

# **PLANNING AND EVALUATION FOR GENDER EQUALITY IN EDUCATION IN THE CONTEXT OF HIV AND AIDS**

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## **Introduction**

This paper aims to explore issues of gender in relation to planning for education development in the context of tackling HIV and AIDS. It is becoming increasingly clear that as far as sub-Saharan Africa is concerned, unless measures are taken to mitigate the impact of AIDS on the education system and children in particular, it is unlikely that universal primary education will be achieved by 2015. Other regions of the world cannot afford to be complacent as many national epidemics continue to grow in magnitude. While responding to the impact of AIDS is an important planning dimension, it is also vital to address HIV prevention in schools too. These two aspects need to be considered in developing national education strategies as mainstream issues and interventions need to be tailored to the state of the national epidemic.

Gender inequality is major driver of HIV epidemics. Such inequality is multi-faceted, but among the causal factors gender disparities in education are particularly significant and in turn contribute to the social conditions which facilitate the spread of the HIV virus.

The response to HIV and AIDS has been dominated by health professionals and to a large extent biomedical perspectives remain powerful. That HIV epidemics are socially constructed is still not sufficiently recognised by governments. As a result the role of education in tackling HIV and AIDS has been under-conceptualised, and poorly supported politically, technically and financially.

The importance of gender sensitivity in education sector policy making and strategic planning has yet to be fully realised. Gender mainstreaming has not been given the centrality it requires in sector development. This applies across the board but is particularly important in responding to HIV given its gender inequality dimensions. A gender approach must involve attention to the social contexts of the lives of both boys and girls and using educational processes to bring about changes in gender relations. The importance of promoting girls' education in addressing gender inequality cannot be overemphasised, but it should be only a part, albeit a significant one, of an holistic gender approach. The development needs of boys should not be neglected and in tackling HIV and AIDS, there needs to be a strong focus on addressing masculinity and male sexual behaviours. At the same time, harmful practices, such as violence at school, the sexual harassment and abuse of girls by teachers, need to be eliminated. In a world with HIV and AIDS, education should not reproduce the conditions which favour transmission of the virus. The potential for education to bring about social change needs to be seized and developed.

Education planning in the context of HIV and AIDS has, in general, yet to adopt a sufficiently comprehensive approach to gender and to addressing issues of gender inequality in the sector. This is an additional challenge to mainstreaming gender fully in the education sector, but possibly an opportunity at the same time to open up new

dimensions to considering gender in education. At the same time, it is important to mainstream HIV and AIDS; the two are inter-related and interventions should be mutually reinforcing within the national education policy and planning framework. This represents important, but largely unfinished business.

Increased attention and resources are required from governments and their development partners. Not least in integrating gender sensitivity into HIV and AIDS interventions in the education sector and also, importantly, in developing a more adequate approach to monitoring and evaluating and reporting on the education response to HIV and AIDS. The current education response to HIV and AIDS generally falls far short of what is required to stem the epidemic and cope effectively with its social effects.

### **Gender inequality and education.**

The persistence of gender inequality in education is both a result of societal inequalities and means of reproducing them. These inequalities between men and women, boys and girls in opportunity, assets, rights and power correlate with the social contexts which facilitate the spread of HIV. Addressing gender inequality in education will also contribute significantly to the national HIV and AIDS response.

Education reform, which focuses on eliminating gender disparities effectively, can be a powerful means of accelerating social change. Tackling gender inequality is fundamental to the achievement of universal primary education. The challenge has been set out in the 2003/4 EFA Global Monitoring Report (UNESCO, 2003). Gender inequalities in education manifest themselves pervasively: in enrolment, attendance, school survival and completion rates, the gender balance among teaching staff and in transition rates from primary to secondary level.

In primary school enrolment data there are gender disparities that demonstrate clearly that discrimination in access to schooling is concentrated on girls. An estimated 104 million children were not enrolled in 2000, 57% of these being girls. Of these the greatest concentrations of girls out of school were in sub-Saharan Africa and South and West Asia. Gender disparities are also evident in attendance rates. Figures for India for 1998-9 show attendance rates of 85.2% and 78.3% for boys and girls aged 6-10 respectively.

School survival rates (to grade 5) indicate the ability of the education system to retain pupils. The rates are lowest in sub-Saharan Africa, but low rates are found in Asia too in for example, Burma, India, and Lao PDR. In Africa, survival rates are generally low and the only region of the world where they are more often higher for boys than for girls (UNESCO. op.cit).

Gender balance among teaching staff is an indicator for gendered outcomes in schooling. Girls' enrolments rise relative to boys as the proportion of female teachers rise from low levels. According to UNESCO (op cit.), the lowest level of primary teachers is in countries where gender disparities are highest. There is strong 'suggestive evidence' that moves towards equality in the gender balance of teachers will promote gender parity in the sector.

The transition from primary to secondary education shows considerable variation across the world. However, in 26 countries, 19 in sub-Saharan Africa, less than 30% of the age group are enrolled in secondary education. It is notable that countries with large disparities in favour of boys in primary education, typically in sub-Saharan Africa, but also in some Asian countries, accentuate the disparities in secondary education. Data on secondary school drop-out, reveal differential rates for boys and girls. Boys tend to drop out for economic reasons, girls for family reasons, including pregnancy or motherhood.

In many developing countries rates of participation in secondary education are low and has been described as a 'scarce luxury' (Lewin and Caillods.2001). The absolute number of those without access to secondary schools has increased, especially in the poorest developing countries. The importance of expanding access to quality secondary education is likely to become more evident in the fight against AIDS, particularly in Africa.

### **The role of education in addressing gender inequality.**

There is strong international consensus that gender equality in society can be advanced by achieving gender equality in education. This is the import of the 2005 target of eliminating gender disparities in primary and secondary schooling. For many this agenda has become synonymous with efforts to achieve girls education. Current evidence on children out of school (UNESCO, 2004) confirms the necessity of this approach in many countries. Hence the importance of the United Nations Girls' Education Initiative (UNGEI).

UNESCO (2004. op cit) point out that there is no simple solution for reducing the gender gap and promoting gender equality in education. This is a complex problem requiring complex solutions. Political leadership and commitment seem to be important. There needs to be a more general enabling environment to support gender focused reforms in the education sector. This includes a strong general policy on gender equality which is reflected in all legislation, policies and programmes.

The evidence indicates that the cost of education, direct and indirect, is a major impediment to educational access for the disadvantaged. Fees are charged in 25 of the 36 countries unlikely to meet the 2005 target (UNESCO. op cit). The existence of markets for child labour remains another significant impediment. HIV and AIDS are adding new barriers as families are impacted.

Attempts need to be made to ensure that schools become environments where gender equality is practised openly and consistently. This entails attention to the curriculum to ensure that gender bias and stereotyping are removed. Beyond this it also requires the curriculum to include content and practices that will actually promote gender equality in class and beyond. Teacher training requires attention to equipping serving teachers with appropriate gender-related awareness and skills. Teachers can be trained in making the classroom gender responsive in terms of layout, use of resources, responsibilities for activities, discipline, classroom language and teacher-student interaction (UNESCO 2004e). In addition, Ministries of Education need to develop mechanisms to monitor and evaluate education policy implementation from a gender equality perspective. They also need to take action to

ensure that HIV prevention and AIDS impact are addressed in and through education (DFID, 2005)

Thomson (2002) writes that a central element in approaches to gender with children and young people is to challenge the traditional gender socialization of boys and girls. It should not only aim to empower girls and women but also focus on male identities and address the negative aspects of male socialization. This includes challenging gender stereotypes, working on aggression, violence and conflict, male sexual behaviour and reproductive health.

