

Inter-Agency Task Team (IATT) on Education

TOOLKIT FOR MAINSTREAMING
HIV AND AIDS IN THE EDUCATION SECTOR:
Guidelines for Development Cooperation Agencies



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World Health Organization (WHO) – www.who.org

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Preface

This toolkit aims to help education staff from development cooperation agencies, including both development- and humanitarian-oriented multilateral and bilateral agencies as well as non-governmental organizations (NGOs) and other civil society organizations, to support the process of mainstreaming HIV and AIDS into education sector planning and implementation. It provides resources and support to assess the progress countries have made with respect to HIV and AIDS mainstreaming; to identify entry points and opportunities; and to establish priorities for advocacy and action. It is designed to be used as a reference tool or a resource for training and discussion, depending on the local needs and context.

The toolkit was developed for the UNAIDS Inter-Agency Task Team (IATT) on Education, expanding on materials used in a 2005 Seminar in Lusaka, Zambia hosted by the Swedish International Development Cooperation Agency (SIDA). Formed in 2002, the IATT on Education is convened by UNESCO and brings together UNAIDS Cosponsors, bilateral agencies and civil society organizations with the purpose of accelerating and improving a coordinated and harmonised education sector response to HIV and AIDS. Its specific objectives are to promote and support good practices in the education sector in relation to HIV and AIDS and to encourage alignment and harmonisation within and across agencies to support global and country-level actions. The IATT seeks to achieve these objectives by: strengthening the evidence base and disseminating findings to inform decision-making and strategy development, encouraging information and materials exchange, and working jointly to bridge the education and AIDS communities and ensure a stronger education response to HIV and AIDS.

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A **cronyms**

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CABA	Children Affected by AIDS
CDC	Centers for Disease Control and Prevention, US
CFS	Child-friendly schools
EFA	Education for All
EI	Education International
EMIS	Education Management Information System
FRESH	Focusing Resources on Effective School Health
FTI	Fast Track Initiative
HEARD	HIV/AIDS and Economics Research Division
HIV	Human Immunodeficiency Virus
HPS	Health Promoting Schools
IATT	Inter-Agency Task Team
IIEP	International Institute for Educational Planning
MDG	Millennium Development Goal
MTT	Mobile Task Team on the Impact of HIV/AIDS on Education
NGO	Non-governmental organization
PRSP	Poverty Reduction Strategy Paper
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infections
UBW	Unified Budget and Workplan
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

Introduction

The challenge

HIV and AIDS mainstreaming in the education sector ensures that addressing HIV and AIDS is not an add-on or a separate activity but an integral part of education sector policies, strategies and actions. It is a process which requires the engagement of the education sector with key areas of attention such as gender and sexual and reproductive health and rights (SRHR) and with other sectors including health, youth affairs, and the private sector, among others.

While the main responsibility for mainstreaming lies with ministries of education in each country, development cooperation agencies, including both development- and humanitarian-oriented multilateral and bilateral agencies, as well as non-governmental organizations (NGOs) and other civil society organizations, can and should be playing a supportive role. Experience has shown, however, that education staff in these agencies face a variety of challenges in supporting the mainstreaming of HIV and AIDS. They encounter difficulties in starting and sustaining dialogue (especially in countries where the HIV prevalence is low); in deciding on key entry points, priorities and strategies for moving the mainstreaming process along; in identifying what role to play, particularly in the context of decreasing direct involvement in implementation; in deciding how to involve key stakeholders; in achieving decentralised approaches to addressing HIV and AIDS; and in ensuring adequate attention to key drivers of the epidemic including gender inequality, stigma and discrimination and human rights abuses.¹

The aim of this toolkit is to help education staff from development cooperation agencies in supporting the process of mainstreaming HIV and AIDS into education sector planning and implementation. The toolkit provides resources and support to assess the progress countries have made with respect to HIV mainstreaming; it identifies suitable entry points and opportunities; and it establishes priorities for advocacy and action.

The toolkit – who and what it is for

This toolkit aims to support education sector specialists in development cooperation agencies working in the field and at agency headquarters to:

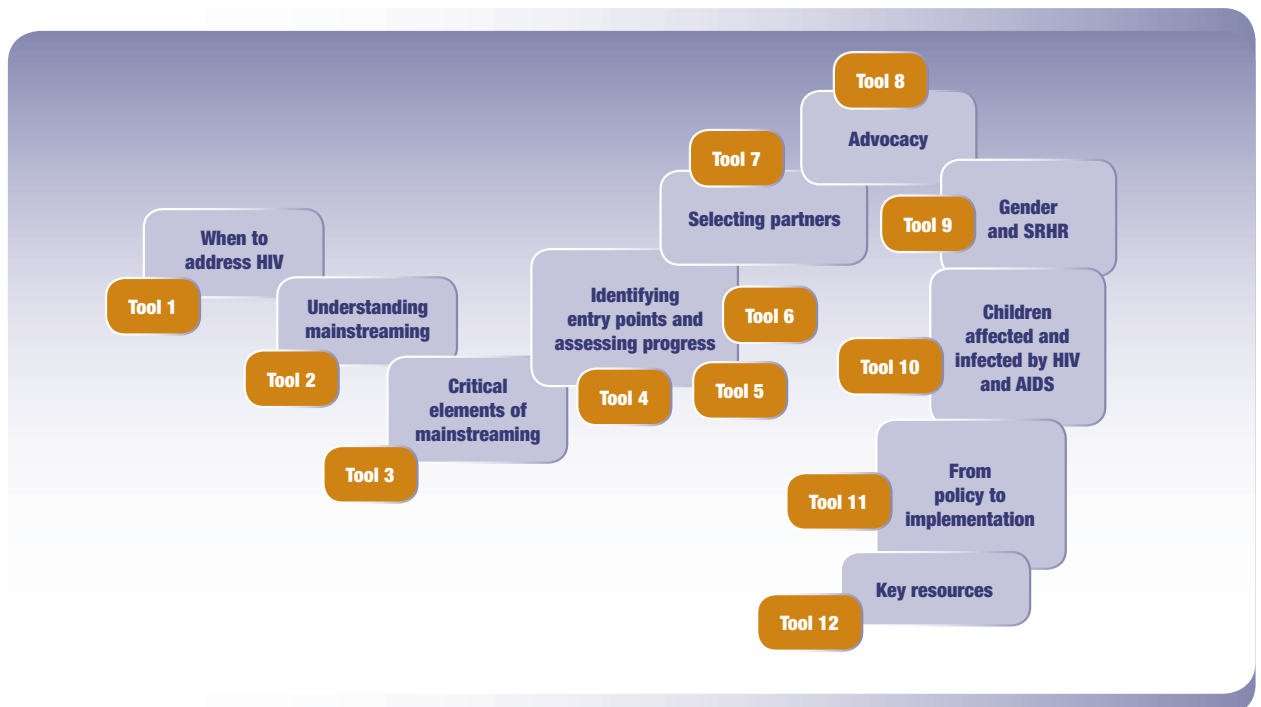
- Make a competent and comprehensive assessment of the status of mainstreaming HIV and AIDS into education sector plans.
- Identify key areas that are not being addressed and decide on priorities.
- Develop a strategy for addressing the gaps.
- Constructively engage in dialogue with ministries of education and other partners to improve the mainstreaming of HIV and AIDS in education.
- Periodically review progress towards HIV and AIDS mainstreaming in education.
- Have access to updated resources on HIV and AIDS mainstreaming in education for their own use, and for sharing with other education partners.

It is expected that the toolkit will also be useful in helping education staff to engage with development agency colleagues working on related issues, such as good governance, social development and human rights. It should also help them to engage with other colleagues in the sector, such as ministry of education staff and partners working for NGOs.

Overview of content

The toolkit consists of the following resources:

- A joint agency position paper on HIV & AIDS and education, outlining the key principles and priorities that development cooperation agencies belonging to the UNAIDS IATT on Education subscribe to.
- A series of mainstreaming tools that focus on defining mainstreaming, assessing the status of mainstreaming of HIV and AIDS in education sector plans, identifying entry points, and conducting a stakeholder/partner analysis.
- A module on communication and advocacy specifically focusing on strategies for improving dialogue and coordination around the mainstreaming of HIV and AIDS in education.
- Two modules for mainstreaming gender equality and the issues of children who are vulnerable to and affected by HIV and AIDS in education responses to the epidemic.
- A checklist for periodically reviewing progress on the mainstreaming of HIV and AIDS in education sector plans.
- Reference materials on HIV and AIDS mainstreaming in education.
- A list of web resources and institutions with experience in the supporting mainstreaming of HIV and AIDS in education.



How to use this toolkit

The toolkit can be used as an independent reference tool or as a resource for training and discussion during workshops. Each tool contains an introduction to the topic, specific examples, suggestions of further resources and questions for reflection and further exploration. The tools have deliberately been kept very brief. Each tool can be used independently or in conjunction with one or more of the other tools, depending on the local needs and context.

Comments or suggestions?

Feedback on these materials is very welcome! Please send any suggestions or questions to the IATT Secretariat: info-iatt@unesco.org.

Joint Agency Position Paper on HIV & AIDS and Education

Background

In line with the increased emphasis on aid effectiveness and United Nations (UN) reform, development cooperation agencies are committed to working towards more harmonised and transparent activities so that their collective actions have a greater impact. Coordination and harmonisation of responses to the HIV and AIDS crisis are at the centre of the work being carried out by UNAIDS Inter-Agency Task Teams (IATTs).² In this context, the UNAIDS IATT on Education brings together UNAIDS Cosponsors, bilateral agencies and civil society organizations³ with the purpose of accelerating and improving a coordinated and harmonised education sector response to HIV and AIDS. The aim is to promote good practice both globally and at regional and country levels.

The UNAIDS IATT on Education is convinced that HIV and AIDS mainstreaming into existing education sector programmes and projects is the key to addressing HIV and AIDS effectively through education. While the main responsibility for mainstreaming lies with ministries of education, the IATT recognises that development cooperation agencies can and should play a major role by supporting and sustaining dialogue with partners, by prioritising a comprehensive sector-wide approach to mainstreaming HIV and AIDS, and by providing resources and inputs. This toolkit is part of these efforts.

Point of departure

Education contributes to the empowerment of the individual, as well as to a country's economic and social well-being. It helps individuals to make more informed choices about their health, family size, their future and the future of their children. In line with the Millennium Development Goals (MDGs) and commitments to Education for All (EFA)⁴, IATT member agencies are committed to ensuring that education is accessible to every child, that it is of high quality, and that it provides the knowledge and skills that children and young people need to secure their future. All levels

of education — from early childhood to post-secondary to adult literacy programmes — and all modes of delivery (e.g. formal and non-formal) have an important role to play in the advancement of a country's socio-economic status and its capacity to deliver services, including for the education sector itself.

The linkages between HIV & AIDS and education are complex. On the one hand, the chances of achieving important education goals set by the international community are severely threatened by HIV and AIDS. The AIDS epidemic undermines broad progress in development and reduction of poverty and, in doing so, poses a serious threat to basic human rights. On the other hand, global commitments to strategies, policies and programmes that reduce the vulnerability of children and young people to HIV will not be met without the full contribution of the education sector. Preventing and mitigating the impact of the epidemic is therefore a top priority.

Education has the potential to reduce the risk of exposure to HIV. Research from around the world shows that participating in primary and secondary schooling is a critical factor in protecting young people, and especially girls, from HIV infection.⁵ Life skills education programmes that include specific skills to reduce risk to HIV (such as how to use a condom or how to refuse unwanted sex) and skills that reduce some of the underlying structural drivers of HIV (such as gender inequality or poverty) can address the socio-cultural dynamics that create situations where young people become vulnerable to infection. Numerous research studies also show that sex education and HIV education delivered through curriculum-based programmes can be effective in improving young people's knowledge, skills and behavioural intentions.⁶ These programmes can also delay the initiation of sex, decrease the number of sexual partners and promote condom use among the sexually active. In this context it is critical that SRHR are promoted and upheld to address the increasing feminisation of the epidemic, whereby women are increasingly and disproportionately affected by AIDS.⁷

Key guiding principles

The following key principles guide the work of the IATT member agencies as they move the agenda forward on HIV and AIDS mainstreaming in education.

Mainstreaming

Mainstreaming HIV prevention and HIV & AIDS impact mitigation activities within education sector plans should be a priority in all countries. Mainstreaming ensures that addressing HIV and AIDS is not an add-on or separate activity but rather an integral part of education sector policies, strategies and actions. Education sector stakeholders, in collaboration with other key stakeholders such as the health sector and the national AIDS programme, should take the lead on all HIV and AIDS activities in the education sector, including projects and programmes implemented by external partners.

Country context

Any response to HIV and AIDS needs to take the character and state of the epidemic into account.⁸ The epidemic is a moving target; social, economic, cultural and political factors determine the speed at which it spreads and its impact. New areas of attention emerge and require constant adaptation of strategies and interventions. The IATT on Education believes that these contextual factors must guide the strategic response to the AIDS epidemic in each country, so as to address differences between regions and districts, between rural and urban areas, and between population groups (such as those that are vulnerable or displaced).

Alignment and harmonisation

The IATT on Education strongly emphasises that country and education plans, as well as strategies for responding to HIV and AIDS and for eradicating poverty, must constitute the basis for all HIV and AIDS interventions in education. IATT member agencies all support and promote the universally accepted 'Three Ones' principle – one agreed HIV and AIDS framework; one national AIDS coordinating authority; and one country-level monitoring and evaluation system.⁹ Harmonisation with other development cooperation partners to implement common arrangements, simplify procedures and reduce transaction costs is thus an important priority. The IATT on Education believes it is critical that all support is aligned with national sector plans and that financial support is provided as part of harmonised funding mechanisms.

Comprehensive approach

The IATT on Education agrees to commit to a comprehensive approach to HIV and AIDS in education that promotes and protects human rights. This approach requires attention to prevention, care and support (including access to treatment), impact mitigation, workplace issues and management of the response. Commitment to longer-term interventions is essential, as is the involvement of people living with HIV. Promoting a better understanding of factors that put people at risk of HIV (such as unsafe sexual practices and substance abuse), of factors that drive stigma and discrimination, of gender and equity issues, of SRHR, of school community linkages, and of the special education needs of children affected by HIV and AIDS, are all part of a comprehensive approach.

Funding and support mechanisms

The preferred funding and support mechanism for development cooperation agencies is coordinated sector programme support. This provides an excellent opportunity for ensuring that HIV and AIDS are mainstreamed and addressed throughout the education system. At the international level, the EFA Fast Track Initiative (FTI)¹⁰ provides an example of an opportunity for ensuring that HIV and AIDS are integrated into policies and practice in education. In addition, other education projects and programmes, including direct HIV and AIDS interventions, have a crucial and complementary role to play in ensuring the effective implementation of education plans.

Implementation

In terms of implementation, IATT member agencies have given priority to the following target groups and activities:

Target groups

In areas highly affected by AIDS, the epidemic is increasing the scale of existing systemic and management problems in education. While education systems have always had problems of supply, demand, quality and output, HIV and AIDS magnify these problems and increase their scale.¹¹ All levels of the education system have to respond to the changing needs of learners, educators and education personnel, including management.

Access to education for all children, particularly the poorest and most marginalised, is essential to ensure that schools play an effective role in HIV prevention and

HIV & AIDS impact mitigation. The IATT on Education strives to ensure that particular efforts are undertaken to assist the increasing number of children affected by HIV and AIDS, including orphaned and vulnerable children, and children who are at risk (including those from food-insecure households and those in conflict situations). Priority is also given to ensuring that elderly people – who are increasingly becoming caregivers for their grandchildren and extended family – are given due attention.

Special attention also needs to be given to the increasing feminisation of the epidemic in certain regions and to how poverty potentially puts young women at higher risk of HIV infection. It is therefore essential to support gender-responsive strategies, as well as gender-targeted interventions – addressing both women and men and girls and boys, and giving prominent attention to SRHR.

