiretroviral treatment that involves two or more ARVs in combination.

Concentrated epidemic: An epidemic is considered concentrated when less than one per cent of the wider population but more than five per cent of any key population practising high risk behaviours is infected, while, at the same time, prevalence among women attending urban antenatal clinics is still less than 5 percent.

Condom: One device used to prevent the transmission of sexual fluid between bodies, and used to prevent pregnancy and the transmission of disease, HIV and sexually transmitted infections. Consistent, correct use of condoms significantly reduces the risk of transmission of HIV and other STDs. Both male and female condoms exist. The male condom is a strong soft transparent polyurethane device which a man can wear on his penis before sexual intercourse. The female condom is also a strong soft transparent polyurethane sheath inserted in the vagina before sexual intercourse.

Confidentiality: The right of every person, employee or job applicant to have their medical information, including HIV status, kept private.

Counselling*:* A confidential dialogue between a client and a trained counsellor aimed at enabling the client to cope with stress and take personal decisions related to HIV and AIDS.

Diagnosis: The determination of the existence of a disease or condition.

Discriminate: Make a distinction in the treatment of different categories of people or things, especially unjustly or prejudicially against people on grounds of race, sex, social status, age, HIV status etc.

Discrimination: The acting out of prejudices against people on grounds of race, colour, sex, social status, age, HIV status etc; an unjust or prejudicial distinction.

Empowerment: Acts of enabling the target population to take more control over their daily lives. The term 'empowerment' is often used in connection with marginalized groups, such as women, homosexuals, sex workers, and HIV infected persons.

Epidemic: A widespread outbreak of an infectious disease where many people are infected at the same time. An epidemic is *nascent* when HIV prevalence is less than 1 percent in all known subpopulations presumed to practice high-risk behaviour for which information is available. An epidemic is *concentrated* when less than one per cent of the wider population but more than five per cent of any so-called 'high-risk group' is infected but prevalence among women attending urban antenatal clinics is still less than 1 percent. An epidemic is *generalized* when HIV is firmly established in the population and has spread far beyond the original subpopulations presumed to be practising high-risk behaviour, which are now heavily infected and when prevalence among women attending urban antenatal clinics is consistently one percent or more.

Heterosexual: A person sexually attracted to or practising sex with persons of the opposite sex.

High-risk behaviour: Activities that put individuals at greater risk of exposing themselves to a particular infection. In association with HIV transmission, high-risk activities include unprotected sexual intercourse and sharing of needles and syringes.

Highly active antiretroviral therapy (HAART): A combination of three or more antiretroviral drugs that most effectively inhibit HIV replication, allowing the immune system to recover its ability to produce white blood cells to respond to opportunistic infections.

HIV: Human Immunodeficiency Virus, the virus that causes AIDS, this virus weakens the body's immune system and which if untreated may result in AIDS.

HIV testing: Any laboratory procedure – such as blood or saliva testing – done on an individual to determine the presence or absence of HIV antibodies. An HIV positive result means that the HIV antibodies have been found in the blood test and that the person has been exposed to HIV and is presumably infected with the virus.

Homosexual: A person sexually attracted to or practising sex with persons of the same sex.

Immune system: The body's defence system that prevents and fights off infections.

Incidence (HIV): The number of new cases occurring in a given population over a certain period of time. The terms prevalence and incidence should not be confused. Incidence only applies to the number of new cases, while the term prevalence applies to all cases old and new.

Incubation period: The period of time between entry of the infecting pathogen, or antigen (in the case of HIV and AIDS, this is HIV) into the body and the first symptoms of the disease (or AIDS).

Informed consent: The voluntary agreement of a person to undergo or be subjected to a procedure based on full information, whether such permission is written, or expressed indirectly.

Life skills: Refers to a large group of psycho-social and interpersonal skills which can help people make informed decisions, communicate effectively, and develop coping and self-management skills that may help them lead a healthy and productive life.

Log frame or logical framework: A matrix that provides a summary of what a project aims to achieve and how, and what its main assumptions are. It brings together in one place a statement of all the key components of a project. It presents them in a systematic, concise and coherent way, thus clarifying and exposing the logic of how the project is expected to work. It provides a basis for monitoring an evaluation by identifying indicators of success, and means of assessment.

Maternal antibodies: In an infant, these are antibodies that have been passively acquired from the mother during the pregnancy. Because maternal antibodies to HIV continue to circulate in the infant's blood up to the age of 15-18 months, it is difficult to determine whether the infant is infected.

Mother-to-Child Transmission (MTCT): Process by which a pregnant woman can pass HIV to her child. This occurs in three ways, 1) during pregnancy 2) during childbirth 3) through breast milk. The chances of HIV being passed in any of these ways if the mother is in good health or taking HIV treatment is quite low.

