IIEP Virtual Institute Discussion Forum
The IMPACT OF HIV/AIDS ON THE ORGANIZATION OF EDUCATION SYSTEMS
15 October – 9 November 2001
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Introduction

Background

In September of 2000, the IIEP held a workshop on the impact of HIV/AIDS on Education. It was here that a consensus was made to bring together existing information on HIV/AIDS and create a central database, or clearinghouse of studies and research concerning the impact of HIV/AIDS on Education. The clearinghouse proposed was also to become a tool for consultants, schools, ministries and organizations to disseminate their own studies, policy statements and research. But the aim of the clearinghouse is to disseminate information as well as collect it. One way of helping to bring information together is by bringing people together.

Purpose

The IIEP HIV/AIDS Forum was conceived with these two themes of information sharing and community in mind. It aimed to create a virtual network of education professionals working against HIV/AIDS, while promoting the exchange of successful interventions, and establishing consistency within programme development. The forum is part of IIEP’s larger HIV/AIDS Impact on Education and the Response Program, and specifically pertains to the third component of the program which is building capacity.

Structure and Participants

The structure of the forum was a discussion group listserv where an email from one sender would be automatically sent out to the entire participant list. The technical side of the forum was managed at IIEP with the help of an external outside provider, the University of Nebraska at Lincoln.

Reading materials were sent to the group at the start of the forum to help focus the discussion. The IIEP publication, Planning for Education in the Context of HIV/AIDS, by Michael Kelly [Kelly, 2000] was sent to each participant along with two articles from FAWE Newsletters entitled, “How Education can Help Girls to Protect Themselves,” [2000a] and “Giving the Girls a Voice Today for the Future.” [2000b]

The participants represented more than 50 countries from all over the world, with more than half from Africa. Fourteen percent worked in ministries and International agencies with the NGOs, Universities, and UN agencies equally represented in the discussion.

Each week, the forum Moderator sent an opening statement taken from the reading materials followed by some general discussion questions. The fourth week was reserved for open-discussion to allow the participants an opportunity to share information and network freely. At the end of each week a compilation of the comments were emailed to the members. A weekly summary was drafted to draw together the main themes brought up during that week’s discussion and to allow for easy reference to the meetings.

A brief evaluation questionnaire was sent out at the close of the forum to gage the true reaction to such a project. It also provided information for areas of needed development or improvement. Though the return was rather light (we received a total of ten responses) the feedback was positive and many felt it served its purpose. There were
positive comments as to the diversity of participants and comments made. Due to the high demand, the forum was left open for unstructured discussion and to allow networking on a regular basis.

Discussion Themes

The forum was the first of a series of discussions on the issue of the impact of HIV/AIDS on education. Participants explored the ways in which HIV/AIDS weakens a school system and also proposed ways of improving management to overcome the epidemic. Over the four-week period, three major themes were established for discussion:

- EXAMINING UNQUESTIONED ASSUMPTIONS
- FLEXIBILITY in EDUCATIONAL PROVISION
- ENHANCING STUDENT RESPONSIBILITY.

During the first week, the discussion focused on what traditional assumptions about formal schooling can lead to higher risk circumstances and ways the education system could be adapted to accommodate the changing demands of students and teachers and lessen vulnerability of the children to infection. The subject of boarding schools was considered and examined, and participants also debated the correlation between high education level and high HIV-prevalence.

The second week was devoted to the importance of changing schools to help families and communities better understand the impact and better cope. It was suggested that teachers become better trained and better supported and thus, better motivated. The need to break the silence was stressed, and innovative programs were cited to show examples of community involvement and student empowerment.

In the third week, the discussion dealt with the question of student empowerment in more depth. Democracy in the classroom, special workshops for students on HIV/AIDS and student peer-groups were some of the key issues discussed during the session. In order to take greater responsibility in school matters, as well as to avoid HIV infection, students need to feel supported and protected. Yet it is important for them to develop their sense of self-esteem to enable them to make the right decisions to stop the disease.