Priorities

In partnership with parents and communities, schools and other learning environments have an important role to play in reducing the risks and vulnerabilities associated with HIV and AIDS. In reaching this goal, the IATT on Education commits itself to the following priority actions:

- Promoting policies and practices that favour effective learning and school attendance (for example, through flexible and participatory delivery), gender equity, safe and protective learning environments, access to youth-friendly health and support serv-

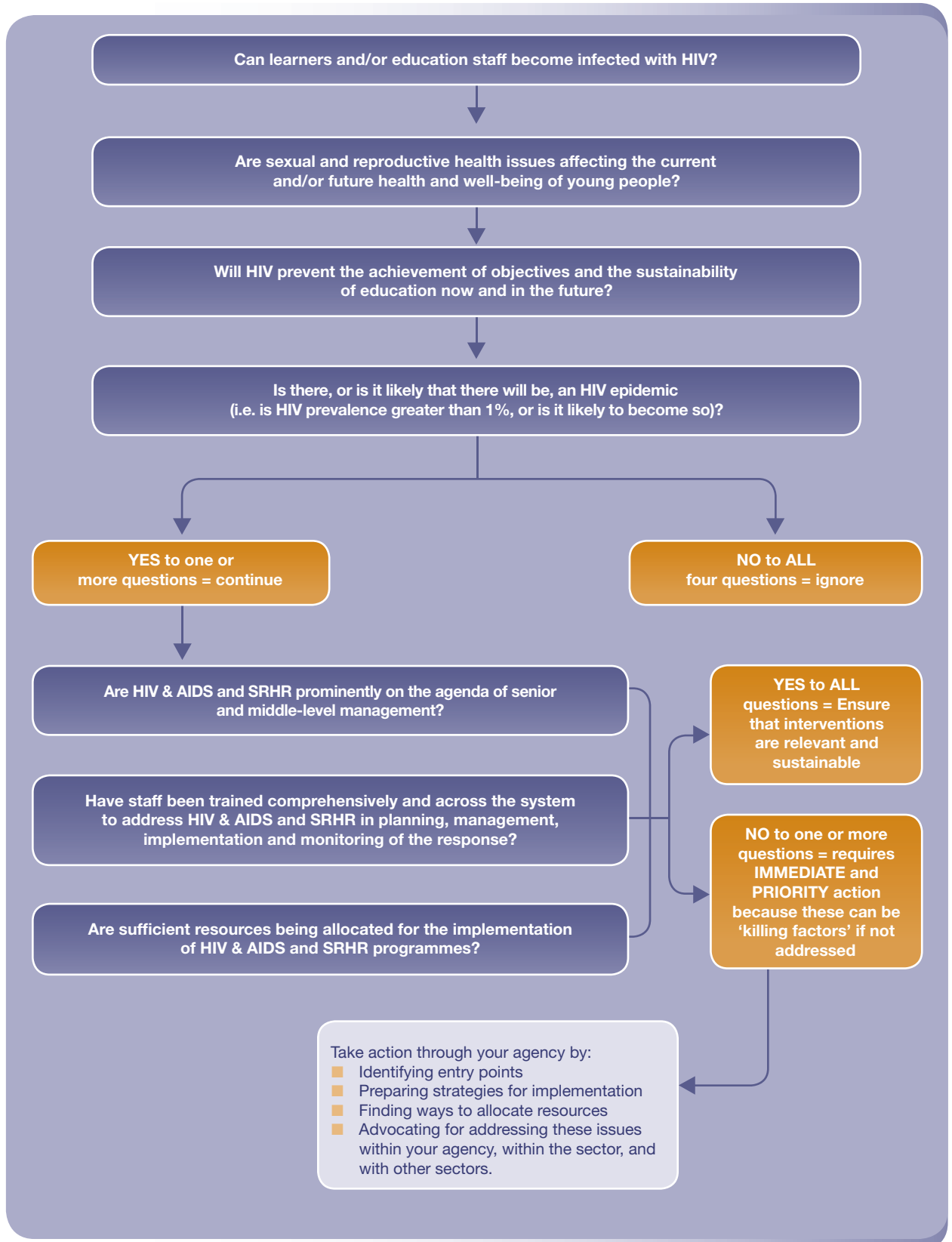
ices, and an environment free of stigma and discrimination.

- Ensuring that educators and other education personnel are well prepared and supported to address HIV and AIDS through in-service and pre-service training, through the implementation nationally endorsed workplace policies for the education sector,¹² and through access to health and support services.
- Ensuring HIV and AIDS are given adequate attention as part of the school curriculum at all levels and that holistic health promotion programmes following FRESH (Focusing Resources on Effective School Health) guidelines¹³ in schools address the range of behaviours that put young people at risk of HIV infection (e.g. unsafe sex practices, substance abuse and violence).
- Promoting peer education, life skills education and livelihood support for children and young people both in school and outside of school, and among teachers and educators.
- Providing accurate and good quality teaching and learning materials on life skills, gender and HIV & AIDS for use by learners and educators.
- Fostering research that enhances the evidence base and feeds into policy decisions and practice at the country level.

Additional resources

- UN. 2000. *Education for All: Dakar Framework for Action*. http://www.unesco.org/education/efa/ed_for_all/dakfram_eng.shtml
- Education for All Fast Track Initiative <http://www.fasttrackinitiative.org>
- Focusing Resources on School Health (FRESH) <http://www.freshschools.org>
- ILO. 2001. *ILO Code of Practice on HIV/AIDS in the World of Work – Guidelines to Address the HIV/AIDS Epidemic in the Workplace*. <http://www.ilo.org/public/english/protection/trav/aids/publ/code.htm>
- UNAIDS. 2005. *The “Three Ones” in Action: Where We Are and Where We Go From Here*. http://data.unaids.org/publications/irc-pub06/jc935-3onesinaction_en.pdf
- The UNAIDS IATT on Education <http://www.unesco.org/aids/iatt>

Flow chart to assess when HIV becomes a risk to the education sector



When does HIV need to be comprehensively addressed through education?

Purpose

When is it necessary to make a serious commitment to ensuring that the education sector is prepared for, and actively addressing, HIV and AIDS? The flow chart in this tool should be useful for your agency in making an initial assessment of the situation. You can do this assessment by yourself, or with other partners, including ministry of education stakeholders.

The role of education

As outlined in the Joint Agency Position Paper on HIV & AIDS and Education, education can effectively contribute to achieving gender equality, to promoting SRHR and to providing access to knowledge and skills needed for HIV prevention and care.

EDUCATION IS ESSENTIAL

- Schools reach young people before they become sexually active and form fixed attitudes and thus provide an ideal opportunity for influencing their future behaviour.
- Good and comprehensive life skills and sex education programmes have a demonstrated impact on providing the knowledge and skills that young people need to protect themselves.
- Studies have shown that girls who have completed secondary education have a lower risk of HIV infection and practice safer sex than girls who have only finished primary education.
- Education systems can contribute to gender inequalities in society, which in turn fuel the feminisation of the epidemic.
- Schools and teachers often play an influential role in community life.

Source: See ActionAid (2006), Kirby, Laris, and Rolleri (2005) and Kirby, Obasi, and Laris (2006).

How to use this tool

Carefully consider the questions in each of the shaded boxes in the flow chart on page 10 (left), starting from the top and working down. You may want to look up information you do not have, or talk to others who are knowledgeable about the areas covered to ensure you have the correct answer, and/or that your answer reflects the perceptions of others. Once you have decided on the answer to the question, use the arrows to proceed to the next box. When you have finished responding to the flow chart, consider the implications of the questions that have been asked and use those to start thinking about strategies and priority areas for action.

Discussion

This exercise will have made it clear that HIV & AIDS and SRHR need to be addressed in all contexts – irrespective of HIV prevalence levels – and that there is really no situation in which both issues are irrelevant to learners, to education staff (including educators) and to the education sector as a whole. In some countries, the epidemic will have progressed to such an extent that the risk to the education sector is immediate and obvious. In other countries, the risk may be more long term and less prominent but nonetheless present. In all cases, learners and education sector staff face the possibility of potential infection. Thus in all cases, the education sector will need to play a major role in promoting knowledge, attitudes and skills that allow young people and education staff to protect themselves against HIV infection.



Questions for exploration

- 1 If other sectors or stakeholders outside the education sector are, or will be, addressing HIV and AIDS in education, why will it still be necessary for the education sector to take on this responsibility?
- 2 According to the flow chart, strong leadership is critical to an effective response. In this context, consider the following:
 - a. Who are the leaders in the education sector in the country where you are based?
 - b. What is your assessment of the commitment of leaders in the education sector to addressing HIV & AIDS and SRHR?
 - c. In what ways do you think your assessment of this commitment may differ from that of your colleagues in other development agencies? Why?
 - d. What is the opinion of leadership on HIV & AIDS and SRHR within your agency?
- 3 To what extent does the joint agency position paper presented in this toolkit fit with what your agency is trying to achieve at the country level?
- 4 Make a list of the international commitments/targets that your agency has subscribed to for the education sector. To what extent will the achievement of these commitments be affected by HIV and AIDS? What role should development cooperation agencies play in making sectors/governments aware of the threat that HIV and AIDS pose to the achievement of these commitments?

Additional resources

- Global Campaign for Education. 2004. *How Education for All Would Save Millions of Young People from HIV/AIDS*. http://www.oxfam.org/en/policy/briefingnotes/pp042204_gcereport_hivaids
This document outlines the evidence showing how education can impact on HIV. It provides important arguments for the high profile of education in country policies and programmes.
- Kelly, M. J. 2005. *The Potential Contribution of Schooling to Rolling Back HIV and AIDS*. http://hivaidsclearinghouse.unesco.org/ev_fr.php?ID=5689_201&ID2=DO_TOPIC
This paper argues for improving the core business of education as the most effective strategy in addressing HIV and AIDS.
- UNESCO Bangkok. 2003. *HIV/AIDS Advocacy Toolkit for Ministries of Education*. http://www2.unescobkk.org/elib/publications/aids_toolkits/index.htm
This toolkit aims to increase the understanding of the relationship between HIV & AIDS and education, and the crucial role that the sector can and should play in the national response to the epidemic. The toolkit includes information sheets, case studies, a collection of references and links, as well as a PowerPoint presentation which can be used to share information.
- World Bank. 2002. *Education and HIV/AIDS – A Window of Hope*. http://www1.worldbank.org/education/pdf/Ed%20%20HIV_AIDS%20cover%20print.pdf
The paper highlights that the education of children and youth merits the highest priority and reviews country experiences of addressing HIV and AIDS through education to date.

Why is mainstreaming HIV and AIDS important?

Purpose

Programme experience has demonstrated that when sectors claim to be mainstreaming HIV and AIDS, often they are in fact engaged in HIV- and AIDS-specific work. With specific work (also called ‘HIV and AIDS integration’), HIV and AIDS become ‘add-ons’, without regard for the core business of the sector or organization. This tool takes a brief look at mainstreaming as a concept and looks at how this may take shape in a sector. The tool encourages you to examine the context that you are working in to establish how effectively HIV and AIDS are being mainstreamed.

What mainstreaming means

UNAIDS, the World Bank and UNDP (2005a,b) have found that one of the biggest barriers to mainstreaming is that the concept itself is poorly understood by stakeholders, including by development cooperation agencies.

Therefore it may be useful to give a brief overview of three different definitions of mainstreaming to get a sense of what mainstreaming involves:

Definition 1: “Mainstreaming is a process that enables development actors to address the causes and effects of HIV and AIDS as they relate to their mandate in an effective and sustained manner, both through their usual work and through their workplace.” (UNAIDS, the World Bank and UNDP 2005a)

Definition 2: “Mainstreaming is the process of analysing how HIV and AIDS impacts on all sectors now and in the future, both internally and externally, to determine how each sector should respond based on its comparative advantage.” (SIDA, 2005)

Definition 3: “Mainstreaming HIV and AIDS means all sectors determining:

- How the spread of HIV is caused or contributed to by their sector;
- How the epidemic is likely to affect their sector’s goals, objectives and programmes; and,
- Where their sector has comparative advantage to respond to limit the spread of HIV and to mitigate its impact.” (University of KwaZulu Natal, HIV/AIDS and Economics Research Division (HEARD), Mobile Task Team on the Impact of HIV/AIDS on Education (MTT), 2005).

A common feature in each of these definitions is the proposed starting point for mainstreaming as a **comprehensive, in-depth examination of the sector(s) as a whole**. The definitions also highlight that mainstreaming is a **process** of integrating HIV and AIDS throughout the functioning of an organization or sector rather than a goal in itself. In this process, the sector is **not passive**, but can have an impact on how the epidemic develops and how it impacts on the sector in the future through an active and well conceptualised response. Finally, the second and third definitions emphasise the importance of looking both at **internal and external dimensions** of mainstreaming, i.e. at how the sector itself is affected *and* at what the sector can do to address HIV and AIDS.

WHAT HIV AND AIDS MAINSTREAMING IS NOT

To gain a better understanding of what HIV and AIDS mainstreaming is, it may be helpful to think about what it is **not**. The following are some examples:

- It is NOT simply providing support for a health ministry’s programme.
- It is NOT trying to take over specialist health-related functions.
- It is NOT adding on a few selective, additional functions and responsibilities (instead it is reviewing the core business of a sector from a different perspective and refocusing it).
- It is NOT business as usual – some things must change.

Source: Smart (2002)

M **ainstreaming in practice**

The specific organizational responses in terms of mainstreaming may include a combination of the following areas of focus:

- Ensuring that attention to HIV and AIDS is comprehensively included in the overall education policy and in mechanisms for reviewing the implementation of this policy.
- Including HIV prevention and SRHR for learners in the curriculum at all levels, including in pre-service and in-service teacher training.
- Introducing practices that improve access to education and reduce vulnerability to HIV infection, for example, by abolishing school fees and by ensuring that both girls and boys attend and complete school.
- Putting in place policies and practices that promote a safe and inclusive work environment for education sector staff, for example, through prevention education and by adopting a workplace policy that supports all staff, including those who are living with HIV and AIDS, and addresses issues of stigma and discrimination.
- Putting in place policies and systems that ensure access to treatment, services and referral for learners and employees who are affected and infected.
- Ensuring policy and implementation with respect to training and recruitment which takes into consideration future staff depletion rates, and possible disruption caused by increased absenteeism and attrition to other sectors, and in later stages by morbidity and mortality.
- Refocusing the work of the organization to ensure those infected and affected by the epidemic are meaningfully included in the analysis, planning, implementation and evaluation of programmes and are able to benefit from their activities.
- Ensuring that sector activities do not increase the vulnerability of the communities they work with to HIV and to other sexually transmitted infections (STIs), or undermine their options for coping with the effects of the pandemic¹⁵.

Mainstreaming HIV and AIDS involves a combination of these different areas of attention – tailored to local contexts and to the specificities of the epidemic.¹⁴ Often, however, only one very specific area is addressed, without comprehensive consideration of other critical dimensions. This is precisely where the distinction lies between mainstreaming and engaging only in HIV- and AIDS-specific work.

S **ector-specific examples**

In agriculture:

- Adjusting land laws so that women will be able to keep the land they are farming, even if their husband dies.
- Modifying agricultural implements and practices to ensure that they are appropriate for children and the elderly who are assuming tasks that were previously done by adults.
- Training agricultural extension officers to include messages on HIV prevention in their meetings with farmers and community groups.

Source: Badcock-Walters (2005)

In the private sector:

- Identifying opportunities through private-public sector partnerships for the marketing of condoms.
- Developing employment creation projects, in collaboration with ministries responsible for manpower, labour and youth, which meet the needs of young people who are orphaned or otherwise affected by HIV.
- Encouraging mining companies to enter into partnership with local health providers, supplying financial support and technical assistance, to ensure that mine workers who are returning home after receiving medical care receive adequate follow-up and support.

Source: Badcock-Walters (2005)

These examples illustrate that mainstreaming is intersectoral by nature and will need to involve interactions with other key areas of attention, such as gender and SRHR, as well as with other sectors including health, youth affairs and the private sector, among others. While this may be evident in principle, in practice the multisectoral dimension is often one of the most challenging areas of mainstreaming.

Internal and external dimensions

For mainstreaming to be effective, it needs to address two closely interlinked and complementary dimensions of mainstreaming: internal and external. The table below highlights what is meant by these two dimensions and provides specific examples for the education sector.

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

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

In settings where HIV is more prevalent, sectors will often start with the internal domain in order to reduce the vulnerability of the workforce. In Kenya, for example, a recent sentinel survey of a major transport corridor in the north of the country (Kenya National AIDS Council, 2005) revealed that educators were among the major client groups of sex workers located along this corridor (after truck drivers and police staff). The study also highlighted that condom use among the clients was variable, indicating that in some geographical areas educators are particularly at risk.¹⁶ Kenya is not unique in this respect. Educators may be vulnerable due to frequent travel, isolation and working conditions that oblige them to leave their families. In order to address the internal domain, it is

essential that education decision-makers take action to review placement policies in light of such realities.

In settings where HIV prevalence is lower, it is frequently through the integration of HIV- and AIDS-related content in the curriculum that sectors make a start with mainstreaming HIV and AIDS. There may be little or no focus in such settings on protecting the workforce because the numbers of educators and other employees who are currently, or could potentially become, affected or infected are very small. However, a comprehensive response – tailored to the local context – is needed in all settings and should therefore include both the internal and external dimensions described above.

Barriers to mainstreaming

Mainstreaming is not simple and in practice there will be barriers to implementing the necessary steps. Common barriers may include any of the following:

- The perception that HIV and AIDS are health issues only and that other sectors need not take responsibility.
- Lack of commitment from senior leadership.
- Lack of knowledge about HIV and AIDS.
- Denial in the face of the current and/or future impact of the epidemic.
- Limited capacity and poor conditions of service.
- Reluctance to take on unfunded mandates since it may take time to advocate for and obtain a budget.
- Assignment of HIV and AIDS to a single person who may also be responsible for other tasks and is therefore not able to devote sufficient time to the topic.

- The perception that other development issues are competing with HIV prevention and HIV & AIDS impact mitigation. This applies to issues such as poverty, gender and school health.
- Stigma and discrimination which impede access to HIV testing, prevention, treatment and care.
- Cultural and moral barriers to addressing issues of sexuality and reproductive health.

