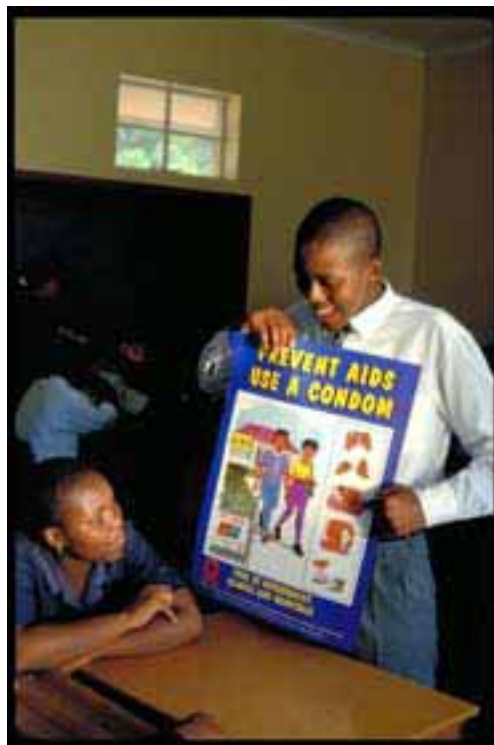


3rd version
Completely revised



HIV & AIDS
education
programme



Manual for integrating HIV and AIDS education in school curricula

ACKNOWLEDGEMENT

The IBE would like to thank various institutions and individuals who contributed to this manual. We would like to start with our colleagues who work(ed) with UNESCO: Isabel Byron (IBE), Shankar Chowdhury (UNESCO New Delhi), Lucille Gregorio (UNESCO Bangkok), Cristina Raposo (UNESCO Brasilia and Maputo), Bachir Sarr (UNESCO BRED/Dakar), Lynne Sergeant (IIEP/UNESCO) and Arne Willems (UNESCO Harare). They provided very useful advice and support, at one moment or another, throughout the development of this manual.

IBE also thanks all other colleagues and experts who helped develop the tools in this manual by providing comments and feedback or during experts meetings and in the field: Olusola Akinwale Adara, (Special Programmes Centre, Nigeria); Cornelia Batchi, and Christina Neckermann (GTZ HQ); Margo Bedingfield (Publishing Consultant, Zimbabwe); Andres Guerrero (UNICEF HQ) and Changu Mannathoko (UNICEF Eastern and Southern Africa); Jack Jones (WHO Geneva); Wendy Lipworth (School of Medical Sciences, University of New South Wales Australia); Barbara Michel, (SAUVCA - South African Universities Vice Chancellors Association - National Office); Brigid Oconnor (The World Health Channel, London); Georges Tiendrebeogo (Royal Tropical Institute, The Netherlands) and David Clarke (DFID).

We finally would also like to thank all IBE staff, research assistants, interns and other colleagues who contributed to the manual: Christine Panchaud who directed and coordinated the development of the manual; Tayo Ayinla, Lisa Bender, Sandra Berney, Sandrine Bonnet, Mireille Mettan, Alexandra Vallée and Myriam Zitterbart, who provided crucial assistance at all times. Our thanks also to our three consultants: Inon Schenker, who started the process of establishing a set of appraisal criteria; Adriana Gorga, and Esther Miedema, who provided key contributions to this revised version of the manual.

Without the expertise and help of all those mentioned above, IBE would not have been able to put this manual together.

Pierre Luisoni
Director IBE UNESCO

Geneva, December 2006



MANUAL FOR INTEGRATING HIV and AIDS EDUCATION IN SCHOOL CURRICULA

**Developed by the International bureau of education
3rd VERSION (December 2006)**

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Available on IBE's website: www.ibe.unesco.org/hivaids and on **CD-ROM**
- **Links** to other resources (available on IBE's website : www.ibe.unesco.org/hivaids)

GENERAL INTRODUCTION

The IBE and HIV and AIDS Education

The International bureau of education (IBE) set up a cross-cutting programme on HIV and AIDS in 2001 in response to the UNESCO Director-General's request for a scaled-up response to HIV and AIDS education. A Global Initiative on HIV and AIDS Prevention Education – EDUCAIDS - was launched by the Cosponsoring Organizations of UNAIDS in March 2004. The initiative intends to radically enhance national HIV and AIDS prevention and mitigation efforts by helping governments to implement comprehensive, nation-wide education programmes for young people.

Within this framework and in order to create sustainable and responsive school-based programmes that are relevant locally and globally, IBE set up an International clearinghouse on HIV and AIDS curricula responsible for collecting, evaluating and disseminating HIV and AIDS curricula and good practice materials for primary and secondary schools. IBE also developed capacity building activities to support curriculum specialists and developers of HIV and AIDS materials and school programmes.

IBE's goal is to make HIV and AIDS curricula good practice materials and development tools available to education professionals worldwide so that they may use this research-based information to develop and improve upon their own HIV and AIDS curricula and school-based programmes and by so doing, benefit from the experience and expertise available in other parts of the world.

In line with this goal, IBE developed a manual titled "*Manual for integrating HIV and AIDS education in school curricula*" intended to help curriculum developers, programme officers and textbook writers address more effectively the shortcomings in existing programmes.

The manual provides tools which could be used at each stage in the development and implementation of HIV and AIDS education curricula and programmes. These tools facilitate the assessment of existing practices and provide solutions adapted to different contexts in order to improve the effectiveness and efficiency of HIV and AIDS education in primary and secondary schools.

In addition to the manual, IBE offers a databank, focused on the collection, analysis and dissemination of curricula and related teaching and learning material for HIV and AIDS education at primary, secondary and teacher training levels worldwide. A number of resources are also included in the appendix of this manual and on the IBE's website.

<http://www.ibe.unesco.org/HIVAids.htm>

How was the manual developed?

A range of resources was used during the development of the different tools of the manual. The theoretical framework was developed on the basis of evaluations and studies on the most effective HIV and AIDS education programmes, existing curriculum development theory and practice, and other documents related to child and adolescent development. The main references related to these resources can be found in the bibliography.

Each tool was then developed and discussed with experts and practitioners in the field of health promotion, sexual and reproductive health and HIV and AIDS

education from all over the world, especially during two international workshops in July 2002 and June 2003, and during several curriculum specialists training workshops, mainly in Africa from 2004 to 2006.

The manual exists in French and English. It is important to note that it has been developed with priority needs of Sub-Saharan Africa in mind. It will naturally need to be adapted for other regions of the world.

Definition of the Concept of Curriculum

According to the history of education, the term ‘curriculum’ was originally related to the concept of a course of studies followed by a pupil in a teaching institution. The concept of “curriculum” was used in the English-speaking tradition as equivalent to the French concept *programme d’études*. In recent decades however, the concept of curriculum has evolved and grown in importance.

The term ‘curriculum’ is mostly used to refer to the existing contract between society, the State and educational professionals with regard to the educational experiences that learners should undergo during a certain phase of their lives. For the majority of authors and experts, the curriculum defines:

- Why to learn;
- What to learn;
- When to learn;
- Where to learn;
- How to learn;
- With whom to learn.

Using educational concepts, we can say that the curriculum defines the educational foundations and contents, their sequencing in relation to the amount of time available for the learning experiences, the characteristics of the teaching institutions, the characteristics of the learning experiences, the point of view of methods to be used, the resources for learning and teaching (e.g. textbooks and new technologies), evaluation and teachers’ profiles.

Originally, the curriculum was considered as a product of a technical process. In other words as a document prepared by experts, depending on the state of the art of disciplinary, pedagogical and didactical knowledge.

However, increasingly, theorists of education recognize the political component of the curriculum—the fact that the curriculum is a field of ideological and political struggle which takes place in each society in order to give meaning to education. Thus, it is recognized that this meaning should not only originate from experts, following a professional criteria, but also through complex political, social and cultural processes.

The curriculum is therefore an intangible process that also has a material expression. The typical product of this process is one or several documents adopted at a given time by the political and educational authorities. In a wider sense, textbooks and teaching guides are also considered as curricular documents because they contribute to the production of meaning and guide the teaching and learning process in the educational institutions.

(Chapter adapted from a text by Braslavsky, C. 2003. *The Curriculum*. For more information on the concept of curriculum see also another resource developed by UNESCO Bangkok and IBE in 2005: *Leading and facilitating curriculum change; A resource pack for capacity building*.)

Why such a manual?

This HIV and AIDS curriculum manual was developed by IBE in response to the requests and needs from the field for tools to guide the process of effectively integrating HIV and AIDS education in schools.

An increasing number of governmental and non-governmental institutions at the local, national and international levels have been producing an increasing quantity and variety of material intended for HIV and AIDS education and the training of teachers at the primary and secondary levels.

Despite the large quantity of material available, a recent IBE-UNESCO study on the integration of HIV and AIDS education into official school curricula in 35 countries worldwide, highlighted the fact that, integration, in many cases is not comprehensive and does not provide the conditions needed for strong and effective implementation. Too often, HIV and AIDS issues are either not taught in a meaningful and relevant manner or not taught at all (See IBE-UNESCO. 2005. *The Quality Imperative; Assessment of curricular response in 35 countries for the EFA monitoring report 2005*).

Key issues addressed in this manual include:

- How best, can HIV and AIDS education, be integrated into existing curricula and school programmes?
- What practices are considered “good practices” with regards to HIV and AIDS education in schools?
- How can HIV and AIDS teaching and learning materials be effectively adapted or developed?
- What are the implications of integrating HIV and AIDS education programmes and curricula on:
 - Adaptation of the school manuals?
 - Pedagogy to be used?
 - Teacher training?
 - Assessing learning outcomes?
 - Managing schools (ie. organisation of schedules, collaboration between teachers, relationships with the community, etc)?

For whom are these tools intended?

The primary target audiences are curriculum developers and HIV and AIDS education programme officers in charge of integrating HIV and AIDS education within basic education curricula and developing related teaching and learning materials.

Teacher trainers are also an important target group. The intention is to help them (i.e. teacher trainers) prepare teachers to effectively deliver HIV and AIDS education in conformity with the curriculum.

Other education professionals, especially teachers, community educators and researchers, will also find within this manual, information relevant to their practice.

The Manual Consists of Ten tools

This manual consists of ten tools which can be either used individually or together.

As the development and implementation of curricula and school programmes is also a political, social and cultural process, the first three tools are designed to facilitate assessing the context in which HIV and AIDS education occurs:

Tool 1: Raising awareness and advocating for HIV and AIDS education in schools

Tool 2: Assessment of the current situation regarding the integration of HIV and AIDS education into the official curriculum

Tool 3: Context analysis: resources, obstacles and opportunities

The following seven tools cover more technical aspects of the process of developing and implementing curricula and school programmes. The tools provide information and recommendations aimed at addressing the implications of the integration of comprehensive and multidimensional HIV and AIDS education into official curricula. These tools also facilitate the development of the conditions necessary for an effective HIV and AIDS education.

Tool 4: Issues regarding integration of HIV and AIDS education into the official curriculum

Tool 5: Learning objectives, essential thematic areas, allocation of time, with an example of cross-curricular approach

Tool 6: Pedagogical approaches and teaching methods

Tool 7: Assessment of learning outcomes

Tool 8: Teacher training and support to school staff

Tool 9: HIV and AIDS education and management of schools

Tool 10: Appraisal criteria for HIV and AIDS and SRH teaching and learning materials

The global curriculum databank is a collection of examples of curricula programmes and school materials for HIV and AIDS education at the primary and secondary levels. It provides access to complementary resources which may be accessed on IBE's website at <http://www.ibe.unesco.org/HIVAids.htm>. Alternatively, a CD-ROM could be ordered from IBE.