The final week opened for general discussion and many of the prior week’s themes were developed. Ways in which schools could “integrate” the HIV/AIDS subject into the curriculum were discussed as well as the training strategies involved to better equip teachers and ministries with the tools to successfully fight the pandemic.

This report compiles the weekly summaries of the forum discussion and brings together the key issues that were brought up throughout the four weeks.
Week 1 SUMMARY

(15/10-19/10): EXAMINING UNQUESTIONED ASSUMPTIONS.

The Forum Moderator started the discussion by sending a statement and starter questions.

**Statement:**

HIV/AIDS makes it necessary to look critically at some of the assumptions about formal schooling which are rarely questioned:

- formal education should begin at a relatively young age,
- it should cover the years of childhood and early adolescence,
- it should be effected by assembling large groups of children in purpose-designed buildings for a limited period each day (and/or hosting students in boarding facilities where necessary),
- it should be responsible for these children while they are on the school premises but have no effective responsibility for what happens to them on their way to and from the school.

**Starter Questions:**

1. What relevant factors associated with these assumptions now lead to high risk circumstances for large numbers of young people?
2. How can schools respond to make young people less vulnerable to HIV/AIDS infection?

Thirty three responses were received during the first week. Some of the key issues discussed follow below:

**Relationship between high education level and high HIV-prevalence?**

It was stated that the presumed causal relationship is a data artifact. One discussant attached a paper on this issue: Vandemoortele, J. (2001). *HIV/AIDS and Education.* V. states that in the early stage of the epidemic, it seemed that the better educated were more vulnerable to HIV infection than those with lower levels of education, because they were better off and more mobile. But it has been shown that once information and knowledge about the disease become available, the more educated are able to change
their behaviour and protect themselves against infection. The less educated become more vulnerable once the virus has spread more widely among the population.

**Formal Education**

Several discussants stated that formal schooling should start as early as possible, some suggested the age of 4-5 years. Children are already aware of their bodies and have started asking questions that call for serious answers. Sex education and teaching about HIV/AIDS and its prevention should start early. But the methods of teaching and the contents should be adapted to the level of the child.

**Community Schools/ Alternatives to Formal Education**

Several examples of flexible ways of organizing learning situations were given. For instance in Zambia, a Community School Movement has grown. It has a formal agreement with the government on guarantees of support to schools that are registered with an umbrella NGO. These schools use a four-year curriculum that is taught by teachers, some of which are paid and some of which are not, some are qualified and some are not. Another example of a flexible school system is BRAC in Bangladesh. It is a NGO working in relatively small and remote villages, in which around thirty children are brought together for a couple of hours each day to receive primary schooling. The villagers agree on lessons time and on seasonal holidays. The classes are organized within the village and are taught by teachers who reside in the village. The teachers are supported in a network and by peer advisors. A third example was given of a flexible timetable with the nomadic schools in Sudan, in which the teacher follows the nomads and the timetable is adapted to the needs of the nomadic community. Also in Kenya there are certain nomadic communities in which the teachers are moving along with the communities and teaching the children at the times that suit the communities. Other examples given are the “Shepherd schools” in Ghana and the Interactive Radio Learning Center Programme in Zambia. In the “shepherd schools” boys are assembled under a tree during certain hours per day, when they are out with the family’s cattle. In the radio learning programme in Zambia communities get opportunities to listen to special broadcasted programmes at certain centers. A pilot test of the programme with Grade 1 children showed that children did learn the competencies specified in the government syllabus for Grade 1. The demand for this type of learning opportunity is very high from the communities. A concern has been raised by several discussants that alternative ways of organizing learning opportunities might be seen as “cheaper and inferior education” and could cause stigmatization.