The eight Cs in the box summarise these barriers:

THE EIGHT Cs

Barriers to mainstreaming usually relate to:

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

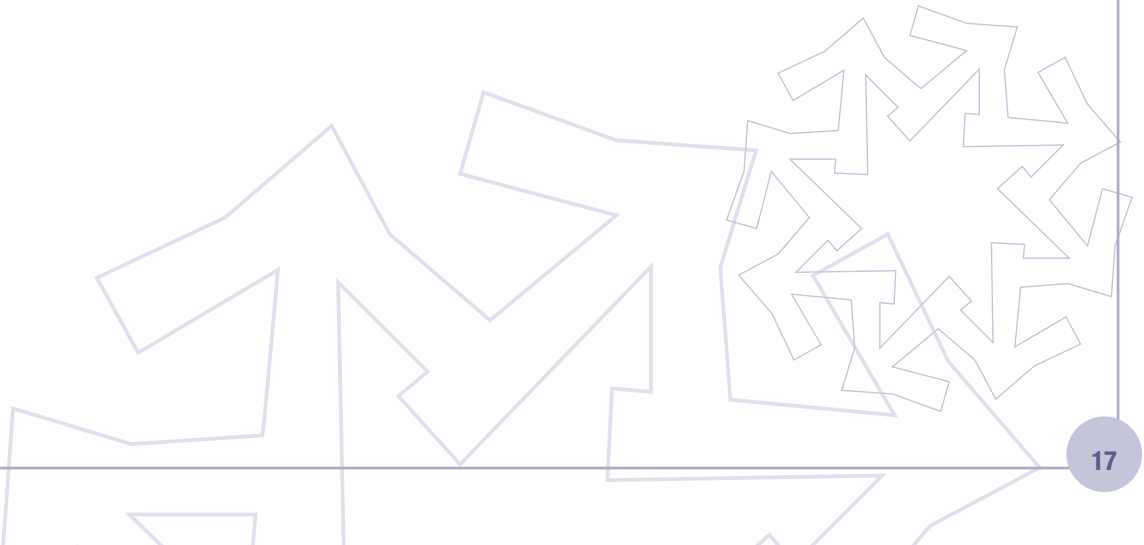


Questions for exploration

- 1 Which education-specific examples of HIV and AIDS mainstreaming can you think to add to the above sector-specific examples?
- 2 Internal and external mainstreaming will require action at various levels – from the national level down to provincial, district, school and community levels. Take one of the examples of internal or external mainstreaming and analyse the key issues that need to be addressed at different levels to ensure that this element is adequately covered.
- 3 Review the list of common barriers to mainstreaming. In your experience, what are the three most common barriers to mainstreaming in the education sector?
- 4 Are there specific barriers to mainstreaming HIV and AIDS within your agency?
- 5 In what ways, if any, do the barriers you identified for the education sector differ from those that exist within your agency? Why do you think these barriers are different?

Additional resources

- UNAIDS, World Bank and UNDP. 2005a. *Mainstreaming HIV/AIDS in Sectors and Programs – An Implementation Guide for National Responses*.
<http://www.undp.org/hiv/docs/MainstreamingB%5B1%5D.pdf>
 This guide brings together experience from a variety of sectors and contains practical tips on how to mainstream HIV and AIDS. It has a set of useful annexes, among others on:
 - a) Developing a shared goal and commitment;
 - b) Preparing an HIV and AIDS profile;
 - c) Conducting an impact assessment; and
 - d) Formulating an activity plan for mainstreaming.
- UNAIDS, World Bank and UNDP. 2005b. *Mainstreaming AIDS in Development Instruments and Processes at the National Level – a Review of Experiences*.
http://data.unaids.org/Publications/IRC-pub06/mainstreaming_aids%20in_dev_instr_rep_28nov05_en.pdf
 This document summarises what has been learnt about mainstreaming (not sector specific) at the country level. It is a useful resource for those who want to learn from the lessons of others.
- UNESCO. 2008b. *EDUCAIDS Framework for Action*. 2nd Edition.
<http://unesdoc.unesco.org/images/0014/001473/147360E.pdf>
 EDUCAIDS, the UNAIDS Global Initiative for Education and HIV & AIDS, emphasises the need for a comprehensive response to HIV and AIDS in education sector. The document outlines key components of a comprehensive response and can be used as a basis for comparison with an existing situation in-country to identify gaps and challenges in the current response.



Successful HIV and AIDS mainstreaming: critical elements

Purpose

In order for mainstreaming to be effective, it is important to understand the critical elements of successful mainstreaming. In this tool, lessons from the practice of mainstreaming in a variety of sectors and contexts are used to identify critical elements for successful mainstreaming. You will then be asked to make an assessment of those elements that are most important in your context.

Critical elements

Lessons learned from successful programme experience in mainstreaming HIV and AIDS (UNAIDS, the World Bank and UNDP, 2005b) suggest that there are **critical elements** of success including:

Leadership and commitment from a visionary champion – one or more persons with political clout and visibility.

Personalisation – HIV & AIDS and SRHR are best addressed when understood at a personal level.

A clearly defined mandate and policy directive, such as a formal/policy requirement to mainstream HIV and AIDS provide legitimacy and a broad framework for action.

Capacity-building at different levels – to generate understanding of the nature of the change envisioned, to put people through a capacity awareness process (from self-awareness to activism) and ultimately to garner commitment for action.

Advocacy skills – to generate greater awareness and to get other critical people on board.

Partnerships – identifying those people and institutions that must be on board, contacting them and enlisting their support. Partnerships will often be new and less traditional in nature, including the business community, religious leaders or people in entertainment.

MAINSTREAMING LESSONS

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

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

In conceptual terms this means:

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

How to use this tool

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

- Go through the list carefully and identify no more than six elements that, in your opinion, are the most important for successful mainstreaming at this stage in the sector and country where you are working. Consider doing this exercise with other people working in your sector. This will provide you with ample insight into the understanding and perceptions of others and may help in identifying strategies and entry points.
- If you had to draw up an action plan for HIV and AIDS mainstreaming, which elements would you start with and why?
- Once you have identified the priority elements, consider the strengths and weaknesses of your agency in terms of moving these along. How can your agency best position itself to move these priority issues forward and what role would you play?

Checklist of mainstreaming elements

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

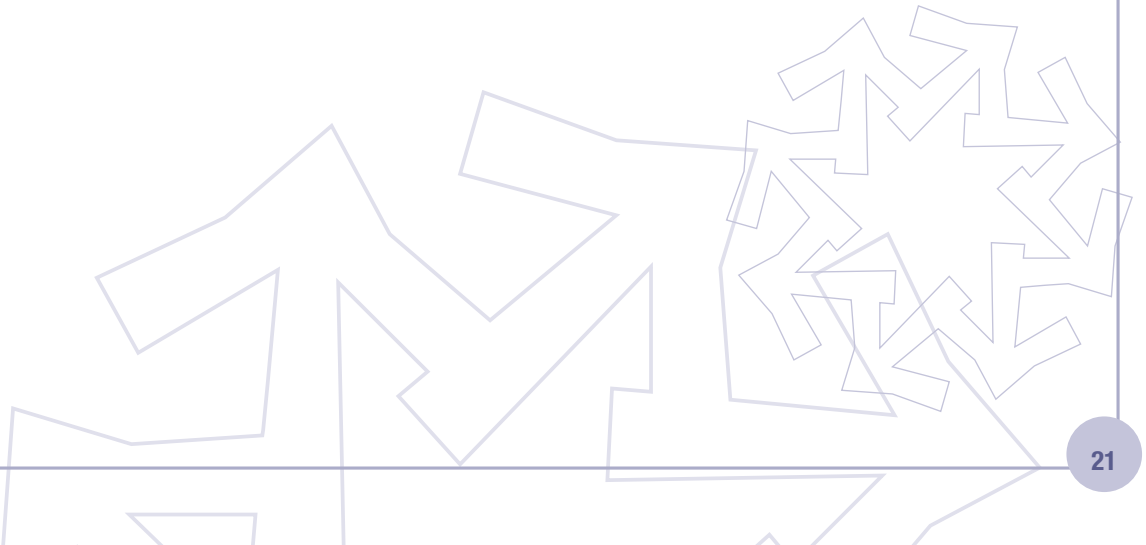


Questions for exploration

- 1 Look back at the checklist of critical mainstreaming elements. Identify those areas that are already being addressed in the country where you work. Who are the stakeholders that have been most involved with these areas?
- 2 Mainstreaming can take place at different levels – from national and provincial level to district, school and community level. Review the six priority areas you identified. Do you think these will have varying importance depending on whether mainstreaming is taking place at these different levels?

Additional resources

- UNDP-SEAHIV. 2004. *Mainstreaming HIV Prevention in the Military: A Case Study from Cambodia*. [http://www.undp.org/hiv/docs/alldocs/Asia%20-%20Mainstreaming%20HIV%20Prevention%20in%20the%20Military%20-%20A%20Case%20Study%20from%20Cambodia%20\(2004\).pdf](http://www.undp.org/hiv/docs/alldocs/Asia%20-%20Mainstreaming%20HIV%20Prevention%20in%20the%20Military%20-%20A%20Case%20Study%20from%20Cambodia%20(2004).pdf)
Analyses the response of the Cambodian military to HIV, reflecting on both successes and lessons learnt.
- Oxfam. 2002. *Mainstreaming HIV/AIDS into Development: What It Can Look Like*. http://oxfam.intelli-direct.com/e/d.dll?m=234&url=http://www.oxfam.org.uk/what_we_do/issues/hivaids/downloads/mainstreamind.pdf
This paper considers three areas of mainstreaming: HIV and AIDS in the workplace, mainstreaming HIV and AIDS into strategy and planning, and making links with focused interventions in HIV and AIDS.



Mainstreaming: basic questions to ask yourself and others

Purpose

Addressing mainstreaming is done most easily and effectively by ensuring that you and others include it as an integral part of the programme or project cycle. In other words, in each of the decision-making steps that your agency and sector are involved in, it will be important to consider specific questions and issues that relate directly to the impact of HIV and AIDS.

In this tool, a set of questions is provided that you need to ask yourself and others in the course of your work. The first set of questions in this tool is general and can be applied to any sector or type of programme. The second set of questions is specific to the education sector and should help you in managing/supporting decisions in your programme. Tool 5 discusses specific opportunities – or entry points – for posing these questions.

How to use this tool

- Use these general questions as a checklist when participating in discussions on the internal planning of your agency.
- Use both the general and education-specific questions as a reference when you are providing feedback to partners and to sectors/ governments on proposals for funding and implementation arrangements. Not every question needs to be asked in every context, but the most relevant questions should be selected from the list.
- Keep these questions in mind when you are reviewing progress in the context of your work. This may be in terms of a specific programme or project, or at a sector or even country level, for example, in the context of drafting PRSPs.

General questions

The following questions should be posed when considering support to a particular sector, programme or initiative. They are not specific to the education sector and should therefore also apply to your colleagues from other sectors. In fact, reviewing these questions together with other agency staff working on social and human development issues can be a very useful way of stimulating discussion and joint work.

- What are the current HIV incidence and prevalence levels?¹⁷ How have these evolved over time? Which population groups are currently most at risk (e.g. injecting drug users, men who have sex with men, young people, women, migrant populations)? How is HIV projected to evolve over the next 5-10 years?
- Are HIV and AIDS perceived as problems by the ‘owner(s)’ (the sector ministry, the organization, the research institution, parents, communities, etc.)? Do the ‘owners’ acknowledge the importance of addressing SRHR as a comprehensive part of HIV and AIDS prevention and mitigation?
- What actions are currently being undertaken in the sector, programme or project to ensure that a) the clients (e.g. learners, patients, farmers, refugees) and b) the employees (e.g. educators, nurses, extension workers, emergency aid workers) are able to stay healthy and to avoid becoming infected?
- What percentage of girls and women have access to sexual and reproductive health (SRH) services? What is currently being done to ensure that SRHR are promoted and upheld?
- What impact might HIV and AIDS have on the sector, programme or project in the future? What is the current impact? What is the expected impact?

- Who is currently dealing with issues related to HIV & AIDS and SRHR? What is the commitment of decision-makers/authorities/community leaders or other stakeholders and development partners? Is the commitment perceived to be satisfactory by the various stakeholders? Which additional stakeholders should be involved?
- What specific actions can be taken to build the capacity of the sector to respond to the impact of HIV and AIDS? What actions can be taken in the sector, in the programme and in the project? Does HIV and AIDS capacity-building include a focus on SRHR?
- Who should take action? Local decision-makers/authorities/politicians? Communities? Other stakeholders? Can specific actions be incorporated in the programme or in the project?
- Have specific resources been budgeted for HIV- and AIDS-related priorities? What resources (e.g. human, financial and material) are needed? From which sources can they be provided? How can these financial resources be channelled? Through the authorities? Through the communities? Through the programme or project? Through linking up with a partner?
- Will the outcome of the proposed interventions by the sector, programme or project be compromised by the present and future impact of HIV and AIDS? Will the proposed intervention impact negatively on the transmission of HIV? Which coping strategies may be designed and included?
- How will the actions be monitored and accounted for? Do the proposals include measurable indicators on HIV and AIDS?
- How will programme stakeholders and other partners be made aware of the results and impact of these initiatives?

As you can see, these questions will not always be easy to answer. It is important, therefore, to check that sufficient information is available to provide you with a general picture. Some of this information may be contained in the documentation that comes with requests for funding and is submitted to your agency by the 'owner(s)' (which could be the ministry of education or one of its departments, or a local NGO or organizations). If this is not the case then you may need to procure additional information or may want to consider assisting the government in obtaining this information by commissioning a study, by providing support to research, by organising a technical discussion/review or through other means.

Education-specific questions

USING THE EFA FAST TRACK INITIATIVE AS AN OPPORTUNITY TO ASSESS HIV AND AIDS PREPAREDNESS

The Fast Track Initiative (FTI) is a partnership between developing countries and donors to support education sector plans and can be a very good opportunity to comprehensively review how HIV and AIDS are being addressed within the overall education sector plan. The revised guidelines for the FTI endorsement process include various benchmarks and indicators on HIV and AIDS that are useful in this context. These can also be used when reviewing existing education plans. You will find a link to the FTI guidelines under the resources at the end of this tool.

In dealing with the education sector, more specific questions apply, in addition to the general questions suggested above. These questions aim to address aspects related to the internal and the external dimensions of mainstreaming (see Tool 2).

Ethical issues

- Do educators have the understanding, skills and support to recognise and respond to special needs for education on HIV & AIDS and SRHR?
- What is being done to prevent sexual exploitation of learners by educators? Are staff in key positions aware of the UN Convention on the Rights of the Child?¹⁸
- What is the opinion of, and reaction to, sexual harassment and/or sexual relations between educators and learners?
- Can and do schools or other learning environments support counselling (either through educators or specific staff)? Do these counsellors receive any training? Is the school supportive?
- What does the school system do to ensure universal precautions to prevent and safely manage accidents and injuries in schools¹⁹?
- Can and do schools encourage and provide for voluntary counselling and testing (VCT) for HIV?
- Is there a policy on how schools should meet the needs of those affected by the epidemic, including HIV-infected or AIDS-affected or sick male and female learners, educators and staff? Are issues of stigma and discrimination being addressed? How are schools providing support to those who are vulnerable (e.g. orphans)? Are people living with HIV being involved in activities at school level?

ETHICAL ISSUES – THE EXAMPLE OF SEXUAL HARASSMENT

Sexual harassment can be a very difficult topic to address comprehensively because of moral, social, cultural and political barriers. It is typically the kind of issue that many decision-makers shy away from and it is an area where concrete data are hard to come by.

A strategic approach to such topics may include:

- Framing the need for looking at sexual harassment and abuse in a broader context, for example, by carrying out a study on the ‘status of educators’, which looks comprehensively at how educators are seen by communities as was done in Mozambique in the late 1990s (Bagnol and Cabral, 1998).
- Identifying concrete opportunities for presenting the results of this kind of study to the broader group of education stakeholders, for example, at an annual education review meeting. This will ensure that other education stakeholders – such as those concerned with legislation and human resource issues – can have an input.
- Involving senior managers and other education stakeholders (such as teachers unions) in the design and discussion of such a study and in the identification and implementation of recommendations.

HIV and AIDS education

- Is there a compulsory HIV and AIDS education policy? Does it cover educators, other personnel and learners? Is the HIV and AIDS education policy a comprehensive one that addresses SRHR? How well known is the policy? What support is being provided for implementation? How is it being enforced?
- Are HIV & AIDS and SRHR part of compulsory teacher training and/or of in-service training? And a compulsory part of the curriculum? Is HIV and AIDS education compulsory for learners?
- What are the key messages that learners are getting? Are life skills and citizenship comprehensive parts of the teaching and learning about HIV and AIDS?
- Does teaching and learning about HIV & AIDS and SRHR start before learners are sexually active/before they become susceptible to drug misuse?
- Is there resistance or support from the community or from parent-teacher associations to HIV and AIDS education at primary level? How are communities and parents involved?
- Has the coverage and effectiveness of HIV prevention, SRHR and life skills programmes been evaluated? Have they been strengthened wherever appropriate?

How much money goes to HIV and AIDS in education?

Unfunded mandates can be a particular challenge in moving from policy to practice. In Thailand, a study of funding to the education sector illustrated that, in spite of overall commitment by the government to HIV prevention, funding to the education sector was minimal and has actually decreased over the past years, even as prevalence of HIV among young people increased (UNESCO Bangkok, 2006). This kind of study can be a powerful tool in generating awareness and in promoting dialogue and discussion.

Financial resources

- What, if any, financial resources are available for HIV and AIDS in the sector? Where are these financial resources coming from? What is the level of ownership that the ‘owners’ have of these funds?
- How is the education system monitoring and accounting for the use of these resources?
- How may the finances of the education system (income and/or expenditure) be affected by HIV and AIDS in the future? How – if in any way – are the finances of the system currently being affected? How is the sector monitoring these changes?
- Has the current situation with respect to HIV and AIDS led to any changes in the government budget for the education sector?
- Is the funding from other sources – such as the private sector, community and parents – expected to change over time? In what way?
- Are funds currently allocated to salaries for sick, inactive educators and other staff, financial support to dependants, funerals, etc.?
- What mechanisms are in place to support coordination among the different stakeholders implementing the response (i.e. UNAIDS Cosponsors, bilateral agencies, NGOs, among others)?

Human resources

- How do, or will, HIV and AIDS affect the supply of educators and other school staff (e.g. headmasters, school managers, teacher trainers and ministry staff) at different levels?
- Are staff planning and projections built on good estimates of current and expected absenteeism, mortality and morbidity among school staff?
- Is the student/teacher ratio expected to increase?
- Are certain geographical areas currently more affected than others? Is there an expectation that certain geographical areas will be more affected than others (e.g. border areas, conflict areas, pockets of poverty)? How are or can these areas be supported?
- Has there been any review of placement/posting policy for educators to take account of vulnerability and impact of HIV and AIDS (e.g. close to home, closer to areas where ART can be obtained) or to ensure they are placed with their families?