Rivers and Aggleton (2002) in reviewing sexual and reproductive health programmes that work with young men conclude that it is unlikely that programmes will be successful without having a strong gender component and that young men require opportunities to think about and discuss how gender ideologies and gender practices influence their behaviour and decision making. This includes opportunities to discuss and reflect on homophobia. Evidence suggests that mixed groups are often more beneficial than single sex groupings as they enable young men to listen to the perspectives of young women.

There is a need for better normative guidance and toolkits, and a better evidence base on the use and usefulness of existing tools. UNESCO (2004c) has developed a toolkit for promoting gender equality in education for Asia. This has potential for wider application. While this has not included any consideration of HIV and AIDS issues or perspectives, the gender lens approach to education projects, for measuring the child friendliness of schools, the creation of curriculum and textbooks free from gender bias and measuring the gender responsiveness of Ministry of Education departments is useful for educational planners as well as trainers.

A key point to make is that policy and programme interventions that serve to promote gender equality at school will contribute to reducing the vulnerability of young people, girls and women in particular to HIV infection. This work though is not explicitly focused on AIDS, it is highly important and should be seen as directly and strategically contributing to the national HIV and AIDS response. This is recognised by the Global Coalition on women and AIDS, a UNAIDS initiative which includes in its advocacy work, a focus on girls' education which includes the abolition of school fees and the protection of girls at and around school from violence, exploitation and discrimination (UNAIDS. GCW. 2004).

Herz and Sperling (op cit) report as far as girls' education is concerned, the evidence suggests that what is required is a package of policies and programmes in four areas:

- Making schooling more affordable through the elimination of fees and by offering targeted scholarships;
- Ensuring that schools are safe, close to home with at least basic shelter and sanitation, with organised community support, parental involvement and flexible schedules;
- Making school more girls friendly by ensuring that they protect girls privacy and safety and actually encourage girls to learn and move beyond gender stereotypes;

- Provide good quality education with enough educated and trained teachers; relevant books and a curriculum that equips girls to cope in the modern world which they and their parents believe will be useful.

Epidemiological and sociological evidence from highly impacted countries permits a fifth area for investment:

- Addressing the impact of AIDS on education demand and supply.

### **Gender inequality and AIDS**

Gender inequality and poverty are drivers of HIV epidemics (Farmer, 1999; VSO, 2003; UNAIDS, 2004 (a) and (b), UNICEF, 2004). The challenge of gender inequality is well documented in the fight against AIDS. The epidemic is increasingly affecting women and girls. It affects them most severely where heterosexual sex is the main mode of HIV transmission. Understandings of relations of gender inequality are required to understand who has been and will be most vulnerable to infection and who will be least able to access information or treatment (Booth, 2004).

There are an estimated 39.4 million people living with HIV in 2004. Of the 37.2 million adults, 17.6 million are women. Sub-Saharan Africa is worst affected with 25.4 million adults and children infected; South and East Asia come second with 7.1 million. Both regions are experiencing increased numbers of people living with HIV (UNAIDS, 2004, b).

Gender inequality is reflected in HIV transmission. Among the 15-24 age group, the ratio of infection, female to male is 2:1. In sub-Saharan Africa, the ratio is 3:1 (UNICEF, 2004). This disparity results from multiple vulnerabilities which affect girls and young women. According to Hankins (2003), these are biological, cultural, social and economic in nature. Biological vulnerability is due to women being physically more susceptible to HIV infection; male to female transmission is about twice as likely as female to male transmission. Girls are additionally susceptible through reproductive tract immaturity. Cultural vulnerability lies in the traditional roles of girls and young women in the household and community as care givers and child minders which limit access to school. Social vulnerabilities include limited power to negotiate safe sex and vulnerability to cross-generational and transactional sex. Violence against women is another key factor; in Tanzania, HIV positive women are 10 times more likely to report having experienced male violence. In South Africa 39% of sexually experienced girls reported that they had been forced to have sex (Kaiser Foundation/KLA 2000). Economic vulnerability includes lack of opportunity due to lack of access to education and training. Economic hardship results in increased vulnerability to prostitution and trafficking.

Reducing infection rates in women and girls is essential if AIDS is to be brought under control. Current prevention programmes are not achieving this (UNAIDS, 2004 b). A key question for national those planning and supporting national AIDS responses is how to accomplish this. What is the role of education in reducing HIV infection and what are the key issues from a gender perspective?

### **The role of education in tackling AIDS. Education as social protection.**

Education is proven means of providing protection against HIV infection (World Bank 2002). In particular, it reduces the vulnerability of girls to infection. Reviewing the evidence on HIV/AIDS and education, Herz and Sperling (2004) conclude that educated girls are less likely to contract HIV. Policies and interventions which help to keep girls in school are therefore key to the national HIV prevention effort. De Walque (2004) concludes on the basis of data from Uganda, that among young people, females in particular, education reduces the risk of being HIV positive. His findings also show that educated individuals are more responsive to HIV and AIDS information campaigns and that condom use is positively associated with schooling levels.

To stem HIV in Africa, Laga et al (2001), argue that is necessary to prevent transmission to young women. Very high proportions of young women are becoming infected compared with lower rates for boys in the same age group. The implications of this for policy are twofold. First, it is critical to reach young women with effective prevention services, including sex education. This should be initiated before they become sexually active. This is referred to as the 'Window of Hope' (World Bank. Op cit).

Two issues stand out. First, it is critical to reduce the early exposure of girls and young women to risky sex. Secondly, older men, who are their sexual partners, need to be reached as they are often responsible for infecting them. Of these, the opportunity to achieve the first clearly lies, to a large extent, within the educational domain through getting girls into school, ensuring they have a quality education and keeping them there through secondary education (UNAIDS/GCW 2004).

Efforts to promote girls education such as the UN Girls Education Initiative (UNGEI) and Education for All (EFA), therefore, need to be considered as key, even essential, in HIV prevention. Enrolling all children in school, ensuring their attendance and educational completion are likely to have a strongly protective function. These assist in reducing the vulnerability, particularly of girls, to sexual activity. It also increases their opportunities to acquire knowledge and skills that can reduce behavioural risk (UNESCO, 2004. a). Achieving EFA should be central to the HIV response for young people. Yet this is seemingly far from adequately recognised by either National AIDS programmes or even EFA itself.

### **Education and addressing risky behaviour**

In addition to ensuring EFA, it is also necessary to include specific HIV and AIDS interventions within education service delivery. Herz and Sperling (op cit.) in their review of literature on girls' education, find that school-based education programmes help prevent HIV infection. Kirby (1994), in a review of 113 studies found that school-based AIDS programmes that focus on specific, age appropriate behavioural objectives are effective in reducing early sexual activity and high risk behaviour. UNAIDS (1997) found that of 53 studies, 22 reported that HIV and or sexual health education, either delayed the onset of sexual activity, reduced the numbers of sexual partners, or reduced unplanned pregnancy and sexually transmitted disease rates.