**Boarding Schools**

Several discussants gave views on boarding schools, security, supervision and student behaviour. Some of the literature and experience is increasingly raising concerns about boarding schools with possible higher prevalence rates of HIV/AIDS and of “Sugar-Daddies” exchanging money and gifts for sexual favours. Others raised the issue that boarding schools are seen to be important in rural areas and for the poor, because better supervision can be provided and students generally perform better as they are better monitored and more supported than they are at home. But most agreed that this depends on the type of supervision and support that is put in place. Examples on successful, secure boarding schools were given in Zimbabwe, Ghana and Zambia.
Young People and Decreasing their Vulnerability

There are several things schools can do to make young people less vulnerable, e.g. to equip them with life skills, create an enabling environment for girls. Many discussants highlighted the importance of giving young children knowledge on life skills. In order to do this, teachers need to be re-trained. They should be taught to be youth friendly, and schools should offer youth friendly reproductive health services. Preventive education (sex education) should be a priority and taught early at school. Education methods should adapt to new didactic approaches: child centered teaching in which the teacher is a guide, a mentor and a facilitator. Both pre-service and in-service teacher education should contain courses on HIV/AIDS and how to deal with it and its consequences. Along with that, a question was raised on the preparedness of teachers to teach the HIV/AIDS curriculum which has been introduced to many classes in several countries. How well are the teachers prepared? What are their attitudes? Has the teaching of HIV/AIDS been imposed on them? Many stated that huge obstacles for teachers to teach sex education are their worries about the parents’ views on them teaching this. Breaking the silence on issues to do with sexual practices is important and ways have to be found of doing so.

Community Involvement/ Parent Teacher Associations

The importance of involving parent-teacher-associations and school committees in the discussions on what to teach was highlighted. Involving the communities in the dialogue is also important for agreeing on what codes of conduct and what common messages should be given in order to help change behaviour. School committees must be fully on board with any HIV/AIDS awareness initiatives. Formal education and non-formal education should bring across the same messages (value education) so that whatever messages children receive at schools is not in conflict with the messages they or their parents receive in the home and community. Cultural factors and social habits should be considered. Programmes should also assist parents to deal with HIV/AIDS themselves and to discuss with their children. Many young people find it difficult to practice what is learned at school if the community is not open, informed and committed about dealing with the HIV/AIDS issue. There is a need to work with the communities.
(22/10-28/10): FLEXIBILITY IN EDUCATIONAL Provision

Statement:

Characteristically, formal educational provision tends to be quite inflexible. It is further characterized by considerable uniformity. The daily schedule for beginning and ending classes, the timetable for each day's learning activities, the calendar for the school year, the basic organization of the teaching and learning process, the content of what is studied throughout the region, sometimes the very time of day at which a particular subject is taught - all tend to be similar in a country, state or province. All tend to be sacrosanct, virtually immutable, unchangeable from the top. All serve the bureaucratic need for control, information and supervision. But all do not necessarily serve educational needs, particularly in an environment that is experiencing the disruptive effects of HIV/AIDS.

The AIDS situation calls for greater flexibility in every aspect of educational provision - daily schedule, calendar, curriculum, organization, technology of presentation. Already this need has led to the development of more flexible models in some countries. Thus community schools (in Burkina Faso and Zambia, for instance) operate on a more flexible timetable and can be more accommodating to the special needs of orphans, street children and those whom AIDS-related causes have induced to abandon the normal school system. These schools have also developed their own curricula that are immediately responsive to the identified learning needs of their students.

The needs of orphans, or children from HIV/AIDS-infected families, and of children with AIDS are also calling in question the traditional frontal teaching technology. The traditional 'class plus teacher in a school building' model does not meet the needs of children required to provide home-care for sick relatives and/or siblings or to generate the income needed for survival. Neither does it respond to the needs of those whose experience of AIDS-related illnesses or deep psychological trauma prevents their participation in school as traditionally known. But all of these retain their basic human right to education. Their number is great. Somehow the education sector must seek to re-organize itself so that it can provide for their rights and needs.