Learners

- Have or will enrolment rates decline? What is happening/expected to happen with respect to school attendance and drop-out rates? How are girls and boys, respectively, affected?
- Which regions are currently affected? Which regions will be hardest hit?
- Is there a policy to ensure that those who are vulnerable to HIV, or have been orphaned by AIDS, continue their schooling?
- Are there plans/programmes to ensure that the school system makes it possible for vulnerable children to attend school e.g. abolishment of schools fees, flexible hours to meet household or income-generating needs, school feeding, school health, help with homework?
- Are there any innovative activities, such as school-based programmes for technical and vocational training or income generation?
- What do schools do to enhance the learners' possibilities to practice what they learn about protecting themselves against HIV?

Legislation

Does current legislation ensure that:

- Boys and girls start school at an appropriate age?
- Girls can stay in school, even if they become pregnant or if they get married?
- Vulnerable children have access to additional resources?
- Learners and educators are protected from and can take action against stigma and discrimination?

Community involvement

- Can schools become centres for the dissemination of HIV and AIDS information and related issues such as life skills, empowerment of girls and STIs?
- Is there any established cooperation between the community and school? How are parents involved? What possibilities exist for enhancing that involvement?
- How can and do schools reach out-of-school youth with prevention education?

To consider...

In going through these questions, you will have noticed how they all touch upon critical elements of the education system, such as legislation, budgeting, human resource management, planning, curriculum, teacher training, outreach, and monitoring and evaluation. This underscores again the importance of ensuring that HIV and AIDS become part of the core business of education, which is precisely what mainstreaming is about.

Opportunities for discussion

The list of issues to consider is long and the task may seem daunting. However, it is important to recognise that, in your capacity as a manager/specialist for a development cooperation agency, you often have the opportunity to participate in discussions and debates that involve a variety of stakeholders at senior and middle-level management and that you have the possibility to bring up HIV- and AIDS-related issues. This puts you in a privileged position.

In addition, it is important to realise that you do not always need to be asking the question personally. Some of the information you need may be contained in documentation; you may be able to obtain other information through colleagues working in the same field. Still other areas may require adding a line or two to the terms of reference of a consultant or a study. It often helps to frame issues of HIV and AIDS in the context of broader issues, such as funding, human resource concerns, quality of education or gender issues. Tool 6 provides you with further ideas of possible entry points and opportunities for HIV and AIDS mainstreaming.



Questions for exploration

- 1 At which moments in the approval process for development funding by your agency are HIV and AIDS official criteria? Do you think this is sufficient? What would you change?
- 2 To what extent have you mainstreamed the consideration of these questions in your work?
- 3 What barriers have you faced in asking the kind of questions that are listed above? What needs to be done to overcome these barriers?
- 4 How is the impact of HIV and AIDS being assessed in other sectors supported by your agency?
- 5 “Sector and general budget support make it more difficult to intervene on specifics such as HIV and AIDS.” To what extent do you agree with this statement? To what extent are HIV and AIDS specific issues?

Additional resources

- UNAIDS, GTZ and JSA Consultants, Ltd. 2002. *Mainstreaming HIV/AIDS: A Conceptual Framework and Implementation Principles*.
<http://www.afronets.org/files/mainstream.pdf>
This resource explores the differences between mainstreaming and ‘integration’ of HIV and AIDS and provides examples from a variety of sectors.
- Abt Associates Inc. and University of KwaZulu Natal, HEARD. 1999. *AIDS Toolkits – HIV/AIDS and Education*.
http://hivaidsclearinghouse.unesco.org/ev_en.php?ID=3177_201&ID2=DO_TOPIC
This toolkit has been produced for government ministries and departments and presents a five step process for incorporating HIV and AIDS issues into planning.
- EFA - Fast Track Initiative Secretariat. 2006. *Guidelines for the Appraisal of the Primary Education Component of an Education Sector Plan*.
http://www.fasttrackinitiative.org/library/Appraisal_guidelines_March_2006.pdf
These guidelines provide a useful overview of ways in which the mainstreaming of HIV and AIDS in an education sector plan can be assessed.
- UNESCO International Institute for Educational Planning (IIEP) and EduSector AIDS Response Trust (ESART), *Educational Planning and Management in a World with AIDS: A Series of Training Modules*.
http://hivaidsclearinghouse.unesco.org/ev_en.php?ID=5938_201&ID2=DO_TOPIC
These training modules are listed in the reference section at the end of this toolkit and can be found on the IIEP Clearinghouse website above or on CD-Rom.

What is the **status** of mainstreaming?

Purpose

In many countries, education ministries will already have made some progress towards the mainstreaming of HIV & AIDS and SRHR. A useful starting point in developing a strategy for your agency to support mainstreaming processes is to assess the current situation.

This tool provides insight into what we can expect from HIV and AIDS mainstreaming. The tool also contains a table that is structured along a ten-point plan for effective mainstreaming. In an ideal situation, with HIV & AIDS and SRHR perfectly mainstreamed in education, we would expect all of these ten areas to be comprehensively addressed. The specific priority actions may vary by country, depending on the state of the epidemic, among others, but ideally most of these would be in place.²⁰

How to use this tool

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

- You can do this assessment by yourself, or you can use it as a tool for discussion with other partners (see also Tool 7 – Stakeholder/partner analysis). This will be particularly useful in countries with low prevalence levels where there may be areas of action that are less applicable and/or urgent.
- You can also adapt this table to do the same assessment of how HIV and AIDS are being addressed by your own agency or by the office where you work.
- You can use this tool as a baseline assessment to measure progress and to identify problematic areas. In this case, keep the initial assessment and use this tool as a framework. It may also be interesting to compare your assessment of progress with that of other colleagues (i.e. other development agencies, other stakeholders and the Ministry of Education itself) and to discuss any important differences.

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

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

Considering HIV prevalence levels

Countries have specific contexts and needs, as well as different realities. Adult HIV prevalence levels will be one of the factors that will determine the extent to which a country needs to be prepared to address HIV and AIDS through education – including the structures and programmes we would expect to see in place. Thus a country with an adult prevalence rate of 1% will necessarily be different from one where the prevalence is 5% or more,²¹ because the impact on the education sector in countries with high adult prevalence rates is quite different. As a result, we would expect to see significantly more attention to planning and policy issues in such a country than in a low prevalence country. This is why the columns in the table on the previous pages include the ‘not applicable’ (N/A option).

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

A practical example

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

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

- High prevalence = 6% or more
- Medium prevalence = between 2% and 6%
- Low prevalence = between 0.05% and 2%

Using this classification, 60% of the countries surveyed fell in the low prevalence category, 20% in the medium prevalence and 20% were classified as high prevalence.

In recognition of the fact that adult prevalence will determine what measures we will expect to have in place, the survey questionnaire was adapted to different contexts. All countries completed a basic questionnaire, which included seventy-three questions. For medium prevalence countries, a further eight questions were added, and high prevalence countries completed an additional twenty-seven questions. A version of the general questionnaire can be found on the next page. Under suggested resources at the end of this tool, you will find the link to the full copy of the Global Readiness Survey.

Education Sector Global HIV/AIDS Readiness Survey

Selected Key Results for: [REDACTED]

UN Region: **Sub-Saharan Africa** Prevalence: **High** Completed: Date: **2 April 04**

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

Note: This is a sample abbreviated completed questionnaire from the 2004 Education Sector Global HIV/AIDS Readiness Survey (the full report is available in the list of resources on the next page)

Expected results

When thinking about progress, it is useful to have a sense of what we would expect the results of mainstreaming to be. The UNAIDS guide for implementing national responses (UNAIDS, 2005a) highlights the following expected result:

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

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

Short-term results (outcomes)	Long-term results (impact)
<ul style="list-style-type: none"> ● Content on HIV and AIDS, on SRHR, on life skills and other key areas included in the curriculum. ● Increased awareness of HIV and AIDS among learners, staff and education managers. ● Referral mechanisms for treatment or pilot projects for infected staff and spouses in place. ● Policy for non-discrimination on the basis of HIV status adopted. ● HIV and AIDS focal point and team established in the Ministry of Education. ● Staff across sectors trained in mainstreaming. ● Specific mainstreaming actions costed and budgeted for. ● School fees abolished. 	<ul style="list-style-type: none"> ● School-going children and young people equipped with knowledge and skills to prevent HIV infection. ● Reduced STI and HIV prevalence among young people. ● Improved access to, and completion of, education by children affected by HIV. ● Organizational systems able to respond to internal direct and indirect aspects of HIV and AIDS. ● Embedded capacity for financial planning and forecasting for HIV and AIDS. ● Staff living with HIV employed at all levels of the organization, including in senior posts. ● Reduced STI and HIV prevalence among learners and staff. ● Comprehensive treatment available for infected staff and spouses.



Questions for exploration

- 1 Which of the short-term and long-term results of HIV and AIDS mainstreaming listed in the table in this tool have been achieved in the country where you work? What other outcomes, not already listed in the table, do you think need to be added?
- 2 Which of the priority actions identified under each of the ten headings of the assessment tool do you think are specific to countries with different adult HIV prevalence levels?
- 3 Find a copy of the PRSP or equivalent for the country where you work. To what extent does this strategy take account of HIV and AIDS and of the specific role that education can play in addressing HIV?
- 4 Was the Global Readiness Survey done in the country where you work? Who participated and what follow-up was there to this exercise? Identify two or three ways in which possible follow-up could be done to assess progress since then, and identify key outstanding actions for HIV prevention and HIV & AIDS impact mitigation.

Additional resources

- UNAIDS IATT on Education. 2005a. *Global HIV/AIDS Readiness Survey*. <http://unesdoc.unesco.org/images/0013/001399/139972e.pdf>
- UNAIDS IATT on Education. 2006a. *Global HIV & AIDS Readiness Survey – Policy Implications for Education and Development*. <http://unesdoc.unesco.org/images/0014/001446/144625e.pdf>
The Global Readiness Survey provides information on the comparative readiness of the education sectors in 71 countries to respond to, manage and mitigate the impact of HIV/AIDS. The first publication provides annexes containing an abbreviated version of the survey used, as well as the full survey with country results. The second document outlines policy implications and recommendations to influence future responses in the education sector.
- UNAIDS. 2006. *Practical Guidelines for Intensifying HIV Prevention – Towards Universal Access*. http://data.unaids.org/pub/Manual/2007/20070306_Prevention_Guidelines_Towards_Universal_Access_en.pdf
This document provides practical guidelines on 'knowing your epidemic and your current response'. It is targeted at policy-makers and focuses on tailoring the national HIV prevention response to the dynamics and social context of the country and to the population groups that are most vulnerable to and at risk of HIV infection.
- Anderson, H. and Rylander, B. 2004. *SIDA's Approach to HIV and AIDS in Education – An Overview of Achievements*.
- Visser-Valfrey, M. 2005. *Addressing HIV/AIDS in Education – A Survey of Field Staff of the Netherlands Ministry of Foreign Affairs*. The two above documents provide information on challenges to mainstreaming from the perspective of agency staff. They can be obtained by writing to info-iatt@unesco.org.
- Wilson, D. 2006. *HIV Epidemiology: A review of Recent Trends and Lessons*. http://data.unaids.org/pub/ExternalDocument/2007/20060913wilson_en.pdf
This review summarises recent lessons and trends in the global HIV epidemic and is useful reading for those who want to understand HIV dynamics in different contexts and how this links with the development of effective prevention responses.

Identifying opportunities and entry points for HIV and AIDS mainstreaming

Purpose

One of the areas that education officers in development cooperation agencies struggle with the most is 'how to' get HIV and AIDS mainstreaming on the agenda. There are many reasons why this is difficult. This tool aims at helping you to identify:

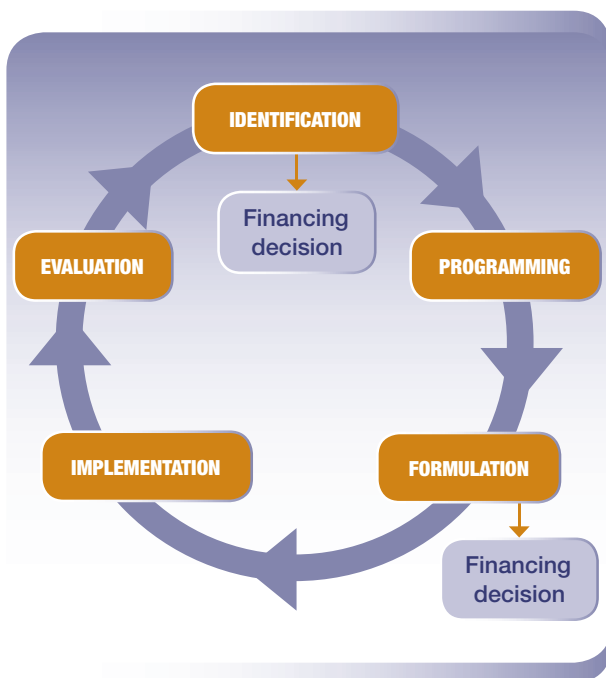
- a) Opportunities for mainstreaming HIV and AIDS in your daily work.
- b) One or two specific entry points that you will want to focus on when addressing HIV and AIDS in education.

Opportunities for mainstreaming

The easiest starting point is to consider what opportunities exist in the planning and implementation cycle of your sector or organization. This can be done at different levels. You can look at the planning cycle from the perspective of an individual project or programme, from the perspective of the programme that your agency is funding in the education sector (which may encompass various initiatives but not the whole sector), or from the perspective of the sector as a whole.

As you look at the planning cycle from each of these perspectives, consider the following questions:

- At which step(s) of the implementation cycle is your programme/agency?
- What activities are planned within the context of these steps? These activities may include, for example, research studies, evaluations, reviews, training sessions, media events, thematic meetings, stakeholder consultations.
- Which of these activities can – from the perspective of HIV and AIDS mainstreaming – contribute to:



■ Enhancing understanding	■ Broadening and strengthening involvement of stakeholders
■ Strengthening the knowledge base	■ Enhancing capacity
■ Generating/reinforcing commitment	■ Developing partnerships within/across sectors
■ Strengthening leadership	■ Decentralising responses and responsibilities
■ Strengthening/fine-tuning strategies	■ Improving planning processes
■ Developing pilot experiences	■ Developing monitoring and evaluation

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

These are just a few questions that you may ask yourself. You will probably think of many others. The key issue is to realise that the planning cycle offers many opportunities to begin to address HIV and AIDS mainstreaming. There is no single activity that will achieve this goal. Rather it is *the integration of HIV and AIDS into a combination of planning, budgeting, implementing and monitoring activities that will ensure that the education sector responds to HIV and AIDS based on its comparative advantage.*

Finally, it is also important to realise that there may be spontaneous and unplanned opportunities outside the planning cycle – part of the more ‘chaotic world’ – which provide opportunities for focusing on HIV & AIDS and SRHR. Examples include international events (e.g. a conference on HIV and AIDS, or gender, or child abuse), media reports, the appointment of new cabinet ministers, discussion of new legislation in parliament (for example, on discrimination, abortion, or sexual violence). It is critical to keep an eye open for such opportunities and to think creatively about how these can be used to further the agenda.

Suggestions of general entry points

Your answers to the above exercise will be specific to the situation and the country where you are working. Here we provide some generic suggestions based on five types of entry points:

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

Within each category you will find suggestions of activities to mainstream HIV and AIDS.

Existing processes

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

- Annual review of the education plan or of major initiatives e.g. in Zambia the annual review of the Education Sector Plan in 2007 included specific terms of reference for assessing progress on HIV and AIDS and a specific person was added to the review team to carry out this assessment (UNAIDS IATT on Education, 2007d).
- Other sectoral planning processes, such as mid-term reviews in which specific questions on HIV and AIDS can be included.
- Media events, for example, for the launching of new initiatives. In the Caribbean region there have been successful examples of generating commitment to HIV and AIDS by organising high-profile leadership and advocacy campaigns in which stakeholders and leaders from other sectors play a role in pressing for greater commitment by the education sector.²²
- Discussion of major reforms in education (curriculum reforms, civil service reform, legislation etc.). For example, in Mozambique the revised curriculum includes a specific amount of time for a ‘local curriculum’, which has been used in some cases to include locally specific content on HIV prevention and HIV & AIDS impact mitigation.
- Major international initiatives such as the in-country endorsement process for FTI and the review of progress towards the MDGs.
- Studies and other research projects, for example, by conducting a comprehensive review of the impact of sexuality education in schools on attitudes and behaviour of young people as is currently being planned in Thailand.
- Training events, for example, by including HIV and AIDS forecasting in training on education planning and management such as has been done in South Africa.
- Specific initiatives e.g. the establishment of an HIV and AIDS unit in the Ministry of Education, or the review of legislation regarding school inspection.

Existing partnerships

In many countries, there will be partnerships in place between different organizations and ministries that can be used as an entry point for addressing HIV and AIDS. In Mozambique, for example, the Ministry of Social Affairs was already collaborating with the Ministry of Education on issues related to early childhood. This existing relationship was used to develop strategies for addressing the problems of children orphaned by AIDS. In other countries, there are strong links that can be built upon between agriculture and industry and education because of vocational education. In some cases, partnering with the private sector may be a useful way to learn about effective workplace policies. For example, in Thailand the private sector response to HIV and AIDS has been highly innovative (Thailand Business Coalition on AIDS, Employers Confederation of Thailand and International Labour Organization, 2003). Careful analysis of this experience could provide interesting pointers of possible interventions in the education sector, particularly as concerns the protection of employees.

Examples of possible partnerships that you can use as entry points include:

- Multisectoral ministerial working groups around specific issues and themes, for example, around orphans and other vulnerable children.
- Working groups or thematic groups that fall under the National AIDS programme or its equivalent and bring together stakeholders from a variety of sectors.
- Task teams or thematic groups coordinated by the Ministry of Education.
- Donor coordination groups for the education sector specifically or for development aid in general.
- Regional networks and meetings.
- Civil society coordination or working groups.
- PRSP Working Groups.
- MDG Working Groups.
- Working groups established in the context of the FTI approval process.

