

# THE ELMINA RESOURCE GUIDE

## ON HIV/AIDS AND EDUCATION FOR WEST AFRICA (ECOWAS)

### STRATEGIES FOR ACTION



**Based on Findings from the  
Senior Experts' Conference on HIV/AIDS and Education in  
ECOWAS Towards a Regional Mobilisation**



**Ghana, September 2001  
(Final Draft)**



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## THE ELMINA CONFERENCE

Experts from around Africa gathered together to review the impact and share experience on the strategies for combating HIV/AIDS within the education sector. Over one year of planning and preparation went into the conference, which brought together over 170 participants from 30 countries mainly in West Africa for a five day consultation. The conference was held in Elmina, Ghana from March 19 to 23<sup>rd</sup>, 2001.

The key information provided in this document will empower readers to implement the recommendations from the conference and provide countries across West Africa with practical guidelines in order to bring the Elmina: Call to Action to life. The recommendations from the Elmina Conference have been widely circulated at the Abuja Heads of State Conference held in April, 2001 and more recently at the UN special session on HIV/AIDS in New York in June 2001.

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## LIST OF ACRONYMS

ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immune Deficiency Syndrome
ECOWAS	Economic Community of West African States
HAART	Highly Active Anti-retroviral Therapy
HIV	Human Immuno-deficiency Virus
IEC	Information, Education and Communication
MTCT	Mother to Child Transmission
MTT	Mobile Task Team
N. A.	Not Available
PLHIV	Persons Living with HIV
PLWA	Persons Living with AIDS
POPFL	Population and Family Life Education
SADC	Southern African Development Community
SHEP	School Health Education Programme
STI	Sexually Transmitted Infection
VCT	Voluntary Counselling and Testing
WAZAM	West Africa/Zambia Learning Programme

## LIST OF SYMBOLS

	website, e-mail address
	Postal address
	Telephone Number
	Fax Number

# 1.0 INTRODUCTION

This resource guide is designed to assist policy makers and practitioners access resources and build on best practice for combating HIV/AIDS in the education sector. The guide has evolved from experience based on the "Senior Experts' Conference on HIV/AIDS and Education" which took place in Elmina, Ghana between March 19 to 23, 2001. The resource guide is based on the key recommendations from the Elmina Conference and highlights strategies for Government, educational institutions and civil society agencies. The guide is organised according to the key recommendations from the conference and divided into four main themes:

- Preventing and controlling the spread of HIV/AIDS
- Protecting learners, educators and educational quality
- Managing the HIV/AIDS crisis within the education sector
- Promoting regional linkages and building capacity

The resource guide is intended to be user friendly and by no means exhaustive. It is a preliminary attempt to compile the lessons learned and strategic resources, which exist in countries across, sub Saharan Africa **for** countries in the Economic Community of West African States (ECOWAS)<sup>1</sup>. We would welcome your suggestions and any additional information, which might be useful through our email address by logging in your comments to:

**[accra@unesco.org](mailto:accra@unesco.org)**

## Organisation of the resource guide

The resource guide is divided into five main sections based on the Elmina Framework for Action.<sup>2</sup>

- Section one: highlights the recommendations from the Elmina Conference
- Section two: explores some strategies and tools for prevention and control of HIV/AIDS
- Section three: examines the experience of protecting and caring for those with HIV/AIDS
- Section four: highlights the experience of countries involved in HIV/AIDS
- Section five: Considers regional initiatives for building capacity to combat HIV/AIDS in the education sector

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<sup>1</sup> ECOWAS includes the following countries: Ivory Coast, Burkina Faso, Togo, Nigeria, Ghana, Sierra Leone, Liberia, Guinea Bissau, Benin, Mali, Gambia, Senegal, Guinea, Niger, and Cape Verde.

<sup>2</sup> The framework was developed during the Senior Experts Conference on HIV/AIDS and Education in Ghana, 2001;

## 2.0 HIV/AIDS POLICY

### 2.1 MOBILISING LEADERSHIP ACROSS THE CONTINENT

The commitment to combating the spread and reducing the impact of HIV/AIDS has been debated in several conferences over the last year beginning with the Education for All Conference held in Senegal (April 2000); The Africa Development Forum on HIV/AIDS (December, 2000), the Heads of State Conference on HIV/AIDS held in Abuja, Nigeria (April, 2001). These conferences focussed on lessons from Southern and Eastern Africa highlighting the important role of African leaders and the political will required to combating HIV/AIDS in sub Saharan Africa.

The common conclusions reached from these conferences include the need for more democratic sustained leadership by the highest levels of Government in combating the pandemic. "An early active government response encouraging safer behaviour among those most likely to contract and spread the virus, has potential to avert untold suffering and save millions of lives." Government responses should include strategies, which aim to influence individual choices, ease social constraints to safer behaviour and set government priorities for preventing HIV/AIDS.

The outcomes of the many International and sub regional conferences on HIV/AIDS will help you lobby senior policy makers within the education sector by reminding them of the promises made at these conferences. Box 1, 2 and 3 highlight some of the key conference outcomes.

#### **Box 1:**

#### **Education For All (EFA) Sub Saharan Conference on EFA Johannesburg, South Africa, 6-10 December 1999**

The following strategies were adopted at the Conference to combat HIV/AIDS.

- Put in place HIV/AIDS education programmes and response mechanisms
- Teacher training must be accelerated to balance personal losses;
- Systems must be developed for keeping orphans in school, and solutions found for their long-term care and development;
- Life skills and HIV/AIDS education shall be strengthened or introduced in all education programmes;
- Working partnerships shall be forged with the media, religious organisations, civil society and communities to build consensus on implementing HIV/AIDS curriculum and develop effective and viable strategies to fight the HIV/AIDS pandemic;
- In collaboration with other Ministries and stakeholders, the education sector shall take a leading role in AIDS campaigns, and urge men, including those in the teaching profession, to respect women's dignity and the right to protect themselves.

**Box 2:****Recommendations from the African Development Forum, December 2000  
(Addis Ababa Conference)**

African Heads of State agreed that within the education sector it should be recognised that:

- The Education Sector is central to the HIV/AIDS response and sex education should be in every school curriculum.
- Schools should be models of equitable gender relations
- All school fees and other charges must be abolished
- Donors should provide special support to the education sector
- Youth out-of-school including street children should be targeted
- Drug prevention and rehabilitation programmes for youth and the out of school should be implemented

**Box 3:****Abuja Framework for Action, April 2001:**

African Heads of State Agreed should:

- Devote 15% of all national budgets to spending on health including HIV/AIDS campaigns.
- Set Up a 10 billion dollar fund to combat HIV/AIDS in Sub Saharan Africa

Some of the priority areas for intervention include:

- Leadership at national, regional and continental levels to mobilise society
- Improve Information, Education and Communication (IEC)
- Protection for Human Rights
- Access for treatment, care and support
- Access to affordable drugs and technologies

(Contact:  [www.oau.org](http://www.oau.org))



**Table 1: The Elmina Strategic Framework for Action (see Annex 7.1)<sup>3</sup>**

PRIORITY AREAS	STRATEGIES
<p><b>Preventing and controlling the spread of HIV/AIDS:</b> <i>especially among young people in and out of School, college and university and among educators</i></p>	<ul style="list-style-type: none"> <li>■ Develop life skills curricula on HIV/AIDS issues in all learning institutions and make them examinable.</li> <li>■ Develop, distribute and use learner-friendly and gender-sensitive life skills materials.</li> <li>■ Encourage the participation of young people in the response through peer education.</li> <li>■ Provide pre-service, in-service education and training on HIV/AIDS issues to schoolteachers, counsellors, educators and managers.</li> <li>■ Implement Information, Education and Communication (IEC) campaigns to reach young people in and out of school.</li> <li>■ Make available youth-friendly health education and counselling services to address HIV/AIDS, STDs and reproductive health related issues</li> <li>■ Engage and mobilise a wide range of partners including parents, religious &amp; traditional leaders and the media in the preventive work within the education system.</li> </ul>
<p><b>Reducing the traumatic impact of HIV/AIDS</b> <i>on learners, educators and the education system itself.</i></p>	<ul style="list-style-type: none"> <li>■ Develop care and support programmes for orphans and vulnerable children.</li> <li>■ Identify innovations in education delivery and outreach to take account of complex and changing issues.</li> <li>■ Put in place workplace policy and guidelines on HIV/AIDS in all learning institutions and ministries of education offices.</li> <li>■ Embark on regular assessment of the impact of HIV/AIDS on the education sector.</li> </ul>
<p><b>Improving on management capacity and procedures</b> <i>to ensure that effective action can be taken to respond to the crisis</i></p>	<ul style="list-style-type: none"> <li>■ Involve the Ministry of Education in the UN theme group.</li> <li>■ Establish a unit in each country, staffed and equipped with adequate resources to drive HIV/AIDS and education strategies nationally and at decentralised levels.</li> <li>■ Mobilise substantial resources for the fight against HIV/AIDS.</li> <li>■ Systematically collect, store, disseminate and use data to support a comprehensive national and regional research agenda.</li> <li>■ Strengthen the capacity of managers and planners at all levels to cope with HIV related difficulties of students &amp; teachers.</li> <li>■ Sectoral management procedures and structures within the education sector should be implemented in collaboration with the health sector.</li> <li>■ Policies related to HIV/AIDS should be reviewed, revised and rigorously applied.</li> <li>■ Ongoing monitoring and evaluation of the performance in the education sector in fighting the pandemic.</li> </ul>

<sup>3</sup> Regional recommendations will be considered in section six and seven of the resource guide.

## **2.2 THE UNAIDS INTERAGENCY WORKING GROUP ON HIV/AIDS, SCHOOLS AND EDUCATION**

The strategic framework developed by the UNAIDS interagency working Group on HIV/AIDS, schools and education has been evolving a broad and inclusive set of discussions, conferences and meetings beginning since 2000 leading up to the UN General Assembly on HIV/AIDS which took place in June, 2001. This framework is available on the UNAIDS web site and contains extensive lessons learned within the Education Sector for combating HIV/AIDS.

**[www.unaids.org](http://www.unaids.org)**

Some of the key lessons from this working group are incorporated in the following strategic guide in order to build on experience from countries with high levels of HIV/AIDS, which is affecting their development agenda.

## **2.3 THE IMPACT OF HIV/AIDS ON THE EDUCATION SECTOR**

This section presents an overview of the impact of HIV/AIDS on the education sector and the response of countries across West Africa. This information will assist Ministries and agencies become better equipped to advocate for support for HIV/AIDS programming within their respective countries. The section is based on the report "The Impact of HIV/AIDS across West Africa" (Casely-Hayford, 2001) presented at the Elmina Conference.

*"The full brunt of AIDS impact on the educational institutions is yet to be felt. Core professional support institutions such as pre service teacher training colleges and INSET structures composed of inspectors, primary education advisors, etc. - are likely to be affected."*

*"In many countries the AIDS epidemic has substantially undermined the institutional capacities relied upon by society to protect the well being of the family and support its' development. Experienced teachers are dying faster than new teachers can be trained, seriously affecting the supply and quality of education. AIDS is also threatening recent gains in education that provide the most disadvantaged with access to School"*

UNAIDS estimates that by the year 2010 a total of 41 million orphans will have lost their mother or both parents to HIV/AIDS worldwide. This poses a major threat to the well-being and development of

communities in which they live. Table 2.0 reviews the current status of HIV/AIDS within Sub Saharan Africa and ECOWAS in particular.

**Table 2: Global, Sub-Saharan and ECOWAS HIV/AIDS Burden, December 1999.**

KEY INDICATORS	GLOBAL INDICATORS (UNAIDS, 2000) <sup>4</sup>	SUB-SAHARAN AFRICA (UNAIDS, 2000)	ECOWAS <sup>5</sup> (UNAIDS, update 2000)
New HIV infections in 2000	5.3 million	3.8 million	N.A.
Number of People Living with HIV/AIDS (end of 2000)	36.1 million	25.3 million	4.782 million
Deaths due to AIDS in 2000	2.6 million	2.2 million <sup>6</sup>	462,800
Adult Prevalence Rate (%) <sup>7</sup>	1.1 %	8.8%	3.7%
Percentage of HIV positive adults who are women (%)	47%	55%	55%
AIDS orphans as of 2000 (under 15 years of age)	N.A	N.A	1.9 million
Cumulative number of AIDS orphans since the beginning of the epidemic	13.2 million <sup>8</sup>	12.1	2,7 million

(Based on UNAIDS Update, 2000; N.A. means not available)

Currently the situation in West Africa is slowly deteriorating with Cote d' Ivoire amongst the 15 worst affected countries in the world (prevalence rate: 10.76), prevalence in Burkina Faso is 6.44% and Togo at 5.98. In Nigeria over 5% of adult are infected with the HIV virus, which is equivalent to more than 2.7 million people. (UNAIDS, Report on the Global HIV/AIDS epidemic for 2000)

## 2.4 MEASURING THE IMPACT IN THE EDUCATION SECTOR

Several indicators can be used to measure the impact of HIV/AIDS within the education sector. These include indicators within the demographic, demand side, and supply side of the education sector. Indicators are also related to the clientele themselves and the educational management aspects of the planning system. The following table identifies the key areas, which are affected in the education sector by the impact of HIV/AIDS.

<sup>4</sup> Global and Sub-Saharan figures are based on UNAIDS update 1999 and ECOWAS country figures are based UNAIDS 2000 Update using 1999 figures.