While women are more vulnerable to HIV, the importance of effectively engaging with young men in developing HIV prevention programmes cannot be overemphasised. Young men need to be engaged as partners in tackling AIDS; male behaviour is a substantial contributor to the spread and impact of HIV and AIDS (UNAIDS 2000). Programmes and services currently tend either to target young people in general or young women (UNAIDS/Panos.2001); the special needs and perspectives of adolescent males are often not recognised. There are very few school-based interventions which have involved the inputs of male adolescents though this is clearly important for programme success.

The interaction between masculinity, poverty and risk needs to be factored into HIV and AIDS responses for young people, including consideration of young men at special risk, such as men who have sex with men, the uniformed services and prisoners. HIV prevention programmes which have targeted younger primary school students have had greater success in influencing sexual behaviours than those targeting secondary school students (Gallant and Maticka-Tyndale. 2003).

HIV prevention education curricula are not always effective and design needs to incorporate the features associated with successful interventions. Programmes also need to include mechanisms by which their outcomes and impact can be monitored and evaluated. Gender and age of the target students are issues for the educator and researcher at both design and evaluation stage of programme development (UNAIDS. op cit.).

### **Vulnerability and risk in the school environment**

While schools can be considered to have a protective function from HIV, there remain significant vulnerabilities and risks associated with the educational environment. There is a growing body of research into the sexual abuse of girls in schools, particularly in sub-Saharan Africa (e.g. Human Rights Watch 2001 and 2002; Leach, F et al 2003 and Leach, 2004). These provide evidence on the prevalence of gender-based violence in African schools and brings into the question the suitability of schools in preventing HIV.

Schools can be unsafe places for young people especially girls where gender violence is tolerated, even to the extent of becoming part of the institutionalised life of the school. Some of the abuse is perpetrated by teachers and tends to be clustered in certain schools; some is practised by aggressive male pupils and some by members of the community. It seems also that there is sexual harassment and abuse of young female teachers in some rural areas by male teachers and older boys. Sexual harassment and abuse of girls at school is attributed in large part to the exploitation of the difference in power between the perpetrator (usually male) and victim (usually female). Addressing HIV prevention at school, necessarily involves the elimination of all risk in the educational environment. This clearly must involve measures to reduce gender inequality in school.

In discussing what can be done to address gender and violence and abuse, Leach (2004) recommends the following:

- Teaching HIV and AIDS education more effectively and sympathetically;

- Pupils to have access to counselling services;
- Training teachers to be more aware of the seriousness of the ‘abuse of trust’ and their position as a role model, as well trained as how to tackle abuse within their school;
- Ministries of education to take greater responsibility for tackling harassment and abuse in schools;
- Replacing authoritarian school culture with more an open and democratic culture;

To this list could be added the need for investment by governments in more research into school-based sexual violence and abuse. Data from such research could be included in a national database on the prevalence of gender-based violence at different stages of women’s life cycle as recommended by UNFPA (2002). The Ministry of Education could contribute to the development of legislative reforms that recognize the seriousness of violence against women and girls.

### **The key role of gender in the education response to HIV and AIDS**

Efforts to achieve gender equality in education including a focus on girls’ education should be viewed as necessary, but not sufficient in gearing up the education sector to responding to HIV and AIDS as part of the national multi-sectoral response.

This signals the need for twin track approach. Policies and programmes to achieve girls’ education can be categorised as ‘enabling’ responses. These address vulnerability to HIV infection through the protectivity of education. They should include a mainstreaming approach to HIV and AIDS with a particular emphasis on mitigating the impact of AIDS on service delivery.

What are also required are complementary interventions specifically ‘focused’ on HIV and AIDS, which deal with both vulnerability and risk.

These ‘focused’ interventions would typically include:

- HIV prevention and education for living for living in a world with HIV and AIDS;
- Education on stigma and discrimination;
- HIV and AIDS workplace policies;
- Support for children affected by AIDS;
- Impact mitigation measures on education sector staff, in particular teachers.

The influence of gender is pervasive throughout these interventions. While the need to mainstream gender in education is a given, what is less well acknowledged in principle or practice is that HIV and AIDS need to be mainstreamed in education policies and strategies (Carr-Hill. 2002). Even less recognised is that within this field, there needs to be gender mainstreaming.

The World Bank (2004b) recognises that line ministries such as education are essential for mainstreaming HIV and AIDS, but notes that they are not yet fully involved. AIDS is still often perceived as a Ministry of Health responsibility. The Ministry of education is pivotal in the fight against HIV and AIDS, but is often the most difficult to mobilize. Education responses to AIDS have been slow in getting

started. Political will is needed to mobilise sector ministries such as this. Ministries and development agencies have been even slower in recognising the gender dimensions in the HIV and AIDS response in the education sector. This is reflected in the complete absence of specific comprehensive guidance on gender and HIV and AIDS in education.

Let us examine each of these in turn for gender issues.

## **1. HIV Prevention and education for living in a world with HIV and AIDS**

It appears that gender analysis and guidance is under-represented in the field of HIV prevention in the education sector. The UNAIDS IATT on Education (2002) has set out in guidance on HIV prevention an approach that involves tackling both individual risk taking and social vulnerability, including notably the vulnerability of girls. It suggests that six key sets of issues need to be addressed:

- Understanding the nature of HIV infection;
- Knowing which behaviours to avoid;
- Knowing how to reduce risk;
- Adopting attitudes of respect for human rights;
- Understanding the nature and dynamics of human relationships;
- Skills development for putting into practice understanding and knowledge.

While all of the above-mentioned issues have gender dimensions the IATT fail to give explicit guidelines on gender which would assist in effective implementation. The same concern applies to USAID (2002) in providing tips for education planners, based on a synthesis of emerging lessons on life skills curricula for HIV prevention among African youth. These are:

- Provide a large vision and big ideas;
- Use data driven planning and decision making
- Introduce life skills curricula early in primary school among young people who are not yet sexually active;
- Develop policies that encourage community participation in implementation;
- Involve young people in planning
- Teach life skills in an environment with a range of HIV prevention interventions;
- Include a peer education component
- Work closely at all stages with the ministry of Health;
- Work closely with all relevant NGOs
- Include sensitivity training for national and district level education ministry personnel.

There is no explicit mention of gender. This is possibly a reflection of a lack of research into gender-related issues. To these could be added:

- Promote gender equality and ensure that teaching and learning on HIV and AIDS is gender-sensitive.

It would appear that gender issues in HIV prevention at school are currently under-conceptualised. In addition to the UNAIDS IATT and USAID, Kelly (2000; 2002) also

avoids specific mention of gender analysis and interventions in the role of education in HIV prevention as does Carr-Hill (2002) in discussing the institutionalisation of HIV/AIDS prevention education.

Not all school-based HIV prevention education programmes are effective and there is a clear need for evidence-based policy and programme development to maximise the chances of success. On the basis of available research findings, Kirby (2004) identifies some of the characteristics of effective HIV education programmes. These include from a content perspective, a basis on psychosocial theories, a focus of sexual risk-taking behaviour; identification of risk and protective factors; clear messages about sexual activity and condom or contraceptive use, provision of basic accurate information about risks of unprotected intercourse and methods of avoiding intercourse or using condoms and address social pressures on sexual behaviour and methods of addressing them. Other characteristics relate to pedagogy. They include:

- Modelling of and practice in communication and refusal skills;
- Use of teaching methods to involve participants and help them personalise information;
- Incorporation of behavioural goals, teaching methods and materials that are appropriate to the age, sexual experience and culture of the students;
- Lasting a sufficient length of time to complete important activities;
- Selection of teachers or peers who believe in the programme and provision of training for them.