Thematic issues

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

In the education sector, examples of thematic issues – in addition to gender – can include such issues as access and equity, education quality, teacher training reform or human resource development. In the case of teacher training reform, for example, typical questions to ask are: what is the impact of HIV and AIDS on the teaching force? How does the placement strategy and the transfer of educators' impact on HIV? Which educators are most vulnerable to HIV infection? How can the teacher training and human resource policies be strengthened to reduce vulnerability to HIV? What role should educators play in HIV prevention and in promoting SRHR and what is necessary to ensure that they can effectively play that role?

Specific vulnerable populations

Vulnerable populations, also known as key populations, are important entry points, particularly in low prevalence settings when the epidemic is still restricted to specific groups within the population. Key populations may include people located on migration routes or border areas and people in areas of conflict. In Thailand, for example, a growing population at risk is young people among whom HIV infection is increasing faster than in any other population group. In the education sector, orphans and vulnerable children are a relevant group. Other groups may be populations of adult female learners, sex workers and injecting drug users.

Development platforms and policy directives

It is critical to ensure that mainstreaming has legitimacy. There are various ways of doing this. One way is to relate mainstreaming to specific development platforms, for example, to the constitutional objectives of local government or to the MDGs. Another option is specific policy directives. Some of these may exist – either at sectoral or government level – but they are not well disseminated, used, or operational. Often what is missing is support to the dissemination and enforcement of these policy directives. In Zambia, for example, an excellent HIV and AIDS workplace policy for the education sector has been produced, but more work is still needed to ensure that it is effectively disseminated in schools and that implications of the policy are integrated in education management processes.

UGANDA – EXAMPLE OF A POLICY DIRECTIVE

“Sector ministries to revise and develop strategic action plans. These plans should describe the comparative advantages and planned interventions of each ministry in the fight against HIV/AIDS, including the problem of orphans in Uganda.”

Source: Uganda AIDS Commission (2000)

Six guiding principles

A recent review of mainstreaming experiences (UNAIDS, World Bank and UNDP 2005a) highlights six principles that have emerged from international experiences with HIV and AIDS mainstreaming. It is important to keep these six principles in mind as you move ahead on the opportunities and entry points you have identified.

PRINCIPLE 1	To ensure adequate buy-in and to maintain a critical focus, a clearly defined and focused entry point or theme for mainstreaming HIV and AIDS must be identified.
PRINCIPLE 2	Mainstreaming efforts should be located within existing frameworks and institutional structures.
PRINCIPLE 3	Advocacy, continuous education and capacity-building are required to place people in a better position to undertake mainstreaming. It will not develop on its own!
PRINCIPLE 4	Internal and external mainstreaming need to be clearly distinguished and it is essential to ensure that both are addressed.
PRINCIPLE 5	Strategic partnerships based upon comparative advantages, cost effectiveness and collaboration must be developed for effective implementation. Learning and building on other mainstreaming efforts may be very effective.
PRINCIPLE 6	Exceptional action must be maintained throughout, at the sectoral, national and international levels, to ensure that HIV and AIDS responses remain relevant and effective as the epidemic evolves.

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



Questions for exploration

- 1 Examine the suggested entry points. Which of these offers the best opportunities from the perspective of your sector? Why?
- 2 Which existing processes are in place in the country where you are based that you may be able to build on? Who are the influential players in these processes? Consider how you may influence them.
- 3 What follow-up activities can you already envisage? Mainstreaming will require more than just a one-off attempt. How will you ensure that the 'energy' generated through the entry point(s) you have identified will be sustained?

Additional resources

- Swiss Agency for Development and Cooperation (SDC). 2004. *Mainstreaming HIV and AIDS in Practice Toolkit*. http://preview.deza.ch/ressources/resource_en_24553.pdf
This is a collection of resources, checklists and examples of mainstreaming HIV and AIDS that aim at developing a workplace policy. The development of systems for monitoring and evaluation from the start is given much attention.
- UNESCO. 2008a. *EDUCAIDS Briefs on Key Components of a Comprehensive Education Sector Response*. <http://www.educaids.org>
These briefs were developed in the context of the UNAIDS Global Initiative on Education and HIV & AIDS, EDUCAIDS, led by UNESCO. A resource for decision-makers, the briefs cover more than thirty areas related to key components of a comprehensive education sector response.
- Fransen, L. and Whiteside, A. 1997. 'Document 5: Including HIV/AIDS In Consultants' Terms of Reference' in *Toolkit: Considering HIV/AIDS in Development Assistance*. <http://www.worldbank.org/aidsecon/toolkit/tor.htm>
This document argues that consultants should consider HIV and AIDS, and these guidelines are designed to show where and how this should be done.
- UNESCO and Education Development Center, Inc. (EDC). 2005. *Leading the Way in the Education Sector: Advocating for a Comprehensive Approach to HIV and AIDS in the Caribbean*. <http://www.caribbeanleaders.org/advocacy/materials/default.html>
This collection of resources, consisting of fact sheets, an advocacy workbook, posters and a CD-Rom, outlines EDC and UNESCO's initiative for generating leadership on HIV and AIDS in the education sector.
- ILO. 2002. *Implementing the ILO Code of Practice on HIV/AIDS and the World of Work: an Education and Training Manual*. <http://www.ilo.org/public/english/protection/trav/aids/publ/manual.htm>
This manual is designed to help users understand the issues and apply the *ILO Code of Practice on HIV/AIDS and the World of Work*. It is intended to be an education and reference document as well as a tool for training, negotiation and advocacy for the integration of HIV issues into the world of work.

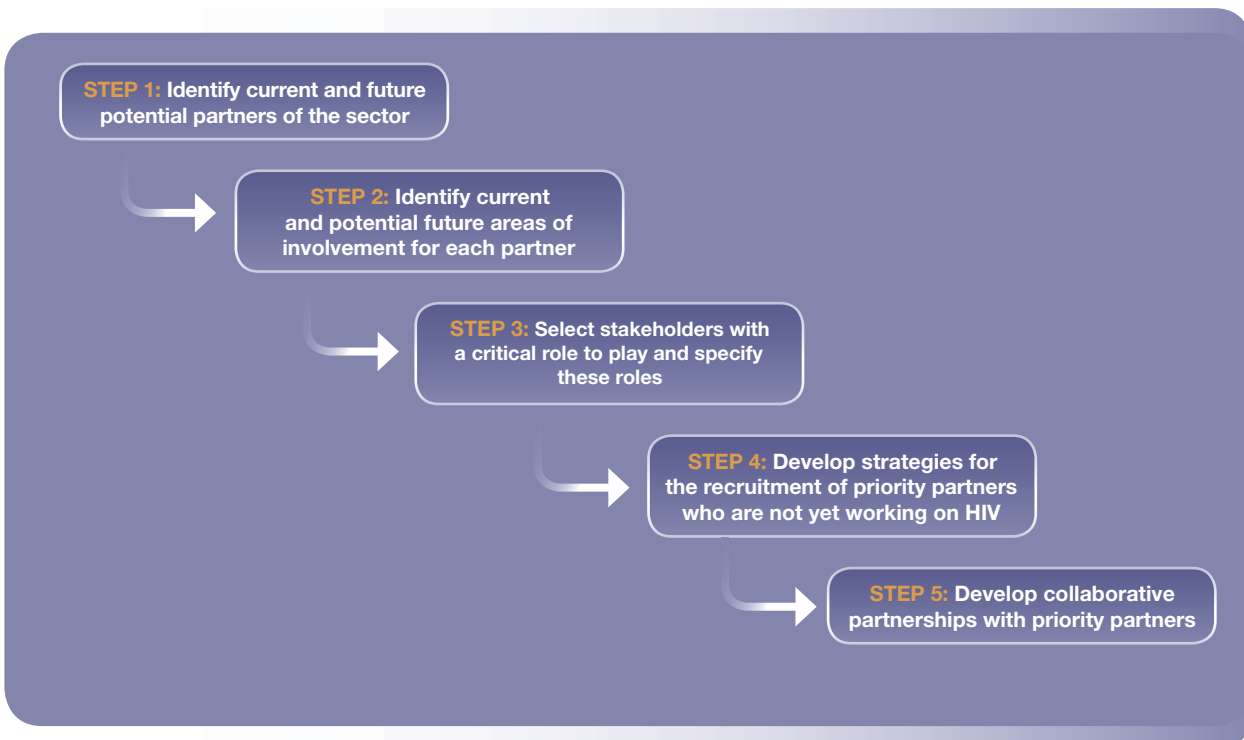
Stakeholder/partner analysis for HIV and AIDS mainstreaming

Purpose

Mainstreaming HIV and AIDS requires awareness of key stakeholders in the sector. This tool suggests five steps for conducting a stakeholder analysis. Carrying out this stakeholder analysis can be useful to get a sense of who is doing what with respect to education and HIV and AIDS and to determine how to move forward. As we saw in Tool 6, partnerships can be an important entry point for HIV and AIDS mainstreaming.

How to use this tool

- It can be very useful to conduct this kind of analysis with other like-minded agencies.
- Following this tool, you will find a sample framework for conducting this kind of analysis.
- You may want to use this data to create and then maintain a database of all the organizations that are providing one or more HIV- and AIDS-related services in a specified area.



The steps in more detail

Step One

Identify (i) the current partners of the sector and (ii) any potential future partners by area. Possible areas include:

- within government – different spheres/levels and other ministries/sectors;
- parastatals/quasi-government organizations;
- traditional leaders;
- development partners;
- networks;
- boards;
- associations (professional and voluntary);
- associations or networks of people living with HIV (these may also include networks of HIV-positive teachers);
- unions;
- private sector (commerce and industry), including condom providers;
- training institutions;
- research institutions;
- NGOs and civil society structures;
- the informal sector.

Step Two

Identify for both current and potential partners (i) their current and (ii) their potential future areas of involvement in the education sector – both those that are HIV- and AIDS-related and those that are not. Consider, for example, which organizations are, or can be, involved in:

- policy-making;
- advocacy;
- planning;
- coordination;
- implementation;
- capacity-building;
- technical input;
- resource provision;
- monitoring and evaluation;
- research;
- communication and media;
- sports and culture;
- religious activities;
- community development.

For those partners that can provide resources, it is useful to list them by:

- geographical area of interest;
- programmatic priorities;
- type of resources they can provide.

Step Three

From the list, identify those partners whose involvement is key to the success of the sector's HIV and AIDS response, and what their specific roles should be. These should become the prioritised partners with whom to pursue collaborative relationships.

Step Four

Finally, for the prioritised partners, decide how to recruit those who are not as yet involved, indicating who should lead the recruitment approach and the time frame for this to take place. You may find Tool 6 on entry points for mainstreaming useful in identifying strategies for recruitment.

Step Five

Formalising a relationship with a partner or stakeholder can guard against confusion around roles and responsibilities and can facilitate implementation.

In addition, there could be specific agreements for certain types of activities, such as:

- A memorandum of understanding, which, though not a legally binding agreement, is an 'in spirit' agreement to work together. Such agreements can include commitments to provide certain services or implement certain activities.
- Technical assistance partnerships, which are agreements to support processes and services in areas where high levels of skill are needed to establish programmes and operational systems.
- Service partnership agreements, which offer on-going service provision on the part of an agency on a contract basis for the sector. The agency may be a non-profit or for-profit organization.
- Consultancy services, such as monitoring and evaluation services or project management services, which are usually on a fee-for-service arrangement and are often undertaken on a one-off basis.

Stakeholder	Area of involvement									
	Policy	Advocacy	Planning	Coordination	Implementation	Capacity-building	Technical support	Resource provision	Research	Monitoring
Other ministries a) b) c)										
Other government institutions a) b) c)										
Parastatal/quasi-government a) b) c)										
Development partners a) b) c)										
Training institutions a) b) c)										
NGOs and civil society a) b) c)										
Religious groups a) b) c)										
Professional associations a) b) c)										
Voluntary associations a) b) c)										
Associations of people living with HIV a) b) c)										
Research institutions a) b) c)										
Private sector a) b) c)										
The informal sector a) b) c)										



Questions for exploration

- 1 Who are the potential partners in your sector?
- 2 Identify from the above list areas of attention under 'Step 2' those that are poorly covered in your sector. Why are these areas receiving less attention? What do you think could be done to ensure that this changes?

Additional resources

- Brown, J. Ayvalkil and Mohammad, N. 2004. *Turning Bureaucrats Into Warriors: Preparing and Implementing Multi-Sector HIV/AIDS Programs In Africa*.
<http://www.worldbank.org/afr/aids/gom/gom.htm>
This manual has been developed to assist those preparing and implementing multi-sectoral national HIV and AIDS programmes, and includes lessons learned, examples of good practices, and operational guidance to enhance the effectiveness and efficiency of program implementation on HIV and AIDS.

Communication and advocacy for HIV and AIDS mainstreaming

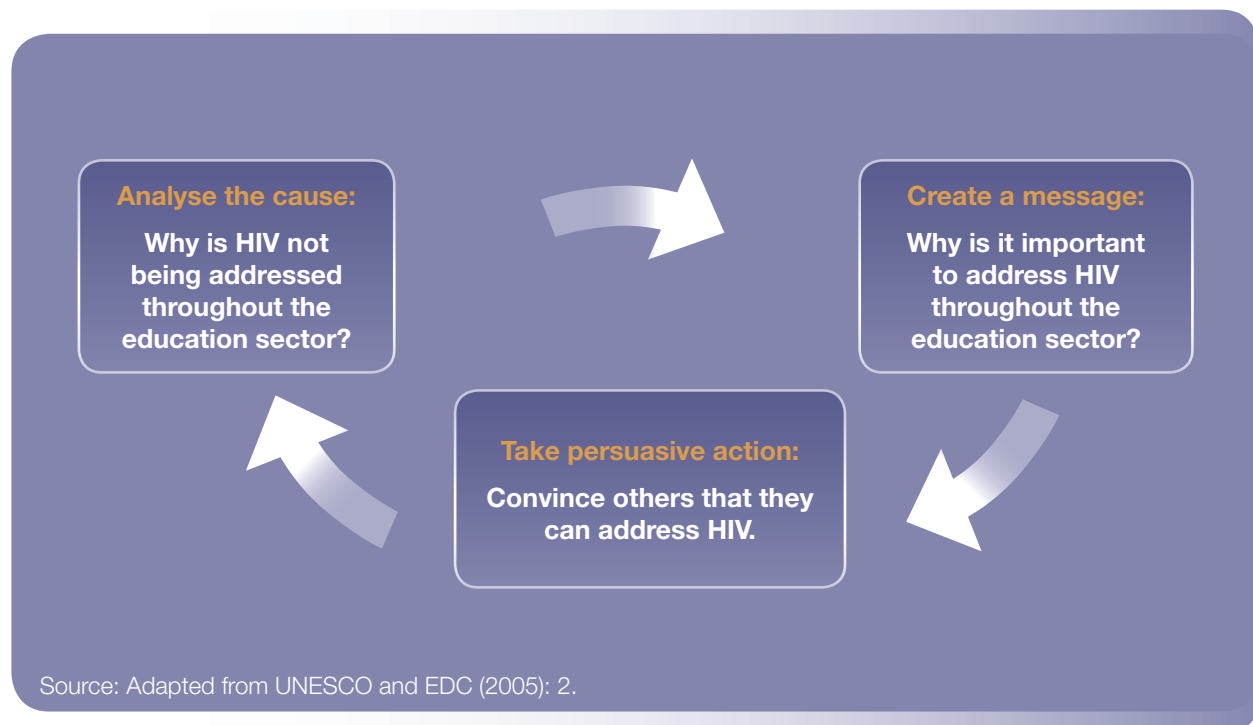
Purpose

In order to implement mainstreaming of HIV and AIDS successfully in the education sector, you need to communicate clearly what you are trying to achieve. Since this type of mainstreaming requires a new approach to addressing HIV and AIDS and involves changes at the systems level, it is likely to take a strong advocacy effort to achieve buy-in from the major stakeholders.

This tool provides information about advocacy and about creating clear messages, as well as a model to help you develop specific advocacy points that speak to your target audiences' motivations, beliefs and attitudes. A worksheet has been included to help you develop an advocacy action plan.

Advocacy as a strategy

Advocacy is a skill used to influence public policy, laws, regulations, resource allocation (especially funds) and access to services through various forms of persuasive communication. It is used to motivate others to take action in relation to an issue or a cause. The success of advocacy can be measured when change is initiated and momentum is sustained. Below is a model of the advocacy process in action.



Source: Adapted from UNESCO and EDC (2005): 2.

A dvocacy issues

On a sector-wide level, the following are some of the main issues that need to be addressed in advocacy campaigns to mainstream HIV and AIDS:

- Ensuring that schools and other learning environments/programmes play a role in providing children and young people with the information they need to protect themselves from HIV infection.
- Improving coordination with other organizations and funding agencies so that resources are channelled to existing priorities.
- Addressing the potential declining supply of educators and other school staff.
- Keeping students in school and giving them what they need; reaching out-of-school youth, especially children orphaned by AIDS.
- Involving the community, especially parents and other caregivers.
- Addressing any potential strain on financial and human resources.

Key components of a comprehensive approach to school-level issues include:

- A school environment free of stigma, discrimination, gender inequity, sexual harassment, homophobia and violence.
- A curriculum that uses participatory learning strategies to translate knowledge into healthy behaviours – implemented by adequately trained educators.
- Services such as VCT for HIV, psycho-social health, nutrition, treatment, care and support.
- Workplace policies that protect workers rights across the board including affected and infected individuals.