<sup>5</sup> Data not available on Cape Verde

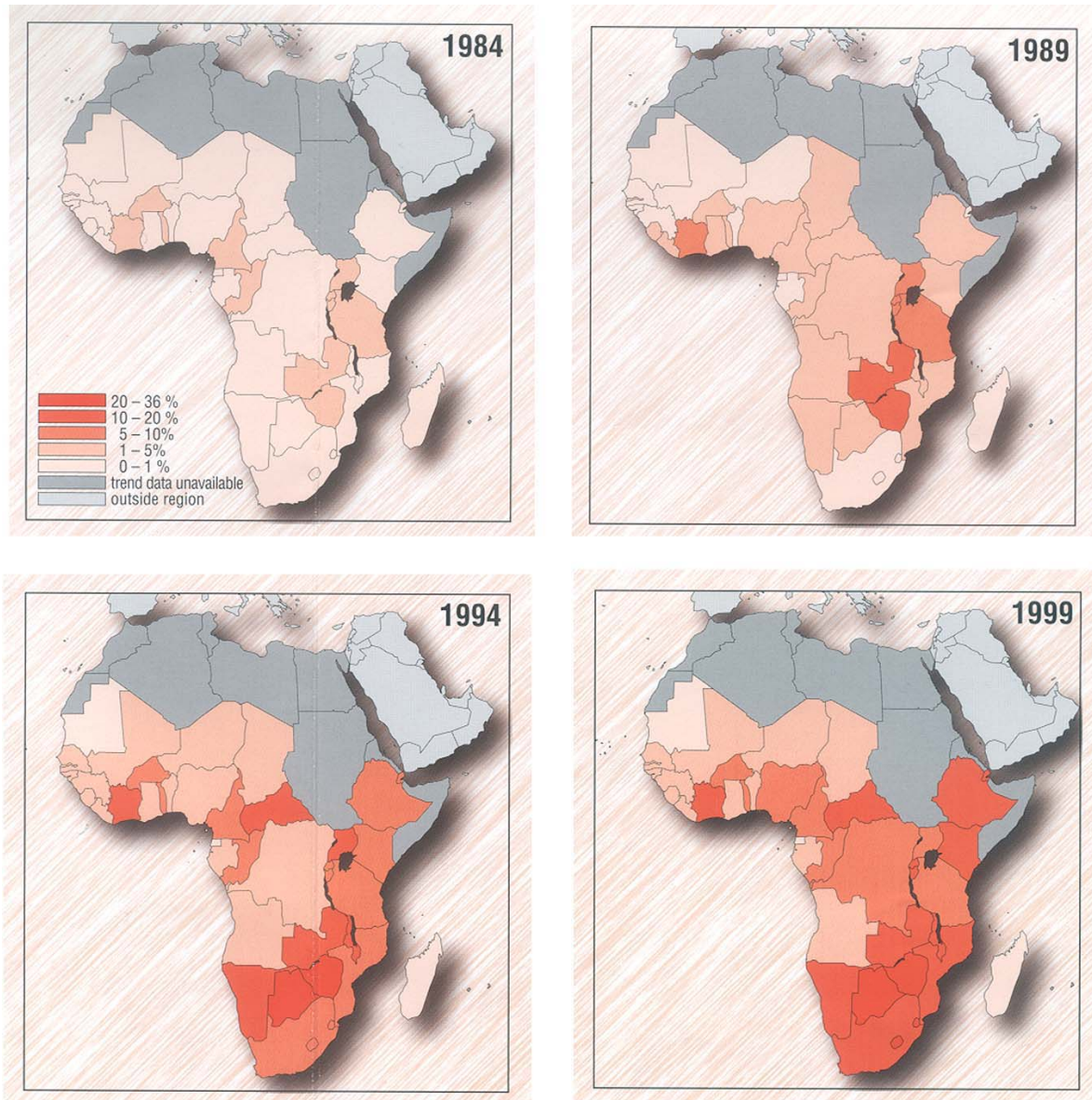
<sup>6</sup> Data from the UNAIDS country-by-country report 2000 based on 1999 figures.

<sup>7</sup> The proportion of adults (15-49 years of age) living with HIV/AIDS in 1999 using 1998 population figures.

<sup>8</sup> Report on the Global HIV/AIDS epidemic (UNAIDS, 2000b).

The following map outlines the spread of HIV/AIDS over the last fifteen years. We can see that already West African Countries are increasingly becoming the target for HIV/AIDS.

**Figure 1: The Growing Incidence of HIV/AIDS in Sub Saharan Africa**



(UNAIDS, 2000)

**Table 3: Measuring Impact in the Education Sector**

<b>FACTOR</b>	<b>IMPACT IN THE EDUCATION SECTOR</b>
Demographic	Decline in size of school age population due to: <ul style="list-style-type: none"> <li>■ High death rate among reproductive age lowering the fertility rate and population growth rate</li> <li>■ HIV/AIDS deaths among children</li> <li>■ Transfer of HIV to infants</li> </ul>
Demand side	<ul style="list-style-type: none"> <li>■ Fewer resources for schooling children</li> <li>■ Reduction in the size of the school age population</li> </ul>
Supply side	<ul style="list-style-type: none"> <li>■ Increased mortality particularly among teachers</li> <li>■ Increased absenteeism among teachers</li> <li>■ Increased unproductive work hours due to poor health</li> </ul>
Potential clientele for education	<ul style="list-style-type: none"> <li>■ Number of children being orphaned as a result of the epidemic</li> <li>■ Increasing number of orphans</li> </ul>
Educational planning	<ul style="list-style-type: none"> <li>■ Increased need for effective educational planning</li> </ul>

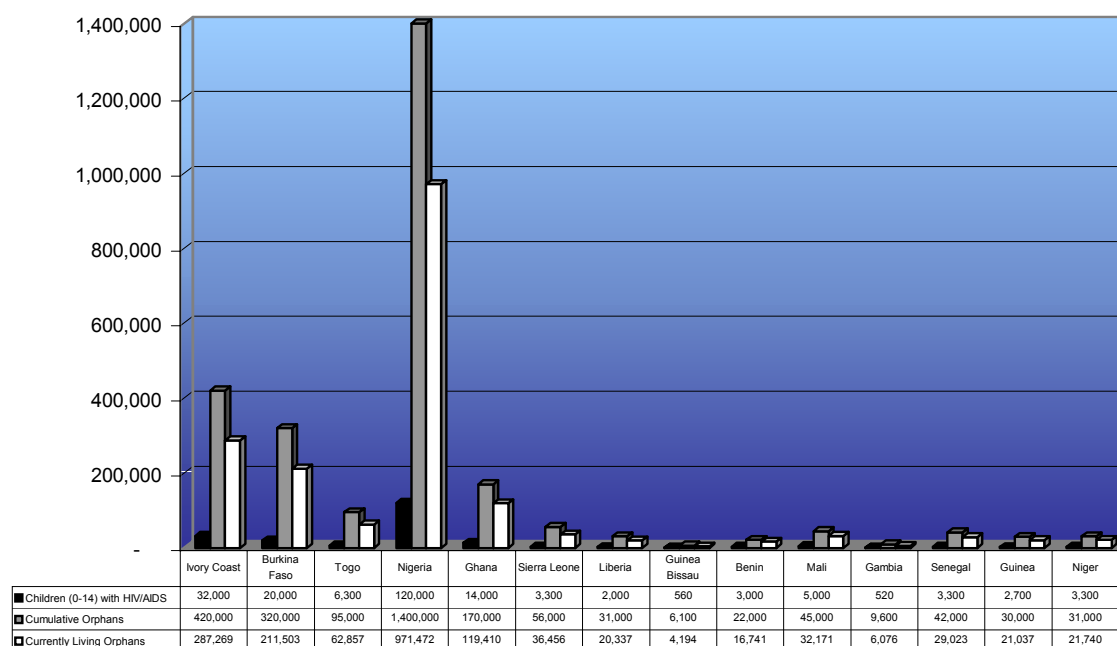
(World Bank, 2000c, Exploring the implications of HIV/AIDS Epidemic for Educational Planning)

**Kelly Highlights Ten Key Areas in which the Education Sector is affected (Kelly, 1999):**

- The demand for education
- The supply of education
- The availability of resources for education
- The potential clientele for education
- The process of education
- The content of education
- The role of education
- The organisation of education
- The planning and management of education
- The donor support for education

One can see from the above list that all aspects of educational planning and management are affected by HIV/AIDS. Learning to minimise and cope with the impact is the key to sustaining any education system.

**Figure 2: Children affected by HIV/AIDS as of 1999**



(Based on UNAIDS/ECA Country by country report)

### Children Affected by HIV/AIDS

UNAIDS uses the number of children dying of AIDS and the number of children who have become orphans due to HIV/AIDS as a key indicator to track the impact within the education sector. Figure 2 represents data on the cumulative number of orphans and the number of children with HIV/AIDS in ECOWAS countries. The graph indicates that Nigeria has the highest number of children currently living as 'AIDS orphans' followed by Côte d'Ivoire and Burkina Faso, Ghana and Togo. Apart from Nigeria, the number of orphans has not yet reached the large numbers experienced in Southern Africa. Data was not available on the number of children who have died from AIDS over the last few years across the ECOWAS.

### Teachers Affected by HIV/AIDS

Teachers are a country's most precious resource. Their health and well-being can affect not only their performance but also the ability of an educational system to develop and produce valuable citizens for a country. Little data is available on the impact of HIV/AIDS among teachers across the ECOWAS. In Botswana over 40% of the teaching force is living with HIV/AIDS. Other countries in Southern Africa are beginning to lose large sections of their teaching force before having reached Universal Primary Education not to mention higher levels of educational quality. The educational reforms, which so many African countries are implementing, can be severely affected by HIV/AIDS.



UNAIDS/UNICEF are monitoring the impact of HIV/AIDS through a modelling programme, which projects the number of children who have lost a teacher to HIV/AIDS. Table 4 highlights some of the key findings from the study.

**Table 4: HIV/AIDS Impact on the Education Sector**

COUNTRY IN ORDER OF HIV/AIDS PREVALENCE	IMPACT ON THE EDUCATION SECTOR (based on the number of teachers who may die from HIV/AIDS, UNAIDS/ UNICEF modelling exercise, 2000)
Côte d'Ivoire	<ul style="list-style-type: none"> <li>■ In 1996/97 64% and 70% of teachers' deaths were HIV related</li> <li>■ Out of a sample of 1.7 million primary school students at least 23000 are estimated to have lost a teacher to AIDS in 1999 (approximately 1.35%)</li> </ul>
Burkina Faso	<ul style="list-style-type: none"> <li>■ Out of 700,000 primary school children 7400 would have lost a teacher to AIDS in 1999 (% 1.06)</li> </ul>
Togo	<ul style="list-style-type: none"> <li>■ Out of a sample of 830,000 children, 7300 would have lost a teacher to AIDS. (% 0.88)</li> </ul>
Nigeria	<ul style="list-style-type: none"> <li>■ Out of 14.8 million primary school children 85000 would have lost a teacher to AIDS in 1999 (% 0.57)</li> </ul>
Ghana	<ul style="list-style-type: none"> <li>■ Gains made in enrolment will decline with the HIV/AIDS infection</li> </ul>
Sierra Leone	<ul style="list-style-type: none"> <li>■ Increasing numbers of orphans and children's growing responsibilities as a consequence of AIDS in the household will lead to reduced enrolment and hence lower literacy rates.</li> <li>■ A model developed by UNICEF suggests that from a cohort of 420,000 primary school students, 1900 have lost their teacher to AIDS in 1999 (0.45%).</li> </ul>
Benin	<ul style="list-style-type: none"> <li>■ Out of 750,000 primary school students, 1800 have lost a teacher to AIDS in 1999 (0.24%).</li> </ul>
Mali	<ul style="list-style-type: none"> <li>■ Out of a total of 780,000 primary school students, 2000 have lost their teacher to AIDS in 1999 (0.26%).</li> </ul>
Senegal	<ul style="list-style-type: none"> <li>■ Out of 900,000- primary school pupils at least 2000 are estimated to have lost a teacher to AIDS (0.22%) in 1999.</li> </ul>
Gambia	<ul style="list-style-type: none"> <li>■ Out of 140,000 primary school students, 353 have lost a teacher to AIDS in 1999 (0.25%).</li> </ul>
Guinea	<ul style="list-style-type: none"> <li>■ Current gains in enrolment of 46% could be reduced through HIV/AIDS</li> <li>■ Out of 650,000 primary school pupils, 1300 have lost a teacher to AIDS in 1999 (0.2%).</li> </ul>
Niger	<ul style="list-style-type: none"> <li>■ UNAIDS/UNICEF (2000) of 480,000 primary school pupils 820 lost a teacher to AIDS in 1999 (approx. 1.7%)</li> </ul>

(Based on UNAIDS/ECA, 2000 Country by Country report)

So far the rates of infection among teachers are relatively low across West Africa compared to the southern and eastern regions of Africa.

## 2.5 THE RESPONSE BY ECOWAS

Countries across the ECOWAS have been taking steps to systematically prevent and control the spread of HIV/AIDS. Table 5 highlights the current status of country responses to the HIV/AIDS pandemic across the ECOWAS. According to UNAIDS more than 11 countries have developed HIV/AIDS strategic plans and frameworks since 1997. Senegal, Ghana and Nigeria are leading the national responses to HIV/AIDS by having put in place all the necessary macro level structures and programmes to tackle the pandemic.

**Table 5: ECOWAS Country Assessment according to HIV/AIDS policy and programme status**

COUNTRY IN ORDER OF HIV/AIDS PREVALENCE	EXISTENCE OF NATIONAL HIV/AIDS POLICY	EXISTENCE OF HIV/AIDS POLICY IN ANY SECTOR	EXISTENCE OF HIGH LEVEL STRUCTURE TO SUPPORT NATIONAL RESPONSE	NATIONAL STRATEGIC PLAN ON HIV/AIDS	EXISTENCE OF BUDGET FOR IMPLEMENTATION OF THE PLAN
Cote d'Ivoire	Yes	No	Yes	Yes	Yes
Burkina Faso	Yes	Yes	No	Yes	Yes
Togo	Yes	No	Yes	Yes	N.A.
Nigeria	Yes	Two sectors <sup>9</sup>	Yes	Yes	Yes
Ghana	Yes	All sectors	Yes	Yes	Yes
Sierra Leone	No	No	Yes	No	N.A.
Liberia	No	No	Yes	Yes	No
Guinea Bissau	No	No	No	No	No
Benin	Yes	No	Yes	Yes	N.A.
Mali	Yes	No	Yes	Yes	No
Gambia	Yes	Four sectors <sup>10</sup>	Yes	No	Yes
Senegal	Yes	All sectors	Yes	Yes	Yes
Guinea	Yes	No	No	Yes	Yes
Niger	Yes	No	Yes	No	No
Cape Verde	Yes	Three sectors	Yes	Yes	No
Total number of countries with measures in place	12	6	12	11	7

(Based on UNAIDS Data, Inter-Country Team for West and Central Africa, 2001)

### Major Features of an effective response

When planning national responses governments and agencies should consider the following factors, which support and impede effective national responses. The initial steps in any effective campaign require the "highest political will and leadership" to control the spread and mitigate the impact of

<sup>9</sup> The health and military sector have both formulated policies.

<sup>10</sup> Education, Health, Sports and youth all have AIDS policies.



HIV/AIDS. This political leadership requires planning a strategic response and determination to fight against the stigma. Table 6 identifies the key factors, which support and impede a national response.

**Table 6: Comparing major factors, which support and constrain effective national responses.**

<b>MAJOR FEATURES COMMON TO EFFECTIVE NATIONAL RESPONSES (UNAIDS, 2000)</b>	<b>MAJOR FACTORS WHICH CONSTRAIN NATIONAL RESPONSES (Wijerama, 1993)</b>
<ul style="list-style-type: none"> <li>■ Political will and leadership</li> <li>■ Societal openness and determination to fight against stigma</li> <li>■ A strategic response</li> <li>■ Multi-sectoral and multi-level action</li> <li>■ Community based responses</li> <li>■ Social policy reform to reduce vulnerability</li> <li>■ Long term and sustained response</li> <li>■ Learning from experience</li> <li>■ Adequate resources</li> </ul>	<ul style="list-style-type: none"> <li>■ Literacy rates and communication channels</li> <li>■ Access to health care</li> <li>■ Economic situation</li> <li>■ Stigmatisation and discrimination</li> <li>■ Sexual behaviour and attitudes</li> <li>■ Religious concepts</li> <li>■ Topography and geographic</li> <li>■ Location</li> </ul>

### 3.1 STRATEGIES AND PRIORITIES

The Elmina conference highlighted the need for the education sector to place increasing emphasis on the prevention and control of HIV/AIDS. Education is a vehicle for attitudinal change. Both formal and informal educational approaches to HIV/AIDS can have a great impact on changing attitudes particularly among youth.

