

What HIV/AIDS Can Do to Education, and What Education Can Do to HIV/AIDS

(Excerpts)

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When a person is infected with HIV, the immune system breaks down, leaving the individual exposed to the hazards of a multitude of opportunistic illnesses. In the absence of preventive measures, the education system in a country that is as seriously HIV-infected as many of those in Sub-Saharan Africa is also in danger of breaking down and being prey to myriad opportunistic problems. Our first task is to present an analytic framework, with a limited number of examples from Zambia, that will help us grasp the multitudinous potential impacts of HIV/AIDS on the education system of a severely affected country. It is only when civil and public society come to grips with the fact that these are real possibilities, indeed that many are already wreaking havoc, that appropriate action will be taken to control the situation.

Essentially, HIV/AIDS can be conceptualised as affecting education through ten different mechanisms (Box 1).

Box 1: What HIV/AIDS Can Do to Education

HIV/AIDS has the potential to

- * affect the demand for education
- * affect the supply of education
- * affect the availability of resources for education
- * affect the potential clientele for education
- * affect the process of education
- * affect the content of education
- * affect the role of education
- * affect the organisation of schools
- * affect the planning and management of the education system
- * affect donor support for education

1. HIV/AIDS affects the demand for education because of
 - fewer children to educate;
 - fewer children wanting to be educated;
 - fewer children able to afford education;
 - fewer children able to complete their schooling.
2. HIV/AIDS affects the supply of education because of
 - the loss through mortality of trained teachers;
 - the reduced productivity of sick teachers;

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- the reduction in the system's ability to match supply with demand because of the loss, through mortality or sickness, of education officers, inspectors, finance officers, building officers, planning officers, management personnel;
 - the closure of classes or schools because of population decline in catchment areas and the consequent decline in enrolments.
3. HIV/AIDS affects the availability of resources for education because of
- the reduced availability of private resources, owing to AIDS-related reductions in family incomes and/or the diversion of family resources to medical care;
 - reduced public funds for the system, owing to the AIDS-related decline in national income and pre-emptive allocations to health and AIDS-related interventions;
 - the funds that are tied down by salaries for sick but inactive teachers;
 - reduced community ability to contribute labour for school developments because of AIDS-related debilitation and/or increasing claims on time and work capacity because of loss of active community members.
4. HIV/AIDS affects the potential clientele for education because of
- the rapid growth in the number of orphans;
 - the massive strain which the orphans phenomenon is placing on the extended family and the public welfare services;
 - the need for children who are heading households, orphans, the poor, girls, and street children to undertake income-generating activities.
5. HIV/AIDS affects the process of education because of
- the new social interactions that arise from the presence of AIDS-affected individuals in schools;
 - community views of teachers as those who have brought the sickness into their midst;
 - the erratic school attendance of pupils from AIDS-affected families;
 - the erratic teaching activities of teachers, who are personally infected, or whose immediate families are infected, by the disease;
 - the increased risk that young girls experience of sexual harassment because they are regarded as 'safe' and free from HIV infection.

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6. HIV/AIDS affects the content of education because of
 - the need to incorporate HIV/AIDS education into the curriculum, with a view to imparting the knowledge, attitudes and skills that may help to promote safer sexual behaviour;
 - the need to develop life-skills which equip pupils for positive social behaviour and for coping with negative social pressures;
 - the need for earlier inclusion in the curriculum of work-related training and skills, so as to prepare those compelled to leave school early (because of orphanhood or other reasons) to care for themselves, their siblings, their families.
7. HIV/AIDS affects the role of education because of
 - new counselling roles that teachers and the system must adopt;
 - the need for a new image of the school as a centre for the dissemination of messages about HIV/AIDS to its own pupils and staff, to the entire education community, and to the community it serves;
 - the need for the school to be envisaged as a multi-purpose development and welfare institution, delivering more than formal school education as traditionally understood.
8. HIV/AIDS affects the organisation of schools because of the need to
 - adopt a flexible timetable or calendar that will be more responsive to the income-generating burdens that many pupils must shoulder;
 - provide for schools that are closer to children's homes;
 - provide for orphans and children from infected families, for whom normal school attendance is impossible, by bringing the school out to them instead of requiring them to come in to some central location;
 - examine assumptions about schooling, such as the age at which children should commence, the desirability of making boarding provision for girls, the advisability of bringing together large numbers of young people in relatively high-risk circumstances.
9. HIV/AIDS affects the planning and management of the education system because of
 - the imperative of managing the system for the prevention of HIV transmission;
 - the loss through mortality and sickness of various education officials charged with responsibility for planning, implementing, and managing policies, programmes and projects;
 - the need for all capacity-building and human resource planning to provide for (a) potential personnel losses, (b) developing new approaches, knowledge, skills and attitudes that will enable the system to cope with the epidemic's impacts and will monitor how it is doing so, and (c) establishing intra-sectoral epidemic-related information systems;
 - the need for more accountable and cost-effective financial management at all levels in response to reduced national, community and private resources for education;
 - the need for sensitive care in dealing with personnel and the human rights issues of AIDS-affected employees and their dependants.
10. HIV/AIDS affects donor support for education because of
 - donors' concern to promote capacity-building and develop a self-sustaining system, both of which are inhibited by the widespread incidence of HIV/AIDS;
 - donors' concern lest the effectiveness of their inputs be undermined by the impacts of the epidemic;
 - donor uncertainty about supporting extended training abroad for persons from heavily infected countries.