Questions:

1. What changes to educational provision would better meet the changing needs of students and staff?
2. How can these changes be developed?
3. In families, when resources are scarce, survival needs take precedence. HIV prevention is clearly a survival need. Will it take precedence?
4. What steps will be taken to prepare teachers for these new responsibilities and to support them as they contend with the sensitive area in human relations?
5. How can parents, communities, religious bodies and others be reassured that the introduction of sexual and reproductive health education is designed to fortify and not to undermine the morals of the young? And who will see to it that this is done?
6. How can parents, communities and responsible adults be encouraged to become partners with schools in providing this form of education?
7. Teachers who die or who cannot function productively in the classroom need to be replaced – What might education systems/communities do to help to cope with this loss?
8. What might education systems/communities do to help to cope with erratic school attendance by teachers because of funerals, family needs or illness themselves?
9. What might education systems/teachers/communities do to help teachers with the HIV-related stress?
10. Does anyone have any experience/thoughts to share of known system policies that deal with the area of infected and affected personnel and confidentiality with HIV/AIDS?

Twenty-three responses were received during the second week Some of the key issues discussed include the following:

Adapting the Role of Teachers

The role of the teacher is changing as a result of the epidemic. Teachers are increasingly having to do many things that fall outside of the traditional conception and role of a teacher. They are unprepared for these extra tasks and they need training and extra support. There is a need for training the teachers in counselling skills, and skills on how to deal with death and bereavement and how to teach also the youngest learners about these issues. Assistance is needed to help relieve the burden on teachers, and to assist and support them in acquiring skills for teaching and dealing with these subjects. This is needed for both their own lives and for their students.

The rate at which teachers are trained may need to be increased to address the increasing attrition rates. Some would argue though that the numbers of children are also decreasing in school, so there may not be a great need for extra teachers. Each circumstance needs to be evaluated.

There is a tension between the push to roll-out the training as fast as possible and reach a large number of teachers, and also to deliver a quality programme. It was noted that training of teachers using the “cascade” model is not working well. Teachers do not feel they are capable of training other teachers after a brief basic training. To what extent will superficial teacher training programmes (lasting only three days) have any long term impact on the epidemic? There is a danger that teachers end up giving very watered down information to their learners. Many are not motivated to become trainers of other teachers without any additional remuneration or compensation. Teachers also have to deal with their own feelings and fears – and are in need of training in how to deal with their own stress.
Working conditions of teachers need to be enhanced so that more people may be attracted to the profession. At school level, improvements are needed, e.g. regular work preparation and proper record keeping by teachers will make it easier for those who take over the classes from a teacher who is absent due to ill health. Strengthening of intra-departmental cooperation will also contribute towards making it easier for teachers to assist one another when it becomes necessary.

There was a suggestion of counselling programmes for teachers on the importance of doing a test to know one’s HIV-status. A response to that was that it sounds great in theory, but in practice it will have no meaning, unless the society as a whole is adequately informed to change its perception of and attitude towards HIV positive people.

Social Support and Programs

There is also a need to form effective support groups across sectors. The social services have to respond to the epidemic also. School social workers and school health services should be introduced in more schools.

There should be more research to find out optimal programmes that will result in behaviour change and maintenance of this change. Enough time should be given for these programmes and their follow-up in the school time-table and in the community. The school principals and the middle management are crucial to the delivery and support of HIV/AIDS education programmes in schools. There is a lot of planning happening at the higher levels of government, but it is not reaching and being implemented at a school level in many instances.

Role of Education

Many discussants responded to these questions by stating that the education system must undergo a radical transformation to be able to respond to the effects of the AIDS epidemic. The formal system of education, for the most part, is not addressing emerging issues and societal needs. There is a need to re-examine education goals and find the most effective implementation strategies. This requires open-mindedness, change of attitude and the willingness to bring about change.

Several Ministries of Education have started to revise school curricula and introduce life skills education in schools, but the responses on the ground are still weak. There is also increasing pressure on schools to become community resource centres.

If education is to be effective in responding to the HIV/AIDS situation and to continue to build human resources, then interventions have to also focus outside of the formal school. Is school education sustainable in the long run? Will it be accessible to the majority of school age children given the impact of AIDS on the educational system and the economy in general and the prevailing state of poverty? School enrolment rates are in decline, despite efforts for EFA. There are growing numbers of those who cannot access schooling and who drop-out of school. There is a need to pay greater attention to non-formal education. There is a need for appropriate out-of-school education, related teacher training and re-training, and credibility for example for apprenticeship systems in manual skills and related trades.
However, education should not just be to educate for work, but also for general development. The provision of education should not put too much emphasis on examinations at the expense of acquiring skills. The focus should be on personal growth and development, and encouragement of entrepreneurship. The students would benefit more if they were taught also by business people and had opportunities to share their experiences and even possibly given real life opportunities in running their own business while studying.