In countries where sexual activity begins at an early age and young people have high rates of partner change, promoting safe behaviour among adolescents is essential in slowing the spread of HIV/AIDS. Even in societies where sexual activity does not begin until after people have completed schooling, reproductive health education in the school system is a powerful intervention (World Bank Policy Research Report, 1997). Besides preventing HIV among students, preventive programmes:

- Prevent STDs and associated infertility
- Prevent unwanted pregnancy which may lead to abortion and girls' dropping out of school

Planning programmes for the prevention, control and spread of HIV/AIDS requires several different stakeholders. Box 4 highlights some of these different stakeholders.

#### Box 4: Key Stakeholders involved in prevention

- Strategies to prevent and control the spread of HIV/AIDS include several key stakeholders namely:
- **Children and Young People:** want to be heard; want to avoid gender-based violence and abuse; want to be a solution to AIDS rather than a problem.
- **Communities:** (including parents, religious leaders, community based organisations, service providers) want to protect children from HIV; educate them; promote values; and ensure that their children are cared for.
- **Teachers and other school personnel** want children to learn through functioning schools; receive support and recognition for their job and want to protect themselves and/ or cope with HIV/AIDS
- **Persons living with HIV/AIDS** want to be cared for and contribute to society
- **The Media** are an integral part of the global response by helping to inform and raise awareness in society
- **Supporters: Donors, NGOs and other civil society organisations** want to invest in programmes for sustaining healthy productive populations and ensure human rights
- **The Private Sector and Industry** want healthy workers and consumers and help to contribute financially
- **The Governments and decision makers** want economic growth and poverty reduction
- **The Academic Institutions and Schools** want healthy and vibrant youth to educate

(Based on Framework on HIV/AIDS, Schools and Education, UNAIDS Interagency working group, 2001)

### 3.2 SOME PLANNING AND ASSESSMENT TOOLS TO GET STARTED

There are several tools, which have been developed to assist Governments conduct situational analysis in order to stabilise the education system, mitigate the pandemics potential impact and respond to the HIV/AIDS. These include:

**UNAIDS Inter-country Team for West and Central Africa (2001)** have developed a technical resource guide for strategic planning. The "Guide to the Strategic Planning Process for National Responses to HIV/AIDS" is divided into four parts, which include: the situational analysis, response analysis, strategic plan formulation and resource mobilisation. The guide has been designed to assist West and Central African ministries plan strategically as they develop programmes to combat HIV/AIDS in the sub region. (*Contact:* ☎ 225 22 404401, 📠 225 22 404409, 🌐 [www.onsida-aoc.org](http://www.onsida-aoc.org) or [eip.onsida@aviso.ci](mailto:eip.onsida@aviso.ci).)

**Coombe (2001)** along with the **Mobile Task Team (MTT)** in Southern Africa have developed a **practical guide or 'Rapid Appraisal'** for helping education sector personnel and other facilitators working with Ministries to guide strategic planning and develop action plans. The rapid appraisal assists ministries plan strategically by prompting them to ask questions concerning a range of issues. The guide has also been well tested in several southern African Countries including South Africa. (*Contact:* Carol Coombe, University of Pretoria Faculty of Education and the Centre for the Study of AIDS, South Africa, 📧 [coombe@mweb.co.za](mailto:coombe@mweb.co.za))

The **MTT** have also developed an **HIV/AIDS Resource Kit for District Education Managers** for the collection of local indicators and district officers to track the impact of HIV/AIDS. The system uses a modified EMIS system to signal early warning responses to the pandemic within the education sector. The approach can be integrated into existing school census and other data collection procedures. It helps to get district officers thinking about the kind of data, which might be needed to make decisions and trigger early warning signals of dysfunction within the education system. "It empowers response at the most direct point of administration and delivery" - the district level. (*Contact:* Peter Badcock Walters, University of Natal, South Africa, 📧 [peterbw@eastcoast.co.za](mailto:peterbw@eastcoast.co.za))

**UNESCO's** Strategy for HIV/AIDS Prevention Education identifies the following five core tasks for any Government implementing prevention programmes:

- Advocacy at all levels
- Customise the message
- Change risk behaviour
- Care for the infected and affected
- And cope with institutional impact of HIV/AIDS.

In its prevention strategy, UNESCO emphasises the importance of educating girls and including prevention messages in the wider context of health and sex education programmes. (*Contact: UNESCO, [www.unesco.org.iiep](http://www.unesco.org.iiep) or [information@iiep.unesco.org](mailto:information@iiep.unesco.org)*)

### 3.3 PREVENTION STRATEGIES

Reproductive health education that includes education on preventing HIV/AIDS may help alter social norms and behaviour in the next generation of adults. Reviews of school-based programmes have found that youth participating in reproductive health programmes do not start sexual activity early (Gluck and Rosenthal, 1995; Kirby and others 1994; UNAIDS, 1997).

Two approaches to the prevention and control of HIV/AIDS can be categorised into primary and secondary approaches. Primary prevention means averting the transmission of the infection in individuals and communities where the infection is not yet present. Secondary prevention is aimed at the prevention and containment of the infection in individuals and communities where the infection is already present. Strategies for prevention are different for areas with low and high prevalence rates. The following section describes these different strategies for areas of high and low prevalence.

#### Prevention Strategies in High and Low Prevalence Areas

##### *Low Prevalence Areas*

- Prevention aimed at core transmitters.
- Aimed at health education campaigns for (IEC etc)

##### *High Prevalence Areas*

- Mass education campaigns
- Secondary preventive strategies
- Campaigns targeted at those not yet sexually active
- Targeted interventions for pregnant women, youth etc
- Maintenance of risk reduction strategies in vulnerable groups: sex workers, sexually active people

NGOs in West Africa have been testing out different approaches to prevent HIV/AIDS among communities. A conference in Nigeria sponsored by the Catholic Fund for Overseas Development (CAFOD, 2000) brought together several agencies working in HIV/AIDS control across West Africa. The findings from this conference indicate that different strategies have had varying degrees of impact. Table 7 outlines some of the main findings.

**Table 7: Results of NGO implementation of prevention strategies**

PREVENTION STRATEGY	SUCCESSFUL/UNSUCCESSFUL
■ Radio Programmes about reducing number of sexual partners	■ Little change in behaviour in communities
■ Community education drama, songs, videos and posters	■ Increased level of awareness
■ Most institutions target youth	■ Some community leaders awareness
■ HIV testing (pre and post test counselling)	■ Not enough testing kits and lack of co-ordination
■ Community education	■ Yes, successful
■ Youth Alive movement where youth decide to abstain from sex before marriage	■ Yes, because many youth have chosen to follow Youth Alive
■ Peer Counselling	■ There is a high demand for services.
■ Counselling	■ People are ready to accept their status
■ Universal precautions for health workers	■ Health workers are more aware

(Based on CAFOD, Hidden Treasure report, 20000 across West Africa)

Research conducted by UNAIDS (1999) on Peer Education for HIV/AIDS suggests that peer education has been found very effective in many areas of public health education including nutrition education, family planning, substance abuse and violence prevention. UNAIDS further indicates that peer education stands out due to the number of agencies working with its use and to its popularity in HIV/AIDS prevention programming particularly among youth (see section 3.6). (*Contact:* [www.unaids.org](http://www.unaids.org))

The following section describes the key strategies identified for integrating HIV/AIDS within the education sector they include:

- Life Skills curricula
- Training teachers and education officials in HIV/AIDS
- Information, Education and Communication tools for community and parents
- Special programmes for Girls

### **3.4 LIFE SKILLS AND SCHOOL BASED CURRICULA DEVELOPED IN AFRICA**

Several Ministries of Education are integrating HIV/AIDS education within the life skills curriculum and school health education programmes (SHEPs). Some countries have developed and tested curriculum from Kindergarten to Senior Secondary School (Burkina Faso and Canada). There is a wide range of curriculum within Sub Saharan Africa, which provides basic knowledge, and information concerning reproduction health, and more specifically HIV/AIDS. Some of the curriculum is also integrating value-

based information, which assists children, and youth consider important choices they make when growing up.

Table 8 presents curriculum, which has been developed in ECOWAS and some Southern African countries. Copies of life skills curriculum can be obtained from Ministries of Education or National Commissions on HIV/AIDS.

**Table 8: Country Experience of Life Skill Curriculum**

COUNTRY	CURRICULUM LEVEL	EXPERIENCE WITH LIFESKILLS CURRICULUM
Burkina Faso	Primary School	<ul style="list-style-type: none"> <li>■ Introduction of HIV/AIDS training programme into primary school curriculum</li> <li>■ Integration of HIV/AIDS into seven subject areas of the Senior Secondary School Syllabus</li> <li>■ Integration of information on HIV/AIDS into the syllabus of teacher training colleges and institutes</li> </ul>
Gambia	Primary JSS	<ul style="list-style-type: none"> <li>■ HIV/AIDS has been integrated into the life skills curriculum and tested. It is available in the English Language for primary and JSS levels.</li> <li>■ A School Based Peer Health Education Programme has also been implemented in over 20 Junior Secondary Schools (see Box 5).</li> </ul>
Ghana	Primary JSS	<ul style="list-style-type: none"> <li>■ SHEP is responsible for school based AIDS education activities. These include IEC Campaigns, training of peer educators, the creation of anti-AIDS clubs, school health teachers and guidance and Counselling co-coordinators, and curriculum development.</li> </ul>
Mali	Primary JSS	<ul style="list-style-type: none"> <li>■ Introduction of Family Life and Population control programmes on experimental basis in the school curriculum - gradually being scaled up.</li> <li>■ Production and distribution of socio-economic educational materials in French and local languages for IEC.</li> <li>■ Full costs of the POPFLE and HIV/AIDS education in school curriculum are supported by the MOE.</li> </ul>
Nigeria	Primary JSS	<ul style="list-style-type: none"> <li>■ UNFPA has supported the Nigerian Education, Research and Development Council to prepare a curriculum for Family Life Education on reproductive health education including HIV/AIDS. Teachers and guidance counsellors are being trained to impart knowledge of HIV/AIDS at Senior Secondary Schools.</li> <li>■ An NGO has also developed a curriculum called "Sexuality Education" for SSS with support from UNICEF and UNFPA.</li> </ul>

COUNTRY	CURRICULUM LEVEL	EXPERIENCE WITH LIFESKILLS CURRICULUM
		<ul style="list-style-type: none"> <li>The World Bank is supporting projects for HIV/AIDS education for the teachers and pupils in 1100 primary schools in Nigeria. (<i>Contact: Dr Sareer Ara, <a href="mailto:sara@unicef.org">sara@unicef.org</a></i>)</li> </ul>
Liberia	Primary JSS	<ul style="list-style-type: none"> <li>Liberia has implemented integrated Population and Family Life Education Curriculum as part of the School Health Education Programme (SHEP)</li> <li>Specific emphasis has been placed on increasing awareness of the benefits of reproductive health services for both students and teachers in and out of school.</li> </ul>
Uganda	Primary JSS	<ul style="list-style-type: none"> <li>Uganda has developed a comprehensive School Health programme as an integral part of the national curriculum to reach young people.<sup>11</sup> SHEP was initially knowledge based but following an impact evaluation SHEP was revised to include life-skills taught using interactive, learner centred teaching methods.</li> <li>The MOE has also set up a Health Education Network, which uses health and community workers to carry out reproductive health awareness creation among young people in the wider community.</li> </ul>
Zimbabwe	Primary (P1 to P5)	<ul style="list-style-type: none"> <li>"Lets Talk" is an AIDS Action programme for schools developed by the Curriculum Development Unit, MOE.</li> <li>Teachers book and workbook for students at primary levels</li> <li>The programme is aimed at developing the knowledge, attitudes and emotional support needed to promote safe protective behaviour.</li> </ul>

Other school-based curriculum that is proving effective is available from Botswana, Uganda, Namibia and Rwanda. There is a tremendous need to co-ordinate and house this curriculum in order for Ministries of Education to easily access and adopt it for their benefit.

<sup>11</sup> The SHEP programme is not only knowledge based but includes life skills taught through interactive learner centre teaching methods.

## **Other Resource Materials**

Several other materials have been produced by international agencies to assist Governments develop school-based curriculum. Some important resource materials have already been produced for HIV/AIDS curriculum within schools these include:

### **Training and Resource Manual on School Health and HIV/AIDS Prevention** *(By Education International and The World Health Organisation (WHO))*

This manual was developed to assist teachers and other education officers strengthen school health programmes and prevent HIV infection among children and the teaching force. It helps to strengthen teacher's advocacy skills through the use of participatory teaching methods to prevent HIV/AIDS and sexually transmitted infections. The manual also aims to support and increase efforts of teachers unions to apply their unique capacities to strengthen HIV-related curricula and training programmes for teachers and other members of the community. The manual was developed through interactive seminars with teachers and trade unions in Eastern Europe and Southern Africa. Education International (EI) with support from WHO, UNESCO, UNAIDS and other agencies produced the manual. (*Contact:* [psattergood@edc.org](mailto:psattergood@edc.org))

### **"Reaching Young People" Overview Packet 5: Resource Guide Containing Teaching Learning Materials for Educators** *(John Hopkins School of Public Health)*

This is a package of games, comic books and activities for junior youth between (9-15) to understand the process of sexual maturation during puberty and what this implies in terms of sexual impulses. The programme encourages young people to adopt responsible sexual behaviour. (*Contact:* Johns Hopkins School of Public Health, Centre for Communication Programmes, Population Communication Services 111 Market Place, ☒ Baltimore Maryland 21202-4024 USA.)

### **Guide to Peer Education on HIV/STDs and Reproductive Health in Primary Schools** *(GTZ Regional AIDS Control Project in collaboration with Ministry of Health and Ministry of Education, Mbeya Regional AIDS Control Programme (MRACP) Tanzania)*

The manual to guide peer educators and facilitate programmes for changing sexual health attitudes and behaviours in school. It contains the basic information that community based peer educators need to transmit messages in primary schools. (*Contact:* GTZ Mbeya Regional AIDS Control Programme, Tanzania).