In some cases, you will be advocating for these issues yourself, for example, by bringing up HIV- and AIDS-related issues in donor coordination meetings. In other cases, you will be working with others to advocate, for example, if your agency provides financial support to the organization of a thematic meeting around HIV and AIDS where the results of key studies will be presented. In both cases, you will need to think carefully about the main message you are trying to convey, keeping in mind that clarity is essential. You'll need to remember that working through others adds

a layer of complexity that will require you to think creatively about how you can influence others to advocate.

C reating a clear message

A successful message targets the concerns, issues, needs and interests of your audience. Your message will be effective if you can answer three key questions:

- What difference does your issue make to the person or people you are addressing?
- Why should they care?
- What action do you want them to take?

Below are some tips for making your message accessible and meaningful to your audience:

- **Clarify** the issue. Convey the problem you are addressing, the change you want, why the change is important and who will benefit from it.
- Stay focused on **key points**. If your message is too complex, your audience will get confused and tune it out.
- Make your **message immediate and persuasive**. Convey a level of urgency that the audience can identify with. Support your case with facts as well as the consequences of not taking action.
- Be **compelling**. Balance facts with stories that show the human side of the issue. Convey that schools are places where educators and learners live, learn and work.
- Use **specific examples** from your own or your audiences' experience.
- Use **vivid language and images** that your audience will be able to picture easily.
- **Avoid jargon and complex data**. Break down necessary data into terms that are easier for your audience to grasp.
- **Focus on the audience's interests** that relate to your approach. Begin with what your audience knows and believes. Then build on these points and show how a change can create a win-win situation for everyone.

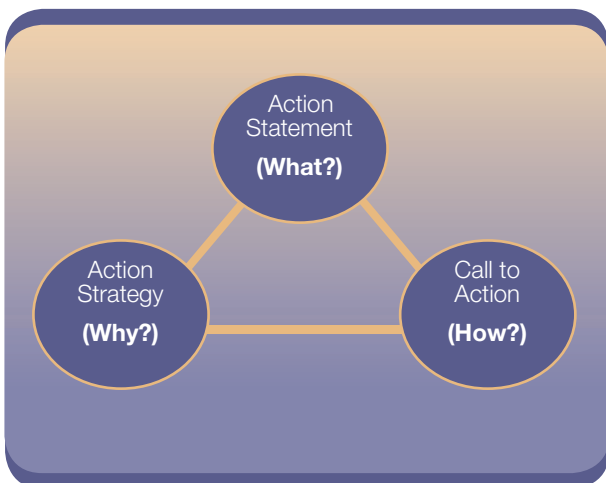
- Be prepared to **address negative perceptions** your audience may have.
- Include at least **two or three clear statements** that begin with ‘I need you to ...’ These statements will give the audience clear direction on how they can act on behalf of your cause.

Message triangle

Advocacy messages are most effective if they contain no more than three points. These points should address the *what*, *why* and *how* of your message. We can visualise them as a ‘message triangle.’

- **Action Statement:** *What* action do you want to take to mainstream HIV and AIDS in the education sector? The action statement should be specific and focused and deal with just one action at a time. Use a separate triangle for each issue.
- **Action Strategy:** *Why* are you suggesting this action be taken? List the compelling reasons in a way that the audience can easily understand.
- **Call to Action:** *How* can your audience solve the problem you outlined? What steps do you want your audience to take to address it? Provide very focused and realistic steps.

Write concise yet specific answers for each of these questions as they relate to the advocacy issue you are taking forward.



Below are two examples of messages that were created using the message triangle to address mainstreaming of HIV and AIDS in the education sector.

SCENARIO 1:

Mainstreaming in a low HIV prevalence setting

Because the HIV prevalence is low, the perceived need to mainstream HIV and AIDS in the education sector and to allocate resources to them may be harder to see than in a high prevalence setting. As a result, the proposed action reorganises and adds to what already exists rather than creating a new project or programme.

Action Statement (What?)

We need to integrate HIV & AIDS in the framework of a life skills perspective into the existing school curriculum for all age groups.

Action Strategy (Why?)

- All children and young people need to learn basic information about HIV & AIDS and skills on how to protect themselves and prevent HIV infection.
- For those who attend school, this is the best place to reach them with this information.
- Integrating this topic into a related part of the existing curriculum is the most cost-effective approach to reach students in school.

Call to Action (How?)

- Examine the existing SRH and life skills curriculum for all age groups to see if and where it addresses HIV and AIDS.
- Add HIV and AIDS into the curriculum where appropriate.
- Make sure incentives are put in place so that these parts of the curriculum will be taught (e.g. through making the content compulsory; by including the content in the assessment of educators’ performance; or by holding the education system accountable against certain indicators).

SCENARIO 2:

Mainstreaming in a high prevalence setting

Where the prevalence of HIV is high, the need for mainstreaming these issues in the education sector is great. Resources are more likely to be available to develop a new programme.

Action Statement (What?)

We need to develop VCT programmes for educators so that they can find out their HIV status and access treatment, if necessary.

Action Strategy (Why?)

- When educators know their HIV status, they can make healthy choices, which will help them to stay in their jobs and perform better.
- A VCT programme implemented by the education sector for educators will make HIV testing more accessible for educators. This programme will also send the message to educators and the community that it is important to find out your HIV status so that you can make healthy choices.

Call to Action (How?)

- Evaluate existing programmes to determine whether, and how many, educators are already being reached.
- Develop and implement a VCT programme for educators that complements any existing services.
- Publicise the programme and the benefits of knowing your HIV status.

Action plan

Filling out the chart can help you to think through and lay out your action plan. The steps listed in this chart are just one example. You may want to modify the steps for your specific situation. Then work out who is responsible for making sure those steps are completed and by when.

Steps to take	Who is responsible	Deadline
Making initial contact <ul style="list-style-type: none">■ Write letters or emails■ Make phone calls■ Hold a meeting		
Making the case <ul style="list-style-type: none">■ Meet with officials and other decision-makers■ Make a presentation and hold a discussion with a select group■ Provide packets of materials		
Following up <ul style="list-style-type: none">■ Make follow-up calls■ Arrange contacts for audience with model programmes		



Questions for exploration

- 1 How can you prioritise which issues to advocate for e.g. curriculum, gender, orphans and vulnerable children, SRHR?
- 2 What barriers might exist to advocating for them successfully?
- 3 How would you advocate for an initiative or programme in a changing educational environment?
- 4 How would you advocate for HIV mainstreaming in a low prevalence setting?
- 5 What partnerships or coalitions could you build to make a stronger case for your issue?
- 6 How would you sustain the momentum of key stakeholders in taking action on your issues?

Additional resources

- UNESCO and Education Development Center, Inc. 2005. *Leading the Way in the Education Sector: Advocating for a Comprehensive Approach in the Caribbean*. <http://www.caribbeanleaders.org/advocacy/materials/default.html>
This collection of resources, consisting of fact sheets, an advocacy workbook, posters and a CD-Rom, outlines EDC and UNESCO's initiative for generating leadership on HIV and AIDS in the education sector.
- Johns Hopkins University, Center for Communication Programs (JHU/CCP). no date. *"A" Frame for Advocacy*. <http://www.infoforhealth.org/pr/advocacy/aframe.pdf>
This resource presents a 6-step framework for effective advocacy that can influence public policy.

Mainstreaming gender equality and SRHR in education sector responses to HIV and AIDS

Purpose

This tool outlines key steps that can be taken to ensure that gender²³ equality and SRHR are central to HIV and AIDS mainstreaming in education.

Rationale

In the 25 years that we have been confronted by the AIDS crisis, infection rates among women have accelerated significantly. While this is in part because of the greater biological vulnerability of women, to a large extent it is also due to traditional gender roles that reinforce the subordinate role for women in all matters – including in sexual relations – and to the lower social and economic status of women, which increases their dependence on men. In many cultures, men are expected to demonstrate masculine behaviour such as having frequent and multiple sexual relations and engaging in violence. Such behaviour not only makes women vulnerable but also puts men at a greater risk of HIV infection.

Gender inequality is thus a key contributor to vulnerability to HIV infection. The social and economic consequences of HIV in turn create greater gender-based disparities, since girls and women often bear a disproportionate burden of the disease. Promoting gender equality and ensuring that sexual and reproductive health becomes the business and the right of women and men should therefore be part of comprehensive HIV prevention and care strategies. Education has a key role to play in this respect because of its capacity to reach and influence attitudes and norms of children and young people, and because of its often influential role within communities.

SOME KEY REASONS WHY SRH AND HIV & AIDS NEED TO BE LINKED

- Well over 75% of all HIV infections are acquired through sexual activity, during pregnancy, in labour or through breastfeeding.
- The presence of STIs (other than HIV) increases the risk of HIV infection.
- The lack of understanding and respect for the SRHR of women enhances vulnerability to infection.
- The same root causes affecting SRH also affect HIV, including gender inequality, poverty, stigma and discrimination and marginalisation of vulnerable groups

Source: WHO, UNFPA and UNAIDS (2005)

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Assert that all women have the right to reproductive health, including the right to regulate their fertility, to understand and enjoy sexuality, and to protect themselves from disease and death associated with reproduction and sexuality. SRHR is based on the assumption of an equal relationship between men and women in matters of sexual relations and reproduction, including full and mutual respect, consent and shared responsibility for sexual behaviour and its consequences.

Source: Pargass (2004)

How to use this tool

- Use the critical elements of mainstreaming gender equality, SRHR and HIV & AIDS to establish what activities need to be undertaken through the education response.
- Use the list you drew up to identify a strategy for addressing the gaps identified so that these issues can become a comprehensive part of the education response.

Gender equality, SRHR and AIDS

There is substantial evidence that prevention and care programmes in general can make an important contribution to addressing the gender imbalance that contributes to the risk of HIV infection and to ensuring that sexual and reproductive rights are respected. Such programmes can make a major contribution, among others, by (UNAIDS, 2000):

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

- Improving access to information, counselling and support for girls and boys and men and women.
- Advocating for a wider understanding of sexuality and of sexual preferences, including of men who have sex with men.
- Supporting efforts to reduce violence including sexual and gender-based violence.

In this context **a gender perspective in education** involves:

- Systematically examining and reviewing socially-defined gender identities and roles in classrooms, schools, communities and the educational system.
- Determining how these gender identities and roles may place girls or boys at a disadvantage and how this impacts on vulnerability to HIV infection.
- Designing appropriate interventions – in policy, implementation and monitoring – to address gender inequalities and to ensure that the SRHR of girls and women are respected.

Mainstreaming gender equality and SRHR in education sector responses to HIV and AIDS therefore requires:

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

Critical elements

Below you will find an outline of critical elements of mainstreaming gender equality and SRHR related to: a) the education system as a whole; b) learning outcomes; c) the teaching-learning process; d) learning environments; and e) assessment of outcomes. For each of these decide whether these actions have been carried out by marking 'yes', 'no', 'partly' or 'N/A' – not applicable.

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

S trategic approaches

This assessment will have provided you with a sense of where the major gaps lie. Here are some of the ways in which you can try to address these gaps.

- **Establish alliances** – look for other agencies that have gender and SRHR high on their agenda and discuss with them ways to move these issues forward. Consider pooling expertise and resources.
- **Identify organizations** that have experience working on issues of gender equality and SRHR and bring these into the education dialogue, for example, by commissioning a study, or by providing opportunities for these organizations to present their work at major education meetings (e.g. in a donor coordination group or at a thematic event). Examples of such organizations include universities, research institutes, NGOs and human rights groups. Do not shy away from establishing somewhat unconventional alliances, as long as you do so in a manner that is respectful of the local context.
- **Work with people who have expertise in the field.** You do not have to be the expert on these matters. Instead, use the knowledge and skills of specialists and ensure they are involved in key events. The last tool in this toolkit – Tool 12 – provides some suggestions of where you can obtain support.

– **Identify thematic groups** that function in the education sector – for example, on education quality or on curriculum reform – and volunteer to participate (either personally or by recruiting someone for this purpose). This will provide you with the opportunity to mainstream issues of gender, SRHR and HIV & AIDS in the broader education agenda. If you decide to recruit someone, it may be useful to do this jointly with other development cooperation partners so you can use this as an opportunity to develop joint thinking/strategies in this area.

– **Critically review the initiatives, programmes and projects** your agency is supporting and identify opportunities for integrating gender equality, HIV & AIDS and SRHR.

– **Find out about successful experiences and examples** from other countries and ensure that these become known in the country where you work, for example, by inviting key people to present on these experiences, by encouraging publication and dissemination of short research/case study papers, or by organizing well-structured and targeted study tours.²⁴

For more ideas, you may want to look at Tool 6, which provides an overview of opportunities for HIV and AIDS mainstreaming. Many of the opportunities identified in this tool also apply to introducing and reinforcing issues of gender equality and SRHR.



Questions for exploration

- 1 Gender and SRHR require multisectoral responses to be addressed effectively. Which sectors do you think are key to the response in the country where you work? To what extent are these sectors already involved and active? What opportunities do you think exist to intensify this interaction?
- 2 Having used the table above to identify gaps, how would you go about monitoring whether these gaps are being effectively addressed in the years to come?
- 3 NGOs are frequently very effective in gender and SRHR issues. To what extent are these being involved in the planning, implementation and monitoring of the ministry of education? What opportunities do you think exist to enhance this involvement?

Additional resources

- UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS. 2005. *Resource Pack on Gender and HIV/AIDS*.
<http://www.kit.nl/smartsite.shtml?id=SINGLEPUBLICATION&ch=FAB&ItemID=1868>
This resource pack sets out the status of the AIDS epidemic globally and how it links with gender-based inequality and inequity. It analyses the impact of gender relations on the different aspects of the AIDS epidemic and makes recommendations for effective programme and policy options.
- UNAIDS Inter-Agency Task Team on Education. 2006c. *Review of the Evidence: Girls' Education and HIV Prevention CD-Rom*.
This CD-Rom contains policy documents, case studies, reports, tools, curricula and other materials aimed to expand the evidence base on the link between girls' education and HIV prevention.
For free copies, please contact the UNAIDS IATT on Education at info-iatt@unesco.org.
- ActionAid International. 2006. *Girl Power: The Impact of Girls' Education on HIV and Sexual Behaviour*.
http://www.actionaid.org.uk/doc_lib/girl_power_2006.pdf
This systematic review examines 600 pieces of research on girls' education, sexual behaviour and HIV and shows that secondary education provides African girls with the power to make reduce vulnerability to HIV infection, and help them to make more independent choices about their sexual behaviour.
- Kirby, D., Laris, B.A. and Roller, L. 2005. *Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries*.
<http://www.fhi.org/en/Youth/YouthNet/Publications/YouthResearchWorkingPapers.htm>
This report summarises a review of 83 evaluations of sex and HIV education programmes in developing and developed countries that are based on a written curriculum and that are implemented among groups of youth in schools, clinics or other community settings.
- International HIV/AIDS Alliance (IHAA). 2007. *Keep the Best, Change the Rest*.
http://www.aidsalliance.org/custom_asp/publications/view.asp?publication_id=257
This toolkit provides a resource aimed at enabling individuals and organizations working on HIV and AIDS issues to address gender and sexuality effectively. The toolkit gives guidance on how to build relations and trust with key community stakeholders.
- International Planned Parenthood Association (IPPF). 2006. *IPPF Framework for Comprehensive Sexuality Education*.
<http://www.ippf.org/en/Resources/Guides-toolkits>
This toolkit has been designed to help increase access to comprehensive, youth-friendly, gender-sensitive sexuality education.

Mainstreaming issues of children affected by and especially vulnerable to HIV and AIDS

Purpose

HIV and AIDS can have a devastating impact on children. In countries with high prevalence levels, many children will have parents who are ill, or they may have lost one or both parents to AIDS. Others still may be leading or living in child-headed households, or living in families and/or in communities that have been severely affected by the epidemic. They may themselves be living with HIV. Girls often bear a double burden as they are more vulnerable to infection and potentially at a higher risk of being affected by the impact of the epidemic. This tool provides an overview of the issues that impact on Children Affected by AIDS (CABA) and highlights specific strategies for addressing these problems.

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

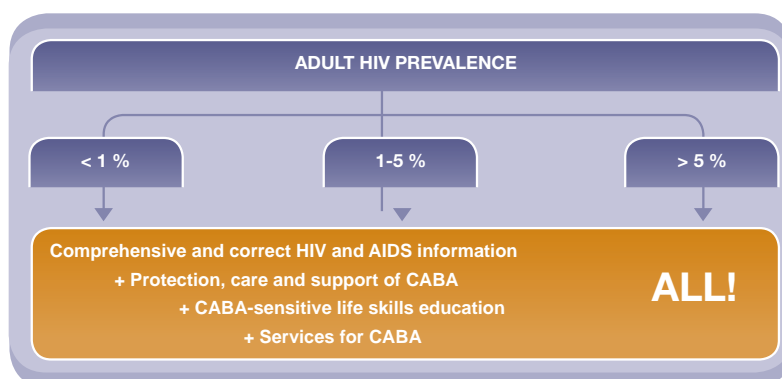
- Having parents who are HIV infected or suffering from AIDS.
- Leading or living in child-headed households.
- Living in families that are caring for orphans or other additional family members due to AIDS.
- Living in communities severely devastated by HIV and AIDS.
- Being orphaned due to AIDS (maternal,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

How to use this tool

- Use the flowchart under **differentiated strategies** to estimate the scope of actions for the education sector in the field of HIV and AIDS in the country where you work.
- Critically review the table with **issues that put children at a disadvantage** and compare this with your own context.
- Use the issues under **three dimensions** for mainstreaming as a framework for support.
- Use the list of **critical elements for effectiveness** when you are providing feedback to partners and to sectors/governments on proposals for interventions, or when you are planning, reviewing or evaluating programmes.