Once again, it is striking that there is no explicit consideration of gender issues in the consideration of success criteria. This may reflect research priorities and a neglect of gender questions and disaggregated data in HIV prevention education research.

There is little international normative guidance in this area apart from that provided by UNICEF (2002). This proposes a four-step approach to addressing gender in HIV education. This is an all-inclusive approach to increase public awareness, mobilise community support and to develop a gender-sensitive teaching and learning environment. These are described and discussed in more detail below.

#### ***a) Public awareness and the role of information, research and communications***

The first step is to improve the knowledge base and communications. This involves the use of sex and age disaggregated data from all sectors to broaden the understanding of gender and HIV and AIDS. This would include data on HIV prevalence, vulnerability of women and girls in particular and gender-based violence. It could include a dynamic contextual analysis of young people's sexual health (Chalmers et al. 2001). It would also importantly include an assessment of current education programmes aimed at building gender equality and empowering women and girls. It would also include programmes aimed at improving male participation in sexual and reproductive health. Needs assessments should be constructed that are based on the realities of young peoples' experiences and the skills they need to develop.

The data would underpin the development of teaching and learning materials and the refocusing on education that addresses the daily reality of girls and women.

Ministries of Education need to budget for these activities and build capacity to undertake effective communications work.

### ***b) Partnerships for community mobilization***

The second step involves reaching out and establishing relations with diverse organisations and institutions in the community. These include women's groups, NGOs and youth groups. They would also include networks such as FAWE. These constitute an important knowledge base. Other groups include parent/teacher associations, teachers' and family welfare organisations, community institutions, and religious and traditional leaders. Also to be included are the private sector and media.

The involvement of networks and NGOs with specific HIV and AIDS skills and knowledge is also to be encouraged. This includes the involvement of people living with HIV and AIDS, and in particular, networks of women living with HIV and AIDS.

Ministries of education need to include within their budgets funds to enable partnership development and structures to coordinate them. The civil society response to date has been poorly coordinated, with little networking or partnership between teachers' unions, education NGOs and AIDS networks. Moreover, Ministries of Education are currently not engaging systematically with civil society to design HIV and AIDS policies and programmes (Boler. Op cit).

### ***c) Gender-sensitive schools***

The third step involves developing a gender-sensitive environment for teaching and learning. Among the educational goals suggested are the following:

- Valuing boys and girls equally in all aspects of educational experience, but recognising that many girls will at least initially require more support and resources;
- Examining the behaviours and attitudes of teachers in their relationships with students, especially girls;
- Addressing existing barriers to girls full participation in the school environment, from sexual harassment, sexual abuse and violence by both students and teachers;
- Ensuring that the curriculum in content, language and methodology meet the educational needs and entitlements of girls and recognise women's contribution to society;
- Developing quantitative as well as qualitative indicators to measure progress in reducing gender inequalities and increase accountability to ensure programme efficiency and effectiveness;
- Ensuring a solid base of HIV prevention programming and reinforce this by integrating HIV and AIDS in all subject areas and activities;
- Basing activities on the experiences of teachers and learners including the real choices and pressures in relationships between boys and girls.

Achieving this set of goals requires that structures and mechanisms are developed within the Ministry of Education to ensure they are implemented. They will require

specific training and monitoring frameworks. They need to be reflected in national policy frameworks on education and HIV and AIDS and sector plans.

#### ***d) Curriculum development and gender-sensitive teaching and learning***

The fourth step involves instituting training on life skills-based education for teachers and trainers. As HIV education is about changing attitudes and behaviour, so the training of teachers and trainers must ensure their competence to facilitate this and challenge patriarchal attitudes and behaviour. This requires the following:

- Including accurate and appropriate information on HIV and AIDS, gender, risk and vulnerability in all teacher training programmes, both in-service and pre-service;
- Provide all teachers with all the information they require in durable packaging especially in remote rural areas where educational materials may be hard to access;
- Establish face to face in-service education for teachers on life-skills-based education, but provide backup of substantial content and methodological guidance in training materials;
- Make a plan with concrete and realistic benchmarks to monitor implementation.

Curiously, gender issues seem to evaporate at this stage from the UNICEF guidelines. However, Schenker and Nyirenda (2002) include discussion of gender in school-based HIV prevention. They discuss gender-specific approaches and recommend adapting teaching methods to both male and female students. They recommend addressing the needs of both girls and boys and promote teaching about HIV and AIDS to gender-mixed groups. They do not encourage the provision of separate sex education classes to boys and girls in HIV and AIDS education. Female managed prevention strategies such as the female condom need to be mentioned. Teaching and learning need to be related to the existing balance of power between boys and girls. Girls' refusal and negotiation skills need to be strengthened.

Many countries are planning to include life skills education programmes in the school curriculum. Evidence from Africa (Tiendrebeogo et al, 2003a) shows that further analysis, planning, negotiation and teacher preparation are required for these to be effective. Few meet the criteria for effective programmes. Curriculum developers have paid little attention to effect, process and outcome evaluations. There is little specific coverage of gender issues; it seems clear that gender data and analysis are not used sufficiently in programme development. Further concerns are raised by Boler and Aggleton (2005). These include a lack of focus on pedagogy, the harsh reality of the classroom in many resource poor contexts and generalised assumptions about young people and their rationality. They conclude that there is a need to take local contexts more into account and for prevention efforts to be multi-faceted and appropriate to social context which includes gender power relations. The structural barriers that affect susceptibility such as gender must be taken more seriously.

Clarke (2004) had similar findings in reviewing the development and implementation of life skills based programmes in the Asia-Pacific region. He reports that more

attention is required to gender analysis and to incorporating the results into programme development. An additional concern was the inadequate attention being paid to the monitoring and evaluation of these programmes including the use of gender performance indicators.

The extent to which current school-based prevention programmes incorporate a gender-mainstreaming approach is hard to determine. The World Bank (2004a) has published a sourcebook of HIV prevention programmes in sub-Saharan Africa. This assesses 13 different programmes in 7 countries using the UNAIDS benchmarks for skills-based health education. Of the 16 benchmarks, not one specifically addresses gender issues or even raises issues from a gender perspective. As a result, there is little explicit mention of gender in each of the 13 assessments. Only 2 explicitly mention gender in the benchmark-based assessments: Senegal (GEEP) and Zambia (CHEP).

The case study from Senegal highlights the role of the 'gender-AIDS module' in challenging young people's attitudes. Gender is a key concept in the programme which seeks to develop self-esteem in young people, respect for others and negotiating skills which will assist them in dealing more effectively with peer pressure. The Zambia programme has included age and gender-specific objectives and strategies. The lack of explicit gender benchmark(s) results in a lack of information on the extent to which the 13 programmes have based their approaches on gender analysis and whether any lessons have been learned in design and implementation in relation to gender.