**Community Action, Flexibility and Support**

There is a need to help education systems and communities to cope with not only the loss of teachers, but also of parents and children. There is a need for a more effective and sustainable way of assisting the poor and orphans. Dealing with loss of teachers has to be dealt with from the perspective of dealing with grief on the part of the families and communities, providing a living and education for the dependants and also replacing the teachers, who have died.

School time schedules should be flexible enough to change and give possibilities for students to attend either consistently a morning shift or an afternoon shift. An example was given from Cape Town, where there are schools that have morning and afternoon shifts due to lack of space. Such opportunities could be used, e.g. if there is more than one child going to school from a family, he/she could go to schools in shift, so that one can be at home and take care of the sick parent. This would requires involvement by the community and coordination between the teachers, parents, health-care workers etc.

Communities could further assist by volunteering to monitor some classes in cases where several teachers are unable to attend regularly, e.g. retired teachers, farmers, nurses etc, could lead established community groups which could cooperate with the heads of departments in schools in areas where assistance is needed. These same groups could also assist children who are no longer able to get to schools to continue learning while at home.

**Stigma and Discrimination**

There is still a lot of secrecy around HIV/AIDS. A major problem is admitting that one is infected. People are not willing to go for tests. As long as the traditional stigma remains on HIV positive people, and as long as there is no known cure, many people will remain unwilling to go for a test. Many persons prefer to be ignorant of their HIV status.

Regarding breaking the silence and counteracting stigma and discrimination, it was stated by several discussants that policy issues are important, as well as inter-sectoral collaboration. Everybody should give the same messages. The countries now have to find out what the best approaches would be in a specific context. One example of a National Policy on HIV/AIDS for Educators, Learners and Students was given from South Africa. It was stated that the policy fails to address issues of infected people. The implementation is left with the school, and most schools are not implementing it because of lack of trained teachers to do so as promised by the policy. In most schools the general policy on leave, compassionate and sick leave applies to all, as a result you
find people who are infected having to take unpaid sick leave because their authorised sick leave is finished.

Traditionally bad occurrences in families (e.g. congenital deformities) used to be kept as guarded family secrets. This secrecy has to a great extent been broken down with medical attention to the problems and increased educational and employment opportunities for the handicapped. From this perspective stigma would prevail where there is no remedial action to address the problem. It should be the same with HIV/AIDS.

New Approaches

There is a need for different kinds of interventions or methodologies (as children and teachers in schools are affected in different in various ways). A school should have activities that target different age groups e.g. “Youth Friendly Corners”, “Counselling”, “Peer education” and “Anti-AIDS clubs”. Several discussants mentioned the need of also targeting boys and men, and the relationships between men and women. Empowering women is good, but there is also a need of programmes, starting from the early grades, that target boys and men and looks critically at the dominant conceptions of ‘manhood’ which promote sexual violence and male dominance. Gender issues concern both males and females.
**Week 3 SUMMARY**

**(29/10-04/11): ENHANCING STUDENT RESPONSIBILITY**

**Statement:**

Almost all school HIV-prevention programmes have the objective of helping students to behave more responsibly. But the culture of schools may actually work in the opposite direction with all of their affairs managed for them and decisions are made on their behalf - by the school management, teachers, rules and regulations.

The logical conclusion is inescapable:

- if students are to escape HIV infection, they must act responsibly in their sexual lives;

- since acting responsibly in their sexual lives is only one facet of responsible behaviour, students must learn to act responsibly in other critical areas of their lives;

- acting responsibly in other critical areas of their school lives necessitates real (not just nominal) and effective student participation in school governance and in all decision-making that affects them.