**AIDS: A Catholic Educational Approach to HIV - Ontario Catholic Schools Edition Teacher's Manual.** *(Institute for Catholic Education)*

This is a comprehensive teachers manual developed to assist teachers integrate the issues of HIV/AIDS into their syllabus from Grade 1 to Grade 12. It contains extensive resource materials, games and pedagogic methods, which are suitable by age category and grade. It is an excellent guide for governments wanting to develop curriculum and capture the essential information needed at a particular grade. It also provides a religious and value-based approach to teaching HIV/AIDS, sexuality and human responsibility. (*Contact: Institute for Catholic Education, ✉ Suite 604, 10 St. Mary Street, Toronto, Ontario M 4Y 1P9, ☎ 416 962 0031*)

**HIV and Sexual Health Education in Primary and Secondary Schools: Findings from Selected Asia-Pacific Countries, October 2000. Monograph 10/2000.** *(National Centre in HIV Social Research, The University of New South Wales)*

This study highlights the key findings from a curriculum review across the Asia Pacific considering the current practice on policy, curricula, teacher training and mode of delivery for HIV/AIDS education. The report describes the primary and secondary school based HIV/AIDS and sexual reproduction health education programmes. It offers a summary of descriptions from different country policies and practices in regard to school based HIV/AIDS prevention. Detailed reports on each country are available by (*Contact: National Centre in HIV Social Research, The University of New South Wales, 🌐 [www.arts.unsw.edu.au/nchr/](http://www.arts.unsw.edu.au/nchr/)*)

### **3.5 MATERIALS FOR OUT OF SCHOOL YOUTH**

**Youth Talk!** *(Planned Parenthood Association of Ghana.)*

This is a 14 – module curriculum addressing youth counselling, peer education and life skills education for youth in Ghana. The manual is written for organisations that work with young people. It is aimed at increasing knowledge about reproductive health, changing attitudes, and giving young people behavioural and social skills needed for responsible adulthood and other youth development issues. The objectives of this curricula is to equip youth organisations with:

- Knowledge and skills to educate and train young people.
- Provide information and skills of interest to youth, especially concerning reproductive health issues. (*Contact: Planned Parenthood Association of Ghana, ✉ P.O. Box 5756, Accra, Ghana, ☎ 233 027 554150, 📠 233 21 773611*)

## **A manual for Trainers of Peer Educators of the Red Cross and Red Crescent AIDS Network for Youth - West Africa** (*Rany-WA Secretariat*)

This is a manual for increasing trainers' knowledge and skills in training youth peer educators. It assists peer educators with their educational activities in HIV/AIDS/STD prevention programmes and gives them a chance to access information through a wide range of youth friendly approaches. The manual systematically explains the knowledge and skills peer educators need when passing on messages to youth between 15 to 24 years of age. (*Contact: Rany-WA Secretariat, Ghana Red Cross Society, ☒ P.O. Box 835, Accra, Ghana, ✉ rany-wa@idngh.com*)

### **3.6 TRAINING OF TEACHERS ON HIV/AIDS**

Little information was found on training teachers on issues concerning HIV/AIDS. The following section describes some of the resources available. The UNESCO and WHO Manual for training teachers appears to be the most relevant document for training teachers in Africa.

#### **Resource materials for Teachers and Ministries:**

##### **Senegal Develops a Teachers guide for HIV/AIDS training** (*Ministry of Education, Senegal*)

"Competencies in Health and Nutrition at school: A Guide for Teachers" contains some information concerning HIV/AIDS integrated in a larger syllabus for teaching about health.

##### **"School Health Education to Prevent AIDS and STD: a resource package for curriculum planners."** (*UNESCO/WHO Manual for training teachers*)

This is a package developed by UNESCO and WHO, which contains a handbook for curriculum planners, teachers' guide and students' activities. It contains all the basic information needed for developing curriculum for designing HIV/AIDS programmes in schools. The materials are aimed at 12 to 16 year olds. (*Contact: UNAIDS, 🌐 www.unaids.org or www.unesco.org to order the package*).

Ministries of Education and contact addresses working on pre service and in-service training programmes for teachers include:

- Ministry of Education, Zimbabwe (*Contact: ☒ P.O. Box CY 121, Causeway, Harare, Zimbabwe, ☎ 263743 or 734067*)
- Ministry of Education, Zambia (*Contact: ☒ P.O. Box 50093 Lusaka, Zambia, ☎ 260-250855*)
- Ministry of Education, Malawi (*Contact: Dr Kuthemba Mwale, ✉ kmwale@malawi.net*)
- UNICEF Kenya: ESARO (*Contact: Roselyn Mutemi- Wangahu, ✉ roselynmutemi-wangahu@unesco.org*)

### 3.7 PEER EDUCATION PROGRAMMES

Much more information is available on the use of informal approaches such as peer counselling and guides for youth leaders involved in training on HIV/AIDS. Peer education is being seen as one of the most effective methods for passing on information between and within similar age groups. Peer education according to the UNAIDS (1999) has been used in many areas of public health including nutrition education, family planning, substance abuse and violence prevention. UNAIDS indicates that peer education stands out owing to the number of examples of its use in the recent international public health literature. Due to this popularity, global efforts to improve the process and impact of peer education in HIV/AIDS prevention, care and support have increased. Several NGOs have been involved in the promotion of peer counselling in Africa including Action Aid, Red Cross, and Family Health International (FHI). Box 5 and 6 highlight two programmes on peer education running in West Africa.

#### **Box 5:**

##### **School -Based Peer Health Education**

Initiated by the Nova Scotia – Gambia Association (NSGA)

The programme started in 1990/91 in the Gambia and commenced with the establishment of peer health education teams in ten health centres in ten Gambian high schools. The programme also has a comprehensive training programme for teacher-counsellors who function as project co-ordinators in these schools. The project developed a successful model for empowering youth with the knowledge, skills and confidence to influence and inform their own personal health. It also impacted positively on the health-related knowledge, attitudes and behaviour of their high school peers. The high school peer educators take their messages to younger children in school, out of school and in the community at large.

**Achievements:** At the end of the 2 years, 26 Junior and Secondary Schools in the Gambia have established peer health education teams. Sixteen additional teams have been trained. In one year more than one hundred youth applied to be peer educators but only a few were selected from each school.

**Method and Materials:** they employed dramatic techniques, role-plays, skits and short dramas. They developed posters and visual displays on key issues using video programmes and speakers on health topics to address student assemblies.

*(Contact: Burris Devanney, Executive Director Nova Scotia-Gambia Association, Gambia,*

 902-423 1360,  902 429 9004)

**Box 6:****The Red Cross AIDS Network For Youth (RANY), West Africa**

RANY was established in 1997 and is operational in all the sixteen (16) countries in West Africa. The Network was created as a strategic initiative by the International Federation of the Red Cross to foster regional collaboration and networking to maximise the impact of the response in the fight against HIV/AIDS.

**Achievements:** During the implementation of the first phase of the network, there was an expansion of youth peer education programmes in member countries, adaptation of IE&C materials, expansion of membership of the network; RANY has also stimulated the organisation of regional training of trainer's workshops and exchange programmes. The Red Cross AIDS network for youth has established partnerships with other organisation to implement in-country projects and promote peer education.

**Target Group:** Young people between 12-25 years are trained to educate their peers. The target groups include in-school and out-of-school youth, rural and urban youth.

Materials available through the Red Cross Peer Counselling Programme include:

- Video tapes, Training manuals, Participants manual
- Extensive network of peer counsellors

(Contact: [rany-wa@idngh.com](mailto:rany-wa@idngh.com))

### 3.8 INFORMATION, EDUCATION AND COMMUNICATION CAMPAIGNS

There are a number of levels of media, which can be used by countries in their fight against HIV/AIDS in the education sector. Some of the IEC campaigns are at local community level, some are focussed at district and others nation wide. Table 9 highlights some of the most effective modes of transmission for IEC according to different target groups.

**Table 9: Target Audience and Modes of Transmission for IEC Campaigns**

TARGET AUDIENCE	MODE OF TRANSMISSION
Policy makers And Ministers of Education	<ul style="list-style-type: none"> <li>■ Visual presentations highlighting the impact of HIV /AIDS in a given country (Power point presentations)</li> <li>■ Newspaper articles and radio interviews</li> </ul>
District and National population	<ul style="list-style-type: none"> <li>■ Radio shows with HIV/AIDS victims</li> <li>■ Documentaries on the lives of HIV/AIDS patients particularly teachers</li> <li>■ Television shows</li> </ul>
Community	<ul style="list-style-type: none"> <li>■ Drama and popular theatre (in local language)</li> </ul>

TARGET AUDIENCE	MODE OF TRANSMISSION
	<ul style="list-style-type: none"> <li>Radio programmes (especially in local language)</li> <li>Women's groups</li> </ul>
Teachers	<ul style="list-style-type: none"> <li>Peer Counselling</li> <li>Speeches</li> <li>Newsletters through teacher unions</li> </ul>
School level media	<ul style="list-style-type: none"> <li>Children's posters targeting children and junior youth</li> <li>Stories (moral and educational)</li> <li>Teachers posters targeting teachers</li> <li>Video clips (See FAWE or UNICEF for Video's)</li> <li>Peer counselling</li> <li>Child to child approaches</li> </ul>

Table 10 highlights a few ongoing IEC campaigns, which have been developed and tested across Africa.

**Table 10: Examples of IEC Campaigns in West Africa**

COUNTRY	IEC CAMPAIGN (Mode/ Media)	DESCRIPTION OF THE IEC INTERVENTION (Target Audience, Number of Years in Operation, Experience etc.)	ADDRESS FOR MORE INFORMATION
Ghana	Bill boards	<ul style="list-style-type: none"> <li>Strong campaigns to promote the usage of condoms.</li> <li>"Love Life" campaign and the "Journey of Hope"</li> </ul>	Ghana Social Marketing Agency Johns Hopkins ( <a href="mailto:office@jhuccp.org.gh">office@jhuccp.org.gh</a> )
	Radio	<ul style="list-style-type: none"> <li>Radio announcements using drama and actors</li> <li>Television cartoon targeting</li> </ul>	UNICEF Head of HIV/AIDS ( <a href="mailto:aosei@unicef.org">aosei@unicef.org</a> )
	Television	<ul style="list-style-type: none"> <li>Programmes for children to deter them from sexual activity.</li> <li>National Theatre play group drama</li> </ul>	UNICEF ( <a href="mailto:aosei@unicef.org">aosei@unicef.org</a> )
	Popular Theatre	<ul style="list-style-type: none"> <li>On HIV/AIDS "AIDS is Real"</li> </ul>	National Theatre, GTZ and UNESCO ( <a href="mailto:accra@unesco.org">accra@unesco.org</a> )
Cameroon	Audio visual materials	<ul style="list-style-type: none"> <li>Produced audio-visual materials for community development. They have produced educational tools concerning AIDS including a slide series targeting health workers and the general public and family planning.</li> </ul>	The Atelier de Materiel Audio-Visual, Cameroon, Yaounde
Zambia	Mass media,	<ul style="list-style-type: none"> <li>CHEP uses a wide range of</li> </ul>	Copperbelt Health

COUNTRY	IEC CAMPAIGN (Mode/ Media)	DESCRIPTION OF THE IEC INTERVENTION (Target Audience, Number of Years in Operation, Experience etc.)	ADDRESS FOR MORE INFORMATION
	special events, walk in's	communication channels to reach out to the wider public including special events, walk-ins, phone ins and write-ins to spread information about HIV/AIDS. The multi-pronged approach has been useful in reaching over 90% of the population about AIDS and mounting evidence suggests that many people have changed their sexual behaviour.	Education Project (CHEP) (✉ <a href="mailto:wildaf@zamtel.zm">wildaf@zamtel.zm</a> or <a href="mailto:afro.net@zamtel.zm">afro.net@zamtel.zm</a> )

There have been several IEC campaigns launched in Africa to target youth and the most vulnerable groups (i.e. girls between 15-20). Some of these include: The "Love Life" campaign in Ghana developed by John Hopkins University, the "Straight Talk" Campaign in Uganda and the "Soul City" Campaign in Zambia. These types of campaigns help to raise the awareness of people in the community and bring to the general public the need to act.

The **"Love Life. Stop AIDS Campaign"** in Ghana is aimed at the prevention and care of youth between 15 to 24 years of age. The first year is focussed on preventive messages through the use of radio and print materials. The second year of the programme focuses on activities for the compassion and care of those infected. Activities include the development of AIDS music videos, HIV testimonials, radio and television theme spots, Community based road shows and rural outreach through audio and video vans along with a host of T-shirts, caps, posters signboards and bumper stickers are also planned. Year three is aimed at sustaining the behavioural change among youth and introduces a targeted initiative for commercial drivers.

Johns Hopkins University has also launched a programme called the **"Journey of Hope"** an innovative package of tools developed to assist organisations communicate messages of prevention and management of the disease. The approach uses a number of participatory methods such as drama, group discussion and symbols to help young people analyse their situation and future options. The tools have been tested and proven effective with young people in Ghana. (*Contact: Johns Hopkins University/Centre for Communication Programmes Ghana, ☎ 233-21-770552 or 770553, ✉ [office@jhuccp.org.gh](mailto:office@jhuccp.org.gh)*)

**Soul City** is an IEC campaign run by the Institute of Health and Development Communication who use edu-tainment and mass media to combat HIV/AIDS in Southern Africa. They have produced 13 one hour prime time TV drama's in South Africa, 45 fifteen minute radio dramas in 11 languages and have distributed over one million print materials to the largest newspapers in South Africa. Soul City involves promoting awareness of the programmes and the brand as well as linking different media and audiences

to watch episodes. They also have an advocacy strategy which targets both adults and children. The approach has been proving very effective and more information can be obtained from their website ([www.soulcity.org.za](http://www.soulcity.org.za)) or by contacting John Molefe, Marketing Manager, Soul City, Insitute for Health and Development, ☎. 27 011 643 5852.

**"Straight Talk"**. The Straight Talk Foundation has launched an IEC campaign in Kampala, Uganda. The campaign uses a variety of methods for conveying information to youth and the general population. (Contact: ✉ [strtalk@swiftuganda.com](mailto:strtalk@swiftuganda.com))

**Johns Hopkins University Centre for Communications** has developed several effective tools for educating youth through entertainment. "Enter-Educate" approaches are proving effective due to their popular, personal, passionate persuasive, profitable and practical nature. (Contact: Manager, Media/Materials Clearinghouse, John Hopkins Population Information Programme, ✉ 111 Market Place, Suite 310, Baltimore, Maryland 21202-4012, USA, ☎ 410-6596266, ✉ [mmc@jhu.edu](mailto:mmc@jhu.edu))

### **Three effective IEC packages for African Children**

Ministries and NGOs have developed several packages for use for promoting HIV/AIDS awareness. The following IEC packages are aimed at junior youth and have been tested in Africa and available for work with children in school and out of school.

**SARA:** Sara is a multi-media package developed by UNICEF in East and Southern Africa. It was created to educate and at the same time entertain youth. SARA is focussed on reaching children especially girls (between 10-15) and their families. The package contains animated video's, comic books and posters and leaflets for advocacy, as well as a radio series. The package contains resource books and user guides for parents and teachers working with the materials. Some of the themes covered in the package are sexual harassment/HIV/AIDS, female genital mutilation, "sugar daddies", teenage pregnancy, domestic child labour and AIDS orphans. The package has proven extremely successful in changing behaviours in Southern Asia and has been introduced into West Africa through the UNICEF offices in Ghana, Nigeria and Cote d'Ivoire. (Contact: ✉ [www.unicef.org](http://www.unicef.org))

### **Stepping Stones: A Training Package on HIV/AIDS, Communication and Relationship Skills.**

Stepping Stones is a multi-media package for peer groups, which help people, learn more about reproductive health and HIV/AIDS. It is a manual designed to help peer educators discuss with their friends some of the issues around HIV/AIDS and reproductive health. (Contact: TALC, ✉ P.O. Box 49, St Albans, Herts AL1 5TX, UK, ✉ [talcul@btinternet.com](mailto:talcul@btinternet.com)).