Implementation of HIV prevention education has been slow, piecemeal and insufficient quantities of teaching and learning materials have been distributed (Boler. Op cit) Carr-Hill (2002), in discussing the institutionalisation of HIV and AIDS education, focuses on the practical problems of altering the curriculum; the difficulties of scaling up and sustaining peer counselling programmes such as 'child to child' programmes; the difficulties in involving pupils through participatory methods; the problems of teachers and their training. Throughout the discussion, there is a lack of gender perspective in institutionalising HIV and AIDS education. This needs to be incorporated in amore comprehensive analysis of challenges to the effectiveness of school-based interventions..

There needs to be a fundamental review of curriculum from an HIV and AIDS perspective to ensure that there is adequate and appropriate attention to the teaching and learning issues. The development of specific teaching and learning materials needs to be accelerated (UNESCO 2003b).

Peer education is an approach that enables the active participation of children and is based on active learning. It suits the sensitive nature of sexual and reproductive health work. It can be adapted to meeting the specific needs of marginalised children and young people such as those who are disable or are injecting drug users (Save the Children. 2004). It can be used to promote gender sensitivity. This involves challenging negative behaviours and attitudes towards gender such as machismo. One means is by ensuring that equal numbers of boys and girls participate in peer education sessions. It can involve analysing underlying factors that contribute to negative gender attitudes and behaviours. It should involve ensuring that the needs

of both boys and girls are met, equipping them with essential lifeskills. Further work is needed in evaluating the gender aspects of peer education and their contribution to programme effectiveness. Developing gender sensitivity in such programmes requires resources for developing knowledge and skills among staff and volunteers. Time is a big factor. Attitudes need to be developed that promote equality of respect for boys and girls and supportive to the needs of both in relation to their health and HIV and AIDS.

In developing any programme the active involvement of young people at all stages is fundamental to its effectiveness (Warwick and Aggleton, 2002). Ownership of the curriculum must be broadened to involve parents, teachers and religious leaders as stakeholders who have been through an educational process themselves in which they have discussed sexual and gender relations and their role in HIV education. Moreover, learning resources should be locally driven wherever possible to ensure local relevance (Boler. 2002a).

Capacity building is clearly needed in national curriculum development institutions and processes. This will likely mean specific training in gender and HIV and AIDS. Teachers are key and effective teacher preparation for teaching at school in a world with HIV and AIDS is a new and largely unmet challenge. Education and AIDS is a field that is currently lacking in availability of accessible professional qualifications for teacher educators, head teachers, inspectors, planners, curriculum developers and other key education staff.

There is little evidence that teacher training institutes have included sufficient attention to gender in training programmes. Evidence is lacking also on teacher preparation with regard to HIV and AIDS in both pre-service and in –service training. DFID supported research into teacher education (MUSTER - Multi-Teacher Education Research Project) highlighted some of the generic problems (Lewin and Stuart. 2003). It found that countries policy on primary teacher education is fragmented, incomplete and often simply non-existent. Investment in curriculum for initial teacher training is long overdue. A fresh look is needed at the components of this. None of the countries in the study had mechanisms for curriculum development, evaluation and renewal. Consideration is also required about the processes by which the curriculum is delivered.

MUSTER Country studies by (Akyeampong. 2003, Lefoka and Sebatane. 2003, and Kunje with Lewin and Stuart. 2003) show that teacher training programmes do not include specific courses or topics on either gender or HIV and AIDS in education. It is unclear whether these issues are included at all in the training programmes in any systematic way.

UNESCO (2004) has published a training programme for HIV and AIDS preventive education aimed at teacher educators in sub-Saharan Africa. This contains 8 modules covering topics such as protecting oneself from HIV infection; the impact of HIV and AIDS and living positively and care and safety in institutions such as schools and colleges. There is no specific module on gender and there are relatively few references to gender issues throughout the manual.

## **2. Education and stigma and discrimination;**

Women living with HIV or AIDS often experience greater stigma and discrimination because of gender inequality. Children whose parents or caregiver has or is suspected of having HIV or AIDS are also highly vulnerable to stigmatisation.

The phenomena of stigma and discrimination in response to HIV and AIDS are recognised as significant barriers to prevention of further infections, the provision of care, support and treatment and alleviating impact (UNAIDS. 2002b). While stigma and discrimination are reasonably well researched with regard to sex workers and men who have sex with men, there has been less research on how such stigma is gendered between girls and boys, men and women. Wood and Aggleton (2004) recommend that sensitive and participatory research is needed to understand the contexts of stigma and discrimination, including the sexual cultures of stigmatised groups. For schools, recommended interventions include lifeskills education, the involvement of the mass media – television and radio in discussing sensitive subjects relating to sexuality and workplace codes of practice and policies. The involvement of people living with HIV and AIDS is to be promoted.

Kelly (op cit) reports that many children do not attend school because of the stigma and shame they encounter at school because of the AIDS in their families. Stigma towards HIV positive teachers is reportedly high (Boler. 2004) because of their special role in society as guardians of children. However, the evidence base is weak. There is also a lack of research into school-based approaches to reducing stigma and discrimination and what constitute the characteristics of effective programmes. In conclusion, the education sector response to AIDS-related stigma and discrimination appears to be weak.

### **3. HIV and AIDS workplace policies;**

The development of a workplace policy is the single most important action an organisation can take in the fight against HIV and AIDS (ILO. 2002). The ILO Code of Practice (ILO 2001) provides comprehensive guidelines for the development of workplace policies and programmes. These encourage an approach based on ten key principles. Gender equality is one of these as are prevention, care and support, non-discrimination and confidentiality.

Workplace policies should be agreed between management and workers representatives. An agreed policy demonstrates that both union and management are committed to dealing with HIV and AIDS issues in the workplace and is more likely to be implemented. HIV and AIDS workplace policies need to refer to other workplace agreements such as health and safety, grievance and disputes procedures, disciplinary procedures and grounds for dismissal.

Schools are workplaces and the provisions laid down in the ILO Code of Practice on HIV/AIDS in the workplace are applicable, though there would be likely some additional benefit in customising guidance for the education sector. Workplace policies on HIV and AIDS need to protect the teaching profession and must include non teaching staff at school and also in central and district Ministry of Education offices and other support structures (Allemano. 2004).

UNESCO (2003c) states that the process of workplace policy development must be tailored to particular needs of countries. This is needed at different levels including with teachers' service commissions, district and provincial education offices and schools. Codes of conduct and discipline need to be applied rigorously and consistently. This includes zero tolerance of sexual harassment and abuse of students at school by teachers and other education staff.

In an 18-country study, none had adequate workplace policies on HIV and AIDS and none had adequate laws, policies or procedures to prevent schools from discriminating against HIV positive children (Boler. Op cit). However, There are signs of increased impetus in the development of HIV policies for the education sector in Africa, including in countries such as South Africa, Namibia, Uganda, Ghana and Kenya. The data-base on national education policy on HIV and AIDS is weak, including on the extent to which countries are investing in the development and implementation of workplace policies in the education sector. Some countries are developing overarching policies for the public sector as a whole.

The integration of HIV/AIDS workplace policies into comprehensive sectoral policies and planning processes on HIV and AIDS leads to a more systematic and integrated approach (Grant et al, 2004).