The Impact Education Can Make on HIV/AIDS

In the absence of curative drugs and prophylactic vaccines, the only way currently available for dealing on a large scale with HIV/AIDS is through developing appropriate standards of behaviour, with information being

translated into behaviours that promote a healthy state of mind, body and spirit (Siame, 1998). In this and in other AIDS-related areas, education can be a powerful ally.

Education Generates Hope

In the 14th century, at the time of the Black Death in Europe-another period when it seemed that an incurable sickness was set to wipe out much of humanity's achievement- a popular allegory personified death as a devouring monster, consuming every living creature. But as it did so it consumed an individual who possessed within the principle of indestructible life. Thinking it was making its greatest conquest, death swallowed up this individual, only to find that it had swallowed the one poison that could destroy it. The result was a progressive weakening and the ultimate destruction of death's lethal power.

In our current situation, death is HIV infection and AIDS. The individual with the principle of indestructible life is education. As the first part of this paper has shown, HIV/AIDS appears to be in the ascendancy and to have virtually overcome education, swamping it with a wide range of problems. But education is indestructible. It is buoyant. It is resilient. It will not be put down. The picture and prospects are so grim that they seem to undercut hope, but education stubbornly refuses to give way in the face of so much tragedy and suffering.. It has the extraordinary ability to forestall tragedy and to help its clients begin again after being touched by tragedy. Education shows that there is hope. At the opening of the Eleventh ICASA Conference in Lusaka on 12th September this year, an 8-year-old girl, Tsepo Sitali, addressed the participants. She said:

As you talk about the problems of HIV/AIDS, think about us, the children. ...We are trying to reach you, trying to tell you something, to draw your attention to how we feel....We have our dreams... We ask you to help us realise these dreams. The name Tsepo in my language means hope. When we do meet again, perhaps soon, I hope you will bring good news that there is hope, hope for us little children of Africa

(<http://www.hivnet.ch.8000/africa/af-aids>).

Our response should surely be: "Yes, Tsepo, there is hope, and that hope lies in education." The long, arduous and costly search for a HIV vaccine must continue, but in the meantime every one of our communities is equipped with a structure that can boost society's immune system, the structure of education which is not being exploited to the full. By the very fact of sending a child to school, parents expect the school to work the wonder of transforming the young person from being a child into being an adult. Equally the schools, and the entire education sector, can work the wonder of reducing the spread of HIV/AIDS, transforming young people into individuals who are temperamentally immune against infection. The vaccine may still be a long way down the line; but to Tsepo and all young people we can say that through education we can immunise them, we can equip them intellectually, affectively, morally, so that they can make sound decisions, deal with pressures, keep themselves free of HIV infection, and extend compassion, solidarity, and care to all who are affected by the disease.

Reaching out to Youth through Formal and Non-Formal Education

The concern is with both formal and non-formal education. Many of the better-documented programmes and interventions, especially those that rely on peer education and peer counselling, are in the latter category. Work outside the formal school setting, with various youth, club and religious groups, can be especially productive because participants take part freely, without any coercion. Their interest and commitment are reasonably well assured from the outset, though the fact that they are self-selected could mean that successes may not be generalised without further ado to other groups.

The self-selection factor could also mean that the positive outcomes of anti-AIDS clubs and similar groups in schools might not extend beyond the actual membership, though in this case the participants may experience rather more pressure from their peers and from the school authorities to take part in such activities.

But the greatest potential is in an AIDS education programme that is integrated into the curriculum of the formal school system. Undoubtedly, this faces the challenge that many

students, being part of a captive audience, may regard it as just another school subject. But despite this challenge, there is the great merit that in principle every child between the ages of seven and fourteen attends, or is meant to attend, school. This sets the school system apart as a social structure with virtually limitless potential in the struggle against HIV/AIDS, because the formal school system is unique in that it can reach every young person. If AIDS is to be conquered, every young person must be reached.

The fact that the formal school system must deal with a captive audience highlights the need to make sure that content and methods of presentation, as well as audience involvement, are first rate so that whatever their age students will feel personally engaged in the material, internalising it in a way that will affect their subsequent behaviour. What is needed is knowledge that will inform behaviour in the right direction. AIDS awareness among young people is generally quite high, but the quality of knowledge is not always such that it can motivate. What is needed is to engage the student's affectivity, thereby contributing to the development of a set of personally held principles and guidelines that will help the student make the right choices.

In the longer term, and more generically, education plays a key role in establishing conditions that render the transmission of HIV/AIDS less likely—conditions such as poverty reduction, personal empowerment, gender equity. It also reduces vulnerability to a variety of factors, such as streetism, prostitution, or the dependence of women on men, which are a breeding ground for HIV infection.

How Education Can Modify the Transmission and Impact of HIV/AIDS

If it is to reduce the likelihood of HIV transmission, strengthen the capacity of infected and affected individuals to cope with their situation, and support bereaved and disoriented school members and their families, the formal education system needs to do certain things. It should

1. do better what it is supposed to be doing in terms of access and real learning achievement;
2. integrate sexual health and HIV/AIDS education into the curriculum for all educational levels;

3. ensure that every school member is adequately equipped with the relevant life skills, and that adequate learning takes place in the fourth 'R', that is, relationships with oneself and with others;
4. manifest an improved human rights profile—in terms of its own procedures and actions and in terms of the curriculum;
5. extend its mission beyond the strictly academic to include more attention to counselling and care for its members, and to promoting care and compassion for people with HIV/AIDS.