How to use these tools?

Each tool consists of:

- Basic general information in an introductory section
- Recommendations based on research and assessment of existing programmes
- Worksheets for practical exercises intended to guide users in their considerations on improving HIV and AIDS education in schools

Practical activities can be conducted individually, in small groups or in large groups.

All the proposed tools are designed to (as much as possible) take into account dimensions specific to the context and situation of each country.

These tools are used during the seminars and workshops organised by IBE. The IBE is also a resource centre for users and provides recommendations on how to organise training sessions or workshops and on the best convenient way to use this manual.

IBE is inviting comments and recommendations from users in order to improve, update and develop improved versions of this manual.

Some essential concepts and themes may be repeated in some tools. This was done deliberately as it prevents the use of cross references between tools and also allows each tool to be used individually.

Tool 1

Raising awareness and advocating for HIV and AIDS education in schools

Manual for integrating HIV and AIDS education
in school curricula

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December 2006

TOOL 1 Raising awareness and advocating for HIV and AIDS education in schools

The first part of Tool 1 is intended to raise awareness about the fact that HIV and AIDS concerns all persons for different reasons and to different extents and that the education sector has a major role to play in responding to the epidemic.

The second part of this Tool provides key information on how to effectively advocate for HIV and AIDS education in schools.

The third part of the Tool advances arguments for advocating for HIV and AIDS education in schools.

Practical activity 1 Short “Quiz” to raise awareness:

Tool 1 What do we know about some HIV & AIDS-related facts?

To begin, a short quiz on HIV and AIDS is proposed. This quiz can be easily used to initiate discussions and raise awareness on the importance of HIV and AIDS in the life of all persons. This quiz is not intended to test knowledge on HIV and AIDS, but to highlight the impact of the epidemic and allow for the sharing and exchange of accurate basic essential information. It is important to know and remember these facts and use them to mobilise support and work towards an effective response to the epidemic.

<p>1. How many people in the world are newly infected with HIV each day?</p> <p>(a) 7,000 (b) 9,000 (c) 11,000</p>	<p>2. How many people in the world are living with HIV and AIDS?</p> <p>(a) Approximately 20 million (b) Approximately 40 million (c) Approximately 60 million</p>
<p>3. Globally, what percentage of people living with HIV, are unaware of their status?</p> <p>(a) 50% (b) 70% (c) 95%</p>	<p>4. Globally, what is the principal mode of transmission of HIV?</p> <p>(a) Unprotected heterosexual relations (b) Infection through intravenous injections and exchange of syringes and needles (c) From a mother to her child (Vertical transmission)</p>
<p>5. Are HIV and AIDS only public health issues?</p> <p>(a) Yes (b) No</p>	<p>6. Can education help prevent the transmission of HIV and contribute to the mitigation of the impact of HIV and AIDS?</p> <p>(a) Yes (b) No</p>

Answers

1. **(c)** Everyday, an estimated 11,000 people get infected with HIV globally. In many nations, the impact of HIV and AIDS on schools is devastating. Increased absenteeism from teachers and school learners and the resultant decrease in the quality of education are the two most evident consequences of the epidemic.
2. **(b)** Today, 40 million men, women and children are living with HIV and AIDS. A significant proportion of them are teachers, learners, trainers of teachers, specialists in the field of school curricular programmes, school staff and administrators. Schools cannot function without these important people.
3. **(c)** 95% of people living with HIV do not know that they are infected. The fear of stigma, rejection and discrimination is one of the reasons which hinder many people from taking HIV tests. Education has to be used as a means to break the silence and reduce the stigmatization associated with HIV and AIDS. Education does not only provide information on the importance of screening, treatment and care but also non-discrimination, support and respect for people living with HIV.
4. **(a)** The principal mode of transmission of HIV is unprotected sexual intercourse. HIV could be eradicated because it results from behaviours which can and must be changed. Education has a central role to play in helping young people to adopt more responsible sexual behaviours. Furthermore education in itself constitutes a protective measure against HIV. Among young people, especially girls, the greater the level of education, the lower the rate of HIV infection.
5. **(b)** No. HIV and AIDS are not only public health issues. The epidemic increasingly constitutes an obstacle to development. It weakens economies, communities and schools. It weakens the human and material capacities of the institutions needed the most to respond to the epidemic, notably the education system.
6. **(a)** Yes, Education is essential and has a central role to play in preventing young people from contracting HIV. It is essential to provide complete information about all the protection methods and the opportunities for counselling, testing and access to treatment, care and support in order to give young people and children the tools they need to protect themselves, and respect people infected or affected. Thanks to HIV and AIDS education, issues relating to gender equity as well as overcoming stigma and discrimination will be addressed thus facilitating changes in behaviour and values that will allow people to enhance their ability to protect themselves and better manage the impact of HIV and AIDS on individuals and communities. Implementing quality education and education on HIV and AIDS will contribute to the acquisition of life skills in schools and the realization of the objectives of EFA.

Advocacy and action for HIV and AIDS education in schools

More than two decades after the advent of the HIV and AIDS epidemic, millions of children and young people still lack access to HIV prevention services and do not have adequate sex education, necessary for protecting oneself against HIV. Many people living with HIV – including those who learn or work in the education sector – are denied their fundamental human rights to adequate health care and treatment, education and other services essential for an effective response to the HIV epidemic.

Advocacy and action are important steps in the process to rectify this situation. They ensure that both policy makers and the general public are kept informed of the problems, their urgency and the options for response.

The following sections were prepared by the IBE in the framework of the UNAIDS initiative EDUCAIDS, and can be found in the document *“Towards a comprehensive Education Sector Response: A Framework for Action”*, edited in 2006.

What are the common shortcomings of HIV and AIDS education in schools?

Many countries already include HIV and AIDS education in their curricula and develop effective supporting teaching materials. However, recent evaluations of HIV and AIDS education in schools reveal a number of common and serious shortcomings presented subsequently:

- HIV and AIDS education is added to already crowded curricula and there is not enough space and time allocated to it.
- When the issue of HIV and AIDS is part of the curriculum, it is covered in a limited manner concentrated on the technical or scientific aspects only.
- Teaching and learning material is poor or not available.
- The learning usually focuses on factual information and overlooks the question of protective attitudes and behaviours, necessary to prevent the infection.
- Teaching methods are not appropriate, notably with regards to issues related to the problems of gender equity, dimensions of socio-cultural context and life skills education for everyday life.
- Teachers are not adequately trained or supported to provide effective HIV and AIDS education.
- No specific or relevant assessment of learning outcomes, notably the acquisition of life skills, is conducted.

Overall, these weaknesses mean that the topic of HIV and AIDS is often not covered in a relevant and in-depth way, with sensitive but vital issues often left out. In some cases, HIV and AIDS is simply not taught at all.

Why does HIV and AIDS education in schools matter?

It is imperative that HIV education be integrated into the curricula of schools because:

1. Schools are embedded in communities, with the potential to reach more children and young people than any other institution
2. Schools often do serve as community hubs and centres for outreach, providing opportunities for individuals and a wide range of groups to participate in HIV and AIDS prevention and education measures.

3. Teachers are an invaluable resource for education and information, often motivated and willing to contribute to HIV prevention.
4. As a group with the majority not infected with HIV, children and young people represent the “window of opportunity” and it is vital not to miss them.

Advocacy should address the following issues:

- Prevention must be mainstay
- Building strong national programmes: nationally developed and coordinated and led in a supportive environment
- The education “environment” has to support the taken or proposed measures
- Development of a comprehensive approach: overcome stigma and discrimination, respect and support for people living with HIV, prevention, treatment and care
- Measurement of progress – assessing results
- Addressing the needs of marginalized and vulnerable populations
- Adopting a long term perspective

Practical activity 2 Awareness of the importance of HIV and AIDS education
Tool 1 in schools, and arguments against this type of education

1) From your observations and experience, what is the level of awareness of the importance of HIV and AIDS education in schools?

Awareness	Non-existent	Very little	Moderate	High
At the ministry (Political level) Comment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the ministry (Technicians) Comment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Among education officials (Decentralized level) Comment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Among School Officials Comment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Among Teacher Trainers Comment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Among Teachers Comment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Among Parents Comment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Among Learners Comment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Among Traditional or Religious authorities Comment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Among members of Community Organisations Comment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Within Public Opinion Comment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Through the Media Comment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) What arguments do you often hear against HIV and AIDS education? What are the possible responses one could give in support of this education?

Argument 1	Possible response
Argument 2	Possible response
Argument 3	Possible response
Argument 4	Possible response
Argument 5	Possible response
Argument 6	Possible response

Practical Activity 3 Arguments for advocacy: explore reasons why HIV and AIDS education in schools is important

You may ask the following questions either in group discussions or individual sessions:

1. Why is it so important to address HIV and AIDS education among children and young people?
2. What are the particular characteristics of schools which make them especially suitable for HIV prevention and HIV and AIDS education? Please mention at least 2 characteristics.
3. At what age should one start HIV and AIDS education? And why?

4. Is it sufficient to inform learners about the risks and means to protect themselves only? What else should they learn?

5. What should be your response when you are told that prevention programmes which include sex education are dangerous and useless?

Responses – Advocacy for comprehensive HIV and AIDS education

Below are some useful points in answering questions and advocating for a comprehensive age-specific HIV and AIDS education in schools.

1. Why is it necessary to address HIV and AIDS education among children and young people?

As a group with the majority not infected with HIV, children and young people represent the “**window of opportunity**” and this is the reason why it is worth doing everything to prevent every single infection.

2. Why is school so important?

Schools represent an already existing **access point**, already organized to teach many children. Even if in some countries a lot of children and young people are out of school, no other institution offers such an opportunity to reach a large number of children and young people.

Furthermore, children and young people who go to school are in contact with friends who are not in school, thus information and skills can be exchanged between peers (and between generations) among families and communities. It will be a pity and even irresponsible to allow such an opportunity to be missed.

3. Why is it important to start HIV and AIDS education in primary school?

It is vital that **HIV and AIDS education starts at an early age** in primary school and be sustained throughout secondary school because:

Reason 1:

All studies on behaviour show that it is **easier to adopt new values and behaviours than to change them** once they are acquired. In this regard, one needs to teach children and young people and make them sensitive to values which are essential for an effective response to HIV and AIDS. One should teach at an early age, values such as teamwork, non discrimination, respect for other people and more equitable relationships between men and women.

Regarding **modes of transmission**, it is necessary to teach children very early to know and respect their feelings and their body, as well as that of others. One should also cover issues related to love, feeling, attraction between boys and girls, as well as sexuality. It is important to begin prior to the onset of sexual activity. This way, they will be more likely to adopt protective behaviours that are responsible to themselves and other people. By receiving quality HIV & AIDS and reproductive health education which are gender-sensitive and age-specific, young people are more likely to adopt low risk sexual practices.

Reason 2:

In many countries heavily affected by HIV and AIDS, most young people barely complete primary school and do not go on to secondary school. The only opportunity to reach them is to start at primary school with quality and comprehensive HIV and AIDS education adapted to their age, covering issues such as values and feelings, and taking into account the sex differences.

Furthermore, studies show that in order to be effective, HIV and AIDS education needs to be continued and repeated throughout schooling. It has to be adapted to suit the different successive stages of the development of children and accompany the passage from childhood to adolescence

Finally, special programmes must be established to reach out-of-school youth.

4. **Life skills education** is central to HIV and AIDS education. It is about interactive teaching and learning which leads learners to acquire knowledge, attitudes and skills thus allowing them to adopt non-risky (or lower risk) behaviours and show solidarity.