Developing and implementing workplace policies on HIV and AIDS is far from being unproblematic. Grant et al (op cit) cite a formidable list of key constraints identified by governments in South Africa and Malawi. These include:

- Lack of commitment and support from decision makers and management;
- Shortage of available policy development skills;
- Lack of understanding of HIV and AIDS;
- Lack of information and specific data
- Lack of financial resources;
- Lack of dedicated staff to run the programmes;
- Lack of communication and networking;
- Lack of capacity building to deal with the issues.

It is unclear how workplace policies on HIV and AIDS are promoting gender equality in the education workplace, or how gender issues are being mainstreamed in workplace prevention programmes. This must be an agenda for educational research.

#### **4. Support for children affected by AIDS.**

While it has been established that education is capable of reducing the spread of HIV, AIDS is proving its capacity, especially in high HIV prevalence countries of sub-Saharan Africa, to undermine the effectiveness of education systems. Kelly (2000) maps out the impact of HIV and AIDS on educational demand and supply.

Educational demand is affected through impacts of AIDS on children, their families and communities. This includes the demographic effects of AIDS in terms of the number of children there will be to educate.

The increase in orphans may be one of the most significant impacts of AIDS (World Bank. 2002a). These are among the most vulnerable children in society. More than 14 million children have lost one or both parents to AIDS, the vast majority of them in sub-Saharan Africa. By 2010, the number, globally, will have risen to more than 25 million, but this will be just a fraction of the number of children whose lives will have been affected by the impact of HIV and AIDS and made more vulnerable as a result (UNAIDS IATT on Education. 2004). Ensuring the education of all these children will be a significant challenge to educational planning in achieving education for all. Unfortunately, current estimates of orphaning (UNAIDS, UNICEF and USAID. 2004) do not include gender- disaggregated data and only in relation to sub-Saharan Africa is it possible to estimate the number who have been orphaned by AIDS.

The World Bank (2002b) has developed a training module on ensuring access to education for orphans and vulnerable children, which identifies the specific barriers to education for these children. These are:

- The cost of schooling;
- Opportunity cost of schooling;
- Stigmatization and discrimination of children orphaned by AIDS;
- Parents assessment of child's ability to cope; and
- The child's emotional reactions.

There is analysis of OVC enrolment, attendance and performance at school. While there are some country case study data on boys and girls, there is no specific gender analysis in the training module and no recommendations that have specific gender considerations. The general interventions, which are discussed, are gender-neutral.

The section on monitoring and evaluation is gender-blind and includes no discussion of any indicators relating to gender. Similarly, guidance developed by the UNAIDS IATT on Education (2004), while it acknowledges the need for a gender lens in discussing the scale of the challenge, actually provides no specific actions addressing gender issues in its recommendations. Neither is there any discussion of gender equity in the section on guiding principles for action.

Gender, however, is a key factor. HIV and AIDS are putting new barriers in the way of girls' ability to access and complete their education (DFID. 2004). Girls are often the first to be taken out of school to care for sick family members or to take responsibility for siblings (Fleishman. 2003). In the worst cases, girls may resort to transactional sex to provide for themselves and the family. However, the interplay of gender, AIDS and education is quite varied from context to context. UNAIDS (op cit.) reports that analysis of school attendance by orphans does not seem to indicate any consistent pattern of sex-based discrimination. Lower orphan attendance seems to be associated with general lower school attendance. This highlights the need for gender analysis in all contexts to inform strategic educational responses to AIDS-affected children.

AIDS also impacts on educational supply and quality. This is because of the loss through mortality of trained teachers, the absenteeism and reduced productivity of sick teachers and the loss of key personnel including planners, managers, inspectors etc (Kelly, op cit). The supply of teachers in rural areas may be particularly badly

affected (World Bank. op cit). The evidence base on how AIDS is impacting on educational quality in processes and learning outcomes is extremely weak due to lack of appropriate research. Little has been written in this field and data are largely anecdotal (Allemano. op cit). Consequently, it is extremely problematic to attempt to determine the gender dimensions in this area.

The literature on the impact of AIDS on education supply and quality is surprisingly light in coverage of gender issues. Much of the effort has gone into quantifying the impact on teachers and modelling future impact. While there are ongoing methodological issues (Boler, 2003) relating to determining the impact of AIDS on teacher supply, much more needs to be known about how impact is affecting the gender balance of the teaching force and whether this has implications for educational practice at school and in the classroom. Research into the impact of AIDS needs to have a much clearer focus on gender and investigate both qualitative and quantitative dimensions on education. At the very least data on teachers and children should be disaggregated by gender.

Education planners need to plan for the demographic impacts of AIDS for forecasting school enrolments on both a national and a local scale (Chau, 2003). Such a forecast is important in estimating total educational costs and the funding required. The demographic impacts of AIDS include a reduction in the number of school-aged children. According to Kelly (op cit) this is due to four factors:

- Increases in adult mortality;
- Increases in child mortality;
- Reduction in fertility rates as a result of HIV infection in women;
- Reduction in births because of deaths of women in child-bearing years.

AIDS reduces the social demand for education. It does this through the impacts of morbidity and mortality on the family and household and through the societal attitudes to those infected and affected manifested in stigma and discrimination.

The impacts of AIDS on the demand for education are gendered. Kelly (op cit) reports that almost invariably it is the girls who are the first to be negatively affected by the impact of AIDS. This is gender inequalities between boys and girls. Factors include the common preference of investing in boys when domestic resources to meet the costs of education are limited. Second, girls are often needed to provide care and support in an AIDS affected household.

## **6. Impact mitigation measures on education sector staff, in particular teachers.**

Assessing the impact of AIDS on teachers is a key dimension of education planning in countries experiencing generalised HIV epidemics. Planning needs to cater for the future supply of teachers. The World Bank, for example, has developed a model (Ed-SIDA/AIDS) to assist Ministries of education in this task (World Bank 2002a). This model uses a demand-supply relationship to estimate the number of teachers that will be required to meet educational plan targets. What is needed in conjunction with this exercise is a means of elucidating what the gender implications of the projections are in relation to the education plan.

The Mobile Task Team which has been funded and supported by USAID to work on the impact of AIDS on education in Africa has developed a basket of tools which include a rapid appraisal framework; educator demand and supply modelling and the District Education Management and monitoring information systems (DEMMIS). DEMMIS captures monthly statistics on teachers, learners, support staff and school governing bodies. It provides time-series data on enrolment, absenteeism, attrition, contact time, drop out, pregnancy orphaning. The data is disaggregated by gender and by grade. These allow for the impact of AIDS to be comprehensively monitored.

Countries where human resources are hard hit by AIDS will need to develop longer-term planning to ensure the stability and quality of the teaching force. This includes a range of possible policy options, such as increasing the output from teacher training colleges, rehiring retired teachers, hiring relief teachers, using pupils for peer education; reforming teacher education to allow for teachers to cover a broader range of the school curriculum, the use of distance education in teacher training and recruiting foreign personnel. In identifying and selecting measures to respond to the impact of AIDS on teaching, it is important to maintain a gender perspective in order to identify how the policies will impact on gender relations in and targets for the sector.

### **HIV and AIDS Education for out of school children**

Children who are not in school, who have either never enrolled or dropped out represent one of the most vulnerable and at risk populations of young people. They are harder to reach than children at school. They include the most marginalized from society; orphans, refugees, migrants, minorities, victims of trafficking, the disabled, those living on the street and child labourers. The medium to longer-term solution must be to develop and implement policies increase school enrolment, attendance and completion. In the short run, special programmes are needed to reach them.