In other words, mature responsibility for the management of their sexuality can be developed only when students experience real scope for the development of all-round responsibility for what affects them... In terms of age they may seem to be children; in terms of treatment they must be regarded as adults. Here, as in other spheres, responding to the HIV/AIDS imperatives demands a radically new approach (Kelly, p 81, 2000).

**Questions:**

1. What changes in school systems would help students take greater responsibility in school matters?

2. What might help school students take greater responsibility to avoid HIV infection and act responsibly and compassionately to others around?
12 responses were received during the third week. Some of the key issues discussed include the following:

**Changes in school system:**

Democracy is needed in schools where students can be encouraged to express themselves and their views be taken into consideration. Those schools that see students as passive beings whose duty it is just to obey orders, and think that “teachers know everything and students know nothing” should abandon this attitude. Opportunities should be opened up for students to contribute to the common good of the school and encouragement for this should be put into place. The school management and the teachers for the most part determine the school atmosphere. The processes and role models in schools and classrooms are just as important, if not more so, than what is written in books or taught by the teacher.

Young children need to have their self-esteem built and their self-confidence increased. If children’s rights are constantly violated through corporal punishment, unfair reprimands, unequal treatment in the school, and stifling of curiosity and questioning in the classroom, how can they be encouraged to ask questions about their own lives, aspirations, beliefs and bodies?

How can we expect to teach a school girl that she has rights in relation to her own body when she cannot pass an exam unless she agrees to a teacher’s sexual demands? What happens to teachers who violate young people in this way? Transferred, rather than fired or imprisoned?…. What chance have children if adults refuse to change?

The attitude of management and teachers in many schools has to change to make more schools a place where everyone feels free to express ideas and to develop them. The wider education system has to change first to facilitate a framework where changes can take place. The over-emphasis of passing exams has caused pressure on both teachers and students in many schools. This is sometimes to an extent that students are seen as objects that should only absorb and repeat what they are being taught.

How many school management programs incorporate the need for democratically organized classrooms and schools which encourage the practice of life skills (decision-making, responsibility etc) as well as teaching about them? How many programs address the real nub of teacher behaviour and how it affects the children they are trying to teach? How many education reforms address teacher ethics and sanctions? No amount of new curriculum, teaching and learning materials, or taught life skills will work, unless the authority structures in schools are changed, gender relations are improved, and good role models are provided.

HIV/AIDS should be included in subjects already taught in schools. Schools could also allocate specific funds for holding workshops for sharing the knowledge about HIV/AIDS. Teacher training syllabi should include a subject on HIV and AIDS. Teachers should be trained to teach the matter informally through group discussions and question-answer technique. An example was given from Pakistan on an experimental secondary school teacher training. In one province 25 female teachers held discussions in secondary schools with 10th grade girl students on topics like morality, teenage
pregnancies, unhealthy sexual practices etc. The results of this type of training are still to be compiled.

The “modern” school has now taken over a great part of socialization from the family and community. However, for the most part, it has not institutionalized any systems to also generate greater student responsibility.

**Student lead activities to reach out to other young people:**

Several examples of student lead activities to especially reach out to other young people both in the school system and out-of-school were given. Examples: facts-for-life mobile theatre groups in rural Sudan, where the children themselves are promoting messages on positive practices, students in technikons in South Africa are acting as peer educators and counselors to their fellow students as well in communities with street children and in schools, and the All Africa Student Union is working in many countries with campaigns against HIV/AIDS both within the university campuses and in the communities.

In South Africa, the Department of Education is planning to address issues that are faced by youth, not only HIV/AIDS issues, through using peer education for schools. They plan to train teachers and learners as peer educators. Students are encouraged to take responsibility and to influence decisions on issues in schools by participating in Students Representative Councils (in tertiary institutions) and Learner Representative Councils (in schools). If learners/students are to take responsibility for their sexual behavior, they must be allowed to make their decisions in other areas of their lives as well, like in choosing people to represent them, instead of teachers choosing for them.