Micro-organism: Any organism that can only be seen with a microscope; bacteria, fungi, and viruses are examples of micro-organisms.

Orphan: According to UNAIDS, WHO and UNICEF an orphan is a child who has lost one or both parents before reaching the age of 18 years. A double orphan is a child who has lost both parents before the age of 18 years. A single orphan is a child who has lost either his or her mother or father before reaching the age of 18.

Opportunistic infection: An infection that does not ordinarily cause disease, but that causes disease in a person whose immune system has been weakened by HIV. Examples include tuberculosis, pneumonia, Herpes simplex viruses and candidiasis.

Palliative care: Care that promotes the quality of life for people living with AIDS, by the provision of holistic care, good pain and symptom management, spiritual, physical and psychosocial care for clients and care for the families into and during the bereavement period should death occur.

Pandemic: An epidemic that affects multiple geographic areas at the same time.

Pathogen: An agent such as a virus or bacteria that causes disease.

Peer education: A teaching-learning methodology that enables specific groups of people to learn from one another and thereby develop, strengthen, and empower them to take action or to play an active role in influencing policies and programs

Plasma: The fluid portion of the blood.

Post-exposure prophylaxis (PEP): As it relates to HIV disease, is a potentially preventative treatment using antiretroviral drugs to treat individuals within 72 hours of a high-risk exposure (e.g. needle stick injury, unprotected sex, rape, needle sharing etc.) to prevent HIV infection. PEP significantly reduces the risk of HIV infection, but it is not 100% effective.

Post-test counselling: The process of providing risk-reduction information and emotional support, at the time that the test result is released, to a person who is submitted to HIV testing.

Pre-exposure prophylaxis (PREP): The process of taking antiretrovirals before engaging in behaviour(s) that place one at risk for HIV infection. The effectiveness of this is still unproven.

Pre-test counselling: The process of providing an individual with information on the biomedical aspects of HIV and AIDS and emotional support for any psychological implications of undergoing HIV testing and the test result itself before he/she is subject to the test.

Prevalence (or HIV prevalence): Prevalence itself refers to a rate (a measure of the proportion of people in a population infected with a particular disease at a given time). For HIV, the prevalence rate is the percentage of the population between the ages of 15 and 49 who are HIV infected. The terms prevalence and incidence should not be confused. Incidence only applies to the number of new cases, occurring in a given population over a certain period of time, while the term prevalence applies to all cases old and new.

Prevention of mother-to-child transmission (of HIV): Interventions such as preventing unwanted pregnancies, improved antenatal care and management of labour, providing antiretroviral drugs during pregnancy and/or labour, modifying

feeding practices for newborns and provision of antiretroviral therapy to newborns – all of which aim to reduce the risk of HIV transmission from an infected mother to her child.

Prophylaxis for opportunistic infections: Treatments that will prevent the development of conditions associated with HIV disease such as fungal infections and types of pneumonia.

Rape: Sexual intercourse with an individual without his or her consent.

Retrovirus: An RNA virus (a virus composed not of DNA but of RNA). Retroviruses are a type of virus that can insert its genetic material into a host cell's DNA. Retroviruses have an enzyme called reverse transcriptase that gives them the unique property of transcribing RNA (their RNA) into DNA. HIV is a retrovirus.

Safer sex: Sexual practices that reduce or eliminate the exchange of body fluids that can transmit HIV e.g. through consistent and correct condom use.

Serological testing: Testing of a sample of blood serum.

Seronegative: Showing negative results in a serological test.

Seroprevalence: Number of persons in a population who tested positive for a specific disease based on serology (blood serum) specimens.

Seropositive: Showing the presence of a certain antibody in the blood sample, or showing positive results in a serological test. A person who is seropositive for HIV antibody is considered infected with the HIV virus.

Sex worker: A sex worker has sex with other persons with a conscious motive of acquiring money, goods, or favours, in order to make a fulltime or part-time living for her/himself or for others.

Sexual debut: The age at which a person first engages in sexual intercourse.

Sexually Transmitted Infections (STIs): Infections that can be transmitted through sexual intercourse or genital contact such as gonorrhoea, chlamydia and syphilis. In many cases HIV is a sexually transmitted infection. Untreated STIs can cause serious health problems in men and women. A person with symptoms of STIs (ulcers, sores, or discharge) 5-10 times more likely to transmit HIV.

Sexually transmitted infection management: Comprehensive care of a person with an STI-related syndrome or with a positive test for one or more STIs.

Socio-behavioural interventions: Educational programmes designed to encourage individuals to change their behaviour to reduce their exposure to HIV infections in order to reduce or prevent the possibility of HIV infection.