One should give children and young people tools to make them able to take care of themselves and others. Thus, they have to know how their body functions, how to manage their feelings (attraction, repulsion, fear, sadness, etc.), and what leads to good health and wellbeing. School can and must contribute to giving children and young people the necessary means to develop beneficial social relationships.

Furthermore, the teaching of life skills in schools will be useful in other areas of life such as: life in a multicultural world, sustainable development and peace education among others.

5. Finally, (this point is essential for advocacy), the overwhelming majority of credible and comprehensively evaluated HIV and AIDS programmes confirm that **HIV and AIDS education**, if well done, is effective in:

- Reducing risk
- Fostering care and support for people living with HIV within the community

Additionally, when HIV and AIDS education programmes are effectively and efficiently implemented, they can lead to outcomes such as; delay of the onset of sexual activity, reduction in the number of sex partners, increase in the use of condoms, increased uptake of VCT and reduction in vulnerability and high risk behaviours such as injecting drugs.

In other words, there is no credible study that shows that HIV and AIDS education and/or sexual education encourage young people to initiate sex activities early.

What needs to be done?

To achieve national coverage of effective HIV and AIDS education programmes, a two-fold approach is needed, combining:

- Local level action, innovation and experimentation, implementation of existing best practice HIV and AIDS education programmes in schools and teacher training institutions and
- Integration of HIV and AIDS education into official curricula

Overall:

1. Curricula need to provide strong requirements as well as clear and practical conditions to ensure that HIV education is actually implemented in schools
2. Adequate time needs to be allocated specifically to HIV and AIDS education
3. Systematic assessment of learning outcomes should be undertaken
4. Life skills education must be age-appropriate, culturally sensitive, and start before the onset of sexual activity. It should include self-respect, respect for others, assertiveness, critical thinking, resolving problems and communication
5. HIV and AIDS education should be comprehensive and provide a range of different behaviour choices/options for prevention covering:
 - Relationships and sexuality
 - Gender issues and inequalities
 - Stigma and discrimination
6. HIV and AIDS education should be introduced when young people are starting to develop their values and behaviours
7. HIV and AIDS education would be further strengthened if it were made an “examinable” subject within the curriculum

What works?

For effective HIV and AIDS education, knowledge alone is inadequate

Experience and evaluations of programmes have shown that, to be effective, curricula and programmes should:

- Actively involve young people, community leaders and other representatives of civil society in the development, adaptation and implementation of initiatives
- Provide opportunities to practice communication, negotiation and individual decision-making skills
- Use teaching methods that help learners to personalize information, especially about risk and vulnerability
- Have adequate time (long enough HIV and AIDS education sessions) in order for the approach to be comprehensive
- Select, train and use teachers or peers who are strongly motivated and really believe in the importance of their work
- Focus on behaviours that put people at risk

Governments can take the lead by:

- Setting standards for the content and minimum duration of HIV and AIDS education programmes
- Providing practical examples of good, simple and comprehensive HIV and AIDS education programmes, with instructions for teachers and activity sheets for learners
- Developing tools to adapt and implement curricula in local contexts

RESOURCES TO GO FURTHER

1. “HIV & AIDS and education: a toolkit for ministries of education”, 2003, UNESCO Bangkok.

- Document available in: [English](#)

- Website: http://www2.unescobkk.org/elib/publications/aids_toolkits/index.htm

2. “Education and HIV/AIDS: a window of hope”, 2002, World Bank

- Document available in: [English](#)

- Website:

http://www1.worldbank.org/education/pdf/Ed%20&%20HIV_AIDS%20cover%20print.pdf

3. “Education and HIV/AIDS: window of hope”, 2006, World Bank

DVD available in English, French and Portuguese versions.

To order the DVD

email: eservice@worldbank.org

4. “Impact of sex and HIV education programs on sexual behaviour of youth in developing and developed countries”, 2005, Doug Kirby

- Document available in: [English](#)

- Website:

<http://www.fhi.org/NR/rdonlyres/ergbb5vka5vlp7caw2yev3q6bevlbe56gpuzwkbtsi3dgiolf2722nq6rag7kqdkkdzrsihccwsvf/sexedworkingpaperfinal2.pdf>

5. “EDUCAIDS, Towards a comprehensive Education Sector Response. A Framework for Action”

“EDUSIDA, Hacia una respuesta integral del sector de educación. Un marco de acción”, 2006, UNESCO

- Document available in: [English](#), [Spanish](#)

- Website

English: <http://unesdoc.unesco.org/images/0014/001473/147360e.pdf>

Spanish: <http://unesdoc.unesco.org/images/0014/001473/147360s.pdf>

6. FRESH toolkit: “Making the case for HIV/AIDS/STI Prevention through Schools”, 2004, UNESCO

- Document available in: [English](#)

- Website:

http://portal.unesco.org/education/en/ev.php-URL_ID=35500&URL_DO=DO_TOPIC&URL_SECTION=201.html

7. FRESH toolkit: Someone at school has AIDS: sample school policy, 2004, UNESCO

- Document available in: [English](#)

- Website: http://portal.unesco.org/education/en/ev.php-URL_ID=35500&URL_DO=DO_TOPIC&URL_SECTION=201.html

8. “Skills for Health: Skills based health education including life skills. An important component of a Child-friendly/Health-Promoting School”, 2003, WHO

- Document available in : [English](#)

- Website:
http://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf

9. “UNAIDS Report on Global AIDS Epidemic”, 2006, UNAIDS

- Document available in: [English](#), [Russian](#), [Spanish](#)

- Website:

Available in English at:

http://www.unaids.org/en/HIV_data/2006GlobalReport/default.asp

Available in Spanish at:

http://www.unaids.org/en/HIV_data/2006GlobalReport/2006-GR_es.asp

Available in Russian at:

http://www.unaids.org/en/HIV_data/2006GlobalReport/2006-GR_ru.asp

10. “WHO Information Health Series on School Health: Teachers’ Exercise Book for HIV Prevention”, 2003, Section (II)

- Document available in: [English](#)

- Website:

http://www.who.int/school_youth_health/resources/sch_document61_HIV_prevention_env2.pdf

Tool 2

Assessment of the current
situation regarding the integration
of HIV and AIDS education into
the official curriculum

Manual for integrating HIV and AIDS education
in school curricula

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December 2006

TOOL 2 Assessment of the current situation regarding the integration of HIV and AIDS education into the official curriculum

Introduction

It is important to assess the extent to which HIV and AIDS education has been integrated into the official curriculum and in programmes. Trained teachers and good manuals and materials are necessary, but not enough to ensure access to quality HIV and AIDS education for all learners. It is also crucial that HIV and AIDS education is clearly and officially integrated into the prescribed curriculum to ensure that it is effectively taught in schools.

An analysis of the current situation is therefore essential to ensure an effective teaching and learning of HIV and AIDS. It is important to adopt (whenever possible and relevant) approaches with the “least resistance”, i.e. using existing curriculum and already available resources, rather than starting from scratch.

The purpose of this tool is hence to guide in quickly assessing the current curriculum situation and providing links to other tools in the manual designed to guide each step in improving HIV and AIDS education in schools.

This tool will help an individual to undertake a rapid diagnosis of the essential dimensions that should be carefully appraised in order to choose options that are realistic and adapted to the context and to ensure consistency with the existing curriculum structure or the process of reform that is already on-going.

The following elements should be considered:

1. What is the **current policy approach** for HIV and AIDS education in schools? (dimension 1 of worksheets).
2. Is HIV and AIDS education **integrated in the official curriculum**? (dimensions 2 and 4 of worksheets).
3. What is the current **curricular approach**? HIV and AIDS education should be integrated or reinforced logically within the existing curriculum or the ongoing curricula reforms. (dimension 3 of worksheets).
4. Is a sufficient amount of **time** explicitly allocated in the curriculum and in the programmes? (dimension 5 of worksheets).
5. Are the **core topics**, essential for HIV and AIDS education, comprehensively covered? (dimension 6 of worksheets)

Four main approaches for the inclusion of HIV and AIDS education in the curriculum:

- HIV and AIDS as a **new stand-alone subject**, clearly labelled and including all core aspects of HIV and AIDS education.
- HIV and AIDS, **integrated in one main existing carrier-subject** containing most of core aspects of HIV and AIDS education.
- HIV and AIDS as a **cross-curricular issue**, integrated in a few existing subjects clearly defined and containing most of core aspects of HIV and AIDS education, in a complementary and coordinated approach.
- HIV and AIDS **subject infused throughout the curriculum**, integrated in most/all subjects included in the curriculum, with, or without any specific mention of HIV and AIDS in subject areas.

Extra-curricular activities may complement HIV and AIDS education or in some cases, they may be the only HIV-related activities in schools. (Source: IBE, 2005)

6. Are the **pedagogical approaches** (interactive and participatory methods) adapted to covered topics? (dimension 7 of worksheets)
7. Are the **learning outcomes** on HIV and AIDS education sufficiently assessed? (dimension 8 of worksheets)
8. Are there enough **didactic manuals or materials**? (dimension 9 of worksheets)
9. Are **teachers trained** (worksheets 3 and 4)

The following worksheets (for a quick assessment) will provide a “reality check” of the current situation. It would then be possible to move forwards and make appropriate changes using the tools of the manual.

- The first worksheet is for primary education
- The second worksheet is for secondary education
- The third worksheet is for teacher education (primary schools)
- The fourth worksheet is for teacher education (secondary schools)

Worksheet 1 Quick assessment of current integration of HIV and AIDS education into the official curricula

A. Primary education

Dimensions	YES	NO	Next Steps
1. HIV and AIDS policy framework is clearly defined regarding the role of primary education in the response of the education sector to HIV and AIDS	<input type="checkbox"/>	<input type="checkbox"/>	Tool 3 provides a checklist to assess the scope and quality of the policy framework supporting HIV and AIDS education. It also allows an assessment of resources (available and to be mobilized), obstacles and opportunities
2. HIV and AIDS education is included in the official curriculum of primary education	<input type="checkbox"/>	<input type="checkbox"/>	Tool 4 provides information, set of guidelines and a worksheet on how HIV and AIDS education can be integrated in the official curriculum, with support in choosing the best context-specific curricular approach
3. Curricular approach is clearly defined (indicate which one (definitions are provided on page 1 of this tool) – this item may not apply to primary education			Tool 4 provides information, a set of guidelines and a worksheet on how HIV and AIDS education can be integrated in the curriculum. It also provides guidance in choosing the best curricular approach suitable for a specific country
- Stand-alone subject	<input type="checkbox"/>	<input type="checkbox"/>	
- Integrated in one main carrier subject	<input type="checkbox"/>	<input type="checkbox"/>	
- Cross curricular	<input type="checkbox"/>	<input type="checkbox"/>	
- Infused	<input type="checkbox"/>	<input type="checkbox"/>	
4. The goals and objectives of HIV and AIDS education are clearly defined in the curriculum	<input type="checkbox"/>	<input type="checkbox"/>	Tool 5 provides information, a set of guidelines and a worksheet for the integration of HIV and AIDS education into the official curriculum, including checking relevance and coherence of objectives
5. Specific time is allocated for each lesson/unit of HIV and AIDS education	<input type="checkbox"/>	<input type="checkbox"/>	Tool 5 provides information, a set of guidelines and a worksheet for the integration of HIV and AIDS education into the official curriculum, including information on minimal time to allocate for each theme and module
6. The core themes are addressed:	<input type="checkbox"/>	<input type="checkbox"/>	Tool 5 provides information, a set of guidelines and worksheets for the integration of HIV and AIDS education into an existing or new official curriculum including a discussion and definition of core minimal contents for HIV and AIDS education Tool 10 provides guidance to appraise the quality of the existing material or material being developed. Thematic curriculum resource packs for each topic are being prepared to provide examples of existing good material. Examples of good practice are available at: http://www.ibe.unesco.org/HIVAids.htm
- Basic knowledge for protecting and promoting health	<input type="checkbox"/>	<input type="checkbox"/>	
- Me, my emotions and my relationships with others	<input type="checkbox"/>	<input type="checkbox"/>	
- Gender issues and promotion of equity	<input type="checkbox"/>	<input type="checkbox"/>	
- Promoting human rights and overcoming stigma and discrimination	<input type="checkbox"/>	<input type="checkbox"/>	