In Kenya the youth involvement in HIV/AIDS activities has increased during the last two years. There are groups for out-of-school youth who have formed HIV/AIDS associations, and they are not only educating themselves, but also the rest of the communities in which they live. Medical students from the University of Nairobi are involved in HIV/AIDS awareness and work in some secondary schools. They dedicate a week-end day for the activities in one school, have discussions with the students, offer them counseling and at the end of the day an HIV/AIDS club would be formed with the view of creating a forum for discussions on AIDS within the school. It has been noted that during the question sessions the secondary school students felt more at ease with the university students, because of the minimal difference in age, and they saw the university students as role models.
Week 4 Summary

(05/11-09/11): DRAWING TOGETHER LESSONS LEARNED

Statement:

The general purpose of this forum was to generate discussion and ideas in thinking about what education systems might do to cope with and to fight against the impact of HIV/AIDS. During the past weeks, you have been invited to send comments and questions concerning the following weekly topics:

WEEK 1 (15-19 October): EXAMINING UNQUESTIONED ASSUMPTIONS. Schools can respond by making young people less vulnerable to HIV/AIDS infection, but a radical change of thinking is required. This discussion focused on what traditional assumptions about formal schooling now lead to higher risk circumstances for large numbers of young people.

WEEK 2 (21-26 October): FLEXIBILITY in EDUCATIONAL PROVISION. The AIDS situation calls for greater flexibility in every aspect of educational provision - daily schedule, calendar, curriculum, organization, and technology of presentation. The interchange of ideas focused on what changes to educational provision would better meet the changing needs of students and staff, and how these changes might be developed.

WEEK 3 (29 October - 2 November): ENHANCING STUDENT RESPONSIBILITY. The culture of schools may actually work against helping students be more responsible for their behavior. The discussion focused on how students might take greater responsibility in school matters, as well as to avoid HIV infection and act responsibly and compassionately to others around.

PLEASE THINK FOR A MOMENT ABOUT YOUR OWN WORK SITUATION AND THE REASONS WHY YOU ENROLLED IN THIS FORUM. THINK OVER THE RESPONSES THAT HAVE COME IN.

Questions:

1. WHAT KEY POINTS FROM THE DISCUSSION MIGHT YOU BE ABLE TO APPLY TO SOME OF THE WORK THAT YOU ARE CURRENTLY DOING?
2. BEARING IN MIND THAT THE HIV/AIDS WORK AT IIEP FOCUSES ON THE IMPACT OF HIV/AIDS ON EDUCATION SYSTEMS, FORMAL AND NONFORMAL, WHAT OTHER TOPICS MIGHT YOU LIKE DISCUSSED OVER THE NEXT ELECTRONIC FORUMS?

BUT BACK TO THOSE TWO QUESTIONS….. WHAT WERE YOU ABOUT TO SAY?
There were 18 responses for the final week:

The discussion focused on:

**Teachers and Curriculum:**

Supporting teachers is important is seeing the successful development and utilisation of life-skills work and HIV/AIDS curriculum. Though HIV/AIDS can be considered as a “cross-cutting” issue, there needs to be strengthening of the material and perhaps a focus on the subject. A graph on HIV prevalence during a math lesson will not properly sensitise the students, nor will a teacher be properly supported to explain such things. Furthermore, teachers must become the targets of some of these programs, as they are often seen as providing information to the communities.

Branching from this was the discussion about curriculum. There was a bit of debate about curriculum reform and its usefulness. Some participants pointed out the lack of evidence that shows that curriculum needs to be reformed, while others felt it important to provide HIV/AIDS information as part of a three-tiered comprehensive reform program on a macro-level including:

- Curriculum
- teaching methodologies
- school management and financing

**Changing Schools:**

The topic of changing schools came up. To “change” schools requires planning and manpower. Exactly how much change is needed was discussed. Ministries and governments must be involved in these decisions on the macro-level, yet the programming should remain decentralized. To take away the decisions involving this from the district managers and teachers would disempower teachers, curb motivation and slow the progress. It is important to incorporate the teachers into the larger discussions, while the precise role of the government, ministries and the education sector itself should be reviewed.