Stigma: A process through which an individual attaches a negative social label of disgrace, shame, prejudice or rejection to another because that person is different in a way that the individual finds the stigmatized person undesirable or disturbing.

Stigmatize: Holding discrediting or derogatory attitudes towards another on the basis of some feature that distinguish the other such as colour, race, and HIV status.

Symptom: Sign in the body that indicates health or a disease.

Symptomatic: With symptoms

Sugar Daddy/Mommy Syndrome: Comparatively well-off older men/women who pay special attention (e.g. give presents) to younger women/men in return for sexual favours.

T- Cells: A type of white blood cell. One type of T cell (T4 Lymphocytes, also called T4 Helper cells) is especially apt to be infected by HIV. By injuring and destroying these cells HIV damages the overall ability of the immune system to reduce the reproduction of the virus in the blood or to fight opportunistic diseases. A healthy person will usually have more than 1,200 T-cells in a certain measure of blood, but when HIV progresses to AIDS the number of T-cells drops below 200.

Treatment education: Education that engages individuals and communities to learn about anti retroviral therapy so that they understand the full range of issues and options involved. It provides information on drug regimen and encourages people to know their HIV status.

Tuberculosis (TB)**:** Tuberculosis is a bacterial infection that is most often found in the lungs (pulmonary TB) but can spread to other parts of the body (extrapulmonary TB). TB in the lungs is easily spread to other people through coughing or laughing. Treatment is often successful, though the process is long. Treatment time averages between 6 and 9 months.TB is the most common opportunistic infection and the most frequent cause of death in people living with HIV in Africa.

Universal precautions: A practice, or set of precautions to be followed in any situation where there is risk of exposure to infected bodily fluids, such as blood, like wearing protective gloves, goggles and shields, or carefully handling potentially contaminated medical instruments.

Vaccine: A substance that contains antigenic or pathogenic components, either weakened, dead, or synthetic, from an infectious organism which is injected into the body in order to produce antibodies to disease or to the antigenic components.

Viral load: The amount of virus present in the blood. HIV viral load indicates the extent to which HIV is reproducing in the body. Higher numbers mean more of the virus is present in the body.

Virus: Infectious agents responsible for numerous diseases in all living beings. They are extremely small particles, and in contrast to bacteria, can only survive and multiply within a living cell at the expense of that cell.

Voluntary counselling and testing: HIV testing done on an individual who, after having undergone pre-test counselling, willingly submits himself/herself to such a test.

Workplace policy: A guiding statement of principles and intent taking applicable to all staff and personnel of an institution. This can often be part of a larger sectoral policy.

The series

Wide-ranging professional competence is needed for responding to HIV and AIDS in the education sector. To make the best use of this series, it is recommended that the following order be respected. However, as each volume deals with its own specific theme, they can also be used independently of one another.

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M. J. Kelly, C. Desmond, D. Cohen

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M. J. Kelly

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Volume 5: Costing, Monitoring and Managing

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P. Mukwashi

5.3 Project design and monitoring
P. Mukwashi

5.4 Mitigating the HIV/AIDS impact on education: a management checklist
P. Badcock-Walters

The present series was jointly developed by UNESCO's International Institute for Educational Planning (IIEP) and the EduSector AIDS Response Trust (ESART) to alert educational planners, managers and personnel to the challenges that HIV and AIDS represent for the education sector, and to equip them with the skills necessary to address these challenges.

By bringing together the unique expertise of both organizations, the series provides a comprehensive guide to developing effective responses to HIV and AIDS in the education sector. The extensive range of topics covered, from impact analysis to policy formulation, articulation of a response, fund mobilization and management checklist, constitute an invaluable resource for all those interested in understanding the processes of managing and implementing strategies to combat HIV and AIDS.

Accessible to all, the modules are designed to be used in various learning situations, from independent study to face-to-face training. They can be accessed on the Internet web site: www.unesco.org/iiep Developed as living documents, they will be revisited and revised as needed. Users are encouraged to send their comments and suggestions (hiv-aids-clearinghouse@iiep.unesco.org).

The contributors

The International Institute for Educational Planning is a specialised organ of UNESCO created to help build the capacity of countries to design educational policies and implement coherent plans for their education systems, and to establish the institutional framework by which education is managed and progress monitored.

The EduSector AIDS Response Trust (ESART) is an independent, non-profit organisation established to continue the work of the Mobile Task Team (MTT), originally based at HEARD, University of KwaZulu-Natal from 2000 to 2006, and supported by USAID. ESART is designed to help empower African ministries of education and their development partners, to develop sector-wide HIV&AIDS policy and prioritized implementation plans to systemically manage and mitigate impact.