Dimensions	YES	NO	Next steps
7. Interactive and participatory pedagogical methods are used	<input type="checkbox"/>	<input type="checkbox"/>	<p>Tool 6 provides information, a set of guidelines and worksheets concerning pedagogical approaches and teaching methods.</p> <p>Tool 10 provides guidance to appraise the quality of the existing material or material to be developed.</p> <p>Appraisals of examples of good practice are available at http://www.ibe.unesco.org/HIVAids.htm</p>
8. HIV and AIDS education is submitted to an exam or assessment	<input type="checkbox"/>	<input type="checkbox"/>	<p>Tool 6 provides information, a set of guidelines and worksheets concerning pedagogical approaches and teaching methods, including for evaluation.</p> <p>Tool 7 provides counselling and information on appropriate methods to assess learner's progress in the field of life skills.</p>
9a. Manuals and/or other teaching and learning material already exist	<input type="checkbox"/>	<input type="checkbox"/>	<p>Tool 10 provides guidance to appraise the quality of the existing material or material being developed.</p> <p>Thematic curriculum resource packs for each topic are being prepared to provide examples of existing good material.</p> <p>Appraisals of examples of good practice are available at http://www.ibe.unesco.org/HIVAids.htm</p>
9b. The existing material has been appraised and is of good quality	<input type="checkbox"/>	<input type="checkbox"/>	
9c. The material is widely available to teachers and learners	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments for primary education

Worksheet 2 Quick assessment of current integration of HIV and AIDS education into the official curricula

B. Secondary education

Dimensions	YES	NO	Next Steps
1. HIV and AIDS policy framework is clearly defined regarding the role of secondary education in the response of the education sector to HIV and AIDS	<input type="checkbox"/>	<input type="checkbox"/>	Tool 3 provides a checklist to assess the scope and quality of the policy framework supporting HIV and AIDS education. It also allows an assessment of resources (available and to be mobilized), obstacles and opportunities
2. HIV and AIDS education is included in the official curriculum of secondary education	<input type="checkbox"/>	<input type="checkbox"/>	Tool 4 provides information, set of guidelines and a worksheet on how HIV and AIDS education can be integrated in the official curriculum, with support in choosing the best context-specific curricular approach
3. Curricular approach is clearly defined (indicate which one (definitions are provided on page 1 of this tool)			Tool 4 provides information, a set of guidelines and a worksheet on how HIV and AIDS education can be integrated in the curriculum. It also provides guidance in choosing the best curricular approach suitable for a specific country
- Stand-alone subject	<input type="checkbox"/>	<input type="checkbox"/>	
- Integrated in one main carrier subject	<input type="checkbox"/>	<input type="checkbox"/>	
- Cross curricular	<input type="checkbox"/>	<input type="checkbox"/>	
- Infused	<input type="checkbox"/>	<input type="checkbox"/>	
4. The goals and objectives of HIV and AIDS education are clearly defined in the curriculum	<input type="checkbox"/>	<input type="checkbox"/>	Tool 5 provides information, a set of guidelines and a worksheet for the integration of HIV and AIDS education into the official curriculum, including checking relevance and coherence of objectives
5. Specific time is allocated for each lesson/unit of HIV and AIDS education	<input type="checkbox"/>	<input type="checkbox"/>	Tool 5 provides information, a set of guidelines and a worksheet for the integration of HIV and AIDS education into the official curriculum, including information on minimal time to allocate for each theme and module
6. The core themes are addressed:	<input type="checkbox"/>	<input type="checkbox"/>	Tool 5 provides information, a set of guidelines and worksheets for the integration of HIV and AIDS education into an existing or new official curriculum including a discussion and definition of core minimal contents for HIV and AIDS education Tool 10 provides guidance to appraise the quality of the existing material or material being developed. Thematic curriculum resource packs for each topic are being prepared to provide examples of existing good material. Examples of good practice are available at: http://www.ibe.unesco.org/HIVAids.htm
- Basic knowledge for protecting and promoting health	<input type="checkbox"/>	<input type="checkbox"/>	
- Me, my emotions and my relationships with others	<input type="checkbox"/>	<input type="checkbox"/>	
- Gender issues and promotion of equity	<input type="checkbox"/>	<input type="checkbox"/>	
- Promoting human rights and overcoming stigma and discrimination	<input type="checkbox"/>	<input type="checkbox"/>	

Dimensions	YES	NO	Next steps
7. Interactive and participatory pedagogical methods are used	<input type="checkbox"/>	<input type="checkbox"/>	<p>Tool 6 provides information, a set of guidelines and worksheets concerning pedagogical approaches and teaching methods.</p> <p>Tool 10 provides guidance to appraise the quality of the existing material or material being developed.</p> <p>Appraisals of examples of good practice are available at http://www.ibe.unesco.org/HIVAids.htm</p>
8. HIV and AIDS education is submitted to an exam or assessment	<input type="checkbox"/>	<input type="checkbox"/>	<p>Tool 6 provides information, a set of guidelines and worksheets concerning pedagogical approaches and teaching methods, including for evaluation.</p> <p>Tool 7 provides counselling and information on appropriate methods to assess learner's progress in the field of life skills.</p>
9a. Manuals and/or other teaching and learning material already exist	<input type="checkbox"/>	<input type="checkbox"/>	<p>Tool 10 provides guidance to appraise the quality of the existing material or material being developed.</p> <p>Thematic curriculum resource packs for each topic are being prepared to provide examples of existing good material.</p> <p>Appraisals of examples of good practice are available at http://www.ibe.unesco.org/HIVAids.htm</p>
9b. The existing material has been appraised and is of good quality	<input type="checkbox"/>	<input type="checkbox"/>	
9c. The material is widely available to teachers and learners	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments for secondary education

Worksheet 3 Quick assessment of current integration of HIV and AIDS education into the official curricula

C. Teacher Training – primary schools

Dimensions	YES	NO	Next Steps
1. HIV and AIDS policy framework is clearly defined regarding the role of teacher training in the response of the education sector to HIV and AIDS	<input type="checkbox"/>	<input type="checkbox"/>	Tool 3 provides a checklist to assess the scope and quality of the policy framework supporting HIV and AIDS education. It also allows an assessment of resources (available and to be mobilized), obstacles and opportunities
2. HIV and AIDS education is included in the official teacher training curriculum			Tool 4 provides information, set of guidelines and a worksheet on how HIV and AIDS education can be integrated in the official curriculum, with support in choosing the best context-specific curricular approach
pre-service training	<input type="checkbox"/>	<input type="checkbox"/>	
in-service training	<input type="checkbox"/>	<input type="checkbox"/>	
3. Curricular approach is clearly defined (indicate which one (definitions are provided on page 1 of this tool)			Tool 4 provides information, a set of guidelines and a worksheet on how HIV and AIDS education can be integrated in the curriculum. It also provides guidance in choosing the best curricular approach suitable for a specific country
- Stand-alone subject	<input type="checkbox"/>	<input type="checkbox"/>	
- Integrated in one main carrier subject	<input type="checkbox"/>	<input type="checkbox"/>	
- Cross curricular	<input type="checkbox"/>	<input type="checkbox"/>	
- Infused	<input type="checkbox"/>	<input type="checkbox"/>	
4. The goals and objectives of teacher training for HIV and AIDS education are clearly defined in the curriculum	<input type="checkbox"/>	<input type="checkbox"/>	Tool 5 provides information, a set of guidelines and a worksheet for the integration of HIV and AIDS education into the official curriculum, including checking relevance and coherence of objectives
5. Specific time is allocated for each lesson/unit for training teachers for HIV and AIDS education	<input type="checkbox"/>	<input type="checkbox"/>	Tool 5 provides information, a set of guidelines and a worksheet for the integration of HIV and AIDS education into the official curriculum, including information on minimal time to allocate for each theme and module
6. The core themes are addressed in teacher training:	<input type="checkbox"/>	<input type="checkbox"/>	Tool 5 provides information, a set of guidelines and worksheets for the integration of HIV and AIDS education into an existing or new official curriculum including a discussion and definition of core minimal contents for HIV and AIDS education Tool 10 provides guidance to appraise the quality of the existing material or material being developed. Thematic curriculum resource packs for each topic are being prepared to provide examples of existing good material. Examples of good practice are available at: http://www.ibe.unesco.org/HIVAids.htm
- Basic knowledge for protecting and promoting health	<input type="checkbox"/>	<input type="checkbox"/>	
- Me, my emotions and my relationships with others	<input type="checkbox"/>	<input type="checkbox"/>	
- Gender issues and promotion of equity	<input type="checkbox"/>	<input type="checkbox"/>	
- Promoting human rights and overcoming stigma and discrimination	<input type="checkbox"/>	<input type="checkbox"/>	

Dimensions	YES	NO	Next steps
7. Interactive and participatory pedagogical methods are taught and used during teacher training	<input type="checkbox"/>	<input type="checkbox"/>	<p>Tool 6 provides information, a set of guidelines and worksheets concerning pedagogical approaches and teaching methods.</p> <p>Tool 10 provides guidance to appraise the quality of the existing material or material to be developed.</p> <p>Appraisals of examples of good practice are available at http://www.ibe.unesco.org/HIVAids.htm</p>
8. Teacher training for HIV and AIDS education is submitted to an exam or assessment	<input type="checkbox"/>	<input type="checkbox"/>	<p>Tool 6 provides information, a set of guidelines and worksheets concerning pedagogical approaches and teaching methods, including for evaluation.</p> <p>Tool 7 provides counselling and information on appropriate methods to assess learner's progress in the field of life skills.</p>
9a. Teachers in charge of HIV and AIDS education are systematically trained?			Tool not available yet
- pre-service training	<input type="checkbox"/>	<input type="checkbox"/>	
- in-service training	<input type="checkbox"/>	<input type="checkbox"/>	
9b. There is enough teacher trainers that are trained and proficient in HIV and AIDS education	<input type="checkbox"/>	<input type="checkbox"/>	Tool not available yet
10a. Manuals and/or other material for teacher training already exist	<input type="checkbox"/>	<input type="checkbox"/>	<p>Tool 10 provides guidance to appraise the quality of the existing material or material being developed.</p> <p>Thematic curriculum resource packs for each topic are being prepared to provide examples of existing good material.</p> <p>Appraisals of examples of good practice are available at http://www.ibe.unesco.org/HIVAids.htm</p>
10b. The existing material has been appraised and is of good quality	<input type="checkbox"/>	<input type="checkbox"/>	
10c. The material is widely available to teachers trainers and teachers	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments for Teacher Training / Primary Schools

Worksheet 4 Quick assessment of current integration of HIV and AIDS education into the official curricula