Strategies by HIV prevalence level

This diagram illustrates the importance of carefully considering what stage the epidemic is in and of ensuring that the necessary actions to protect and support CABA are in place. In low prevalence settings comprehensive and accurate information is essential, in higher prevalence settings it becomes critical to ensure that additional measures, including access to services, are in place.



Key issues and responses

The link between the disadvantages and vulnerabilities of CABA and the implications for education are complex. The table below provides a summary of the issues that put children at a disadvantage, of the impact in terms of rights to education, and of possible education responses.

Disadvantages	Compromised rights in education	Potential educational responses
<ul style="list-style-type: none"> Poverty (lack of livelihoods). Physical health (HIV status, health and nutrition status). Emotional well-being (trauma, bereavement). Gender inequalities in social structures and support systems (stigma, social exclusion, stereotypes, violence, lack of family support and structure etc.). 	<ul style="list-style-type: none"> Enrolment due to inability to pay school fees. Participation (drop-out, absenteeism and erratic attendance) due to inability to pay indirect fees, additional responsibilities outside school, gender discrimination, stigma and health status, vulnerability to sexual harassment and abuse. Achievement and outcomes due to lowered attention span and motivation, psycho-social problems and perceived irrelevance of curriculum. 	<ul style="list-style-type: none"> Ensuring that issues of CABA are integrated into overall policy reform and new aid modalities in order to accelerate scaling up of good practices. Abolishing school fees, providing bursaries for poor children and implementing policy reform concerning indirect costs for uniforms and learning materials and other measures to allow access for all children. Reforming policy to ensure enabling and protective school environments, including clean water and sanitation. Revising curriculum to enable more flexible approaches. Revising curriculum to improve relevance of learning and life skills interventions, including alleviation of impact and vulnerability and prevention of HIV infection. Providing school feeding and micro-nutrient supplementation. Establishing linkages to health and social services.

Three dimensions

Mainstreaming implies that the concerns of CABA need to be part of education sector plans and policies for HIV and AIDS and other sector reform documents to ensure that the rights of all children, including the specific needs of CABA, are taken into account. This includes the right to education (access), rights within education (provision of services) and rights through education (outcomes). We review below what each of these means in practice.

RIGHT TO EDUCATION – implies a strong commitment to getting all children to school and keeping them there

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

RIGHTS WITHIN EDUCATION – implies protecting and keeping children safe and healthy whilst at school

Schools have an important role to play in minimising the impact of the epidemic on children. They can:

- Provide a sense of community and contribute to the socialisation of children.
- Identify children made vulnerable by HIV and AIDS.
- Provide or ensure referral to psycho-social support and counselling.
- Identify children with specific vulnerabilities and address these.
- Monitor the status and well-being of children.
- Provide access to gender-sensitive and child-friendly health and nutrition services.
- Provide after-school supervision for those who have no other adult supervisors.

To respond to such multiple challenges, it is beneficial to have coordinating policies, linking a CABA-sensitive

curriculum with protective and enabling environments and community services. Such comprehensive frameworks are reflected in models such as Child-Friendly Schools/Schools for learning plus, Health Promoting Schools and FRESH. An overview of these models is found at the end of this tool.

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

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

Critical elements for effectiveness

In each of these three areas, action can be taken to meet the rights of CABA. Below is a selection of the most important measures for each of the areas where CABA rights need to be mainstreamed.

Critical elements for meeting CABA rights to and needs for education:

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

Critical elements for meeting CABA rights and needs in education:

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

Critical elements for meeting CABA rights and needs through education:

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

Overview of comprehensive frameworks to address CABA

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



Questions for exploration

- 1 Find a copy of the education sector plan in the country where you work. In your opinion, does the plan specifically address issues facing children affected by HIV and AIDS? If yes, in what ways is this evident? If not, what would you do to improve the plan so that the needs of CABA are reflected?
- 2 Review the examples of critical areas to address, which are listed under each of the three areas of CABA mainstreaming above, and consider the following questions:
 - Which of the three dimensions of CABA mainstreaming is being most effectively addressed in the education sector in the country where you work?
 - Which key stakeholders are involved?
 - What actions do you think need to receive priority to ensure that the rights of CABA are addressed?
 - Which of these actions would have the greatest impact on HIV and AIDS prevention and mitigation?

Additional resources

- UNICEF. 2004. *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. http://www.unicef.org/aids/files/Framework_English.pdf
This framework aims at providing a common agenda for mounting an effective response. It is targeted at senior leaders and decision-makers who can influence policies, programmes and resources directed at orphans and vulnerable children.
- UNAIDS Inter-Agency Task Team (IATT) on Education. 2004. *The Role of Education in the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. <http://unesdoc.unesco.org/images/0013/001355/135531e.pdf>
This report outlines how education can contribute to the protection, care and support of orphans and other vulnerable children, as set out in the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS and intends to provide guidance for investments and interventions. In particular, this paper draws upon and seeks to logically relate education responses to the overlapping commitments made such as UNGASS, the MDGs, EFA and the Convention on the Rights of the Child.
- ActionAid International and Save the Children Fund. 2003. *Addressing the Educational needs of Orphans and Vulnerable Children*. http://www.actionaid.org.uk/_content/documents/ovcpaper.pdf
The paper describes the educational disadvantage faced by orphans and other vulnerable children. It goes on to look at educational responses with a specific focus on three: open and distance learning; school feeding schemes; and the index for inclusion.
- World Bank. 2006. *Ensuring Education Access for Orphans and Vulnerable Children*. <http://www.schoolsandhealth.org/OVC/2nd-edition/OVC-Planners-Handbook-cover.pdf>
The aim of this handbook is to enable persons working in the education sector and beyond to learn more about issues that influence the access to education by orphans and vulnerable children. The handbook also aims to create awareness for the need to move towards the creation of a co-ordinated, collaborative inter-sectoral response.

From policy to implementation

Purpose

In many countries, some progress will have been made in HIV and AIDS mainstreaming. Often there will be at least some formal recognition – in policy papers or directives – of the need to prioritise HIV and AIDS. The tools so far have provided you with an indication of how to proceed in mapping progress, in identifying gaps, in looking for partners and in determining potential entry points. The challenge beyond this is moving from such policy directives to practice. Even where activities are already in full swing – as will often be the case in higher prevalence countries – there are often key areas that are being neglected. SRHR may be one of these because of sensitivities in discussing the topic. This tool uses two fictitious case studies to provide you with suggestions about how to move from policy to implementation.

How to use this tool

- Identify concrete actions you would undertake to address the issues identified in the two case studies.
- Compare your list with the suggestions in the section below entitled ‘moving to action’.

Draw up a profile of the country where you work and use this to develop an implementation plan for making progress on implementation.

WHY AND HOW TO IDENTIFY PRIORITY SECTORS FOR HIV AND AIDS MAINSTREAMING?

In developing a response to HIV and AIDS, it is often assumed that all sectors should be involved. However, in low prevalence situations in particular it makes sense to select sectors that are of particular relevance. Principles that assist in sector selection include:

- The vulnerability of the sector itself in terms of human resources and the impact that HIV has, or is expected to have, on the sector, the economy and/or society.
- The extent to which the sector is dynamic and influential, i.e. to what extent will the sector itself be able to bring about change?
- The presence of highly committed and visible advocates within the sector who would be willing to commit.

Starting points

UNAIDS, the World Bank and UNDP (2005b) in their guideline for mainstreaming HIV and AIDS in sectors and programmes identify a number of key steps for moving from intention to action, namely:

- Defining the sector or programme level at which interventions need to take place.
- Identifying entry points (see Tool 6).
- Developing a shared goal and commitment (Tool 7 provides you with suggestions about potential stakeholders).
- Drawing up an HIV and AIDS profile.
- Building support within the organization (see Tool 8 for suggestions on how to advocate within an organization).
- Developing an activity plan.
- Costing and mobilising resources.
- Documenting and taking stock of progress.

Using practical examples to get started

Which of the above listed steps have been implemented in the country where you work? We will start by considering case studies from two very different fictional settings – Ylandia and Zlandia. While reading these, please jot down the key features of the country where you work and then use this to draw up a similar kind of profile.

YLANDIA – MODEST BEGINNINGS ...

Ylandia is a middle income small country with a vibrant economy. The current population stands at 2.3 million; a significant number are migrant workers who work in other countries regionally and around the world. In Ylandia, the National AIDS Council monitors the progression of the HIV epidemic on a yearly basis and the most recently available statistics show that, while prevalence remains relatively low at 1.7%, the profile of the epidemic is changing. The population groups in which prevalence has grown exponentially are young people aged 15 to 24 and women aged 25 and above. The results of a recent survey among young people highlight significant continuing misconceptions around the disease. Many still do not take precautions to protect themselves against the risk of infection.

In Ylandia, the HIV and AIDS response has been mainly carried by the Ministry of Health, which has received both national funds and international support to improve access to testing and treatment. The education sector has made an important policy commitment to addressing HIV and AIDS in its sector plan, but there has been very little concrete action. In practice, most of the senior and middle management leadership of the Ministry of Education remains unconvinced that HIV and AIDS represent a threat to the sector and they are not convinced that the education sector has a relevant role to play in the national response.

ZLANDIA – SUBSTANTIAL ACTIVITY BUT LITTLE PROGRESS?

Zlandia is a poor landlocked country. Its population of 16 million has been severely affected by the impact of HIV and AIDS. Current adult HIV prevalence levels are estimated to be 11% and there is almost no family that has not been directly affected by the impact of the disease. The government of Zlandia has instituted a national multisectoral plan for addressing HIV and AIDS which identifies priority sectors, one of which is education. As a result, the number of activities focusing on HIV prevention in the sector has increased dramatically over the past five years. Most of these activities are carried out by local NGOs and consist of short training courses for teachers, which provide important information and teaching strategies around HIV and AIDS, and create awareness about the importance of getting tested.

Despite the significant number of activities that have been implemented over the past years which have given high visibility to the epidemic, there are no data to show that things have substantially changed. Although there is some evidence that young people have better levels of knowledge, STIs are still on the rise and HIV prevalence is still increasing. There is a rising sense of frustration among the various partners involved who – while publicly united – tend to point fingers at each other when asked why so little progress is being made.

Developing a plan

In order to move to action it is essential to first get a good sense of what has been done so far. Tool 5 – ‘What is the status of mainstreaming in the sector?’ – contains key steps to carrying out such an assessment. As you work with others on developing an action plan, it is essential to keep this assessment in mind so that you build on what others have done before you.

Critical points in drawing up an action plan include:

- Defining and agreeing on a clear set of actions to be undertaken for internal and external mainstreaming (see Tool 2).
- Ensuring that the proposed actions are relevant and appropriate and aligned to national frameworks (such as the PRSP) and to national coordination mechanisms.
- Obtaining the highest level of buy-in within the organization. Make sure you involve all stakeholders including NGOs, community representatives and people living with HIV.
- Ensuring that the activities that are planned can be carried out. Human and financial resources need to accord with the planned activities.
- Making sure that the plan is built around solid implementation arrangements. If activities are to be implemented then it will be critical to ensure that the people involved have a formal commitment and a clear structure within which to work.
- Developing a monitoring and evaluation plan, with clear indicators as to how you will measure progress.
- Involving the national AIDS programme and other relevant sectors in all key steps.

COORDINATION – A KEY INGREDIENT TO EFFECTIVE MAINSTREAMING

The existence of effective coordination mechanisms is critical to successful mainstreaming. Similarly where coordination (and consequently consultation) mechanisms are weak, mainstreaming will face challenges and will often end up taking the form of individual projects/initiatives rather than being integrated in the core business of a sector. Here are some suggestions about how to improve coordination:

- Find out how coordination around HIV and AIDS in education is being done in other countries and what lessons have been learned. Most countries have focal points and coordination units that will have interesting experience to share.
- Engage in dialogue with colleagues in the Ministry of Education to find out how coordination around HIV and AIDS issues is taking place. Consider whether training or specialist advice would help to improve the current situation.
- Consider commissioning an external review or audit of existing coordination mechanisms. If done in a participatory manner it can be a useful way of identifying bottlenecks and of creating buy-in for improving the current ways of working.
- Critically review progress in coordination, harmonisation and alignment among development cooperation partners. Improving coordination is not just an issue for government ministries but should concern all parties involved.

Moving to action

As you work with colleagues and other partners to identify activities, it is useful to consider one or more of the following suggestions, which are based on a 2007 review of education sector responses to HIV and AIDS in four countries (UNAIDS IATT on Education, 2007e):

- Critically review current coordination mechanisms in the education sector. What opportunities exist for ensuring that HIV and AIDS are prominently discussed and reviewed through these mechanisms? How effective are these mechanisms and would strengthening them be a way of ensuring that greater attention is paid to HIV and AIDS? Would it be possible to set up a thematic group around HIV and AIDS or are there existing groups where HIV and AIDS could be included? Would better information sharing among partners enhance the profile of HIV and AIDS? Are cooperation partners holding themselves accountable on progress in the area of HIV and AIDS?
- When contracting consultants, try to ensure that the team has HIV expertise. You do not need to include a specific person for HIV. It is sufficient to ensure that attention to HIV is part of the terms of reference and that the experts selected have experience and expertise in this area. This is an excellent way of raising the profile of HIV, especially

when opportunities are created to discuss the findings of the consultants. The resources at the end of this tool include a link to a guideline for including HIV and AIDS in consultants' terms of reference.

- In training activities, consider how HIV and AIDS and related issues (SRHR, gender, etc.) can be mainstreamed. For example, training of ministry of education staff on indicators can easily be an excellent opportunity to ensure that staff acquire expertise monitoring the impact of HIV and AIDS. Training of school managers can be used to increase awareness of orphans and vulnerable children or of the availability and importance of VCT for HIV. Finally, training of teachers should include techniques on how to address sensitive issues such as sex and sexuality so that matters of SRHR are effectively addressed (see also suggestions in the list of resources).
- Identify 'champions' within the Ministry of Education who could be advocates and provide them with support to enhance their visibility and to develop their message. UNESCO and EDC have developed a strategy for mobilising leadership in the Caribbean, which has been demonstrated to be especially effective in raising awareness in low prevalence countries (see list of resources in Tool 8).
- Consider whether it is possible to support an 'ambassador' or 'spokesperson' from outside the education sector who will advocate for a stronger role of the education sector in addressing HIV and AIDS. Your 'champions' may be found in other sectoral ministries (such as ministries of planning or health), or perhaps in the private sector (the Chamber of Commerce, or a major business), in politics (such as Nelson Mandela in South Africa), or even in the media and entertainment area.
- In annual or other periodic reviews, questions regarding the impact of HIV and AIDS, SRHR and gender should be posed. These reviews also provide a good opportunity for introducing the integration of HIV and AIDS in on-going interventions where these issues have not yet been mainstreamed.
- Chose one or two strategic entry points, establish partnerships, identify opportunities and move ahead on those. Make sure people know what you are advocating for, have a clear message on why this is important, write it into plans, and make sure that it is given visibility e.g. through studies, by involving university students, by sponsoring colloquia.

- An excellent way to further the mainstreaming agenda is to build bridges with other countries and communities in the region that have experience with HIV and AIDS mainstreaming. The EduSector Response Trust (ESART) and the Accelerate Initiative of the UNAIDS IATT on Education both have experience in promoting this kind of learning (see also Tool 10). This can be done in various ways:
 - Inviting officials from the more experienced country to present their experience and share lessons learned with officials from other countries or contexts.
 - Including more experienced neighbours on key missions, in key discussions, or in exploratory studies/consultancies.
 - Supporting the development of case studies and other syntheses of ‘best practices’.



Questions for exploration

- 1 Consider the two case studies presented in this tool. Which priority sectors do you think should be involved in the HIV and AIDS response in each of these two cases and why?
- 2 If you were to conduct a review of coordination mechanisms in the country where you work which stakeholders/organizations would be reviewed and how would you go about sharing and discussing the results of the review?

Additional resources

- UNAIDS. 2006. *Mainstreaming HIV and AIDS in Sectors and Programmes – An Implementation Guide for National Responses*. www.undp.org/hiv/docs/MainstreamingB%5B1%5D.pdf
This guide contains a number of tools for implementation, which can be of use as you move forward, including:
 - Indicators to measure progress on mainstreaming;
 - Tools for preparing a sector HIV and AIDS profile;
 - Guidelines for formulating an action plan;
 - Steps for costing mainstreaming activities.
- UNAIDS Inter-Agency Task Team (IATT) on Education. 2007e (forthcoming). *Improving the Education Sector Response to HIV and AIDS: Lessons of partner efforts in coordination, harmonisation, alignment, information sharing and monitoring in Jamaica, Kenya, Thailand and Zambia*. Paris, UNESCO. www.unesco.org/aids/iatt
This report highlights results of a review of education sector responses to HIV and AIDS with a particular focus on coordination, harmonisation and alignment in four countries and brings out key lessons for stakeholders involved. The individual country reports and the overall report can be downloaded from the above website.

Key resources

Purpose

This tool provides you with a list of institutions and websites where you may go to find more information and for help in implementing HIV and AIDS mainstreaming activities.

How to use this tool

The content and exercises in the toolkit should have provided you with a sense of priority actions. In moving forward on these priorities, you may want to consider using one or more of the additional resources listed below.

Overview of key resources

The resources below are grouped into general categories covering HIV and AIDS in general, HIV and AIDS in Education, Gender and HIV, and SRHR. This list is not exhaustive but provides you with a selection of resources that education practitioners in the field have found particularly helpful in working on HIV and AIDS mainstreaming issues. Please also consult the 'Additional resources' section at the end of each of the tools in this toolkit for more detailed suggestions around each of the key topics covered. In addition, you may also want to consult the list of references for suggestions on documentation.