(1) Ensure Access and that Real and Relevant Learning Occurs

This Conference is concerned with the way in which countries have adopted in practice the World Declaration on Education For All. Two of the fundamental articles of this Declaration are particularly relevant in the context of the encounter between education: and HIV/AIDS:

1. Every person shall be able to benefit from educational opportunities designed to meet their basic learning needs (Art. 1).
2. Whether or not expanded educational opportunities will translate into meaningful development ... depends ultimately on whether people actually learn as a result of those opportunities, i.e., whether they incorporate useful knowledge, reasoning ability, skills, and values (Art. 4).

Education in the sense of schooling can do nothing to reduce the transmission and impact of HIV/AIDS for children who, for whatever reason, are denied access to school. It can work only with children who attend school. Hence the AIDS epidemic underscores the crucial importance of universalising access to primary school. It also underlines the tragedy of Africa where, in 1995, an estimated 40 percent of children were not enrolled in school and where, on present trends, the number of children not attending school seems set to increase dramatically in the coming years (Oxfam, 1999).

Second, attention to real learning achievement is necessary on two grounds. First, as the World Declaration states, if there is no real and worthwhile learning, then no meaningful development occurs. No matter how well attended, the

schools will not contribute as they should to poverty reduction, personal empowerment, gender equity. Neither will they promote the knowledge and understanding which are fundamental to the reduction of HIV transmission. Those leaving school will remain a prey to the poverty trap which will see many of them being sucked into prostitution, streetism, gender subordination, and other ways of life that will increase their risk of HIV infection. They will also remain much weaker than they should be in the face of HIV risks. Second, if there is real learning achievement then it becomes more likely that school messages about HIV will be taken on board, that learners will incorporate the "useful knowledge, reasoning ability, skills, and values" that will contribute to their protection against HIV/AIDS.

(2) Integrate HIV/AIDS and Sexual Education into the School Curriculum

Good quality sexual health and HIV/AIDS education is needed in order to equip young people with the information which they rarely get from their parents or senior family members, which they no longer get from traditional training such as is customarily provided at the time of initiation, which they frequently pick up haphazardly from peers and books, and which they sometimes augment by high-risk experimentation. This education should go beyond the biological facts to include many aspects of behaviour and ultimately of attitudes and values.

It is nothing new that a school should seek to influence behaviour and inculcate values. That it should do so is regarded as part of its traditional role. It consciously seeks to influence students through its curriculum and through the values that the curriculum embodies. We need to have a clearer perception of "education as being the process of identifying the valuable, opening it to others and, yes, inculcating it into them" (Greenfield, 1991, p.194). This view is reinforced by the modern approach to the school as an organisation. Contemporary theory recognises that organisations, from the simplest village school to the most complex multinational, are built on marshalling people around values, those learned concepts of the desirable which have motivating force and which serve as criteria against which we appraise and evaluate actions (Beare, Caldwell &

Millikan, 1989). Through its sexual health and HIV/AIDS programmes, the school should also seek to help each student to develop a personally held value system which will empower the young person to make correct and safe choices, while at school and throughout life.

Incorporating these areas is also integral to the universal right to education. Article 26 of the United Nations Declaration on Human Rights proclaims the right to an education that is directed to the full development of the human personality. Since HIV infection inhibits the possibility of such full development, the right to education includes the right to the knowledge and skills needed for HIV prevention. Such a right can only be exercised if the school curriculum deals effectively with sexual health and HIV/AIDS prevention and care. The Jomtien Declaration defined the basic learning needs, which should be met for every person, as including the content required by human beings in order to survive (Art 1). In our AIDS-scarred world, sexual health and HIV/AIDS education are a prerequisite for individual and community survival.

Fears are sometimes expressed that integrating reproductive health and HIV/AIDS education into the school curriculum will increase sexual activity among youth, thereby potentially aggravating rather than alleviating the problem. On the basis of what has been investigated, these fears appear to be unfounded. In a comprehensive literature review, UNAIDS found that

of 53 studies that evaluated specific interventions, 27 reported that HIV/AIDS and sexual health education neither increased nor decreased sexual activity and attendant rates of pregnancy and STDs. Twenty two reported that HIV and/or sexual health education either delayed the onset of sexual activity, reduced the number of sexual partners, or reduced unplanned pregnancy and STD rates. Only three studies found increases in sexual behaviour associated with sexual health education (UNAIDS, 1997, p. 5).

The UNAIDS study concludes that there is little evidence to support the contention that sexual health and HIV education promote promiscuity.

The review also reported study findings that

- responsible and safe behaviour can be learned;
- sexual education is more effective when it

- occurs before puberty;
- effective programmes encourage openness in communicating about sex;
- programmes need to be sensitive to the different requirements of boys and girls, but in all cases they should take account of the social context in which sexual behaviour takes place and of the personal and social consequences of such behaviour;
- effective programmes equip young people with skills to interpret the conflicting messages that come from adult role models, television, other media and advertisements (UNAIDS, 1997, p.27).

It should be noted, however, that the studies in question were evaluations of school-based programmes in industrialised countries, principally in the United States. Little more than anecdotal evidence is available to show that reproductive health education leads to delayed sexual activity and safer sex in developing countries. There is urgent need for more rigorous evaluations of such programmes in African settings, research that might well commence in countries such as Uganda which have adopted a forthright and quite explicit approach to integrating HIV/AIDS and sexual education into the school curriculum.