D. Teacher Training – secondary schools

Dimensions	YES	NO	Next Steps
1. HIV and AIDS policy framework is clearly defined regarding the role of teacher training in the response of the education sector to HIV and AIDS	<input type="checkbox"/>	<input type="checkbox"/>	Tool 3 provides a checklist to assess the scope and quality of the policy framework supporting HIV and AIDS education. It also allows an assessment of resources (available and to be mobilized), obstacles and opportunities
2. HIV and AIDS education is included in the official teacher training curriculum			Tool 4 provides information, set of guidelines and a worksheet on how HIV and AIDS education can be integrated in the official curriculum, with support in choosing the best context-specific curricular approach
pre-service training	<input type="checkbox"/>	<input type="checkbox"/>	
in-service training	<input type="checkbox"/>	<input type="checkbox"/>	
3. Curricular approach is clearly defined (indicate which one (definitions are provided on page 1 of this tool)			Tool 4 provides information, a set of guidelines and a worksheet on how HIV and AIDS education can be integrated in the curriculum. It also provides guidance in choosing the best curricular approach suitable for a specific country
- Stand-alone subject	<input type="checkbox"/>	<input type="checkbox"/>	
- Integrated in one main carrier subject	<input type="checkbox"/>	<input type="checkbox"/>	
- Cross curricular	<input type="checkbox"/>	<input type="checkbox"/>	
- Infused	<input type="checkbox"/>	<input type="checkbox"/>	
4. The goals and objectives of teacher training for HIV and AIDS education are clearly defined in the curriculum	<input type="checkbox"/>	<input type="checkbox"/>	Tool 5 provides information, a set of guidelines and a worksheet for the integration of HIV and AIDS education into the official curriculum, including checking relevance and coherence of objectives
5. Specific time is allocated for each lesson/unit for training teachers for HIV and AIDS education	<input type="checkbox"/>	<input type="checkbox"/>	Tool 5 provides information, a set of guidelines and a worksheet for the integration of HIV and AIDS education into the official curriculum, including information on minimal time to allocate for each theme and module
6. The core themes are addressed in teacher training:	<input type="checkbox"/>	<input type="checkbox"/>	Tool 5 provides information, a set of guidelines and worksheets for the integration of HIV and AIDS education into an existing or new official curriculum including a discussion and definition of core minimal contents for HIV and AIDS education Tool 10 provides guidance to appraise the quality of the existing material or material being developed. Thematic curriculum resource packs for each topic are being prepared to provide examples of existing good material. Evaluations of good practice are available at: http://www.ibe.unesco.org/HIVAids.htm
- Basic knowledge for protecting and promoting health	<input type="checkbox"/>	<input type="checkbox"/>	
- Me, my emotions and my relationships with others	<input type="checkbox"/>	<input type="checkbox"/>	
- Gender issues and promotion of equity	<input type="checkbox"/>	<input type="checkbox"/>	
- Promoting human rights and overcoming stigma and discrimination	<input type="checkbox"/>	<input type="checkbox"/>	

Dimensions	YES	NO	Next steps
7. Interactive and participatory pedagogical methods are taught and used during teacher training	<input type="checkbox"/>	<input type="checkbox"/>	<p>Tool 6 provides information, a set of guidelines and worksheets concerning pedagogical approaches and teaching methods.</p> <p>Tool 10 provides guidance to appraise the quality of the existing material or material to be developed.</p> <p>Appraisals of examples of good practice are available at http://www.ibe.unesco.org/HIVAids.htm</p>
8. Teacher training for HIV and AIDS education is submitted to an exam or assessment	<input type="checkbox"/>	<input type="checkbox"/>	<p>Tool 6 provides information, a set of guidelines and worksheets concerning pedagogical approaches and teaching methods, including for evaluation.</p> <p>Tool 7 provides counselling and information on appropriate methods to assess learner's progress in the field of life skills.</p>
9a. Teachers in charge of HIV and AIDS education are systematically trained?			Tool not available yet
- pre-service training	<input type="checkbox"/>	<input type="checkbox"/>	
- in-service training	<input type="checkbox"/>	<input type="checkbox"/>	
9b. There is enough teacher trainers that are trained and proficient in HIV and AIDS education	<input type="checkbox"/>	<input type="checkbox"/>	Tool not available yet
10a. Manuals and/or other material for teacher training already exist	<input type="checkbox"/>	<input type="checkbox"/>	Tool 10 provides guidance to appraise the quality of the existing material or material being developed.
10b. The existing material has been appraised and is of good quality	<input type="checkbox"/>	<input type="checkbox"/>	Thematic curriculum resource packs for each topic are being prepared to provide examples of existing good material.
10c. The material is widely available to teachers trainers and teachers	<input type="checkbox"/>	<input type="checkbox"/>	Appraisals of examples of good practice are available at http://www.ibe.unesco.org/HIVAids.htm

Additional comments for Teacher Training / Secondary Schools

RESOURCES TO GO FURTHER

1. FRESH toolkit : « Planning HIV/STI Interventions : Conducting a Situation Analysis », 2004, UNESCO

- Document available in: [English](#)

- Website: http://portal.unesco.org/education/en/ev.php-URL_ID=35500&URL_DO=DO_TOPIC&URL_SECTION=201.html

2. FRESH toolkit: “Evaluating HIV/STI interventions”, 2004, UNESCO

- Document available in: [English](#)

- Website: http://portal.unesco.org/education/en/ev.php-URL_ID=35500&URL_DO=DO_TOPIC&URL_SECTION=201.html

3. “Skills for Health: Skills based health education including life skills. An important component of a Child-friendly/Health-Promoting School”, Chapter 4, 2003, WHO

- Document available in: [English](#)

- Website: http://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf

Tool 3

Context analysis: resources, obstacles and opportunities

Manual for integrating HIV and AIDS education
in school curricula

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December 2006

TOOL 3 Context Analysis – Resources, obstacles and opportunities

Why is an analysis of the context important for curriculum development?

Originally, curriculum was considered the product of a technical process. In other words, it was a document prepared by experts, dependent on their level of disciplinary and pedagogical knowledge. However, we have expanded our thinking about curriculum and the major part of the educational community considers curriculum to have a political dimension as well as a technical or professional dimension (see general introduction of this manual).

Regarding the political dimension, curriculum relates to the connections between the goals of education and everyday life in learning institutions, schools, colleges and universities. Today, the term curriculum is mostly used to refer to the existing contract between society, the State and educational professionals with regard to the educational experiences that learners should undergo during a certain phase of their lives (See General Introduction of this manual and Braslavsky. 2003. *The curriculum*).

The development of this contract should take into account a broad overview, which allows and requires at the same time:

- Comprehensive diagnosis (i.e. the present situation, problems to be solved, resources and weaknesses) **(where are we now?)**
- Concerted definition of principles to direct action and medium/long term objectives **(where we want to go?)**
- Development of strategies to achieve the objectives **(how to get there and through which steps?)**
- Assessment of available resources **(what do we have?)**
- Identification of all concerned Actors, initiatives taken for their mobilization and modalities for organising their participation **(with whom would we work?)**
- Definition of the immediate objectives and the commitments for action, taking into account the reality and diversity of the context **(what to do in the short term?)**
- Development of competencies and expertise to support the assessment of the process and the outcomes **(what difficulties, what regulation, what outcomes?)**

This **approach** avoids the use of ready-made models which may not be context-specific (Source, Benavente, A. 2006. *La construction d'une vision en tant qu'outil stratégique pour des changements éducatifs*. **See Appendix A**).

It is therefore important when considering a change in the prescribed curriculum, for example, the introduction of HIV and AIDS education, to address the political and institutional dimensions of curriculum changes, and assess the context in which the inclusion of HIV and AIDS education takes place. To do so one needs:

1. To assess the status of supportive *policy frameworks* for the inclusion of HIV and AIDS education in the curriculum (or lack thereof),
2. To identify the *main actors* who are influential in shaping decisions and assess the role they may play in the process, especially in terms of leadership,
3. To look at existing *partnerships* that may enhance and support such processes and identify potential partnerships that could strengthen the process.

The tool proposed here intends to assist users, mainly curriculum developers, to explore the main dimensions of the context that may play a role in the process of integrating HIV and AIDS education in the curriculum and delivering it effectively in schools.

It is of particular importance to identify the resources (existing and potential) and obstacles that curriculum change may encounter and how the obstacles can be overcome.

Consequently, this tool presents 5 worksheets:

- | | |
|------------------|--|
| Table 3.1 | To assess the political framework supporting the integration of HIV and AIDS education into school curricula |
| Table 3.2 | To identify key stakeholders and actors in the curricula reform and assess their role in HIV and AIDS education in schools |
| Table 3.3 | To explore the existing and potential partnerships in order to promote the elaboration and implementation of HIV and AIDS curricula in schools |
| Table 3.4 | To identify the existing and necessary resources in order to maximize all available resources |
| Table 3.5 | To overcome obstacles and transform them into opportunities of change |

3.1 Assessing the Policy framework that sustains HIV and AIDS education

A comprehensive HIV and AIDS policy framework has been clearly identified as one of the most important conditions for effective inclusion of HIV and AIDS education in schools. However, the orientation and quality of the content of the framework are also important. Policy frameworks are only one aspect of the larger context. They can be a resource (when they're good) or an obstacle (when they're absent or weak).

National policy frameworks for the education sector define, with varying levels of detail, the specific goals, tasks and resources for developing and implementing HIV and AIDS education in schools.

Some countries do not yet have a formal policy framework, but have developed guidelines and adopted directives for their educational systems.

The table below will help users to review; the level of comprehensiveness of the policy framework in the education sector, its scope, specific areas covered, and ways to improve the policy framework in their respective countries.

Table 3-1: Policy framework for supporting and sustaining HIV and AIDS education in schools

Areas of application of the existing policy documents	National HIV and AIDS Policy and/or Multisectoral Strategic plan	HIV and AIDS Education policy specific to the Education sector	Strategic Implementation Plan specific for the Education sector
	<i>Describe main provisions below</i>	<i>Describe main provisions below</i>	<i>Describe main provisions below</i>
1. Monitoring process and assessment of HIV and AIDS education policies			
2. Assessment of, and taking into account, the impact of HIV and AIDS on the education system			
3. Prevention as a purpose for HIV and AIDS education			
4. Inclusion of HIV and AIDS education in the curriculum			

Table 3-1: Policy framework for supporting and sustaining HIV and AIDS education in schools (continued)

Areas of application of the existing policy documents	National HIV and AIDS Policy and/or Multisectoral Strategic plan <i>Describe main provisions below</i>	HIV and AIDS Education policy specific to the Education sector <i>Describe main provisions below</i>	Strategic Implementation Plan specific for the Education sector <i>Describe main provisions below</i>
5. Teacher training (in- and pre-service) for HIV and AIDS education			
6. Development, production and distribution of teaching material			
7. Support to teachers & the education community (counselling and care)			
8. Inclusion of community resources in school settings			
9. Measures linked to Human rights, stigma and discrimination, etc. are addressed in schools			
10. Measures linked to gender issues in school settings are addressed			

Worksheet 3.1: Policy framework for supporting and sustaining HIV and AIDS education in schools (continued)

	National HIV and AIDS Policy and/or Multisectoral Strategic plan	HIV and AIDS Education policy specific to the Education sector	Strategic Implementation Plan specific for the Education sector
<p><u>With regard to these ten application fields, identify:</u></p> <ul style="list-style-type: none"> ➤ <u>Strong points</u> ➤ <u>Points to improve. If possible, make concrete proposals for improvement.</u> 			
Positive aspects of these documents			
Aspects that are missing or require improvement			
Concrete Proposals for Improvement			

3.2 Identifying stakeholders and their roles in shaping and delivering HIV and AIDS education in schools

A strong policy framework in favour of HIV and AIDS education is certainly an asset, but changes will not happen through documents and decrees alone. Individuals and groups, committed to change and willing to cooperate, are another necessity.