The HIV and AIDS education needs of out of school youth need to be addressed either through NGO or government channels. Coverage is currently extremely low. There are concerns about programme quality too. Tiendrebeogo et al (2003b) conclude that there are strong limitations in many HIV prevention materials for this target group. Few have any significant life skills content. Few have positive gender roles and few effectively portray the vulnerability of young women. Subjects such as transactional sex, violence against women and sex with older men are not covered sufficiently. There is almost no mention of sexual orientation in any of the publications. Many approaches are underpinned by fear or moralising. It is recommended that materials pay particular attention to helping girls and young women to understand the factors that place them at risk. Positive role models of assertive girls and women need to be included. As with school-based curricula, attention needs to be paid to developing appropriate monitoring mechanisms. Research is needed into what strategies are effective with hard to reach young people (Schaalma. H. et al. 2002).

There is a conspicuous lack of coherent support for HIV and AIDS education programmes for out of school populations. Guidance is lacking for educator planners, including from a gender perspective.

HIV education needs to be included in gender-sensitive adult literacy and post literacy programmes (Aksornkool, 2001; Medel-Anonuevo, 2002), but the evidence base is extremely weak on effective approaches and there is a lack of comprehensive guidance. More investment in this area is needed.

### **Meeting International Commitments on Education, Gender and AIDS**

Attention needs to be given to better aligning the international frameworks for education and HIV and AIDS.

International commitments on education provide a comprehensive framework for action on education for all, but are less effective for addressing HIV and AIDS. These include those agreed in Dakar in 2000 on Education for All (EFA). The six Dakar goals while addressing eliminating gender disparities in primary and secondary education by 2005 and achieving gender equality in education by 2015 with a focus on ensuring girls full and equal access to and achievement in basic education of good quality (goal 5), made no explicit mention about education either preventing HIV or the need to manage the impact of AIDS on the education sector.

UNESCO in 2002 published an international strategy to put the Dakar Framework for Action on Education for All into action. This proposed 12 strategies for action. The seventh concerns implementing 'as a matter of urgency education programmes to combat the HIV/AIDS pandemic'. This failed to include any consideration of gender issues in education.

Three global monitoring reports on EFA have been published to date (UNESCO: 2002a, 2003a, 2004). While there have been efforts to incorporate monitoring on HIV and AIDS, this has been ad hoc and fragmented in approach.

The 2002 GMR report (UNESCO 2002b) presents HIV and AIDS as a residual issue, worthy of discussion but not detailed investigation. There is as yet no agreed framework for monitoring the education response to HIV and AIDS within the EFA approach.

The 2003 GMR report (UNESCO 2003a) includes discussion of HIV and AIDS in connection with girls' education. It fails to provide a systematic assessment of the issues and gives only scattershot data. It fails to incorporate the UNGASS Declaration of Commitment on HIV/AIDS indicators which relate to education. The 2004 GMR (UNESCO, 2004) provides only a cursory discussion of HIV and AIDS issues in relation to quality education. A consequence of the failure of the EFA GMRs to conceptualise the monitoring of the education response to HIV and AIDS is that data are few and do not readily permit comparisons. It is extremely problematic to make assessments of the threat of AIDS to EFA and at the same time provide a robust picture of the effectiveness of the education response. Needless to say this is also an effective impediment also to assessing progress in responding to gender issues in this area. This suggests institutional failure within UNAIDS to address what is considered a key component of the multi-sectoral response to HIV and AIDS.

The UNGASS Declaration of Commitment on HIV/AIDS (United Nations, 2001) sets out a wide agenda covering leadership; prevention; care, support and treatment;

human rights; reducing vulnerability, children orphaned and made vulnerable; alleviating social and economic impact; research and development; HIV and AIDS in conflict and disaster affected regions; resources and follow up. As can be seen from the categories listed above, there is no specific consideration of gender inequality and gender issues have been mainstreamed.

Time-bound UNGASS commitments relating to school aged children and the education response to HIV and AIDS as part of the national multi-sectoral effort are limited to:

- article 53 which sets targets of access to information and education services including peer education and youth specific education and services necessary to develop life skills required to reduce their vulnerability to HIV infection of at least 90% by 2005 and at least 95% by 2010 of young men and women aged 15 to 24.
- article 60 which sets the target of by 2005 implementing measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV prevention, principally through the provision of health care and health services... and through prevention education that promotes gender equality within a culturally and gender-sensitive framework;
- article 61 which sets the target of by 2005 for development and accelerated implementation of national strategies for women's empowerment. This includes elimination of all forms of discrimination as well as all forms of violence against women and girls
- article 63 which sets the target of by 2003 developing and strengthening strategies , policies and programmes ... to reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV/AIDS in the curricula for adolescents; ensuring safe and secure environments , especially for girls;
- article 65 which sets out the targets of by 2003 developing and implementing by 2005 national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS....ensuring their enrolment in school...

The UNGASS commitments provide a framework for action, albeit imperfect. The contribution of education is arguably under-emphasised as are gender issues. It is notable that there is no reference to mitigating the impact of AIDS on the education system. While there mention of the need for social science research, the emphasis given is strongly biomedical in orientation and there is no reference whatsoever of any need for research on gender issues. There is, moreover, no mention of the need to disaggregate data by gender when developing appropriate monitoring and evaluation mechanisms (article 95).

In 2002, UNAIDS published guidance on core indicators for monitoring the Declaration of Commitment of HIV/AIDS. Indicators relevant to the education response are to be found within the section on national programme and behaviour indicators. These are:

- percentage of schools with teachers who have been trained in life skills based HIV/AIDS education and who taught it during the last academic year;
- percentage of primary and secondary schools where life skills-based education is taught (additional indicator);
- percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (gender disaggregated);
- ratio of current school attendance among orphans to that among non orphans aged 10-14 (gender disaggregated).

The international human rights instruments have a key role in providing normative guidance to tackling HIV and AIDS. The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) addresses, for example, gender-based violence and sexual discrimination, early marriage, stereotyped sexuality access to health services, women's leadership and participation. Specific guidance on CEDAW and HIV and AIDS has been developed by UNIFEM. Regarding the rights of children, there is the Convention on the Rights of the Child (CRC). As yet there is no specific guidance on the CRC and HIV and AIDS.

### **The current situation of the Education response to HIV and AIDS**

There is no agreed framework for monitoring the education response to HIV and AIDS. It is therefore virtually impossible to provide robust evidence on the state of and trends in national education sector responses to HIV and AIDS. While the EFA Global Monitoring Reports to date (UNESCO. 2002, 2003 and 2004) have included discussion of HIV and AIDS issues, it has not yet included a set of indicators which could be used to monitor progress in national responses or indeed the impact of AIDS on the education sector. At present very few Ministries of education collect HIV and AIDS related data. There is a need for Ministries of Education to determine their performance indicators for HIV and AIDS as well as for gender. There is also a need for a means of cross-country comparison on education responses to HIV and AIDS. A promising model for this is the OVC Effort Index (UNAIDS. 2004), which could be adapted for this purpose.

