



Mainstreaming HIV in the Education Sector

Since 2003, it is a policy of the German Federal Ministry for Economic Cooperation and Development (BMZ) that all German Development Cooperation (GDC) programmes and projects in sub-Saharan Africa mainstream HIV, at least in countries with generalized epidemics¹ and especially in countries where HIV prevalence is five percent or more. Any mainstreaming HIV interventions must be planned and conducted jointly with GDC's partner organisations and be aligned with the partner country's sectoral strategies and national HIV strategy, thus adhering to the "Three Ones" principles. These require development partners to work through one national HIV strategy, one national HIV coordinating body and one national HIV Monitoring and Evaluation (M&E) system.



This guidance note discusses the intersection of HIV and the education sector and suggests ways in which programmes and projects in this sector can mainstream HIV.

What is the impact of the HIV epidemic on the sector?

In countries with very high HIV prevalence²

HIV can reduce the supply of teachers: Teacher morbidity and mortality rates are declining in some very high prevalence countries (Bennell, 2005), due to behaviour change resulting from successful prevention and to the increasing availability of antiretroviral therapy. However, the over-all impact of HIV on teacher supply in sub-Saharan Africa is still severe enough to hinder efforts to achieve Education For All (EFA) so there is urgent need to ensure all teachers have access to HIV prevention, treatment, care and support (Risley and Bundy, 2007).

HIV can reduce the demand for education: Children – especially girls (UNESCO, 2009) – coming from HIV-affected households may be more likely to drop-out of school. Financially devastated by HIV (e.g., by loss of income-earners and the costs of treatment), families may be unable to afford school fees. Girls may have to stay at home and take care of sick relatives. According to UNICEF, the disparity between orphan and non-orphan school attendance appears to be shrinking in several countries. Still, children who have lost both parents are generally less likely to be in school than children whose parents are both still alive (UNICEF global databases; UNICEF 2008). Also, non-enrolment in school may lead to suspicion that there is HIV in the family and contribute stigmatization of out-of-school children.

¹In a generalized epidemic, HIV is firmly established in the general population. Although sub-populations at high risk may continue to contribute disproportionately to the spread of HIV, sexual networking in the general population is sufficient to sustain an epidemic.

²HIV prevalence is considered „very high“ in countries where it exceeds 10 percent in the sexually active age group (15-49 years) of the general population.

Without basic education or vocational training, children and youth may have few job opportunities or sources of steady income and this could tempt them to engage in practices that put them at high risk of HIV infection (UNESCO, 2008). If entire generations are impacted by HIV, it could threaten a country's long-term economic development.

HIV can create a mismatch between demand and supply of skilled labour: Previously unemployed or less skilled people may replace workers lost to HIV-related illness and death and this can reduce both the quantity and quality of workers and of goods and services (Coulibaly, 2005). Young people are the most vulnerable to HIV at the very time they are also most likely to be engaged in vocational training, and training institutions may not have the capacity to take in new trainees to replace ones lost to HIV (UNAIDS, 2006a).

How could the activities of the sector inadvertently contribute to the spread of HIV?

Education institutions may be risky environments: In some countries, the entire education system puts people at risk of HIV. Girls, especially, are vulnerable to sexual harassment or coercion by teachers and school officials and this can put them at risk of HIV infection. The risk may be especially high in boarding schools and vocational training institutes, where girls are away from protective home environments for long periods of time. Intergenerational and transactional sex, often involving female students, is one of the drivers of HIV in countries with generalized epidemics (UNAIDS, 2008).

Teachers could become vulnerable to HIV infection and put others at risk: Posting teachers far away from their families may increase the chance of them engaging in risky sexual behaviours and acquiring or transmitting HIV. Male teachers posted away from their families could pose a risk to female students.

In what way could the sector contribute to curbing the spread of the HIV epidemic or to mitigating its impacts?

Taking advantage of the window of hope: Children between five and fifteen years old are the age cohort with the lowest HIV prevalence and, for that reason, are often referred to as the "window of hope." Education of those children can be a social vaccine against HIV infection and it has a crucial role to play in a country's response to HIV (Cooper, 2007).

It is important both to reduce student's exposure to risk (e.g., by having codes of conduct and mechanisms for enforcement for school staff and by minimizing the distance girls have to walk to school) and to reduce the likelihood that they will participate in risky behaviour. Appropriate measures will vary from country to country but, in all countries, it should be kept in mind that knowledge alone does not automatically lead to behaviour change. Young people need constant reminders, through fresh and engaging messages, and they need support from their peers. Older ones who become sexually active, despite any knowledge they may have of the risks, may need access to affordable condoms.