**Boarding Schools:**

The question of the effectiveness of boarding schools was also revisited. It was stated that there is little evidence of boarding schools being actually suitable places for learning. The conditions of some of these institutions apparently leaves a lot to be desired. It was strongly suggested that they be examined and re-evaluated. Children are often malnourished and sometimes not safe. One suggestion was to establish privatized hostels. Others thought perhaps the solution lies in creating day-schools within the communities where the onus of the learning and safety of the children would be better shared.
Gender and HIV:

The issue of gender was again discussed and how “the cultural expectations of ‘manhood’ [which] remain the most disruptive factor of all this.” It was felt that in addition to empowering girls, HIV/AIDS programs need to communicate attitudes that sensitize young men and boys to nurture a sense of responsibility towards their partners and families. Participants reiterated the importance of considering culture in these programs as well.

General Comments:

To answer the general questions about what can be used in our everyday work, “we need to think less about arguing "either" this strategy "or" that one; and more about comprehensive approaches that combine the best of all” is a suitable conclusion to the final week discussion of the forum. This impact must be mitigated by many of the government sectors as well as the education sector. Culture and community must also be taken into account when developing such programs. In most cases, what the community has done to control the HIV/AIDS epidemic is what works. To say that does not mean completely re-structuring what is there, but working with others to improve effective on-going interventions and quickly implement new ones.
PARTICIPANTS’ EVALUATION

An Evaluation Form was sent to the participants of the Discussion Forum and they were asked to respond to five questions. Ten participants responded. The overall response to the Forum was that it had been very useful. There were a mixture of expectations of the Forum, e.g. to get information on important issues on HIV/AIDS, to learn from the experiences of others in the field, to link up with others for networking and to hear policy-makers and planners’ views.

Most of the respondents’ expectations were met except for one respondent, who would have liked more informed discussions on issues where we are today and where to go from, and more about ‘best practice’ interventions. Some respondents expressed that the strengths of the forum were that many people were involved and that many people’s views were heard, while others thought the strengths were the weekly updates of the discussions.

Concerning the weaknesses of the forum, respondents stated that many irrelevant messages were sent to the whole list instead of being addressed to the person it was intended for. Some stated that the lack of discussions on macro-level issues was a weakness. Suggested improvements included the forum being more focused and more structured moderations. Several respondents expressed the wish that the Discussion Forum should continue or simply remain open.
Closing Remarks

The resulting electronic dialogue and discussion exchange was extremely useful as participants gave concrete examples of what is happening in the field and recounted experiences encountered while confronting the impact of HIV/AIDS on the education in their own communities. The fact that many of the participants were representing different cultures and regions of the world also enriched the conversation.

In terms of this larger program, the forum discussion enabled the IIEP to collect and disseminate information concerning the impact of HIV/AIDS on education. Policy drafts, research and other related documents were shared throughout the discussion and thereafter entered into the Clearinghouse.

In addition, the IIEP was able to better understand the concerns of colleagues working in the field and incorporate the key issues into the proposed Action-Research for the HIV/AIDS Programme now taking shape. Involving the community was also seen as an important aspect of HIV/AIDS programs. It was stressed that a total revamping of the system is not possible due to many factors including political wills, limited funds and a press for time and that the change therefore needs to be done on a smaller scale and it must begin with agreement and support from not only the central policy makers but also from the community.

We thank you for your participation in the HIV/AIDS Impact on Education Forum and we look forward to continuing the forum discussions. It has been a positive experience and we are delighted to see the networking that has produced such a diverse virtual community of colleagues. It is important to share information and encourage the sense of community among development institutions, ministries and other education specialists to better fight HIV/AIDS.
Bibliography


Annex 1: Regional Distribution

The HIV/AIDS forum was made up of participants from almost every part of the world, especially those regions heavily burdened with the epidemic.
Annex 2: Institutions

- UN Agencies: 27%
- Other International Development Agencies: 20%
- NGOs, Nonprofits & Other: 16%
- Ministries: 14%
- Consultancy Firms: 4%
- Universities, Higher Education: 19%