The UNGASS Progress Report (UNAIDS, 2003) reported extremely low HIV-prevention coverage. Only 30 countries reported on the life skills based education indicator and of these only half were making efforts to incorporate a life skill approach into their educational programmes. In reporting on basic HIV/AIDS knowledge, levels are consistently lower for young women than for men. In data on school attendance, the ratio of school attendance among orphans to that of non-orphans is almost 1:1 in more than half of responding countries.

There is a need to marry UNGASS Core Indicators with a more comprehensive education indicator set which would be capable of monitoring education sector responses to HIV and AIDS, including from a gender perspective.

In a review of the EFA Fast Track Initiative Clarke and Bundy (2004), revealed significant shortcomings in the approach to HIV and AIDS in educator sector development and endorsement processes. FTI guidance on education and AIDS issues was insufficiently comprehensive and the most of the endorsed plans failed to include specific costings for HIV and AIDS.

## **Mainstreaming gender in education: mainstreaming HIV and AIDS**

The Beijing Platform for Action includes a commitment to mainstreaming gender perspectives throughout policy and planning processes in all sectors. This implies obligations at various levels. First governments have an obligation to implement a mainstreaming approach. Second, development cooperation agencies must take account of this in planning country level support.

The main components of capacity for gender mainstreaming put forward by the DAC (OECD, 1998) include:

- Understanding and commitment. There needs to be clarity about the goal of gender equality at both senior decision making levels of government and commitment to pursuing this goal on the part of both institutions and individuals;
- Structures and mechanisms. This would ensure that gender equality development issues are raised within government planning and decision making processes, to make inter-sectoral linkages and to hold agencies accountable;
- Information data and research. This includes gender disaggregated data to support policy and programme formulation, together with gender-focussed research;
- Analytic, planning and management skills. These are required to identify and respond to relevant issues of gender development;
- Participatory mechanisms. Through these gender equality advocates can participate in decision making about policy formulation and evaluation.

These components remain relevant and provide a framework for the education sector to develop capacity in gender. They are also applicable to mainstreaming HIV and AIDS in the sector.

The Commonwealth Secretariat (2002) has developed a gender mainstreaming approach to HIV and AIDS. This involves a number of key stages.

- Sensitisation of key stakeholders to the needs and opportunities;
- Detailed planning which meets national requirements and which is set in the context of local economic and cultural factors;
- Generation of political commitment leading to effective political action; and
- Sustained efforts at all levels to maintain momentum and ensure continued responsiveness.

Ministries of Education and donor agencies alike need to review their progress in mainstreaming firstly gender and secondly HIV and AIDS. An interesting exercise would be to assess how both processes are coordinated and complement each other.

## **Monitoring and Evaluation**

Currently the international framework for monitoring the education response to HIV and AIDS is extremely limited. Apart from the UNGASS Declaration of Commitment indicators there is as yet no agreed set of indicators for monitoring the impact of AIDS on education systems or HIV prevention education. UNGASS seems to be unfamiliar to education sector development and not aligned with EFA reporting.

Core indicators are being developed by UNICEF for monitoring responses to orphans and vulnerable children, in line with UNGASS and the Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS (UNICEF, 2004). This includes access to education as an essential service. These will need to be aligned with EFA monitoring.

There are no agreed performance indicators for Ministries of Education to assess their progress in policy and programme responses to HIV and AIDS. This makes cross-country comparisons and learning problematic. The data base on national education responses to HIV and AIDS is therefore highly fragmented and incomplete. Reporting as in the EFA GMR is as a consequence unfocused and of poor quality.

The World Bank (2004) in presenting the findings of a multi-country study on gender issues in selected HIV/AIDS projects in Africa recommends that including gender-related performance indicators is a means of strengthening attention to gender issues and constitute a key entry point. There is no international data-base for these in the education sector response to HIV and AIDS. They may be incorporated in national education plans or AIDS strategies, but there is no comprehensive indicator or data set currently available.

Carr-Hill (2004) proposes an indicator framework for monitoring educational systems in the context of HIV and AIDS and poverty. These include indicators for enrolment, discrimination, learning outcomes including HIV prevention education, teacher loss and productivity, student participation (enrolment, attendance, repetition and dropout); impacts on parents and guardians, out of school programme provision. This indicator list merits further debate. It does not include any gender performance targets and also does not cover curriculum, workplace and teacher preparation issues.

## **Key conclusions**

The education response to HIV and AIDS represents a complex set of issues that require both a gender and an AIDS mainstreaming approach for comprehensive responses. The two issues are interlocking. Better conceptualisation is required to ensure that both vulnerability and risk are addressed through enabling and focussed actions.

There is an urgent need for stronger political commitment and leadership on the education response to HIV and AIDS and addressing the embedded gender issues. This includes women leaders. Leadership and political will at the country level are essential for successfully addressing gender inequality in education and addressing HIV and AIDS (e.g. Bruns et al, 2003, Commonwealth Secretariat, 2002, Herz and Sperling, 2003, DFID 2003). This requires leadership at the highest level as well as the involvement of leaders at all levels down to community level.

Governments need to develop comprehensive, nationally owned sector-wide strategies for education. These need to include specific attention to ensuring gender equality in education. In the majority of contexts, this will entail a focus on ensuring that girls have full and equal access to education. In some contexts, there will need to be a stronger focus on boys' education. These plans need to include comprehensive responses to HIV and AIDS appropriate to the dimensions of the national epidemic and the vulnerability and risk factors for boys and girls. They need to address effectively in a gender sensitive approach a range of interventions: HIV prevention; stigma and discrimination; workplace issues; children affected by AIDS and the impact of AIDS on sector staff, especially teachers. Approaches need to be evidence based and more attention needs to be given to developing the evidence base and making accessible through better toolkits and training to policy makers, planners and other education professional. More gender-sensitive social and education research is needed. Much more research is needed in education from a gender perspective including on classroom practices and school environments into gender. National plans need to include comprehensive gender-sensitive performance indicators within monitoring and evaluation frameworks in all of these areas.

There is a lack of emphasis in education sector development on gender analysis, gender training, capacity building and networking. This is what mainstreaming is or should be about. Efforts to mainstream HIV and AIDS should build on and be aligned with existing attempts to develop gender equality in education. Support needs to be given to building capacity in Ministries of Education to undertake good quality gender analysis in policy, planning and programme development. This includes HIV and AIDS education policy dimensions. Malawi, for example, has set up a Gender Appropriate Curriculum Unit to improve the curriculum, support its implementation in schools and assess the results. It has also assisted in reforming teacher training (Herz and Sperling).

Civil society has a key role to play in education development, but often not sufficiently appreciated or harnessed by governments. This includes putting pressure on government to deliver and to support its efforts. It includes providing skills and resources that are traditionally lacking in education sectors. More inclusive partnerships are required with the business community, faith based organisations, NGOs the media and women's organisations, networks of PLHAs. Broader participation needs be promoted in curriculum design and other policy development and this includes child participation.

Finally finance. Both national governments and international donors need to demonstrate greater commitment to addressing HIV and AIDS through education with adequate attention to gender issues and related capacity building. Extra resources are required. UNESCO (2002b) estimated that \$5.6 billion in external resources is required annually to achieve universal primary education. This does not include comprehensive costings for HIV and AIDS. More attention is therefore needed to develop more comprehensive costings for education sector development in a world with HIV and AIDS.

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