Providing sexual and life skills training: In UNICEF's third stocktaking report 2008, school is identified as an avenue to reach adolescents with the gender-sensitive information and skills that are necessary parts of preventing the spread of HIV. These should be tailored to fit the unique characteristics of a country's HIV epidemic, including the factors that contribute to the epidemic (e.g., high prevalence of sexual exploitation and abuse of children and youth, traditional practices such as female genital mutilation). They should also be age-appropriate, gender-appropriate and take common traditions and social attitudes into account. They require the development of appropriate Information, Education Communication (IEC) material, including inter-active Behaviour Change Communications (BCC). If not readily available, these may be adapted from material developed elsewhere or else developed with reference to such material.

Using edutainment to promote behaviour change: Using entertainment (e.g., radio sketches, television soaps, street theatre, classroom skits) to educate can be a highly effective way of engaging teachers, students, parents and whole communities in inter-active communications that help them examine their own knowledge, attitudes and practices and find practical ways of addressing their own ignorance, prejudices and bad habits. In **Uganda**, the GDC programme Promotion of Employment Oriented Vocational and Technical Training (PEVOT) produced the game "Make a New Start Today" in English and two local languages".

Targeting out-of-school children and youth: Out-of-school children and youth comprise a very diverse, widely dispersed and difficult-to-reach group. Reaching them requires a range of interventions that find them wherever they happen to be and that address their unique circumstances. They include, for example, young people in urban neighbourhoods and in rural villages and may include orphans, street children, refugees, victims of trafficking, and, whether or not trafficked, young people who engage in sex work and transactional sex.

Mainstreaming HIV into education policies and programmes:

Promoting and supporting HIV mainstreaming into a country's education sector can make responding to HIV part of that sector's core business (along with reading, writing, mathematics, history, general health and personal development, etc).

Creating the social and political environment that makes effective HIV education possible:

Providing HIV-related sexual and life skills education requires that teachers be trained, that education authorities approve and support such training, and that parents, political and religious leaders and other influential community members "buy in". This may require consultative processes reaching towards consensus on appropriate policies and programmes. The programmes themselves may require development of networks of people whom children and young people can turn to for help (e.g., teachers designated as guidance counsellors, health workers, social workers, peer counsellors in youth centres).

Supporting the development and implementation of HIV workplace policies for ministries of education and educational institutions:

HIV can be stopped from undermining education through the development and implementation of HIV workplace policies and programmes. These should cover prevention, treatment and impact mitigation measures and require a working environment free from stigma and discrimination. They should ensure that learners and staff are actively involved in the HIV response, through peer education training courses, edutainment and other activities.

Supporting the integration of HIV into vocational training curricula and national vocational qualification frameworks:

Such integration can ensure that all young people who have been through vocational training have also been through training in HIV prevention, treatment and impact mitigation (GTZ, 2007).

In countries with very high HIV prevalence, identifying and meeting needs for mitigation measures:

School has the potential to be and should be a place where children in need can find protection and support. The needs may vary from country to country and location to location within countries, but appropriate impact mitigation may involve, for example, abolishing school fees, ensuring nutritious meals for students from poor households or taking measures to ensure that girls can get to and from school safely and that orphans and vulnerable children are able to continue to go to school.

A GDC example from Guinea

The basic education programme in Guinea, supported by the German Technical Cooperation Agency (GTZ), takes a multisectoral approach, establishing close collaboration between the education and health sectors and involving communities surrounding schools in local responses to HIV. This approach offers knowledge about sexuality and the prevention of HIV and Sexually Transmitted Infections (STIs). It helps students, parents and teachers develop skills at communication with their peers and across generations and skills at planning and implementing self-help initiatives within their communities. The aim is to develop social and citizenship skills and this is done through inter-active, learner-centred approaches that use techniques such as role-playing, intergenerational dialogue (GTZ, 2007b).

A GDC example from Uganda

The GDC programme Promotion of Employment Oriented Vocational and Technical Training (PEVOT) in Uganda supports the Business, Technical and Vocational Education and Training (BTVET) under the Ministry of Education and Sports (MoES) Directorate of Industrial Training (DIT). During the implementation of the pilot project Local Skills Development (LSD) from March 2004 until March 2007, PEVOT trained 33 students as HIV peer educators in Luweero, Mubende and Kabale districts. The peer educators have established drama groups and since then have been sensitizing their communities around HIV.

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Further Reading

A selection of articles on mainstreaming HIV in the education sector can be found on the GDC Mainstreaming HIV internet platform at <http://sites.google.com/a/ms-hiv-gdc.org/mainstreaming-hiv-in-german-development-cooperation/Home/sec-tors-priority-areas/education-and-vocational-training>. To join the Group, visit <http://ms.hiv.aids.googlepages.com/home>.

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