Ministries of Education have a key role to play in promoting HIV and AIDS education in schools. However, there are other actors who are also crucial to this process. They too can represent resources or obstacles to change.

“In fact, identification of Actors in the Education sector as well as potential and desirable Partners ensues from practice through:

- the reflection and analysis of the policies to identify all concerned Actors/Partners, or
- highlighting good practices, which brings to the fore, all the Actors engaged in effective processes, or
- critique of the weaknesses in the processes/practices which may reveal the absence of certain Actors (or those whose action presented an obstacle to change).

Their **role** is also varied and includes:

- financing,
- contributing to social mobilization,
- conducting technical studies,
- developing the general directions and defining strategies,
- preparing and carrying out implementation and assessments (i.e. statistics, indicators, learners' worksheets etc),
- Leading activities and direct participation in on-the-ground activities,
- exchanging services, knowledge and resources in educational activities (**See Appendix A**, Benavente A. 2006).

The next table helps to systematically identify which persons and/or institutions are involved or should be involved in HIV and AIDS education in schools.

It is thus necessary to determine, who the Actors are, and what their roles are (or should be) regarding curriculum development and effective delivery of HIV and AIDS education?

Worksheet 3.2: Key actors involved in the process of curriculum reform for HIV and AIDS education

Actors (Please modify the list to suit your context)	Who are they and what is their role? (please modify the list to suit your context)	Are they a resource or an obstacle? Why? (specify for each actor)	How could you better mobilize actors necessary to effect change?
International & regional level <i>UN agencies, Global NGOs, Multilateral & Bilateral donors, Other donors, Etc.</i>			
MOE & Education sector (National Level) <i>Political leaders and specialists (curricula and programmes, teacher training, etc.)</i>			
Education sector (Decentralized level) <i>Education sector leaders at the regional, district, provincial and other levels</i>			
Other Ministries or Government bodies <i>Ministry of Finance, Social Affairs, etc</i>			

Worksheet 3.2: Key actors involved in the process of curriculum reform for HIV and AIDS education (continued)

Actors (Please modify the list to suit your context)	Who are they and what is their role? <i>(please modify the list to suit your context)</i>	Are they a resource or an obstacle? Why? <i>(specify for each actor)</i>	How could you better mobilize actors necessary to effect change?
Other Political Actors <i>Parliamentarians, Political parties, etc</i>			
Academic Institutions <i>Directors, Teachers, Pupils, other staff, etc.</i>			
Members of the Community and Civil Society Organisations <i>Parents, Religious and Traditional leaders, Women's Groups, Teachers union, etc</i>			
Media <i>Print and Electronic media (including Audio-visuals, etc)</i>			
Public opinion (national and local)			
Other actors who could play a key role			

3.3 Examining partnerships

In many countries there is still a need for the strengthening and improvement of coordination and management of partnerships at all levels. Partnerships should be encouraged at the policy level. Additionally, a host of other partnerships should be created or cultivated.

It is important to establish institutional mechanisms for coordination and partnership, through which different actors will engage in the education sector's response to HIV and AIDS.

These mechanisms should facilitate dialogue, consultation and collaboration, and aim at fostering collective efforts, joint responsibility and mutual trust.

Education reform goals (especially the comprehensive integration of HIV and AIDS into the curriculum) are achievable, especially when dynamic groups collaborate.

“Analysis of **partnerships** in concrete situations shows that we must be creative and imaginative while ensuring clear participatory frameworks and constantly undertaking assessments. In order for the achievements of the partnership to be shared among all Actors and not become a source of conflicts, mutual respect and trust in the established partnership, rigour and transparency in the use of available resources and analysis of outcomes are necessary” (**See Appendix A**, Benavente, A. 2006).

By completing the table below, one would be able to assess current partnerships and sectors and potential partnerships that require development.

For further clarification, please consult the **Appendix C** (in French only). It contains a list of obstacles to curricula change that were listed during a recent seminar organised by IBE.

Worksheet 3.3: Partnership (existing or potential) for HIV and AIDS curriculum development and implementation in schools

Existing Partnerships	Roles/Objectives of the Partnerships	Benefits/Drawbacks of the Partnerships	Strategies for maximizing this partnership
International level			
Regional			
National			
Local			

Worksheet 3.3: Partnership (existing or potential) for HIV and AIDS curriculum development and implementation in schools
(continued)

What partnerships are missing?	Roles/Objectives of the Partnerships	Benefits/Drawbacks of the Partnerships	Next steps to establish these partnerships
International level			
Regional			
National			
Local			

3.4. Maximizing existing and potential resources

Partnerships are not the only resources available to those working in the education sector. Use the chart below to identify other resources; you may be surprised by the vast number of possibilities

that have potential to assist in the creation and implementation of HIV and AIDS education.

Worksheet 3.4: What are the available resources?

Resources (In support of HIV and AIDS education)	If resources already exist; How well are they being employed? How can they be maximized	If the resources are absent or insufficient; How can they be mobilized? What role could they play?
Commitment and support from the Ministry of Education (MOE) for HIV and AIDS education		
Active and strong support from the MOE administration for HIV and AIDS education		
Commitment and support from other Ministries or governmental bodies outside MOE for HIV and AIDS education		

Worksheet 3.4: What are the available resources? (Continued)

Resources (In support of HIV and AIDS education)	If resources already exist; How well are they being employed? How can they be maximized	If the resources are absent or insufficient; How can they be mobilized? What role could they play?
Sufficient Technical Expertise (national and international) for the integration of HIV and AIDS education into school curricula		
Financial support (bi- and multilateral agencies)		
Teachers trained to teach on HIV and AIDS in schools		
Existing teaching and learning material sufficient in quality and quantity		

Worksheet 3.4: What are the available resources? (Continued)

Resources (In support of HIV and AIDS education)	If resources already exist; How well are they being employed? How can they be maximized	If the resources are absent or insufficient; How can they be mobilized? What role could they play?
Cooperation with other countries		
Curriculum reform underway or planned in order to integrate HIV and AIDS education		
Contribution and mobilization of the Media (TV, radio, newspapers) in support of HIV and AIDS education		
Public opinion in support of HIV and AIDS education in schools		
Others		

3.5 Overcoming obstacles and transforming them into opportunities for change

Though obstacles to reform are often numerous and resistance to change can be formidable, there are effective strategies for overcoming them.

First, it is essential to understand why obstacles exist. What or who is creating the obstacle? What are the hidden fears that contribute to perpetuating and reinforcing the obstacles?

Common obstacles could include the complications inherent in bureaucratic organizations, accountability concerns and the difficulties associated with monitoring and evaluation. Insufficient financial means, lack of expertise, poor coordination and resistance from various groups are some of the most common difficulties encountered. These obstacles exist. It is important not to ignore them but to look for solutions to overcome them.

After having considered the abundant resources present and the many partners available to collaborate, the following table allows one to identify some of the obstacles one may encounter during the process of integrating HIV and AIDS education.

One can/may consider possible solutions (by referring also to responses provided in the previous tables (table 3.3 & 3.4) on partnerships and other resources). One can attempt to formulate the next steps needed to overcome the obstacles, or better still, to transform them into opportunities for positive change.

For further clarification, please consult the **Appendix C** (in French only). It contains a list of obstacles to curricula change that were cited during a recent seminar organised by IBE.

Worksheet 3.5: Transforming obstacles into opportunities

Obstacles <i>(describe also their nature)</i>	Negative impacts	Possible solutions	Next steps in order to transform these obstacles
1.			
2.			

Worksheet 3.5: Transforming obstacles into opportunities (Continued)

Obstacles <i>(describe also their nature)</i>	Negative impacts	Possible solutions	Next steps in order to transform these obstacles
3.			
4.			
5.			
6.			
Etc			

RESOURCES TO GO FURTHER

1. **“HIV & AIDS and education: a toolkit for ministries of education”**, 2003, UNESCO Bangkok.

- Document available in [English](#)

- Website: http://www2.unescobkk.org/elib/publications/aids_toolkits/index.htm

2. **“Impact of sex and HIV education programs on sexual behaviour of youth in developing and developed countries”**, 2005, Douglas Kirby

- Document available in: [English](#)

- Website:

<http://www.fhi.org/NR/rdonlyres/ergbb5vka5vlp7caw2yev3q6bev1be56gpuzwkbtnsi3dqiofl2722ng6rag7kgdkkdzrsihccwsvf/sexedworkingpaperfinal2.pdf>

3. **“Deadly inertia; a cross country study of educational responses to HIV/AIDS”**, 2005, Global campaign for education.

- Document available in: [English](#), [Spanish](#)

- Website: <http://www.campaignforeducation.org/resources/Nov2005/ENGLISHdeadlyinertia.pdf>

4. **FRESH toolkit: “Guidelines for School Health Education to Prevent the Spread of AIDS”**,

- Document available in [English](#)

- Website: http://portal.unesco.org/education/en/ev.php-URL_ID=35500&URL_DO=DO_TOPIC&URL_SECTION=201.html

5. **“Skills for Health: Skills based health education including life skills. An important component of a Child-friendly/Health-Promoting School”**, Chapter 4, 2003, WHO

- Document available in [English](#)

- Website: http://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf

Tool 4

Issues regarding integration of HIV and AIDS education into the official curriculum

Manual for integrating HIV and AIDS education
in school curricula

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December 2006

TOOL 4 **Issues regarding integration of HIV and AIDS education into the official curriculum**

Introduction

Evaluations of the integration of HIV and AIDS education into school curricula highlight the following common shortcomings:

- HIV and AIDS education has been added to already crowded curricula and teachers pay little or no attention to it.
- When it is part of the curricula, HIV and AIDS education is included in one technical subject (for example natural science) and some essential aspects (psychosocial, cultural and life skills) are either not covered or inadequately covered.
- Learning of facts is generally emphasized over acquiring skills that will allow young people to adopt right attitudes and safe behaviours.
- HIV and AIDS education is included in broad subject areas, without being specifically scheduled within these subject areas and therefore it is neglected.
- Curricular approaches and the pedagogical implications of life skills approaches appear to be somewhat blurred and poorly integrated into the curriculum.
- No specific or relevant assessment of learning outcomes, including acquired skills, is carried out.
- Teachers are generally not adequately trained.

With this tool, we address some of these weaknesses, with emphasis on the process of integrating HIV and AIDS education into existing curricula. We look into a number of issues regarding the integration of HIV and AIDS education into the existing curriculum. We also present to curriculum planners and other users, information, advice and practical guidelines to help them to:

- a) choose the most feasible and context-appropriate curricular approach. This tool presents the advantages and disadvantages of different approaches in order to guide users into making informed and appropriate choices.
- b) integrate HIV and AIDS education within a chosen curricula approach.

Factors affecting the integration of HIV and AIDS education into curricula

What is the best way to integrate HIV and AIDS education into existing curricula? Several factors influence the choice of the most feasible, relevant and appropriate implementation mode or curricula approach. This issue is often more crucial with secondary level curricula than primary level curricula since there are more teachers at the secondary level than there are at the primary level. Nonetheless, primary level teachers also require clear and realistic guidelines on how to integrate HIV and AIDS education into school programmes.