**Child to Child:** This is a health information series for children to help them expose health concerns to their parents and other peers. It is an effective method tested extensively in Zambia and Ghana by the

Child-to-Child Trust, U.K. The idea is that children are the best teachers of other children and messages are passed through their peer groups. ([Contact: Institute of Education, University of London- Child-to-Child Unit](#))

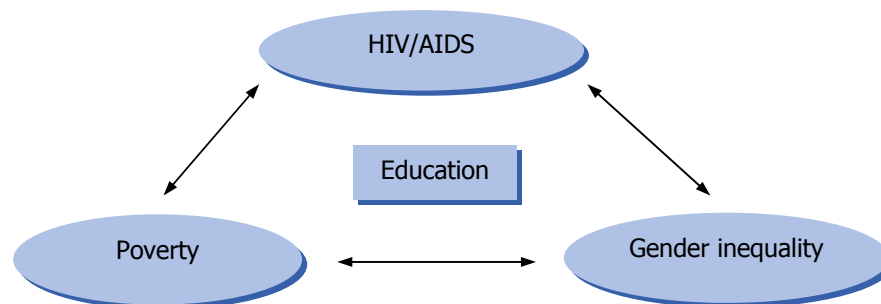
### 3.9 SPECIAL PROGRAMMES FOR GIRLS, AND FEMALE YOUTH

The following section presents various strategies for the tackling the special needs of girls and female youth. Nowhere is the need to focus on prevention more urgent than in the category of young girls between the ages of 15-20.

- Girls between 15-18 are the most vulnerable also due to the mode of transmission
- Girls are also least able to say no! to sexual threats
- Women in sub-Saharan Africa are more vulnerable to the HIV/AIDS (13 women to every 10 men contract HIV/AIDS in Africa) due to the high levels of poverty, negative traditional practices and lack of education.

The vicious cycle of HIV/AIDS and poverty is highlighted in Figure 3. Kelly and others argue that there is strong interrelationship between HIV/AIDS, poverty, and gender inequality. Education is the key to reducing the impact of HIV/AIDS among young women and girls.

**Figure 3: The Vicious Cycle of Poverty, HIV/AIDS and Gender Inequality**



(Based on Kelly, 2001)

#### **Girls' Education and Strategies that Support the Prevention of HIV/AIDS**

Girls' education is a means for assisting families escape from poverty over generations. Inability to access, and complete school creates a situation of vulnerability not only to child poverty but also to HIV/AIDS. The 'sugar daddy' factor is common across many African countries and documented by the GTZ migration studies on HIV/AIDS. The study reveals that girls with HIV/AIDS often sell themselves to older men in order to pay for their basic needs at school (Casely-Hayford, 2001). Low perceptions and negative attitudes from parents, teachers and community members reinforce girls' low self-esteem and vulnerability.



Protecting girls from unsafe sex requires a programme, which boosts their self-esteem and confidence along with ensuring their basic needs are being met. Studies on gender violence suggest that girls are unable to convince partners to use condoms. Value based education models are beginning to emerge which emphasise abstinence and help girls avoid situations where they are pressured into unsafe sex. Action research with teachers in West Africa suggests that drama and role models are effective tools for building girls self-esteem.

**Box 7:****Using drama to build girls self-esteem**

Tips for using drama to build self-esteem in girls:

- Ask the boys and girls to divide into two groups
- The girls are asked to present a short skit on how they feel in class when the boys make fun of them
- The boys are asked to present a drama of how they treat the girls in the classroom when they want to make fun of them
- Teachers should help facilitate the process and ask each group to comment after they have presented the drama (*World University Service of Canada, 2000*)

The Foundation for African Women Educationalists (FAWE) has also conducted research into the strategies for helping girls remain in school. Some of their main research studies include collaboration on "Gender and Primary Schooling In Africa", which was conducted in Malawi, Uganda, Zambia, Mali and Senegal (*Contact:* [www.ids.ac.uk](http://www.ids.ac.uk)).

Findings reveal that girls are able to build self-confidence through the formation of girls' clubs (FAWE 2000). They gain experience from forming the clubs and also learn to facilitate a group which helps them build confidence. FAWE is promoting the creation of girls clubs in many parts of Ghana by incorporating issues on HIV/AIDS in their programmes and also in their magazines. (*Contact:* [fawegh@africaonline.com.gh](mailto:fawegh@africaonline.com.gh)). The Ministry of Education/UNICEF in Zambia has also produced a training module for making schools more girl friendly. Table 11 highlights some of the key strategies for assisting girls avoid HIV/AIDS in schools. It is based on discussions with key NGO's working in Ghana on issues of girls' education.

**Table 11: Strategies for improving the educational conditions of girls and preventing HIV/AIDS**

	PROBLEMS FOR GIRLS	STRATEGIES
<b>Materials support to the schools</b>	<ul style="list-style-type: none"> <li>Basic needs of girls not being met</li> </ul>	<ul style="list-style-type: none"> <li>Provision of Toilets</li> <li>Food Aid</li> <li>Sponsorship to girls</li> </ul>
<b>Increasing Gender awareness in schools</b>	<ul style="list-style-type: none"> <li>Lack of gender sensitivity of teachers and parents</li> </ul>	<ul style="list-style-type: none"> <li>Gender Awareness of educational administrators/teachers/children</li> <li>Workshops by NGOs</li> </ul>
<b>Improving parental care of children</b>	<ul style="list-style-type: none"> <li>Lack of parental care of girls</li> </ul>	<ul style="list-style-type: none"> <li>Strengthening of the SMC/PTA</li> <li>Income generation activities</li> <li>Awareness campaigns</li> </ul>
<b>Methods for reaching girls</b>	<ul style="list-style-type: none"> <li>Low self esteem of girls</li> <li>Lack of direction</li> </ul>	<ul style="list-style-type: none"> <li>Role modelling</li> <li>Peer to peer education</li> <li>Integration of HIV/AIDS reproductive health</li> <li>Gender awareness</li> </ul>
<b>Avoidance of HIV/AIDS</b>	<ul style="list-style-type: none"> <li>Low self esteem of girls</li> <li>Lack of knowledge on basic hygiene</li> <li>Poor access to potable water</li> <li>Widespread incidence of rape and other forms of child abuse even in schools</li> </ul>	<ul style="list-style-type: none"> <li>HIV/AIDS integrated in the school health programme</li> <li>Use non curricula initiatives focusing on drama (northern Ghana)</li> <li>Girls Clubs to exchange views freely and attempt to redefine girl /boy relationships (Malawi)</li> <li>Making schools more girl /child friendly (improving the attitudes of teachers and toilet facilities)</li> </ul>

(Based on Girls' Education Unit, 2001)

Incorporating HIV/AIDS in all school curriculum especially tied to moral /value based health education is a great challenge. Building a gender sensitive teaching force through training, and using media for delivery of HIV/AIDS involving community stakeholders and NGO's and CBO's of HIV education in all their programming. The greatest challenge for HIV/AIDS programmes is to break the 'culture of silence ' on sex issues in the home. Women and girls should be given education, economic empowerment and life skills to enhance their capacities.

### Research projects that highlight the special needs of girls:

- **Gender and Primary Schooling in Ghana:** Research Commissioned by FAWE and the Rockefeller Foundation. (*Contact:* International Development Institute, [ccolclough@ids.ac.uk](mailto:ccolclough@ids.ac.uk))
- **The Impact of HIV/AIDS on Primary and Secondary Education in Botswana:** Developing a Comprehensive Strategic Response. (*Contact:* [pbennell@bennell.u-net.co.uk](mailto:pbennell@bennell.u-net.co.uk))
- **Abuse of Girls in African Schools** (DFID sponsored research in Malawi and Ghana). University of Sussex, International Centre for Education, Fiona Leach. (*Contact:* [Fleach@sussex.ac.uk](mailto:Fleach@sussex.ac.uk))

In conclusion, prevention strategies take a lot of work to focus on the right target group, identify the best mode of transmission and place emphasis on the systemic issues which prevent countries from breaking out of poverty, gender inequality and HIV/AIDS.

Box 8 summarises the key elements for any comprehensive prevention programme for HIV/AIDS.

#### Box 8:

##### Designing a comprehensive HIV/AIDS prevention programme includes:

- HIV/AIDS policy and strategic development
- Developing culturally appropriate preventive messages
- Tackling socio-economic factors
- Sustaining awareness and education
- Challenging denial and stigma
- Situating prevention in a community context
- Linking care to prevention
- Rigorous scientific reflection

(Based on Kelly, 2001)

## 4.0 PROTECTING LEARNERS, EDUCATORS AND EDUCATIONAL QUALITY

### 4.1 CARE AND SUPPORT PROGRAMMES FOR ORPHANS AND VULNERABLE CHILDREN

The number of children affected by HIV/AIDS directly and indirectly is growing. Key caregivers dying of HIV/AIDS can have psychological, emotional, and physical impacts on a child. Adjustments to family and education will be needed when children are orphaned. Two main trends emerging in the area of caring for vulnerable children with HIV/AIDS include the psychological relief to children in distress and whether children should be placed in community based or institutional accommodation.

Three types of support programmes are emerging in Africa for children who are orphaned from deaths due to HIV/AIDS. These can be categorised as:

- (A) Programmes which help orphaned children receive support within the community and extended family
- (B) Programmes which care for orphans within the institutional settings
- (C) Programmes which care for children during the parent's illness

These categories are used below to define some key programmes within Africa and in Thailand.

**Table 12: Examples of Support programmes for HIV/AIDS affected children in Africa**

COUNTRY	DESCRIPTION OF SUPPORT PROGRAMMES	TYPE
South Africa	<b>SOS Children's Village</b> The village is set in a park and has a kindergarten; community hall and 10 children live in a house with a housemother who has been trained for about six months. Over 109 children orphaned by HIV/AIDS are living in the SOS children's village.	(B)
Tanzania	<b>WAMATA<sup>12</sup></b> Community participation in coping with AIDS orphans. WAMATA aims to provide people with AIDS and their families with home-based medical care social and material assistance. It brings families together for mutual support, care and counselling. It focuses on children whose parents have or have already died of HIV/AIDS. ( <i>Contact: <a href="mailto:wamata@ud.co.tz">wamata@ud.co.tz</a> or <a href="mailto:roselillymaeda@hotmail.com">roselillymaeda@hotmail.com</a></i> )	(A)
Uganda, Zambia and Thailand	<ul style="list-style-type: none"> <li>■ Programmes in which the community traditional coping mechanism have been reinforced (i.e. extended family)</li> </ul>	(A)

<sup>12</sup> A Swahili acronym for Peoples Groups Fighting Against AIDS.

COUNTRY	DESCRIPTION OF SUPPORT PROGRAMMES	TYPE
	<ul style="list-style-type: none"> <li>Zambia: Kenneth Kaunda Foundation in Lusaka (<i>Contact:</i> <a href="mailto:kkfound@zamnet.zm">kkfound@zamnet.zm</a>) is working for orphaned children in urban shantytown dwelling.</li> </ul>	
Kenya, Thailand	Children's Homes	(B)
Ivory Coast and Senegal	Working on documents that describe the principles of orphan programming for starters and best practices of children's well being. ( <i>Contact:</i> Professor Andrea Cornia <a href="mailto:gacorni@unicef.org">gacorni@unicef.org</a> or <a href="http://www.unicef-icde.org">www.unicef-icde.org</a> )	
Rwanda	Foster surrogate family care	(A)
UK, Dominican Republic and Thailand	Programmes that cater for the needs of children during parents' illness	(C)

(Based on UNICEF/WHO, 1994)

## 4.2 HIV/AIDS SUPPORT PROGRAMMES FOR TEACHERS

There were very few programmes found for counselling and support for teachers in Africa. Most programmes are found to assist the entire community including teachers. Programmes for care and support to adults are being integrated into the curriculum and peer counselling messages on prevention passed to young people. Prevention and care for persons living with HIV/AIDS are becoming more integrated.

## 4.3 MAJOR CARE AND SUPPORT ACTIVITIES FOR CHILDREN, YOUTH AND ADULTS

Section 4.3 highlights the main elements of any care and support programme for adults or children.

### Care and support activities can include:

- Home visiting and pastoral care, including praying with the sick
- Training family members/volunteers to care for the sick/basic nursing skills
- Support the use of herbal and home remedies
- Offering material support such as food, seeds for planting, vegetable gardens and funeral assistance
- Prescription of basic medicines for the relief of pain and other common conditions
- Counselling services and psycho-social care
- Developing referral system for the Voluntary Counselling and Testing (VCT)
- Developing referral mechanism for diagnosis and treatment of STIs

### Care and Support activities (continued)

- Offering Voluntary Counselling and Testing (VCT)
- Diagnosis and treatment of STIs
- Prescription of essential drugs for the treatment of opportunistic infections
- TB treatment (Directly observed therapy-short course-DOTS)

### The importance of targeting

"Many projects run into difficulties because they start too large. Part of the skill of developing an effective programme is to start small, develop skills and ensure that the programme is delivering a quality service. Only then should the issue of scaling up be addressed." Starting small can also avoid the problem where programmes do not deliver what they promised. (CAFOD, Hidden Treasure: Workshop Report, 2000)

### The importance of volunteers

Volunteers should be clear on their motives for volunteering, there should also be ongoing training and support for volunteers, they should be provided with resources in order to undertake their work. Often volunteers are as needy as those that they work with. Annex 2 contains some of the organisations working in West Africa on the HIV/AIDS.

## 4.4 INFORMATION FOR CARE AND SUPPORT PROGRAMMES FOR CHILDREN, TEACHERS AND THE COMMUNITY

**The Fleet of Hope** (*Bernard Joinet and Theodore Mugolola*): Towards an Adapted and Personalised AIDS Prevention Programme (*Contact: CAFOD, [www.cafod.org.uk](http://www.cafod.org.uk)*)

**Strategies for Hope** produce a wide range of very helpful HIV/AIDS publications and videos about prevention, care and support, orphan care and working with youth. Single copies are available free for individual projects/programmes. (*Contact: [www.stratshope.org](http://www.stratshope.org)*)

**HIV Health and Youth Community - A Guide for Action** (*Reuben Granich and Jonathan Mermin, 1999*). This is a good reference text. (*Contact: Reuben Granich and Jonathan Mermin, Stanford University Press, Stanford, California*)

**AIDS Orphans: A Community Perspective from Tanzania.** (*C. Mukoyogo and G. Williams*). Strategies for Hope No.5 (*Contact: [www.stratshope.org](http://www.stratshope.org)*)

**Box 9:****HIV/AIDS Programme Innovations in West Africa****The WAZAM (West Africa/Zambia Learning Programme)**

The Catholic Fund for Overseas Development (CAFOD) has developed a programme that aims to share experience and lessons learned between NGO partners working in HIV programmes in Zambia and West Africa. CAFOD partner agencies from West Africa visited two CAFOD supported HIV programmes in Lusaka and the Copperbelt region of Zambia in 2000. The lessons learnt from this experience by the West African partners were shared in a workshop (see Hidden Treasure Document by CAFOD (*Contact:* [www.cafod.org](http://www.cafod.org)))

CAFOD partners have many years of experience responding to the HIV pandemic and the prevalence in Zambia is one of the highest in the world. CAFOD programmes have been at the forefront of responding to the pandemic. The WAZAM project aims to:

- Contribute to the reduction of HIV infection rates and improve the quality of life of people living with HIV/AIDS in resource poor urban settings.
- Increase the regional impact of CAFODs partner programmes
- Reflect on the successes and limitations of past interventions and on programme learning
- Learn from regional and inter regional responses to the HIV/AIDS pandemic in Zambia and West Africa.
- Ensure that partners are adopting and implementing good practice methodologies and interventions.