(3) Promote the Development of Life Skills

Quite apart from the HIV/AIDS epidemic, schools have a responsibility to help students develop skills which equip them for positive social behaviour and for coping with negative pressures. The Zambian Ministry of Education sees a core set of these life-skills as including "decision-making, problem-solving, creative thinking, critical thinking, effective communication, interpersonal relationships, self-awareness, stress and anxiety management, coping with pressures, self-esteem, and confidence" (MOE, 1996, p. 43). The Ministry also calls for the investment of time and resources in the fourth 'R', that is, seriously conducted human relations education and the development of interpersonal skills that will lead to a better understanding of oneself and of others (*ibid.*, p. 56). Promoting these skills is the responsibility of all who are concerned with the education of youth. It is doubly so because of the HIV/AIDS crisis.

The UNAIDS review of research highlighted the importance of the skill of interpreting the conflicting messages that come from adult role models, television, other media and advertisements. Society creates an almost impossible task for young people, expecting them to behave in a certain way but confronting them with social norms, expectations and role models that point in a very different direction. The young are expected to know how to protect themselves, but information about sex has to be acquired furtively and almost by osmosis, while sexual behaviour is kept under wraps. At the same time, masculinity tends to be associated with extensive sexual knowledge and practice, femininity with naïveté and inexperience. The models placed incessantly before the young through advertisements, in the media, and through the entertainment industry glorify the physical aspects of sex, but say little about the arduous task of building enduring human relationships which support and are supported by sexual practice. A critical life-skill that schools should seek to develop in today's young people is the ability to interpret and challenge these and other social norms that put pressure on them to run their lives on the pleasure principle and to experiment with sex, with the attendant increase in the risk of HIV infection.

Put HIV/AIDS at the Centre of the National Education Agenda

All of the foregoing may sound as if we are greatly extending the school curriculum and throwing the whole system topsy-turvy, so that it is no longer school as we have traditionally known it. This is a correct impression. The world with AIDS is not the same as the world without AIDS. The school in an AIDS-infected world cannot be the same as the school in an AIDS-free world. Quoting once again from Dr. Piot's opening address to the Lusaka ICASA Conference, "the time is now to declare AIDS in Africa a state of emergency, requiring emergency-type efforts and emergency-type resources". The time is now to declare our schools in Africa in a state of emergency because of AIDS, requiring emergency-type efforts, emergency-type responses. The time is now to put the HIV/AIDS crisis at the centre of our national education agendas.

Taking the proposed and other measures may help to stem the advance of the infection, may

help to make infection more bearable, may help to make the impact of the infection more manageable. Refusing to take this or comparable action means burying our heads in the sand, hoping that somehow the storm will pass. But it will not pass. In fact, it is worse than anticipated, and unless we take appropriate measures it will get even worse again. What then will our response be to little Tsepo Sitali and the millions of other African children who are looking to us to give them hope-"when we do meet again, perhaps soon, I hope you will bring good news that there is hope, hope for us little children of Africa"? That hope is education, education that responds imaginatively to the crisis and not necessarily education as we have known it. Let us commit ourselves to the necessary changes and transformations. Let us put HIV/AIDS right there at the centre of the national education agenda. Let us bring hope to the children of Africa and the world.

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Education as a Vehicle for Combating HIV/AIDS

Carol Coombe and Michael J. Kelly

(Excerpts)

MITIGATING THE IMPACT OF HIV/AIDS ON EDUCATORS AND LEARNERS

Mitigating the impact of the HIV/AIDS pandemic on education implies ensuring that those affected and infected by the disease can work and learn in a caring environment which respects the safety and human rights of all. Of major concern here would be efforts to make the system fully and patently inclusive by challenging all forms of AIDS-related stigma and discrimination, providing for the most extensive possible participation by persons living with HIV/AIDS, and rooting all provision in strong human and child rights frameworks. Above all, each and every learning institution must be a place of safety for all who are associated with it.

Mitigation efforts should also be addressed to providing counselling services; making provision for voluntary counselling and testing; working with social welfare and health ministries to provide learner-friendly services; and ensuring responsiveness to the special needs of infected or affected learners and educators. This latter would include such actions as prompt and trouble-free payment of sickness or death benefits and new provisions for treatment and/or retirement of educators who are sero-positive.

A third concern in the area of mitigation would be to provide HIV/AIDS education-in the workplace for all categories of education employees, including teachers and lecturers; in the school or college curriculum for all learners, from the time they enter school to the time they complete formal education and beyond.

STABILIZING THE EDUCATION SYSTEM

Stabilizing the education system entails ensuring that even under attack by the HIV/AIDS pandemic, the system works so that teachers are teaching, children are enrolling and staying in school, older learners are learning, managers are managing, and personnel, finance and professional

development systems are performing adequately. Accomplishing all this raises a host of challenges for education managers and planners. There is the challenge of responding to teacher shortage due to mortality, and teacher absenteeism due to morbidity. There is the challenge of attracting and sustaining learners who are orphans, or may be caring for sick family members, or who may themselves be ill. There is the challenge of maintaining the operations of examination, curriculum, teacher development, finance and other systems in the face of the steady loss to AIDS of well-qualified and experienced staff.

RESPONDING CREATIVELY AND FLEXIBLY TO HIV/AIDS

The education system responds creatively to HIV/AIDS when it continues to provide meaningful, relevant educational services of acceptable quality to learners in and out of the formal system, in complex and demanding circumstances. This creative response will require action particularly at the levels of management, and curriculum and service delivery.

Adjusting system management

Responding to the HIV assault on education means creating a policy and management framework which can make things happen (Coombe, 2000b). Key components of this framework include:

- ***Committed and informed leadership:*** politicians, senior education department officials, and senior international agency staff are knowledgeable and committed, are convinced that the situation is grave, and recognize that learning structures are being steadily undermined.
- ***Collective dedication:*** broad-based multisectoral management partnerships are established with other government sectors, non-governmental organizations, faith groups, community groups, and the private sector.
- ***Policy and regulatory framework:*** a framework of common understanding about

the nature of the pandemic and its potential impact on education is developed, as are guidelines, regulations and codes of conduct which interpret policy for educators responsible for implementing it.