The main factors affecting integration of HIV and AIDS education into curricula include:

1. **The stage of curricular reform:** the existing possibilities/opportunities for formally integrating HIV and AIDS education depend on the stage of the curricular reform in a particular country

2. **The structure or framework of the curriculum:** the way the content is organised determines to a large extent the manner and form in which HIV and AIDS education can be integrated. For example. Are subjects organised into thematic blocks (i.e. social sciences, languages, communication, natural science, etc), or as a range of separate subjects (i.e. history, geography, civic education, biology, chemistry, physics, mathematics, etc)?

Thus, the structure of the curriculum would determine the level at which teaching-learning objectives and outcomes are defined: i.e. at the level of an interdisciplinary block or per subject?

3. **Centralised or decentralised curriculum design:** at what level is the curriculum designed, or what degree of flexibility is allowed to localise the content?

The stage of curricula reform and the extent to which the curriculum design is (de)centralised are not addressed here. Instead, the tools included subsequently deal primarily with technical aspects relating to curriculum design.

In the following section, we will look closely at issues which need to be taken into consideration when integrating HIV and AIDS education into an existing curriculum. Most of what follows is more easily applicable in a context of curricula reform.

Integration of HIV and AIDS education into an already crowded curriculum

The existing curricula are often already crowded. In order to increase their relevance and adapt their contents to new needs, there is often pressure to add new learning areas or enhance existing ones.

Potential new areas include HIV and AIDS, human rights, sustainable development, foreign and national languages, etc.

The introduction of new subject areas requires the removal of some other subject areas or a reduction in the allocation of time to existing subjects.

Integrating new learning areas is always challenging. Different countries have attempted to do so using different approaches. It has been found that, within a given curricular structure, HIV and AIDS education is usually integrated using one of the 4 main curricular approaches listed.

- a) as a new stand-alone subject,
- b) integrated in one already existing main carrier subject
- c) as a cross-curricular issue,
- d) infused throughout the curriculum

Four main approaches for the inclusion of HIV and AIDS education in the curriculum:

- HIV and AIDS as a new **stand-alone subject**, clearly labelled and including all core aspects of HIV and AIDS education.
- HIV and AIDS, integrated in **one already existing main carrier-subject** containing most of core aspects of HIV and AIDS education.
- HIV and AIDS as a **cross-curricular issue**, integrated in a few existing subjects clearly defined and containing most of core aspects of HIV and AIDS education, in a complementary and coordinated approach.
- HIV and AIDS **infused throughout the curriculum**, integrated in most/all subjects included in the curriculum, with, or without any specific mention of HIV and AIDS in subject areas.

Extra-curricular activities may complement HIV and AIDS education or in some cases, they may be the only HIV-related activities in schools.
(Source: IBE 2005)

Extra-curricular activities may complement HIV and AIDS education or in some cases, they may be the only HIV-related activities in schools.

It is worth mentioning that available literature shows that the terms used to describe the different approaches vary between countries and doesn't always appear conceptually clear (Source: IBE-UNESCO study. 2005. *The Quality Imperative; Assessment of curricular response in 35 countries for the EFA monitoring report 2005*)

In some countries, integration results from an incremental process of inclusion of HIV and AIDS in the curriculum over a number of years but without any strategic overview or capacity to integrate it in an efficient manner.

In some other countries, it may also mean that several approaches are used concurrently: For example HIV and AIDS education is integrated into a main carrier subject and also infused throughout the curriculum.

One undoubtedly notices a shared consensus and recognition of the importance of HIV and AIDS education. There is however disagreement about the best way of including it in the curriculum. The traditional approach to curriculum development (often considered as a purely technical document) and the pressures of an overloaded curriculum often hinder the effective introduction of a new subject. Even when the subject exists formally in the curriculum, it does not benefit from a supportive enabling environment to be effectively taught (i.e. no explicit allocation of time, few or no trained teachers, no assessments of learning outcomes, etc.).

Advantages and drawbacks of the different options

The *Infusion in the entire curriculum* and the *integration in one main existing carrier subject* methods are favoured approaches because they don't require a revision of the structure of the curriculum or a reallocation of time between the different teachers. These approaches are thus technically and administratively simpler and more feasible to accomplish.

However, the curricular approach of *infusing* HIV and AIDS education throughout the curriculum, across a wide range of existing subjects has generally been found to lead to fragmentation, lack of cohesion, lack of visibility and an increased likelihood that no teacher will feel responsible for teaching the part of the subject assigned to him/her.

It is also increasingly true that very often no specific allocation of time and no formal assessment of learning outcomes are defined or imposed. It is therefore simple and easy to ignore the subject/topic especially when curricula are already over crowded.

In order to address the problem of fragmentation and lack of cohesion, teachers should make an effort to collaborate. This would ensure a coherent and comprehensive teaching of the programme. This effort is rarely made. It is even often impossible because of the teacher's allocation of time. (See UNESCO Bangkok & IBE Geneva. 2005. *Leading and facilitating curriculum change: A resource pack for capacity building*).

With regards to teacher training, the *infusion* approach could be extremely costly, and practically not feasible. Indeed, all the teachers would have to be trained to teach HIV and AIDS education, a very sensitive topic that leads to difficult questions from learners. Moreover, many teachers are not adequately trained and not enthusiastic about covering this sensitive topic.

Experience shows that behavioural skill development and internalisation of values and attitudes require practice through learner-centred interactive processes within an atmosphere of tolerance and trust. Sufficient time is hence needed and teachers have to be trained in pedagogical approaches as well as the technical content. To ensure the coverage of all the different aspects related to HIV and AIDS, it is often preferable to adopt the *cross-curricula* approach. If it is integrated within *several subjects* then coordination is very essential.

It is worth noting that the development of clear and explicit learning objectives and the allocation of teaching time are two major recommendations ensuing from challenges and obstacles encountered with the *infusion* approach.

Table 4.1 reviews key features, main advantages and challenges of integrating HIV and AIDS into the curriculum

- as a new stand-alone subject,
- integrated into one already existing main carrier-subject
- as a cross-curricular issue, integrated in a limited number of subjects, in a coordinated manner

Worksheet 4.1: Table 1 can also be adapted and used as a worksheet, and completed in groups. Each group works on a specific curricular approach with an unfilled table and tries to complete it with regard to ones own experience.

Table 4.2 reviews key implementation issues for each of these three curricular approaches, including the following aspects:

- A. Identify and integrate HIV and AIDS education in the curriculum (Tool 5)
- B. Make links with broader educational goals (Tool 5)
- C. Revise time allocation and create space in the existing programme for the new contents (Tool 5)
- D. Rethink the learning process in cycles over years rather than in school year (Tool 5)
- E. Adapt the pedagogical approaches (Tool 6)
- F. Rethink the development of learning assessments (Tool 7)
- G. Consider the implications on teacher training and support to school staff. (Tool 8)
- H. Organise schools' life in such a way that HIV and AIDS learning will be fostered. (Tool 9, in development)
- I. Appraise, adapt and develop appropriate material (Tool 10)

This table aims at raising users' awareness on the importance of a multidimensional approach. It also allows the introduction of issues which will be systematically covered in Tools 5 to 10.

Table 4.1: Key features, main advantages & challenges of main curricular approaches to integrating HIV and AIDS education into the curriculum

HIV and AIDS education taught	as a new stand-alone subject	in one existing main carrier subject	as a cross-curricular issue included in a limited number of existing subjects
1. Key features of the curricular approaches	<ul style="list-style-type: none"> A new subject is created. The topic is clearly labelled and a specific time allocation is defined and assigned in the official school timetables. The subject is supposed to address all relevant issues relating to HIV and AIDS education. 	<ul style="list-style-type: none"> Teaching and learning of most of the relevant material is addressed within the framework of one main carrier subject. 	<ul style="list-style-type: none"> HIV and AIDS education is integrated in a limited number of subjects which bear a close affinity to the topic (in no more than 1/3 of the total number of subjects in the curriculum, i.e. 3 to 5 subjects). HIV and AIDS education within these few subjects is clearly defined and divided across selected subjects.
2. Main advantages of the curricular approaches	<ul style="list-style-type: none"> The topic becomes more visible and as such becomes more prominent and legitimate. It becomes possible to recruit and train suitable teachers. As HIV and AIDS education is concentrated in a single subject, it is easier to assign responsibilities and to ensure that it is actually taught. Can be cost-effective as there are usually a limited number of teachers to train and support. The trained and highly specialized teachers can play the role of resource persons and leaders towards school staff and pupils. Specific timetabling of the subject does not in itself guarantee quality of teaching-learning on the subject, but it does make it possible to cover important issues which would not naturally arise in other subjects. Assessment of learning outcomes is facilitated. 	<ul style="list-style-type: none"> It is relatively straightforward where and when to include the topic in the curriculum and subsequently, which teacher will be primarily responsible for supporting this kind of learning. Fewer teachers need to be trained than when using the cross-curricular approach. Can be cost-effective as there are usually a limited number of teachers to train and support. The trained and highly specialized teachers can play the role of resource persons and leaders towards school staff and pupils. Assessment of learning outcomes may be facilitated. 	<ul style="list-style-type: none"> It is generally not necessary to revise the curriculum. One can use the existing space to manoeuvre. This adaptation can be done at a decentralised level. By integrating HIV and AIDS education in a number of subjects, it is possible to achieve a comprehensive coverage of the topic, provided this is done in a coordinated manner. Generally, it enables teachers to complement one another with their skills and competencies. Generally, sharing of responsibilities for delivering the various aspects of the topic can foster collaboration among teachers. It enables learners to see the significance of HIV and AIDS education from different perspectives and approaches. As the topic of HIV and AIDS is covered by many teachers, its visibility in school is enhanced and it becomes the responsibility of many teachers.

Table 4.1: Key features, main advantages & challenges of main curricular approaches (continued)

HIV and AIDS education taught...	as a new stand-alone subject	in one existing main carrier subject	as a cross-curricular issue included in a limited number of existing subjects
<p>3. Main challenges of the curricular approaches</p>	<ul style="list-style-type: none"> • In order to introduce new subjects to the curriculum, space must be created. The procedures and issues involved may take a long while to resolve. • It is critical that the topic as well as the assessment of learning outcomes is made mandatory otherwise there is a likelihood of teachers not giving it the needed attention. • There is the risk that only a few aspects will be covered (areas where the teacher feels comfortable). • Learners may have difficulties integrating lessons learned into their everyday practice and/or relating information to other topics taught at school. • A single teacher, even if very motivated and well trained, has often neither the skills nor the knowledge to teach all the different aspects of HIV and AIDS education. • It is essential to train teachers in a very professional manner. • One would have to choose motivated teachers already convinced about the importance of HIV and AIDS education, and ready to cover all its aspects in their teaching. • The start-up cost may be quite high due to the need for training specialized teachers. • It will however be necessary to support and raise all teachers' awareness on HIV and AIDS and teach them how to prevent it. 	<ul style="list-style-type: none"> • It is necessary to redefine aspects that have to be covered by the subject, or to increase time allocated to this subject (and decrease time elsewhere). When one allocates time for HIV and AIDS education, one has to decrease time allocated to other topics. Resistance at different levels may be encountered. • HIV and AIDS education does not have enough visibility, and there is a risk that it may disappear among a lot of other topics included into the main carrier subject. • It is worth noting that integration in one existing subject increases the risk of the topic not being taught comprehensively. For example, if it is integrated in natural science, the focus may be on scientific aspects neglecting among others, eg. The social or relational dimensions of sexuality, communication skills, etc. • It is difficult to ascertain whether teachers already assigned to the main carrier subject are motivated. • A single teacher, even if very motivated and well trained, has often neither the skills nor the knowledge to teach all the different aspects of HIV and AIDS education. • It is essential that the learning outcomes are made part of the mandatory examinable subject areas otherwise there is a risk that teachers will not give HIV and AIDS education the needed attention. Furthermore, examination pressure may lead to the use of the time slot reserved for HIV and AIDS education to prepare learners for the examinable subjects. 	<ul style="list-style-type: none"> • It is necessary to carefully analyse the existing curriculum, in order to select the subjects, and then organise the objectives and the contents in a coherent and comprehensive manner. It is also necessary to reorganise each subject in order to make space and allocate time for HIV and AIDS education. • HIV and AIDS education may not have enough visibility and there is a risk of it disappearing among a lot of other topics within the selected subjects. • The cross-curricular approach involves training a larger number of teachers. • The sharing of the responsibility of teaching the topic (described previously as an advantage) could also be expressed as a disadvantage: shedding of responsibility and the difficulty in verifying whether teachers have undertaken the work assigned to them. • Among teachers already assigned to the selected subjects, it may be difficult to find enough competent, motivated and convinced teachers. • This approach also requires close and consistent coordination to avoid repetitions and ensure coherent coverage is achieved across the selected subjects. • Assessment of learning outcomes is more complicated.