**4.5 WORKPLACE POLICY GUIDELINES IN THE EDUCATION SECTOR**

*There are very "good employment practices" that should be adopted in the workplace which include: comprehensive prevention programmes (information, behaviour change and contraception), counselling with and without testing, medical support and modifying employee benefits (Bennell et al, 2001).*

Research in Southern Africa within the education sector and research conducted for this resource guide suggest that there are very few countries, which have developed workplace HIV/AIDS policies for teachers. South Africa is working on development of a programme document that would help provide guidelines for provincial, district and school based policies on HIV/AIDS. Zambia has a workplace HIV Education Co-ordinator who is part of the Family Health Trust. Botswana, where the impact of HIV in the education sector is most severe, has no comprehensive workplace policy for teachers. The International Labour Organisation has developed a comprehensive guideline for designing workplace policy. "An ILO code of Practice on HIV/AIDS and the World of Work" (ILO, 2001) is available (*Contact:* [www.ilo.org](http://www.ilo.org)).

The guide outlines the key principles, rights and responsibilities of the government, employers and workers as well as educational programmes. Box 3.4 outlines the key elements for any workplace policy within the education sector.

**Box 10:**

**Developing a Workplace policy on HIV/AIDS: Issues to be addressed in the Education Sector**

- Targeted HIV Education for the Teaching Staff
- Anti discriminatory policies for denial of teachers in the profession, promotion and deployment, secrecy of information
- Testing and counselling among teachers
- Deployment and transfers predisposing staff to HIV infection: high transfer rates will increase the HIV risk profiles of teaching staff
- Teaching cover: When teacher absenteeism is high due to HIV/AIDS related illnesses in the short and long term what action should be taken.
- Sickness, retirements and other benefits
- Medical Support: Coverage by teachers with HIV/AIDS or related illnesses
- Anti Retroviral drug therapies
- Sexual misconduct

These factors should be considered when designing a HIV/AIDS workplace *policy for teachers, educational managers and workers.*



Providing for prevention and care of those affected by HIV/AIDS is a difficult task. The education system must attempt to become more inclusive and provide the necessary services in order to cope with the changes, which will be brought about by HIV/AIDS. Kelly (2001) outlines the following measures for any education system to cope with the systemic impact on the education system. These include:

- Evaluate the nature and extent of impact and responses to the education system
- Undertake strategic and operational planning exercises
- Establish advocacy, planning and implementation structures
- Build capacity to manage the system
- Establish AIDS related financial management systems
- Provide for personnel replacement and training

Section 5.1 provides insight into some of the initiatives being undertaken to stabilise the education system.

### **5.1 ESTABLISHING HIV/AIDS CAPACITY: LESSONS FROM THE NGO AND PARTNER AGENCY SECTOR**

The Elmina conference called for the establishment of HIV/AIDS capacity through the establishment of HIV/AIDS units in Ministries of Education, training of key decision-makers and planners and the consistent data collection and dissemination of HIV/AIDS data for tracking impact.

Building capacity to mitigate the impact and protect the educational system from the impacts of HIV/AIDS will demand significant effort from all sectors of society including the NGO sector. The following programmes are highlighted to identify the role that multi-lateral agencies and NGOs are undertaking to assist Government in the prevention of HIV/AIDS in Sub Saharan Africa.

#### **Family Health International (FHI)/IMPACT Programme**

Family Health International is an NGO with the mission to improve the well being of population's worldwide through research, education and service in family planning. FHI is presently implementing the "IMPACT programme", a five-year AIDS prevention and care programme designed to help countries expand and improve HIV/AIDS prevention and care. The IMPACT programme works in partnership with various community organisations such as the Ghana Red Cross Society, the Salvation Army, the Girl

Guides and local churches to improve knowledge of HIV/AIDS throughout Ghana. (Presbyterian and Church of Pentecost).

IMPACT also provides technical assistance to the police, military and the prison services. It runs workshops/seminars which enable them to integrate HIV/AIDS prevention and care activities into their systems and structures. Activities include peer education programmes and training educators and counsellors. (*Contact:* [www.fhi.org](http://www.fhi.org))

### **Focus on Resources on Effective School Health (FRESH)**

FRESH is a UNESCO-WHO-UNICEF and World Bank initiative on promoting 'skills based health education'. It provides a basic framework for an effective school-health, nutrition programme and core framework for action in all schools. "The interagency initiative has identified a core group of activities recommended by agencies, that capture the best practices from programme experience. The initiative focuses on a core set of activities, which allow concerted action by agencies and consistent advice to country programmes and projects. The approach intends to increase the number of countries able to implement school health components of child friendly reforms and ensure that these programmes go to scale." (**FRESH, World Education Final Report, 2000**) The basic framework for an effective school health and nutrition programme include:

- Health related school policies
- Provision of Safe Water and Sanitation
- Skills based health education
- School based health and nutrition services

FRESH has produced a number of valuable resources for teachers working in the area of health promotion and HIV/AIDS. See "Training and Resource Manual on School Health and HIV/AIDS Prevention" section 2.2 for details. (*Contact:* Inon Schenker, WHO/FRESH 20, Ave Appia, [✉ Geneva 27, CH-1211 Switzerland](mailto:schenkeri@who.int), [☎ \(41-22\) 7914275](tel:+41227914275), [☎ \(41 22\)-7914851](tel:+41227914851), [✉ schenkeri@who.int](mailto:schenkeri@who.int))

### **Resources for NGOS working on HIV/AIDS**

An excellent resource book for NGOs working in the sector has been compiled by the Catholic Fund for Overseas Development (CAFOD). "Hidden Treasure: the Power of community in responding to the challenge of HIV" is an excellent resource manual for NGOs wanting to start up programmes in the sector particularly those in West Africa. It draws on the needs and experience of NGOs in West Africa and southern Africa. (*Contact:* CAFOD, [www.cafod.org.uk](http://www.cafod.org.uk))

### Some International NGOs and Research Institutions working on issues of HIV/AIDS in the Education Sector

The Elmina conference identified a number of experienced and capable institutions involved in the process of HIV/AIDS education. Table 13 highlights some of these agencies currently working in West Africa.

**Table 13: Contact agencies working on issues of HIV/AIDS**

NAME	AREA OF EXPERTISE IN HIV/AIDS	CONTACT
Action Aid	<ul style="list-style-type: none"> <li>Programmes for prevention and care of HIV/AIDS patients</li> </ul>	AIDS co-ordination Offices across West Africa <a href="http://www.actionaid.org.uk">www.actionaid.org.uk</a>
Foundation for African Women Educationalists (FAWE)	<ul style="list-style-type: none"> <li>Girls Education</li> <li>Advocacy</li> <li>Community Based Research</li> </ul>	FAWE Chapters, Ghana chapter P.O.Box C.12 17, Accra <a href="mailto:fawe@africaonline.com.gh">fawe@africaonline.com.gh</a>
All African Students Union (AASU)	<ul style="list-style-type: none"> <li>Advocacy and programmes for students in Africa</li> </ul>	All African Students Union 233 21 23 30 92 <a href="mailto:aasusgi@excite.com">aasusgi@excite.com</a>
Red Cross Society Red Cross AIDS Network for Youth-West Africa (RANY-WA)	<ul style="list-style-type: none"> <li>Peer Counselling</li> <li>HIV training and material production</li> </ul>	Ghana Red Cross Society P.O. Box 835, Accra <a href="mailto:suezwen@excite.com">suezwen@excite.com</a>
West African Exam Council (WAEC)	<ul style="list-style-type: none"> <li>Ensuring standard testing of students in formal school across west Africa</li> </ul>	Registrar West African Examination Council P.O. Box GP 125 Accra, Ghana <a href="mailto:waechqrs@africaonline.com.gh">waechqrs@africaonline.com.gh</a>
Catholic Action Foundation Overseas Development (CAFOD)	<ul style="list-style-type: none"> <li>Advocacy</li> <li>Networking and partner support</li> <li>Material Development</li> </ul>	CAFOD <a href="http://www.cafod.org.uk">www.cafod.org.uk</a> <a href="mailto:hqcafod@cafod.org.uk">hqcafod@cafod.org.uk</a>
Association of African Universities	<ul style="list-style-type: none"> <li>Advocacy and policy development</li> <li>Research on issues relating to Universities including HIV/AIDS</li> </ul>	Association of African Universities P.O. Box 5744, Accra 776864/761588 <a href="mailto:dtarpeh@aau.org">dtarpeh@aau.org</a>
Education Research Network for West Africa (ERNWACA)	<ul style="list-style-type: none"> <li>Educational Research across West Africa</li> </ul>	ERNWACO P.O Box 125 233 21 232 486
National Education Research and Development Council- Nigeria	<ul style="list-style-type: none"> <li>Research</li> <li>Curriculum development on HIV/AIDS</li> <li>Advocacy</li> </ul>	Prof. Maduewesi National Education, research and Development Council Nigeria, 09 58821614 234 882 1047

## **Activities of Teacher Unions and Student Unions across West Africa**

**Association of African Universities (AAU):** The AAU is an NGO set up to promote co-operation among universities in Africa. It is planning to develop a module on HIV/AIDS for Senior University Management (SUMA). (Contact: P.O Box 5744 Accra-North, Ghana or email: [www.aau.org](http://www.aau.org))

**All African Students Union (AASU):** The AASU is an umbrella organisation for all student movements in Africa. It has organised advocacy workshops for "empowering women-building national capacity to combat HIV/AIDS". (P.O Box M274 Accra, Ghana tel. 233 21 663450)

**West African Exams Council (WAEC):** is the West Africa Examination body. It is planning to develop a proposal for HIV/AIDS for schools in Anglophone West African countries. They are also planning social marketing activities on HIV/AIDS using display boards, leaflets. (contact: West Africa Examination Council Headquarters P.O.Box 125 Accra, Ghana; tel 233 237 784 or email [waechqrs@africaonline.com](mailto:waechqrs@africaonline.com))

## **5.2 INFORMATION AND SYSTEMATIC DATA COLLECTION, STORAGE AND DISSEMINATION**

A co-ordinated and systematic effort for information and data collection, storage and dissemination was a theme running through most of the Elmina Conference. This cannot be overemphasised if countries are prevented from conducting and duplicating efforts, which have already taken place. The role of information is particularly important in the education sector where wide scale reform often takes years for impact.

UNAIDS is the main agency in Africa which collects and systematically disseminates data on HIV/AIDS to all Sub-Saharan African Countries. The UNAIDS yearly epidemiological fact sheet tells countries the level, incidence and location of HIV/AIDS. UNAIDS also collects data on the socio-economic impact. Other UN agencies such as UNICEF and UNESCO are currently working on a monitoring the impact of HIV/AIDS within the education sector.

UNAIDS data is the most comprehensive and concise means of verifying and comparing data across the ECOWAS. More work is needed to collect information and indicators on the education sector but this must be systematised and co-ordinated or information may not be disseminated on a regular basis. Sustainability in the systems for monitoring and evaluating the impact of HIV/AIDS is very important for Sub Saharan Africa and the education sector in particular. The Elmina Conference stressed the need to form a network, identify institutions with one central location where information would be available. Table 14 outlines the potential resource sites for such information.

**Table 14: Existing resource centres for information**

LOCATION	AREAS OF EXPERTISE
West African focussed	<ul style="list-style-type: none"> <li>UNAIDS offices across ECOWAS house the most up to date information on HIV/AIDS. UNAIDS also has a technical team monitoring the socio-economic impact of HIV/AIDS across ECOWAS</li> <li>GTZ has an extensive documentation centre in Ghana and a programme for West Africa.</li> </ul>
Sub Saharan Africa	<ul style="list-style-type: none"> <li>UNAIDS Geneva is the centre for all UNAIDS data generation. Each country (through the Ministry of Health) fills out a questionnaire and submits this on a yearly basis.</li> </ul>
Other initiatives	<ul style="list-style-type: none"> <li>World Bank has started a case study programme to track the impact of HIV/AIDS called <b>ED-SIDA</b></li> <li>IIEP Clearinghouse on the Impact of HIV/AIDS in the education sector</li> </ul>

### Key Websites for Documentation and Information on HIV/AIDS and Education

Most of the information needed to design programmes and search for information on HIV/AIDS can be obtained by exploring the following web sites. UNAIDS, USAID and other International agencies have web sites with extensive HIV/AIDS information.

<a href="http://www.unaids.org">www.unaids.org</a>	UNAIDS
<a href="http://www.unicef.org">www.unicef.org</a>	UNICEF
<a href="http://www.aidsnline.com">www.aidsnline.com</a>	Official Journal of the international AIDS society
<a href="http://www.usaid.gov/pophealth/resource">www.usaid.gov/pophealth/resource</a>	USAID
<a href="http://www.cdcnpin.org/hiv/start">www.cdcnpin.org/hiv/start</a>	CDC National Prevention information network
<a href="http://www.quniverse.com/aidsvl">www.quniverse.com/aidsvl</a>	
<a href="http://www.unesco.org/iiep">www.unesco.org/iiep</a>	IIEP/UNESCO, Impact clearinghouse Database
<a href="http://www.hivnet.ch/fdp/forums">www.hivnet.ch/fdp/forums</a>	Foundation du Present / Geneva, Switzerland
<a href="http://www.aidsnet.ch/aid/e">www.aidsnet.ch/aid/e</a>	AIDS info documentation Switzerland
<a href="http://www.idrc.ca">www.idrc.ca</a>	International Development Research Centre Ottawa
<a href="http://www.fhi.org">www.fhi.org</a>	Family Health International
<a href="http://www.iaen.org">www.iaen.org</a>	International AIDS Economic Network
<a href="http://www.worldbank.org">www.worldbank.org</a>	World Bank
<a href="http://www.ceid.ox.ac.uk/schoolhealth">www.ceid.ox.ac.uk/schoolhealth</a>	
<a href="http://www.hivdev.org.uk">www.hivdev.org.uk</a>	Private
<a href="http://www.unesco.org/education/">www.unesco.org/education/</a>	UNESCO
<a href="http://www.aidsalliance.org">www.aidsalliance.org</a>	AIDS Alliance
<a href="http://www.unesco.ibe">www.unesco.ibe</a>	International Bureau of Education (IBE, Unesco)
<a href="http://www.unesco.iiep">www.unesco.iiep</a>	International institute for Educational Planning (IIEP)
<a href="http://www.specialweb.com.ais">www.specialweb.com.ais</a>	AIDS Resource Listing and resources
<a href="http://www.enda.sn">www.enda.sn</a>	RESODOC: Reseau Panafricain de documentation sur le SIDA
<a href="http://www.gtz.de/aids">www.gtz.de/aids</a>	German Development Agency (GTZ)
<a href="http://www.healthlink.org.uk">www.healthlink.org.uk</a>	Healthlink worldwide

(Source: IIEP Clearing House and GTZ, Ghana)

### **Information clearinghouse on the Impact of HIV/AIDS on Education**

The **International Institute for Educational Planning (IIEP)** is also establishing an information clearinghouse on the impact of HIV/AIDS on the education sector as part of its HIV/AIDS programme to support country initiatives seeking to manage education systems. The programme design includes information sharing, action research and capacity building. (*Contact: International Institute for Educational Planning (IIEP)*, ☒ 7–9 Rue Eugene-Delacroix, 75116 Paris, France, 🌐 [www.unesco.iiep](http://www.unesco.iiep))

## **5.3 PLANNING AND STRATEGISING FOR HIV/AIDS (TRAINING FOR MANAGERS AND KEY DECISION MAKERS)**

### **Building partnerships**

Experience in Southern Africa suggests those governments and institutions working to mitigate and track the impact of HIV/AIDS need to work on developing partnerships at local, national and international levels.