- **Strategic and operational planning:** strategic principles are elaborated which are commonly held and understood, and which underpin realistic and realizable operational plans.
- **Effective management:** senior full-time mandated HIV and education managers are appointed at all levels until such time as the situation stabilizes. Also, a commitment is made not just to react to this crisis, but to anticipate its consequences and be effectively proactive in harnessing resources to counteract it.
- **Appropriate capacity:** procedures and structures are set in place for ensuring implementation of HIV/AIDS-dictated activities, building capacity at all levels of the system, and providing for personnel replacement and training.
- **Research and monitoring:** a research agenda is developed, along with research principles, priorities, and resources for collecting, storing and sharing information, and a set of benchmarks and crisis indicators - alarm bells indicating trouble - which can be monitored over time.
- **Streamlined funding:** adequate budgetary provision is made for government and nongovernmental partners within the sector, if necessary through mechanisms which hold and administer funds in trust.

Adjusting curriculum and service delivery

At the levels of pedagogy and the curriculum, responding creatively to HIV/AIDS necessitates considerable adjustment and reform. Significantly, all of these reforms are desirable in themselves for a better, more dynamic education system. By focusing a more intensive spotlight on them, the pandemic almost perversely drives educators forward in the right direction.

In reaction to HIV/AIDS, the tendency of education ministries has been to focus almost all of their attention on the curriculum, and within this perspective to concentrate even more narrowly on the integration of HIV/AIDS education and related health issues. This is of supreme importance. With or without HIV/AIDS, all students need skills-based health education that will assist them to adopt and sustain a healthy lifestyle during schooling and for the rest of their lives (UNESCO, 2000b).

In the context of HIV/AIDS, however, curriculum and pedagogic reform must extend further than the development of the knowledge, attitudes, values and life-skills needed for making and acting on the most appropriate and positive health-related decisions. This latter is critically important in equipping individuals for their personal combat against HIV/AIDS, but does not address other needs that arise in an AIDS-ravaged society.

Recognizing new learner needs: In seriously affected countries as many as one in every five adults in their most productive years is infected by HIV. Unless there is a radical change in the availability of low-cost effective drugs and in the medical infrastructure needed for their delivery and monitoring, almost all of these individuals will die within a decade. In Southern Africa, there may be as many as eight million AIDS orphans by the end of this decade. In South Africa alone, perhaps ten per cent of learners will be orphans. Throughout the region millions more will be affected in some other social, psychological or economic way by this disease; still others will be at substantial life-risk. As a result, the learning process in affected areas will become substantially more random; learners of all ages will have far more complex learning needs and disparate preparation; and educators will be sorely tried to match such needs, given their own distress.

The most visible impact of HIV/AIDS is the increase in the deaths of young adults. The peak mortality age for women is in the 25-35 age range and for men in the 35-45 range. Women and men are dying at ages when under other circumstances they would be rearing children. The result is the already noted rapidly increasing number of orphans. Regardless of their social status, these constitute a very vulnerable sector of society. This

vulnerability is increased for those from a more impoverished background, who may be almost totally lacking in support. They may receive inadequate assistance from their communities or surrogate families to enable them to exercise their basic human right to education and other services. A significantly large number of them may have financial and custodial responsibilities for younger siblings. Many cannot attend school because of costs or because they must work to generate the income needed for survival. Others attend school, but at the same time must work to raise resources for their own survival and for that of younger siblings.

Education systems confronted by such unprecedented human suffering and disrupted social systems, should be concerned with three principal challenges to which they must respond through learning programs and curricula:

- Replenishing the skills being lost through the premature deaths of skilled and qualified adults;
- Transmitting skills to young people, when the practitioners who should pass on the training are no longer alive; and
- Preparing very young people, many of them mere children, for the immediate assumption of adult economic responsibilities, as heads of households or within the framework of households headed by elderly relatives.

Responding to the learning needs of vulnerable children

Curriculum review and adaptation: As currently conceived, curricula do not respond to the needs of learners affected by loss, or of those for whom immediate employment and income-generation possibilities are not hypothetical abstractions but compelling life-and-death survival imperatives. While the need remains for basic literacy, numeracy, health, and thinking skills, children and young people who have to face the world of work at an early age also stand in need of a repertoire of entrepreneurial and vocationally-oriented skills.

Clearly, it would be very difficult for the system to equip them with specific immediately applicable vocational training (and trying to do so could limit their right to an education that would open horizons for development along an academic

or other dimension). But it should be possible to integrate into the curriculum an orientation towards the practical and applicable. The twentieth century saw a proliferation of models for a more practical form of education and training. Perhaps these models failed, or could not be brought to scale, because they focused too much on the specific and concrete and too little on the more general principles. The challenges that HIV/AIDS is posing for orphans and other vulnerable children demand a return to the whole issue of the curriculum, especially in the lower grades, so that it can be more successfully oriented to the real needs of learners.

Delivery system adjustment: Responding creatively and flexibly to HIV/AIDS also requires willingness to adjust educational delivery systems. There are many dimensions to this. One is to establish broad principles for the timetable, daily schedules, and even the education and training calendar, while allowing schools, colleges and communities to regulate these in ways that respond to locally experienced needs. But there is need to go beyond this. In an AIDS-affected community, there may not be enough teachers to do the teaching. Children may not be able to attend school because of costs or demands in the home - or at least not until they are older. The needs of those of different ages, and the needs of boys and girls, may differ widely and require age- or gender-differentiated responses. It is hard to see how a traditional education system, centered round a physical structure, conceived in a somewhat rigid hierarchical way, and using the technology of one teacher in charge of a class of forty or more students, could respond to these and similar perplexing needs. Something more is required.