HIV and AIDS in general

ActionAid International:

<http://www.actionaid.org>

ActionAid International has been working on HIV and AIDS since 1987. This website provides an overview of innovative initiatives, resources and projects in a large number of countries. A key resource developed by ActionAid is the Stepping Stones training pack, which is a training package on gender, HIV, communication and relationship skills and which can be found at: <http://www.stepsstonesfeedback.org>

AEGiS: <http://aegis.com>

AIDS Education Global Information System (AEGiS) is the largest free-access virtual AIDS library with over one million articles on HIV and AIDS information from 1981 onwards. It provides a powerful overview of the progression of the epidemic as well as access to key resources.

AVERT: <http://www.avert.org>

AVERT is an international HIV and AIDS charity based in the United Kingdom, working to avert HIV and AIDS worldwide. AVERT funds overseas projects that deal with the problem of HIV and AIDS in countries where there is a particularly high rate of infection, such as South Africa, or where there is a rapidly increasing rate of infection such as in India. The website documents many of these experiences.

CDC: <http://cdc.gov/hiv>

The US Centers for Disease Control and Prevention (CDC) work worldwide to control the HIV and AIDS epidemic in collaboration with community, state, national and international partners in activities that focus on surveillance, research, and prevention and evaluation.

The Communication Initiative:
<http://www.comminit.com>

The Communication Initiative aims to advance the extent and quality of dialogue around HIV and AIDS. This website contains overviews of key research documents, alerts about upcoming events and reviews of programmatic experience in a wide variety of countries. It also invites readers to provide feedback on its documents and postings, and promotes discussion fora on emerging issues. Links to many international organizations working on HIV and AIDS can be made from this site.

ELDIS:
<http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

ELDIS shares key resources on development, policy, practice and research in HIV and AIDS (and other topics). The website includes a review of successful case studies (such as the *Observatoire* in Senegal), of research and also hosts discussion fora on current HIV- and AIDS-related issues.

HIV InSite: <http://hivinsite.ucsf.edu>

This website of the University of California provides up-to-date information on medical and social aspects of HIV and AIDS, including such issues as treatment guidelines, clinical profiles, and ARV charts and tables. Summaries of recent medical developments and news items provide a quick insight into the latest developments around HIV and AIDS.

The International HIV/AIDS Alliance:
<http://www.aidsalliance.org>

The International HIV/AIDS Alliance is a global partnership of nationally-based organizations that help local community groups and other NGOs to take action on AIDS. The Alliance has unique experience in working directly with community groups and empowering local responses to HIV and AIDS. The Alliance has produced a wide range of interesting documents and resources in multiple languages on issues such as gender, sexuality, stigma and discrimination, and prevention among key populations based on its work with communities.

NAM: www.aidsmap.com

NAM is a community-based organisation, which works from the UK. It focuses specifically on providing reliable and accurate HIV information to HIV-positive people across the world and also to the professionals who treat, support and care for them.

UNAIDS: <http://www.unaids.org>

This UNAIDS website documents the efforts and resources of the ten UN organizations that are part of the global AIDS response (ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WFP, WHO and the World Bank).

WHO: <http://www.who.int>

The World Health Organization (WHO) is the directing and coordinating authority on international health and takes the lead within the UN system in the global health sector response to HIV and AIDS. The HIV/AIDS department provides evidence-based, technical support to WHO Member States to help them scale up treatment, care and prevention services as well as drugs and diagnostics supply to ensure a comprehensive and sustainable response to HIV and AIDS.

HIV and AIDS in education

The Accelerate Initiative:
<http://www.schoolsandhealth.org/IV-AIDS&Education-Accelerate/HIV-IDS&Education-Accelerate.htm>

The Accelerate Initiative is a working group established by the UNAIDS IATT on Education in 2002 and has the specific operational aim of helping countries to 'Accelerate the Education Sector Response to HIV/AIDS in Africa'. Key elements of this activity are sub-regional and national workshops that bring together education, health and AIDS teams to share good practices and develop more effective strategies that result in implementation at the school level. The Accelerate initiative has resulted in the establishment of networks of focal points from ministries of education. More information on the networks can be found at the above link.

EduSector AIDS Response Trust (ESART)

The EduSector AIDS Response Trust (ESART) is an independent, non-profit organization established to continue the work of the Mobile Task Team (MTT, see below), originally based at HEARD, University of

KwaZulu-Natal from 2000 to 2006. The EduSector Trust has a multi-disciplinary network of 19 members in southern and East Africa and focuses on research and training to systemically manage and mitigate HIV and AIDS impact on education.

EFAIDS:

<http://www.ei-ie.org/ef aids/en/index.php>

This page provides an overview, as well as detailed information on EFAIDS, an initiative of Education International (EI) and its partners EDC and WHO. EFAIDS aims to involve teachers' unions in advocating for EFA at national level and to ensure that HIV prevention becomes an integral part of country-level planning and of implementation at school level. EFAIDS has developed a variety of training materials for teacher training on HIV and AIDS and for teachers to use with their students, which can be found on this site.

HIV/AIDS Impact on Education Clearinghouse:

<http://hivaidsclearinghouse.unesco.org>

The Clearinghouse, supported by UNESCO's International Institute for Educational Planning (IIEP) provides a platform for sharing knowledge and information specifically focusing on HIV & AIDS and education. It aims to promote dissemination, sharing and learning from research among education staff and other professionals working in this area.

MTT:

<http://www.mtt aids.com>

The Mobile Task Team (MTT) was based in the University of KwaZulu Natal's HIV/AIDS and Economic Research Division (HEARD) from 2000 to 2006 and was designed to help empower African ministries of education and their development partners to develop sector-wide HIV and AIDS policy and prioritised implementation plans to systemically manage and mitigate the impact of HIV and AIDS. It was comprised of over twenty professionals located across southern Africa with expertise and experience in HIV and AIDS, education, policy development, system management, research, statistics, management information systems, modelling, health, economics, programme design, monitoring and evaluation. The MTT provided country-level support, regional networks and advanced training. Although it is no longer operational (see EduSector AIDS Response Trust above), its website continues to provide a wealth of resources and documentation on the above processes.

The UNAIDS IATT on Education:

<http://www.unesco.org/aids/iatt>

The UNAIDS IATT on Education was created in 2002 to support accelerated and improved education sector responses to HIV and AIDS. It aims at promoting and supporting good practices in the education sector related to HIV and AIDS and encouraging alignment and harmonisation within and across agencies to support global and country level actions. The IATT membership includes the UNAIDS Cosponsoring agencies, bilateral agencies and private donors, and civil society. The IATT secretariat is based at UNESCO and can provide advice and support in policy and implementation of HIV and AIDS and education-related initiatives.

UNESCO:

<http://www.unesco.org/aids>

As the lead agency in the UNAIDS technical support division of labour for HIV prevention with young people in educational institutions, UNESCO promotes comprehensive, scaled-up education sector responses to HIV and AIDS through its leadership of EDUCAIDS, the UNAIDS Global Initiative on Education and HIV & AIDS, and the coordination of the UNAIDS IATT on Education (see above). UNESCO's efforts focus on advocacy and support for evidence-informed policies and practices, policy and programmatic guidance, technical support and capacity enhancement, coordination and harmonization, and monitoring, assessing and evaluating progress.

Gender and AIDS

ELDIS: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/gender>

This is a specific page of the ELDIS website dedicated to gender and HIV and AIDS. It provides information on the latest research and developments with respect to issues such as the link between violence and women and HIV, the dissemination and use of the female condom, and the development of microbicides. The page also contains specific information and studies about gender and men.

EngenderHealth: <http://www.engenderhealth.org>

EngenderHealth works in partnership with, and provides technical assistance and training to, public- and private-sector programmes and NGOs. Its work in the area of HIV and STIs focuses largely on advocacy to support improved HIV and AIDS programmes and services, reducing stigma and discrimination,

increasing male involvement, primary prevention and behaviour change communication, and on linking SRH and HIV & AIDS programmes.

GCWA: http://womenandaids.unaids.org/issues_preventing.html

The Global Coalition on Women and AIDS (GCWA) is an alliance of civil society groups, networks of women living with HIV and UN agencies, supported by activists, political leaders and celebrities. The coalition focuses on: universal education for girls; securing women's property and inheritance rights; reducing violence against women; preventing HIV infection; promoting access to prevention, including female condoms and microbicides; ensuring women and girls have equitable access to treatment and care; supporting women's work as caregivers; and, promoting women's leadership.

ICRW: <http://www.icrw.org>

The International Center for Research on Women (ICRW) departs from the premise that a focus on women and gender is necessary for lasting social and economic change. ICRW focuses in particular on advocacy and ensuring that lessons from research get translated into concrete action on the ground. The website provides insight into key research and lessons from the field.

ICW: <http://www.icw.org>

The International Community of Women Living with HIV/AIDS (ICW) is the only international network run for and by HIV-positive women. Through its actions, ICW seeks to ensure respected and meaningful involvement of women at all political levels, to ensure full and equitable access to care and treatment, and to promote the rights of women in particular regarding sexual, reproductive, legal, financial and general health issues.

UNGEI: <http://www.ungei.org>

The United Nations Girls' Education Initiative (UNGEI) is the EFA flagship for girls' education, led by UNICEF in partnership with other UN agencies, governments, donors, NGOs, civil society partners, members of the private sector, and communities and families. Launched in April 2000 at the World Education Forum in Dakar, UNGEI aims to narrow the gender gap in primary and

secondary education and to ensure that by 2015, all children complete primary schooling, with girls and boys having equal access to all levels of education.

UNICEF: <http://www.unicef.org/gender>

UNICEF recognises that HIV and AIDS disproportionately affect women, with girls in most countries being much more likely to become infected with the virus than boys and with girls and women bearing most of the care-taking responsibilities for those who are ill. UNICEF supports innovative programmes to address gender equality and to eliminate disparities of all kinds, and to increase the capacities of adolescents, especially girls, to prevent HIV.

UNIFEM Gender and AIDS Portal:
<http://www.genderandaids.org>

The United Nations Development Fund for Women (UNIFEM), in collaboration with UNAIDS, developed this portal to provide up-to-date information on the gender dimensions of the HIV and AIDS epidemic. The site aims to promote understanding, knowledge sharing and action on HIV and AIDS as a gender and human rights issue. The web portal contains research (studies and surveys), training materials, multimedia advocacy tools, speeches and presentations, press releases and current news, best practices and personal stories, as well as campaign actions and opinion pieces by leading commentators.

WHO: http://www.who.int/gender/hiv_aids/

This page of the World Health Organization website outlines key arguments for the importance of gender issues in HIV and AIDS mainstreaming and other interventions. The website contains updates on women's global health issues, on upcoming events, as well as key publications (including case studies and multi-country comparisons) for policy-makers and implementers on gender and HIV and AIDS. Upcoming releases include a comprehensive guideline for integrating gender in HIV and AIDS programming, which targets programme planners to help them include appropriate attention to gender in VCT, prevention of mother-to-child-transmission of HIV, care/treatment/support and home-based care interventions.

SRHR

Advocates for Youth:

<http://www.advocatesforyouth.org/arsh.htm>

Advocates for Youth is dedicated to creating programmes and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health. The website provides information, training and strategic assistance to youth-serving organizations, policy-makers, youth activists and the media in the United States and the developing world. It provides up-to-date information and fact sheets on SRH, as well as toolkits and lesson plans for integrating sexual health in education and information programmes.

FHI: <http://www.fhi.org/en/index.htm>

Family Health International (FHI) is the largest and most established non-profit organization active in international public health. FHI manages research and field activities in more than 70 countries, helping countries and communities to prevent the spread of HIV and AIDS and sexually transmitted infections and to care for those affected by them, improving people's access to quality reproductive health services, improving the health of women and children.

IPPF: www.ippf.org

The International Planned Parenthood Association (IPPF) is probably the strongest global voice seeking to safeguard sexual and reproductive health and rights. IPPF consists of a worldwide movement of national organizations. Its priorities include working on reducing unsafe abortions, promoting access to good

quality SRH services in particular for young people, on advocacy in general, and on reducing barriers that make people vulnerable to HIV and AIDS. IPPF has regional offices in Brussels, Kuala Lumpur, Nairobi, New York, New Delhi and Tunis. The IPPF website contains a wealth of documentation including guides and toolkits, reports, reviews, research and press releases.

Johns Hopkins Resources for HIV/AIDS and SRH Integration:

<http://www.hivandsrh.org>

This site provides a comprehensive overview of resources for integrating prevention and treatment of HIV and AIDS with SRH services. In addition to key information on behaviour change communication strategies, it also documents programmatic experience in areas such as cost effectiveness and funding of HIV/SRH integration, HIV/SRH and adolescents, HIV/SRH and orphans and vulnerable children, as well as work on addressing issues of stigmatisation and violence.

WPF: <http://www.wpf.org>

The World Population Foundation (WPF) aims to encourage sexual and reproductive health and rights throughout the world. WPF supports projects by local organizations in developing countries enabling individuals to make their own decisions about their sexuality and the number of children they desire. WPF has extensive experience in materials development and training to overcome barriers of addressing issues of sexuality and SRHR. The website provides a comprehensive overview of projects, research, advocacy and other initiatives aimed at reaching this goal.



Questions for exploration

- 1 Review the list of resources above. Which do you think would be of particular use to the country where you work? In what way? And how would you go about involving these organizations/initiatives?
- 2 Sharing of resources is critical to a greater understanding – and eventually hopefully a greater commitment – to HIV and AIDS mainstreaming. How important do you think it is to ensure that information sharing improves in the context where you work? What three priority actions would you put in place to improve information sharing? Which institutions and persons would you target in particular and why? And how would you go about ensuring that there is sufficient dialogue and discussion around key issues?

Notes

1. These challenges were identified through surveys conducted among education sector specialists in 15 countries. See Anderson and Rylander (2004) and Visser-Valfrey (2005).
2. There are a number of UNAIDS IATTs including, for example, the IATT on Education, the IATT on Young People, the IATT on Children Affected by AIDS, and the IATT on the Prevention of Mother-to-Child Transmission of HIV.
3. For a full list of IATT members see <http://www.unesco.org/aids/iatt>
4. The Millennium Development Goals are a compact for development comprised of 8 goals, including those related to universal primary education, gender equality and the reduction of HIV prevalence (see www.un.org/millenniumgoals). There are 6 EFA goals including those related to early childcare and education, universal primary education, learning and life skills programmes for young people and adults, literacy programmes including special attention to women, gender equality in education and quality education (see the Dakar Framework for Action: http://www.unesco.org/education/efa/ed_for_all/dakfram_eng.shtml);
5. See, for example: Kirby D, Laris BA, and Roller L. (2007); Global Campaign for Education (2004) and ActionAid International (2006).
6. *Ibid.* Note: Research studies often use behavioural intention as a proxy for behaviour, since actual behaviour is much harder to measure and to assess.
7. Some studies suggest young women are two to seven times more likely to be infected by HIV than young men: See Glynn JR, Carael M, Auvert B, *et al.* (2001), Garnett GP (2000), Macphail C, Williams B, and Campbell C (2002).
8. See section "Know Your Epidemic and Your Current Response" in UNAIDS (2006a).
9. See UNAIDS (2005b).
10. See <http://www.fasttrackinitiative.org> for more information.
11. See Module, Mitigating the HIV/AIDS impact on Education: A Management Checklist, the UNESCO-IIEP ESART training modules (2007) and also UNAIDS IATT on Education (2006b).
12. See ILO (2001). Examples of regional policies for the education sector can also be found in: UNESCO and ILO (2006a and 2006b).
13. See UNESCO (2004).
14. In this context, it is important to consider whether the prevalence is or will become generalised. UN guidelines specify that a generalised epidemic is in place when the adult prevalence is greater than 1%. See UNAIDS and WHO (2003).
15. Elsey and Kutengule (2003).
16. This survey is recent and specific to a particular region in Kenya. At the time of the production of this toolkit it was too early to assess how this information has influenced policy and practice in HIV prevention.
17. Incidence and prevalence are often confused, but concern two distinctly different issues. Incidence refers to the proportion of people who have become infected with HIV in a specific period of time. HIV prevalence quantifies the proportion of individuals in a given population who have HIV at a specific point in time. Incidence only applies to the number of new cases, whereas prevalence applies to all cases, old and new UNESCO (2006).
18. See <http://www.unicef.org/crc> for the UN Convention on the Rights of the Child.
19. See WHO (2006) for more information on universal precautions.
20. This assessment framework was developed on the basis of a presentation by Rose Smart at the April 2005 Lusaka Seminar on HIV/AIDS in Education, which was organized by SIDA.
21. 5% prevalence is widely regarded as the tipping point to a generalised epidemic.
22. See UNESCO and EDC (2005).
23. It is important to distinguish between sex and gender. Sex is biological whereas gender is a social construct referring to expectations, norms and behaviours that are predominant in a particular context.
24. Study tours can be very effective if they are well organized and structured along detailed terms of reference that outline what participants and hosts are expected to contribute and are part of a larger strategy to address a certain issue.

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This toolkit aims to help education staff from development cooperation agencies, including both development- and humanitarian-oriented multilateral and bilateral agencies as well as non-governmental organizations (NGOs) and other civil society organizations, to support the process of mainstreaming HIV and AIDS into education sector planning and implementation. It provides resources and support to assess the progress countries have made with respect to HIV and AIDS mainstreaming; to identify entry points and opportunities; and to establish priorities for advocacy and action. It is designed to be used as a reference tool or a resource for training and discussion, depending on the local needs and context.

The toolkit was developed for the UNAIDS Inter-Agency Task Team (IATT) on Education. Formed in 2002, the IATT on Education is convened by UNESCO and brings together UNAIDS Cosponsors, bilateral agencies and civil society organizations with the purpose of accelerating and improving a coordinated and harmonised education sector response to HIV and AIDS.

For more information about the IATT on Education, visit <http://www.unesco.org/aids/iatt>