- **Local partnerships:** have been developed in Botswana between social welfare, education and health sectors.
- **National partnerships** have been set up with the appointment of HIV/AIDS co-ordinators in sectoral ministries responsible for the driving the AIDS campaigns
- **International partnerships** have also been established between southern African countries and the international agencies such as the UNAIDS etc.

Experience from these countries suggest that apart from committed leadership countries must also have collective dedication, research and monitoring systems, effective management, policy and regulatory frameworks (Coombe, 2001).

Kelly (2001) in a paper "HIV/AIDS and Education in Eastern and Southern Africa: Responses and Challenges", suggests that there is a great deal of networking and co-ordination between line ministries, co-operating development partners and NGOs. Ministries of Education have also begun HIV/AIDS activities in schools to identify 'best practices'.

### **Seeking Technical Assistance**

One system of developing capacity for monitoring and strategic planning within the Ministry of Education, in Southern Africa, is the technical task teams made up of experts from various research institutions and agencies. Other approaches introduced in West Africa set up by GTZ and UNAIDS are their documentation and inter agency support to Governments and civil society agencies working on the HIV/AIDS pandemic.

The **MTT** on HIV/AIDS and Education is made up a small group of technical experts who specialise in different areas and can respond to governments needs within the shortest possible time frame. Some of

their work and expertise include education, health and educational management. The types of services they provide include:

- National action planning
- Ongoing monitoring and evaluation systems
- Other workshops for building capacity

### **Networks/ human resources working on HIV/AIDS**

#### **The Mobile Task Team (MTT) on HIV/AIDS in Education**

The MTT consist of a team of education and HIV/AIDS professionals who provide rapid response to the needs of Ministries of Education across Southern Africa (Zambia, Malawi and Namibia). The team makes available skills in the fields of education, economics, health management, information systems and modelling. (*Contact: University of Natal, South Africa, Health Economics and HIV/AIDS Research Division, University of Natal, ☒ Durban 4041, South Africa, 📧 peterbw@eastcoast.co.za*)

#### **GTZ West and Central Africa Regional Office**

GTZ West Africa regional office support programmes are focussed on the alleviation of the socio-economic impact of the HIV/AIDS in West and Central Africa. The regional office house advisors and contain an extensive documentation centre for agencies working on the issues of HIV/AIDS. They have also developed innovative public awareness materials in local languages targeted at youth and children through comics and small readers. (*Contact: GTZ Regional AIDS programme for West and Central Africa RAP/GTZ, ☒ P.O. Box 9698, K.I.A Accra, Ghana, 🌐 www.gtz.de/aids or gtzrap@ncs.com.gh*)

#### **UNAIDS Inter-country Team for West and Central Africa**

UNAIDS inter-country team for West and Central Africa is set up to monitor and conduct research into the socio-economic impact of HIV/AIDS in order to support Government and Non Governmental agencies. Teams of highly qualified experts are available for consultation as well as a resource/documentation centre (*Contact: UNAIDS Inter-country Team for West and Central Africa, ☒ 04 BP 1900 Abidjan 04 Cote D'Ivoire, 🌐 www.onsida-aoc.org*)

## 5.4 MONITORING AND EVALUATION SYSTEMS

There are several monitoring and evaluation systems set up across West Africa to monitor HIV/AIDS. UNAIDS has been monitoring the impact of HIV/AIDS on the socio-economic context across West Africa. The Ed-SIDA initiative by the World Bank is a research and monitoring network set up to explore the impact HIV/AIDS on the demand and supply of education. The next section highlights some of the agencies undertaking monitoring and evaluation of HIV/AIDS within the education sector.

### UNAIDS

- Monitoring and evaluation
- Socio Economic Impact studies on HIV/AIDS across Africa
- Yearly report on the status of HIV AIDS

(Contact: [www.unaids.org](mailto:www.unaids.org) or [www.onsida-aoc.org](http://www.onsida-aoc.org))

### UNICEF

Modelling programme for tracking the impact of HIV/AIDS on the teaching profession.

(Contact: [www.unicef.org](http://www.unicef.org))

### World Bank

ED- SIDA: World Bank initiative to monitor the impact of HIV/AIDS in Sub Saharan Africa. Studies have been carried out in nine countries across West Africa (Benin, Burkina Faso, Gambia, Ghana, Guinea, Niger, Nigeria, Senegal and Togo). This is a statistical model for projecting the impact of AIDS on the education sector through the use of EMIS. (Contact: Rosemary Bellew, Sector Manager for West Africa ED-SIDA initiative, [rbellew@worldbank.org](mailto:rbellew@worldbank.org))

### ADEA (Association for the Development of Education in Africa)

ADEA is also carrying out a qualitative study on the impact of HIV/AIDS in West Africa through its partners. A workshop on promising approaches to HIV/AIDS and Education was organised in Swaziland for Anglophone African Countries. (Contact: [R.sack@iiep.unesco.org](mailto:R.sack@iiep.unesco.org))

### IIEP (Institute of Education Planning), UNESCO

IIEP provides a clearing house of documentation on the impact of HIV/AIDS on education. They provide support for regional data base development particularly within the education sector. They are

Planning to conduct training for educational planners for the management of the impact of HIV/AIDS across Africa. (Contact: [h.craig@iiep.unesco.org](mailto:h.craig@iiep.unesco.org))

### BIE (Bureau for International Education), UNESCO

Documentation on HIV/AIDS and Education dealing with pedagogic issues such as curriculum development. (Contact: [www.unesco.bie](http://www.unesco.bie))



## 5.5 STABILISING THE UNIVERSITY EDUCATION SYSTEM

The impact of HIV/AIDS at the university level appears quite significant and requires special consideration. Kelly's (2001) research on the impact of HIV/AIDS at the university level "Challenging the Challenger: the response of University in Africa to HIV/AIDS" is the most current resource. Their findings suggest that universities across sub Saharan Africa need to carry out:

- Situational analysis on HIV/AIDS
- Response analysis on HIV/AIDS
- Form broad and guiding principles for combating HIV/AIDS
- Set clear targets and identify priority areas within an action plan
- Determine an institutional framework and structure for implementation

Two basic strategies are needed to undertake a comprehensive university response. These include an inward looking strategy, which seeks to protect the functioning of the university and an outward looking strategy, which focuses on human welfare and seeks to serve the needs of society. Kelly (2001) argues that the key to success is for "totally dedicated, committed leadership from the universities top management". Table 15 outlines some of the best practices from selected countries related to key components of HIV/AIDS strategic plans.

**Table 15: Priority Components of a National Strategy Country Assessment (Kelly, 2001)**

COUNTRY	PRIORITY COMPONENTS OF NATIONAL STRATEGY
Kenya	<ul style="list-style-type: none"> <li>■ Advocacy</li> <li>■ Promotion of behavioural change</li> <li>■ Blood safety</li> <li>■ Providing a continuum of care and support</li> <li>■ Prevention of mother to child transmission</li> <li>■ Mitigation of socio-economic impact</li> </ul>
South Africa	<ul style="list-style-type: none"> <li>■ Prevention, Treatment, Research and Human</li> <li>■ Rights.</li> <li>■ Four Universities have put in place institutional policies for HIV/AIDS</li> </ul>
Zambia	<ul style="list-style-type: none"> <li>■ Identified priority areas according to geographic areas with the highest prevalence rates</li> <li>■ Sub populations are also targeted: PLWHIV, Orphans, youth, commercial sex workers, private sector workers</li> <li>■ Anti AIDS clubs in schools and Universities</li> </ul>
Namibia	<ul style="list-style-type: none"> <li>■ Special funds for research on HIV/AIDS to extend knowledge about different aspects of HIV and the course of infection.</li> </ul>

**6.1 DEVELOPING A REGIONAL WEB SITE**

UNESCO Ghana is planning to launch a regional web site for HIV/AIDS and Education across West Africa. This web site will update information on a regular basis concerning HIV/AIDS in West Africa and strategies, which have proven effective for combating HIV/AIDS.

**6.2 TAKING STOCK OF REGIONAL INSTITUTIONAL RESOURCES FOR RESEARCH IN ACROSS ECOWAS**

There are several agencies and institutions across West Africa, which are documenting and collecting information, related to HIV/AIDS. The next section highlights some of the institutions, which have interest, and ability in conducting research related to health and education.

**Nigeria**

National Education, Research and  
Development Council, Nigeria  
☎ 095882 1614  
✉ 234 882 1047

**Ghana**

Noguchi Memorial Institute  
✉ Box 6402 Accra-North, Ghana

ERNWACA: Educational Research Network for  
West and Central Africa

✉ P.O. Box 125 Accra, Ghana  
☎ 00233 - 21 - 232 486 or 763 516

**Senegal**

Department of Education,  
School Health Division  
✉ BP 5252 Dakar, Senegal  
✉ sembene@ucad.refer.sn

RESEDOC Reseau Panafricain de  
Documentation sur le SIDA  
✉ BP 3370, 54 rue Carnot, Dakar, Senegal  
✉ resedoc@enda.sn

**Cote d'Ivoire**

SAFCO  
✉ 04 BP 1900, Abijan 04, Ivory Coast  
✉ www.onusida-aoc.org  
✉ eip.onsida@aviso.ci

**Uganda**

Makerere University  
Professor James Sengendo  
UNESCO  
✉ P.O. Box 4962 Kampala, Uganda

**South Africa**

University of Natal, Health Economics and  
HIV/AIDS Research Division (HEARD)  
Conducting social impact studies on HIV/AIDS

University of Pretoria, Faculty of Education  
Carol Coombe  
✉ 184 Lisdogan Avenue, Pretoria, South Africa  
0083  
✉ coombe@mweb.co.za

**Zambia**

The University of Zambia, School of Education:  
Department of Educational Administration and  
Policy Studies  
Professor Kelly  
✉ P.O. Box 32379, Zambia  
☎ 291 606  
☎ 293 763  
✉ Mjkelly@zamnet.zm

### **6.3 RESOURCES FOR MOBILISING THE EDUCATION SECTOR IN RESPONSE TO HIV/AIDS**

This final section outlines the main resources used in developing this strategic guide and more materials, which might be used when planning and strategising for HIV/AIDS programming in your respective countries. Remember time is short and the curriculum and training packages have most likely already been produced and tested in other countries in Africa. The idea is to find out what already exists in order to adapt them to your own situation.

#### **Manuals and guides**

**Gill Gordon/Macmillan Education Ltd (1999):** Choices - A Guide for Young People, London and Oxford (*Contact:* TALC, P.O. Box 49 St Albans, Herts AL1 5TX UK, [talkuk@btinternet.com](mailto:talkuk@btinternet.com))

**Healthlink Worldwide** HIV Testing - A Practical Guide. The briefing paper contains practical information on HIV testing and counselling. (*Contact:* Healthlink Worldwide, ☎ 442075391570, 📠 4420 75 39 1580, [info@healthlink.org.uk](mailto:info@healthlink.org.uk))

**Neil Casey and Anna Thorn (1999):** Lessons for Life: HIV/AIDS and Life Skills Education in Schools, EU Communities, UK.

**UNAIDS (2000):** Best Practice Series. (*Contact:* UNAIDS, ✉ 20 Avenue Appia 1211 Geneva 27, Switzerland, [www.unaids.org](http://www.unaids.org) or [unaids@unaids.org](mailto:unaids@unaids.org))

#### **Research Reports:**

**Baku, J. (2001):** The Impact of HIV/AIDS on Education (Mr Baku, Paper Delivered at the UNESCO Senior Experts Conference, Elmina, Ghana 2001)

**Bennell, P./Chilisa, B./Hyde, K./Makgothi, A./Molobee, E./Mpotokwane, L./Ministry of Education Botswana/Department for International Development, UK (2001):** The Impact of HIV/AIDS on Primary and Secondary Education in Botswana: Developing a Comprehensive Strategic Response.

**Casely-Hayford, L. (2001):** The Impact of HIV/AIDS Across West Africa, Paper Delivered at UNESCO Senior Experts Conference, Elmina, Ghana, 2001

**Coombe, C University of Pretoria, Faculty of Education (2001):** HIV and Education: Some Practical Tools, A paper presented at the Elmina Senior Experts Conference on HIV/AIDS and Education in ECOWAS Towards Regional Mobilisation, 19 –23 March 2001

**Coombe, C. University of Pretoria, Faculty of Education (2001):** HIV and Education Bibliography (University of Pretoria, Faculty of Education)

**Kelly, M.J. (2001):** Challenging the Challenger: Understanding and Expanding the Response of Universities in Africa on HIV/AIDS – a synthesis report for the working group on Higher education (WGHE) Association for the Development of Education in Africa (ADEA)

**Kelly, M.J. (2001):** Deprivation, Disadvantage and Disease: Poverty Disempowerment of Women HIV/AIDS – a paper presented at Ireland Aid Educational Forum, 2<sup>nd</sup> March

**Kelly, M.J. (2001):** HIV/AIDS and Education in Eastern and Southern Africa: Responses and Challenges. A paper presented at the Elmina Senior Experts Conference on HIV/AIDS and Education in ECOWAS Towards Regional Mobilisation {19 –23 March 2001}

**Ministry of Education, Liberia (1999):** Identifying Effective Responses to HIV/AIDS in the Education Sector

**Schenker, I., WHO (2001)** Production, development and implementation of pedagogical approaches and methods for HIV/AIDS prevention in Schools (Contact: [✉ schenkeri@who.int](mailto:schenkeri@who.int))

UNESCO (2000) The Encounter Between HIV/AIDS and Education, UNESCO, Sub Regional Office for Southern Africa, Zimbabwe.