Community schools: Recognizing that the standard formal school system is not properly 'geared' to cater for all their children, some communities have established their own schools, with their own teachers, curriculum, and management structures. Positive aspects of this development are the ability of a community school to respond instantly to felt community and learner needs and the deep sense of community ownership and involvement. Negative aspects are the danger that such schools might become second-rate learning institutions catering for the poorest, together with the associated danger that the state might feel itself absolved of any responsibility for

such schools and in consequence for some of the most disadvantaged in society. Other responses to the problem of reaching out to orphans and other vulnerable children who are not able to attend school include the use of interactive radio and the appointment of itinerant teachers who go out from a central school to animate and supervise tutors engaged by community groups.

Adjusting for teacher loss: HIV/AIDS-related teacher morbidity and mortality together pose a major challenge to the functioning of education systems. Since the disease also makes an impact on teacher trainees and trainers alike, the simple solution of expanding teacher training capacity will not be adequate. In the absence of other measures, institutions may well be left short of teachers, lecturers and trainers. Alternative measures include a more systematic and extensive use of multigrade teaching (provided this is backed up by the resources, training and supervision it requires); greater reliance on educational broadcasting; more use of community members for supervisory responsibilities and for actual teaching in areas where they have some expertise; greater use of untrained (or 'para-') teachers with a system in place for their ongoing training on the job; transferring certain curriculum topics or areas to co-curricular activities that would be managed by senior students; and more extensive provision for peer education (with some teacher supervision and monitoring).

Community backup: Community participation must be central to every innovation aimed at adjusting the education delivery system in response to the challenges of HIV/AIDS. The most immediate effects of the disease are experienced at household and community levels. These levels have already seen an unprecedented manifestation of different coping strategies, including self-sacrificing home-based care for the sick and the matter-of-fact integration of orphans into already stressed extended families. By the way they are coping with the disease and its impacts, communities are showing that the real potential for combating HIV/AIDS lies in the resourcefulness, strength and courage of the people themselves.

The same resourcefulness, strength and courage are at the disposal of education systems to enable them to make the adjustments that will guide them through the HIV/AIDS crisis, and which may

continue long after the crisis has passed because the adjustments are themselves intrinsically desirable. What this means is that for education to be proactive in combating HIV/AIDS and in managing its impacts, it must also be proactive in establishing linkages with the communities being served. This implies that education authorities and institutions must constantly explore with communities how best they can be of service to one another. A concrete illustration of this approach appears in Zambia's draft HIV/AIDS strategic plan for education, where one objective is that all schools and colleges should take action during the coming year to participate in home-based care and other forms of response to the AIDS-related needs of their communities (Zambia, 2001). Similarly, in Botswana close links are emerging between learning institutions, local NGOs and faith-based organizations, and social and health workers.²

Using education to protect against HIV infection

EDUCATION AS A 'VACCINE' AGAINST HIV INFECTION

Evidence is accumulating that education helps individuals protect themselves against HIV infection. The school is an institution that protects. Although the evidence is still patchy, HIV infection rates appear to be declining more rapidly among young educated women than among those with less education. In Zambia, for instance, surveillance data for Lusaka show that the prevalence rate for women aged 15-19 dropped from 27.6 percent in 1993 to 14.6 percent in 1998. Very significantly, this steep decline was more marked for those with secondary and higher levels of education than for those who had not proceeded beyond the primary level. Moreover, out-of-school urban women in the 15-19 age group were two to three times more likely to be HIV-infected than those of the same age who were still attending school (Fylkesnes, Musonda, Sichone, Ndhlovu, Tembo & Monze, 2001).

These findings are in marked contrast to earlier evidence from Zambia, as from several other severely affected countries, of a tendency for levels of HIV infection to be higher among the more educated and better-off. Studies have documented the positive correlation not only between level of education and the probability of engaging in

high-risk sexual behavior, but also between level of education and actual infection (Melbye et al., 1986; Filmer, 1998; Ainsworth & Semali, 1998; Hargreaves & Glynn, 2000). But the subjects reported on in these studies had all become sexually active in the comparatively early stages of the epidemic when the behavioral correlates of infection were less well understood and less widely disseminated. Evidence deriving from individuals who have become sexually active in more recent times, such as in the Zambian case, suggests that the more educated are less vulnerable to HIV infection.

If this continues to be substantiated by research, then a simple but very powerful conclusion follows: the more education, the less HIV. In the absence of a physiological vaccine against HIV infection, society has at its disposal a 'social vaccine', the vaccine of education.

Education enhances potential to make discerning use of information

It is probable that becoming literate is the most basic change that education effects. A person who is literate is equipped to garner and internalize information from a wide variety of sources. Moreover, the formal activities of mastering basic literacy and numeracy skills require many years of close attention to information sources—analyzing, judging, accepting, or rejecting what has been presented. This internal bank of skills may well be a student's most significant acquisition while in school. Consolidating and extending these skills is the work of a lifetime. But having acquired them in their most formative years, students retain and subconsciously apply them in all circumstances in life, including those relating to HIV/AIDS and protection-relevant information. In other words, the intellectual skills developed in acquiring basic literacy and numeracy stand to the individual's good subsequently throughout life, enabling her or him to evaluate information and knowledge, in the HIV/AIDS domain as in all others.

Education enhances potential to plan for the future

But knowledge is not enough, especially in relation to protection against HIV infection. The literature abounds with data from surveys which show that knowledge about HIV/AIDS does not automatically lead to any desirable change in

behavior. Knowledge must be supplemented by attitudes and values that will lead to appropriate and positive decisions. Reference to attitudes and values immediately bespeaks the affective domain, an area frequently ignored in the manifest school curriculum and as yet inadequately investigated. But the hidden curriculum of institutional culture and organizational milieu makes a deep and lasting impression in these areas. Long after they have left school, individuals will recall their school days not so much in terms of what or how they learned, but in terms of the routines, procedures and personalities that dominated this period of their lives. Many of these, especially the routines and procedures, build up valuable capacities, which inform much of the student's way of behaving in subsequent life.

In language that is not much used nowadays, the very fact of attending school enables students to become better disciplined. From prolonged experience of the almost military routines and procedures of school, students learn to defer gratification, to apply themselves even when naturally reluctant to do so, to endure constraints and hardships in the expectation of long-term future benefits, to plan for the protection and advancement of their future. From being little more than inchoate bundles of dissonant urges at the time they commenced school, they emerge with some poise and a considerable sense of direction and control. It needs no underlining to see how such qualities can equip and motivate them to take action that will better protect them against HIV infection.

The imperative for action

Education systems, already fragile, are being severely threatened by the HIV/AIDS pandemic. If business is allowed to continue as usual, these systems will become increasingly incapable of delivering their mandated services. But with HIV/AIDS it can no longer be business as usual. The need now is for bold and decisive actions that go beyond anything that the world has hitherto experienced, even in crisis situations.

Some governments and ministries of education are committed to action, although slow in giving practical effect to their intentions. In addition, the international community expressed its commitment through such instruments as the International Partnership Against AIDS in Africa. But it is people at local level, private individuals

working through community organizations, who are making the most evident practical contribution to alleviating the suffering HIV brings in its trail.

However, a greater sense of urgency is needed, more commitment and more action. It is clear that education systems are under threat. What must be done to stabilize and restructure them so that they can respond proactively to the AIDS pandemic, protect themselves, and offer protection to all who use their services, is also clear. The steady deterioration and ultimate destruction of education and school systems can be reversed through determined and well-planned activities directed at stabilizing education provision and quality, reducing the impact of the disease on learners and educators, and responding creatively to the new learning needs cast up by the pandemic.

If these steps are taken, the returns will be enormous, since education and schooling provide almost the only known antidote to HIV infection. Making this antidote universally available implies making education universally available. It implies education for all, with the provision of educational opportunities so that every person-child, youth and adult-can meet their basic learning needs. Commitments to this were made at Jomtien. They were renewed repeatedly throughout the 1990s. They have been reaffirmed at Dakar. They are given renewed urgency by the need to get ahead of the HIV/AIDS pandemic. There is no longer any time for delay. The survival of millions depends on what is done now to deliver on these commitments. In the words of Nelson Mandela at the close of the XIIIth International HIV/AIDS Conference in Durban, *the time for action is now and right now.*

Endnotes

1. The authors are indebted to Helen Craig, International Institute for Educational Planning, for sharing this insight on the parallel between airplane safety procedures and the need to protect education systems against HIV/AIDS.
2. Field evidence from ongoing work on the impact of HIV/AIDS on the Botswana education sector, Abt Associates Johannesburg, 2000- 2001.

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HIV/AIDS Education Isn't Only for Health Class! (It's for English, Math, Science, Spanish...)

Article by Gary Hopkins

A special multidisciplinary curriculum has transported HIV/AIDS education out of its relegated position in America's school health classes and moved it into other areas of the curriculum where it belongs! HIV/AIDS curriculum is often relegated to Health class where instruction can be clinical and boring. But at Patrick Henry High School in Minneapolis, Minnesota, a special AIDS Awareness Week program involved teachers of all disciplines. AIDS education came to life in art class and English class, in math and in geography.

"The thought was that many students resist AIDS education, which they usually find only in the health classroom," says Dr. Claudia Windal. "To approach AIDS education in a multidisciplinary

way had the potential for making the curriculum fun. More importantly, if students missed the message in one course, an activity in another course might capture their imagination and begin the learning process."

"In one English class, HIV/AIDS education came alive for students as they interviewed a child who has AIDS," Windal explains. "In math class they solved problems using AIDS-related statistics, and in cooking class they put together a special diet for an HIV-positive mother."

The curriculum which Windal designed with support from the staff at Patrick Henry provided all the resources teachers needed, including lesson plans, activity materials, and classroom speakers.

AIDS AWARENESS WEEK: JUST LIKE ANY OTHER WEEK, WITH A FEW TWISTS

AIDS Awareness Week at Patrick Henry High began with a panel discussion on Monday. The 800 students at the inner-city school attended the session in groups of 100. The panel of six comprised three men and three women from ages 20 to 53, including Caucasian, Black, and Native Americans and members identified as gay and straight. Panel members told their stories and responded to students' questions.

"The students were on the edges of their chairs," Windal says of the panel discussion.

The panel discussion was emotional, educational, and stimulating. It got kids thinking and talking. Windal knew it was effective when, a few days later, the softball coach related a story about the ride on the team bus on the night after the panel discussion. All the students were talking about the speakers, he said. They were rehashing what they'd heard, asking questions of each other, and sharing their own experiences. He'd never heard anything like that on the team bus!