**UNESCO/UNICEF (2000):** A Framework for Action in Sub Saharan Africa, Education for All Document

### **Magazines and Newsletters**

**AIDS Information Exchange (AIE):** A newsletter published by CAFOD AIDS Section, 3 times per year. (Contact: [✉ jmaher@cafod.org.uk](mailto:jmaher@cafod.org.uk))

**AIDS Action:** An international newsletter on AIDS prevention and care published by Healthlink World wide. (Contact: [✉ www.Healthlink.org](http://www.Healthlink.org))

SAFCO HIV/AIDS UNAIDS Inter-country team newsletter for Central and West Africa (Contact: [www. Onusida-aoc. org](http://www.Onusida-aoc.org))

**Email discussion fora:**

**AF-AIDS:** Is a specific email discussion group on HIV/AIDS and Africa, (*Contact:* [✉ af-aids@hivnet.ch](mailto:af-aids@hivnet.ch))

**ProCAARE:** Insures that the health and other professionals from the developing world can communicate and exchange information with colleagues around issues of HIV/AIDS. (*Contact:* [✉ owner-procaare@usa.healthnet.org](mailto:owner-procaare@usa.healthnet.org))

## 7.1 RECOMMENDATIONS OF THE ELMINA CONFERENCE ON HIV/AIDS AND EDUCATION: A CALL FOR ACTION

**Elmina, Ghana, 19-23 March 2001**

*"The threat posed by HIV/AIDS to the achievements of EFA goals and to development more broadly, especially in sub-Saharan Africa, present an enormous challenge. The terrifying impact of HIV/AIDS on education demands, supply and quality requires explicit and immediate attention in national policy-making and planning. Programmes to control and reduce the threat of the virus must make maximum use of education's potential to transmit messages on prevention and to change attitudes and behaviours."*

World Education Forum, The Dakar Framework for Action, April, 2000 para 27, p.14

*"We have to rise above our differences and combine our efforts to save our people. History will judge us harshly if we fail to do so now, and right now"*

Nelson Mandela, Closing 13<sup>th</sup> International AIDS Conference, Durban, July 2000

Senior experts from the ministries of education and from other ministries, such as health, ministry of manpower and employment, youth and sports, social welfare coming from 13 ECOWAS nations, from universities, from social partners in education, non-governmental organisations, from UN system organisations at headquarters, regional and national levels, as well as from most major international cooperation agencies, met in Elmina 19-23 March 2001.

We met to consider how educators are responding to the impact of HIV/AIDS on education in West Africa, where **access and equity, quality and relevance, capacity building and partnerships** and our **ability to provide education services** appropriate to national development are under threat.

We considered the current and potential impact of the disease on all education sub sectors – from early childhood to higher education, of course including non-formal education. We are convinced that, in counterattacking AIDS, ministries of education can – and must – work in close partnership with all ministries and in particular the Ministry of health, parents, students, teachers, the media, non-governmental organizations (NGOs), teacher trade unions, faith-based and community-based organisations.

**We reviewed evidence in our own countries, communities and learning institutions** of the inexorable spread of HIV/AIDS, and the clear indications that our education systems are already under attack throughout West Africa. We believe that we must be proactive now as a matter of utmost urgency, to protect both the lives and well-being of our people, our potential for development and the rich cultural heritage of our region.

While West Africa is still relatively less affected than East and Southern Africa, prevalence rates in some countries are creeping up. Increasing mobility of populations and conflict situations will continue to exacerbate the region's already tenuous position regarding HIV/AIDS. Cote d'Ivoire is already among the 15 worst affected countries in the world (prevalence rate: 10.76%), prevalence rate in Burkina Faso is 6.44%, Togo 5.98% and Ghana 4.6%. In Nigeria over 5% of adults are infected with the HIV virus or more than 2.7 million people (Report on the Global HIV/AIDS epidemic for 2000, UNAIDS).

### **Leadership Commitment**

**We urge ECOWAS education ministers to fulfil** the national and international commitments they have already made to prevent the spread of AIDS, and to protect the health of our children and of the education system itself. These include the need, identified in Addis Ababa, for Heads of States and national decision-makers to lead the fight personally. These also include commitments made recently at the Sub-Saharan Conference on Education For All (Johannesburg, December 1999), in the Dakar Framework for Action (World Education Forum, Dakar, April 2000), the Africa Development Forum (Addis Ababa, December 2000), as well as those made in national HIV strategies and international debt-reduction agreements and a host of other agreements made earlier in the past decade.

**We recognize that ultimate responsibility for AIDS and education is national**, and that our main efforts must be concentrated within countries. At the same time, we believe that **practical possibilities exist for working cooperatively on a regional basis**, in order to move decisively against the epidemic. We consider, however that each one of us has a role to play as individuals and that until we each take that role seriously, little will happen.

**In this context, while we recognize that all ECOWAS educational systems must sustain their national education goals and reform efforts, the participants**, taking account of international and national strategies, experience elsewhere in Africa and conditions in our own region, **identified the following strategic lines of action for education sectors in ECOWAS countries.**

***Preventing and controlling the spread of HIV/AIDS:*** especially among young people in and out of school, and among educators

***Reducing the traumatic impact of HIV/AIDS*** on learners, educators and the education system itself

***Improving our management capacity and procedures*** to ensure that effective action can be taken to respond to this crisis.

We finally need to foster **regional co-operation within ECOWAS** to deal with common problems, save costs and gain time.

Moreover, we need to develop linkages and synergies between:

- HIV/AIDS prevention and impact mitigation
- Poverty eradication
- Overcoming the disadvantage experienced by women and girls,
- the manifestation of human rights, and
- the achievement of education for all (EFA) goals and targets.

A major thrust would be to re-orient education, health and development staff and co-operating partners to the way these areas are intertwined, so that there might be greater cohesion and a more holistic response in the approach of each country and of the region to the achievement of these various development goals.

### **Preventing and Controlling the Spread of HIV/AIDS**

It must be ensured that:

1. Concerted steps are taken to ensure the achievement of the education for all goals (EFA), with special attention to ensure that girls have access to schooling, can continue in school, can complete the basic school cycles, and are given the opportunity to perform as well as boys.
2. Life skills curricula (including HIV/AIDS issues appropriate to each age group) are in place in all learning institutions. ,
3. Learner-friendly, age-relevant and gender sensitive life skills materials are developed and distributed, and are used.
4. Young people are made full participants in the response through peer education, peer participation in the development of curricula and materials (where appropriate), and other child-to-child or youth-to-youth activities.
5. Teachers, teacher educators, school counsellors, managers and other education sector staff receive systematic pre-service and in-service education and training on HIV/AIDS issues.
6. On the job professional and psychological counselling also needs to be made available to help teachers successfully learn to overcome cultural, religious and personal inhibitions in teaching HIV/AIDS related subjects and improve their skills.
7. Information, education and communication (IEC) campaign/materials on HIV/AIDS are implemented to reach young people in and out of school.



8. Youth-friendly health, skill based health education and counselling services are available within educational institutions, which address problems related to HIV/AIDS, STDs and reproductive health.
9. Extensive use is made of co-curricular approaches and activities, and also of community resources, for the delivery of AIDS-related education.
10. A range of partners are included in the education system's prevention work (including parents, persons living with HIV/AIDS, religious and traditional leaders, media, local community groups, local and other NGOs, the private sector). Other sector Ministries must also be associated to the education sector programmes
11. Strong school-community linkages are established that give the community a real say in the affairs of the school and enable the school to be a service resource for wide-ranging community needs in HIV/AIDS education and health but also in agriculture and other areas.
12. Focus on the establishment of a strong prevention to care continuum within the education sector that would support the education ministry and other partners in their efforts to ensure the involvement of PLWHAs, exclude all denial, stigma and discrimination, and extend care to infected or affected educators and learners.

### **PROTECTING LEARNERS, EDUCATORS, OTHER EDUCATION SECTOR STAFF AND EDUCATION QUALITY, ACCESS & PARTICIPATION**

It must be ensured that:

1. Care and support programmes for orphans and vulnerable children are in place, and measures are taken to ensure the basic learning needs of orphans and vulnerable children, through formal schooling or other means.
2. HIV support programmes are in place including:
3. counselling and support for learners affected by HIV/AIDS in all learning institutions
4. counselling and support for educators helping learners to cope with HIV/AIDS
5. support (psychological, counselling, social work, financial) for teachers who are infected, affected and coping with their own problems. This may, especially at the initial stage be supported by a referral.
6. school programmes for the support and care of HIV/AIDS affected families in the community.
7. Innovations in education delivery and outreach are identified which take account of complex and changing learning needs such as outreach brigades, peer education, youth clubs and any other people to people approaches.
8. Renewed efforts are made to promote flexibility and innovativeness in learners, with more achievement in teaching learners how to learn and how to think for themselves.
9. The school curriculum pays more attention to the development of vocationally useful skills in order to respond to the needs of school-leavers who will face the need to support themselves economically immediately upon completion of school (and for some while they are still attending school).

10. Workplace policy and guidelines on HIV/AIDS are in place in all learning institutions and ministry of education offices (including employee benefits for educators affected by AIDS and mechanisms for the speedy payment of terminal benefits to the family of an employee who has died).
11. HIV/AIDS training is available in the workplace for all educators, Ministry of Education staff, and staff in the various support areas (curriculum development, examinations, etc.).
12. Assessment of the impact of HIV/AIDS on the education sector has been done, and action plans are being implemented to stabilise demand for and supply of education, and protect its quality
13. Financial and personnel mechanisms are put in place to provide for teacher absenteeism and to provide emergency training for replacement teachers.

### **Managing the HIV/Aids Crisis in the Educational Sector**

It must be ensured that:

1. At the national level, the Ministry of Education is involved in the UN Theme Group on HIV/AIDS directly or through National Aids Commissions.
2. Where absent, a unit in each country with **responsibility for HIV/AIDS (and if necessary, related health issues) and education** is established, staffed at senior levels and provided with adequate resources to drive HIV/AIDS and education strategies, nationally and at decentralized levels.
3. **Substantial resources** for the fight against HIV/AIDS are mobilised, allocated and used effectively.
4. **Information and data** on the pandemic is systematically collected, stored, disseminated and used, within a coherent and comprehensive national and regional **research agenda** for HIV and education.
5. **An AIDS related finance and management system is established and implemented.**
6. **The capacity of managers and planners** at all levels to understand and ensure that effective action is taken to respond to HIV-related difficulties of students, other education staff and teachers is strengthened.
7. **Intersectoral and sectoral management procedures and structures** within the education sectors and implemented in collaboration with the key sectors, ministries, private sector, NGOs, religious bodies and communities, are flexible, coordinated and able to cope with the demands of the pandemic.
8. **Policies relating to HIV/AIDS and education issues** are reviewed, revised, in place, and rigorously applied (including education sector workers and learners' rights and responsibilities, discrimination in learning institutions, sexual harassment, safety and human rights). Ensure that the provision of education is grounded in a strong human rights framework and implements the various commitments in the Convention on the Rights of the Child.

9. **Mechanisms are in place for ongoing monitoring and evaluation of the performance** of the education sector in fighting HIV/AIDS, with agreed benchmarks and indicators of progress agreed and co-ordinated with National Aids commissions.

### **Regional Co-operation within ECOWAS**

We are convinced that practical possibilities exist for working cooperatively within the region.

In the same way that the education sector's response to the epidemic is set within a larger context of each National Strategic Plan on HIV/AIDS, so a country's planning has a regional context. Each ECOWAS nation is affected by the problems and issues of its neighbours, and is linked to them socially, economically and epidemiologically. To respond effectively to HIV/AIDS, every country should take into account its geographic location and recognize the problems and opportunities linked to regional relationships.

Key opportunities include:

- The creation of regional frameworks for cooperation in order to share data, best practices, and other insights into planned responses. These could take the form of agreements, protocols, associations and any other means to assure both cooperation and access to information.
- The establishment or reinforcement of regional assets including institutes (e.g., to research and develop generic resources such as training and educational materials for country adoption), task teams (to provide a combined regional competence and body of knowledge available to all), training (to provide training of trainers) and cost-effectiveness by creating regional economies of scale.
- The organisation of regular meetings of core groups of policy makers and senior HIV/Education managers who need to share, support each other, develop common understanding and targets perhaps within the EFA context.
- Co-ordination among ECOWAS to act as a lobby for regional and country needs and concerns.
- Develop and reinforce synergies among national programmes to create a regional forum for advocacy
- Foster the expansion of expert networks, including linking institutions of learning to support and supplement country capacity.

At the regional level, the West African Health Organization, which is a part of ECOWAS, should cooperate more closely with UNAIDS and the concerned UN Agencies in HIV/AIDS and education activities.

Finally, the participants expressed thanks to UNESCO for taking the initiative of organizing the Elmina Conference and to donors for supporting this activity. They insisted that the organisers ensure that the proper follow-up be given to this important meeting.

## 7.2: Organisations working on HIV/AIDS Prevention and Control Across West Africa

NAME OF ORGANIZATION	AREAS OF EXPERTISE	CONTACT
ERNWACA	Research	✉ P.O. Box 125 Accra ☎ 233-021-232486/763516
GTZ	Provides technical assistance on research, education and training	GTZ Regional AIDS Programme, Accra, Ghana ☎ 233-021 763941 💻 gtzrap@ghana.com
UNESCO	Developing a network of resources and programmes on HIV/AIDS and education across ECOWAS	UNESCO Ghana Office ✉ P.O Box CT 4949 Accra, Ghana Tel. 00233 21 765 497 💻 accra@unesco.org
Johns Hopkins Centre for Communication Programmes	Provides technical assistance on advertising and social marketing	Johns Hopkins University, Baltimore Maryland USA ✉ P.O. Box Ct 5573 Accra, Ghana 💻 office@jhuccp.org.gh
UNAIDS Inter-country Team for West and Central Africa	Provides technical assistance and monitor socio-economic impact across ECOWAS Involved in supporting strategic planning and mobility studies across West Africa.	UNAIDS c/o UNDP 01 BP 1747 Abidjan 01 Cote d'Ivoire Tel 225 20 32 16 41 Fax 225 20 32 26 19 💻 www.unaids.org 💻 www.onusida-aoc.org
Red Cross Society (Rany-WA)	Foster regional collaboration and networking on Peer education across West Africa	Rany-WA Secretariat, Ghana Red Cross Society ✉ P.O. Box 835. Accra
Family Health International (FHI)	Research, Education and technical assistance for the training of Peer Educators	💻 www.fhi.org
International Institute for Educational Planning (IIEP)	Documentation and clearinghouse information	✉ IIEP 7-9 Rue Eugene-Delacroix 75116, Paris, France
FAWE	Research, Education and Promotion of Girls' club	💻 fawegh@africaonline.com.gh
Noguchi Memorial Institute	Research and Public awareness programmes	Head of Virology Noguchi Memorial Institute, University of Ghana ☎ 233-21-501181

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