The balance of the week went as any normal school week might go, with just a few exceptions. Each morning, an announcement related to HIV/AIDS was read over the school PA system during daily announcements. Those announcements included background on the panels of the AIDS Memorial Quilt that were on display in the school that week and a tape produced by a local DJ that used Bruce Springsteen's music from the movie "Philadelphia" as the background for a voice-over by Tom Hanks. In addition, people living with HIV/AIDS were available to answer questions each lunchtime outside the cafeteria.

But the learning didn't end there.... "A group of students took it upon themselves to take index cards and hand write the individual names of those memorialized on the AIDS quilt," says Windal of another exercise that impressed her. "Then they strung those index cards and hung them around the three floors of the high school to illustrate in a most visual way the number of persons lost to complications of HIV."

AIDS ACROSS THE CURRICULUM

"One of the primary goals of the curriculum I created was to have students experience the practical application of academics to HIV/AIDS," adds Windal. "The hope was that learning about HIV/AIDS through its connections to all areas of the curriculum would translate then to the students' personal lives."

So, from class to class, the topic of HIV/AIDS was woven into the discussion and the lessons. Following is a sampling of the across-the-curriculum activities Windal suggested:

Math. In math class, students could study and solve problems using AIDS-related statistics; they translated statistics into simple graphs.

English/journalism. One activity involved a study of the correct use of AIDS-related buzzwords. In addition, speakers---including a child with AIDS---spoke to students and students responded by writing poems to describe their feelings or responses to speakers or to questions such as: How did it feel to have someone living with HIV/AIDS here in class? Was there a question that you would have liked to ask but either didn't or couldn't? Do you have different feelings or understandings about people who are living with HIV/AIDS than you had before you met and heard the speakers?

Social studies/geography. Students could study HIV/AIDS distribution maps and talk about the needs of people with HIV/AIDS in rural vs. urban settings.

Science. Students tested different brands of condoms for their ability to protect and they tested the viscosity benefits of water-based over petroleum-based lubricants.

Spanish. Students translated into English the text of a Spanish comic book about AIDS provided by the Red Cross.

French. Students wrote poems based on their reactions to the panel speakers.

Art. Students designed panels for the AIDS Memorial Quilt for people they knew or, if they didn't know anyone who has died of HIV/AIDS, they designed a panel for one of several "make-believe" people based on personality profiles provided. They used official specifications provided by The NAMES Project Foundation.

Sewing. Students learned to sew panels for the AIDS Memorial Quilt.

Cooking. Students planned a diet for HIV/AIDS patients based on information about their health needs. In addition, students taste-tested various food supplements.

Phys Ed. Students used the "Now That You Know" series to learn about the physical limitations of people with HIV/AIDS. They ran up and down the basketball court with ten pound weights strapped to their ankles to simulate how tired a person with HIV/AIDS might feel.

"The program was designed so that teachers had very little or no added work to do," Windal notes. "I spoon fed lesson possibilities to teachers and encouraged them to come up with their own creative ways of weaving HIV/AIDS into their lessons for the week. The only other commitment that some teachers made was to attend a special

in-service session conducted by the Red Cross prior to AIDS Awareness Week. That session was intended to make teachers more comfortable with the topic and its terminology."

Windal encourages all high schools to investigate using a cross-disciplinary approach to AIDS education. "It's more important than ever," she says. "The news is full of positive information about a potential cure for AIDS and news of the decreasing numbers of new HIV/AIDS cases. But this is no time to get complacent about the need to educate our kids about the disease. The need is greater now than ever."

Article by Gary Hopkins
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NEWS IN BRIEF

IICBA Develops HIV/AIDS Electronic Library

The latest electronic library developed by the International Institute for Capacity Building in Africa is the HIV/AIDS electronic library. This electronic library contains very useful information on HIV/AIDS and education. It also contains lesson plans, charts, graphs, data, studies, papers and curriculum guides. There are over fifty important documents in this library, all accessible with one mouse click, and all can be printed and redistributed.

The HIV/AIDS Electronic Library was created in order to provide resources related to HIV/AIDS education and policy to teacher training institutions, educators, scholars, students and researchers in Africa. The information contained in the Electronic Library represents a range of topics including curriculum development, educational methodology, science, biology, health, sociology, politics, economics and civics. Most importantly, the overall focus of the Electronic Library is to provide usable materials for teachers and teacher trainers in order to complement and enhance existing national curriculums on HIV/AIDS in African nations. This Electronic Library also provides relevant documents for the purposes of HIV/AIDS research.

The resources have been gathered from a variety of organizations and governments, most notably UNAIDS, WHO, UNESCO, UNICEF, and various individual experts in HIV/AIDS education. Also included are curriculum plans developed by students and researchers in Africa and from around the world.

IICBA producing HIV/AIDS Videos in Collaboration with Misericordia, Ethiopia

The International Institute for Capacity Building in Africa is currently producing two HIV/AIDS videos in collaboration with the NGO Misericordia, Ethiopia. Misericordia, Ethiopia has an active social media department with a goal of using different forms of media to bring about awareness and change.

Two videos are being produced to tell peoples stories and to bring awareness of HIV/AIDS into all regions in Ethiopia. The first video is a series of interviews with health professionals and with people living with HIV/AIDS. The second video will be a series of short skits in which different scenarios related to HIV/AIDS will be dramatized in order to raise some of the issues involved with HIV/AIDS. In the second video, the viewers will have a chance to pause or stop the video after viewing one scenario in order to have an open discussion surrounding the issues that were presented in the drama.



From the video on HIV/AIDS made by Misericordia