Worksheet 4.1: Key features, main advantages & challenges of main curricula approaches to integrating HIV and AIDS education into the curriculum

HIV and AIDS education taught...	...as a new stand-alone subject	...in one existing main carrier subject	...as a cross-curricular issue included in a limited number of existing subjects
B. Strong points – advantages			
2. Weak points – challenges and difficulties			
3. Observations			

Table 4.2 Key issues to be considered for an optimal integration of HIV and AIDS education into the curriculum

HIV and AIDS education taught...	...as a new stand-alone subject	...in one existing main carrier subject	...as a cross-curricular issue included in a limited number of existing subjects
Anticipate and resolve the potential challenges			
	→ One of the critical issues of this approach is that one needs to make sure learners understand the linkages between this stand-alone subject and other relevant subjects in the curriculum. E.g. linkages between the module on basic knowledge and natural sciences and/or biology.	→ One of the critical issues of this approach is ensuring the time that is meant to be dedicated to these contents is not used for teaching other issues.	→ One of the critical issues of this approach is that one needs to make sure that teaching-learning on this subject is closely coordinated to ensure coherent coverage across the selected carrier subjects.
A. How does one identify and integrate HIV and AIDS education into the curriculum?	<p>Possible titles of a new stand-alone subject on HIV and AIDS: 'Sexual and Reproductive Health', 'Family life and health education', 'Family, Health, Education, 'HIV and AIDS and Us', etc.</p> <p>Irrespective of the specific contents of the subject, the choice of the title is important because it enhances the visibility. The title has to be culturally acceptable and explicitly stated.</p> <p>The essential contents, as defined in Tool 5, should however remain the same, irrespective of the title.</p>	<p>One will need to study the curriculum to see which subject is the most appropriate for the contents of HIV and AIDS education, defined in Tool 5.</p> <p>The following subjects are examples of possible relevant subjects that are generally included in the curriculum for the 10-12 age group:</p> <ul style="list-style-type: none"> ▪ Family life/health education ▪ Social studies/social sciences ▪ Civic education/moral education ▪ Biology/Natural Sciences <p>It is however obvious that it will be difficult to cover all aspects of HIV and AIDS education in one main existing subject.</p>	<p>One will need to examine in the curriculum existing learning areas that have a link to the subject of HIV and AIDS:</p> <ol style="list-style-type: none"> a. Identify where elements of the various modules are located. b. Select the subjects (a maximum of 4 if possible) c. Suggest ways in which minimal recommended contents of HIV and AIDS & SRH education – as defined in Tools 5 and 10 – could be reinforced or integrated into these subjects.
B. Links with overall educational goals	Ensure that clear links are established with the broader educational goals defined in the Curriculum Framework. i.e. the way in which HIV and AIDS education is integrated into curriculum contributes to the achievement of the overall educational goals.		

Table 4.2 Key issues to be considered for an optimal integration of HIV and AIDS education into the curriculum (continued)

HIV and AIDS education taught...	...as a new stand-alone subject	... in one existing main carrier subject	...as a cross-curricular issue included in a limited number of existing subjects
<p>C. Time allocation and creating space for new contents in existing curriculum</p>	<p>One will have to allocate teaching hours for this new subject and integrate it into the official school timetable.</p> <p>It will thus be necessary to revise the overall curriculum in order to make space and time for this new subject.</p> <p>This will require revising existing subjects and defining what is absolutely essential for young people to learn and what may be less relevant.</p>	<p>One will have to allocate teaching hours for HIV and AIDS education within the main carrier subject. These hours will have to be clearly assigned in the school timetable</p> <p>It will be thus necessary to revise the main carrier subject in order to make space and time for these (new) contents.</p> <p>If no additional time is scheduled for this main carrier subject, it will be necessary to revise the carrier subject, keeping only what is essential for young people.</p>	<p>It is critical that ‘dedicated and scheduled time’ is allocated within the various carrier subjects and the school timetable.</p> <p>It will be necessary to revise the overall curriculum in order to make space and time for the modules within the various subjects.</p> <p>It is possible this will require revising existing subjects and defining what is absolutely essential for young people to learn and what may be less relevant (relative to education on HIV and AIDS).</p>
<p>E. Organisation of learning per cycle</p>	<p>Currently, learning objectives and official curricula are most of the time structured by school year periods. A learning cycle from 2 to 4 years is suggested. Irrespective of the chosen curricular approach, it is necessary to spread the objectives and contents over 2 or 3 years, depending on the structure of the existing curriculum (See Tool 5)</p>		
<p>E. Adapting pedagogical approaches</p>	<p>At the end of the day, teachers are the ones to implement curriculum reforms in the classrooms. These changes in curriculum can be difficult for teachers, especially as schools and teachers are increasingly expected to: be sensitive to socio-cultural and gender issues, promote partnerships with the community, promote tolerance, use new pedagogies and adjust assessment practices to be consistent with new pedagogies and learning areas.</p> <p>Therefore, the integration of HIV and AIDS education and sexual & reproductive health into the school curriculum certainly requires a careful evaluation of the needed reforms of teacher education in order to provide teachers with the necessary professional tools and support to fulfil their task. Furthermore, most teachers find teaching about HIV and AIDS and sexual & reproductive health challenging. It is therefore essential that they are adequately trained and supported.</p> <p>(See Tool 8, which addresses the main implications of the integration of HIV and AIDS education and sexual & reproductive health for teacher training and support)</p>		

Table 4.2 Key issues to be considered for an optimal integration of HIV and AIDS education into the curriculum (continued)

HIV and AIDS education taught...	...as a stand-alone subject	... in one existing main carrier subject	...as a cross-curricular issue included in a limited number of existing subjects
<p>H. Implications for assessment</p>	<p>It will be necessary to develop a strategy for the assessment of the learners' learning outcomes in the field of HIV and AIDS education. This assessment will have to take into account the objectives specific to HIV and AIDS education (Acquisition of skills). The assessment will also have to be adapted to the organization of learning in the cycle from 2 to 4 years (see tool 7).</p> <p>The pedagogical material at the disposal of teachers must recommend strategies and assessment tools for the essential aspects of HIV and AIDS education (such as defined in Tool 5).</p>		
<p>G. Implications for teacher training and support</p>	<p>Versatile teachers will need to be selected, trained and supported to teach HIV and AIDS & SRH education.</p> <p>These teachers should be if possible already motivated to teach these sensitive issues.</p> <p>They should be able to cover all the contents and clarify to learners the linkages between the 4 thematic modules and other subjects of the curriculum.</p>	<p>All teachers teaching the selected carrier subjects will need to be trained and supported to teach on HIV and AIDS, and specifically on the contents that will be integrated in their subject (e.g. A social science teacher will be specifically trained on Human Rights, Solidarity, etc. in relation with HIV and AIDS education).</p> <p>It is also necessary to motivate teachers and ensure that they also teach the sensitive aspects of HIV and AIDS education.</p> <p>Teachers will have to be able to cover all the contents. They will also need to clarify to learners the linkages between the 4 thematic modules and other subjects of the curriculum.</p>	
<p>H. Organise schools' life in such a way that HIV and AIDS learning is fostered. (Tool 9, in development)</p>			

Table 4.2 Key issues to be considered for an optimal integration of HIV and AIDS education into the curriculum (continued)

HIV and AIDS education taught...	...as a stand-alone subject	...in one existing main carrier subject	...as a cross-curricular issue included in a limited number of existing subjects
<p>I. Implications for material development</p>	<p>Appropriate new material has to be placed at disposal of teachers. If this material does not exist, it needs to be developed.</p> <p>Each material has to be organized in a coherent manner and has to cover all the essential themes defined in Tool 5 in order to facilitate the teachers' work. Furthermore, it has to include adapted pedagogical activities.</p> <p>In the process of compiling existing material or developing new materials, it is important to include references to other, relevant subjects in the curriculum to support learners to make linkages with these other topics (e.g. lessons on human rights in social studies, communications skills practiced during language lessons etc.).</p>	<p>One has to include into existing pedagogical material of the subject all the essential themes related to HIV and AIDS education.</p> <p>New materials may need to be developed to cover all the essential themes of HIV and AIDS education.</p> <p>In the process of compiling existing material or developing new materials, it is important to include references to the issues addressed in the main carrier subject as well as in other relevant subjects in the curriculum to support learners to make linkages with the other topics.</p>	<p>New materials should be developed (These materials may be based on compilation of existing materials, as listed)</p> <p>In the process of developing new materials, it is important to include references to the other carrier subjects in the curriculum to support learners to make linkages between topics.</p>

RESOURCES TO GO FURTHER

1. **“Skills for Health: Skills based health education including life skills. An important component of a Child-friendly/Health-Promoting School”**, Chapter 4, 2003, WHO

- Document available in [English](#)

- Website: http://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf

Tool 5

Learning objectives, essential thematic areas, allocation of time, with an example of cross-curricular approach

Manual for integrating HIV and AIDS education
in school curricula

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December 2006

TOOL 5 Learning objectives, essential thematic areas, time allocation, with an example of cross-curricular approach

Introduction

Tool 5 addresses the three following aspects:

- objectives and expected learning outcomes of HIV and AIDS education
- essential thematic areas that should be covered
- minimum corresponding time allocation

The worksheet provides an opportunity for the users of this manual to implement the recommendations made in the first part of the Tool, using the cross curricular approach, which appears to be the most commonly used approach.

Objectives and expected learning outcomes

The ultimate goal of HIV and AIDS education is to enable learners to adopt protective behaviours for their health and wellbeing, show respect to and concern for others.

To achieve these outcomes, HIV & AIDS education should consist of objectives in the following areas:

- **In the area of basic knowledge**

A learner should be able to acquire and make use of core knowledge related to HIV & AIDS and SRH in order to protect his/her health and wellbeing and to know where to seek counseling and support services if needed.

- **In the area of relations with oneself and others**

A learner should be able to know and respect oneself and to recognize, express and manage his/her own emotions, desires and limitations. He/She should learn to have respectful and responsible relations with others, understand and accept his/her own vulnerability and learn to overcome pressure from others.

- **In the area of gender equity**

A learner has to acquire knowledge and understanding on the differences between man and woman, what is gender equity and what are the negative impacts of inequities between men and women on communities. A learner should also understand why achieving gender equity is crucial in the response to HIV and AIDS and how to behave in a manner which demonstrates an understanding of the importance of equity.

- **In the area of overcoming stigma, discrimination and respecting human rights**

A learner should understand human rights, and learn to respect his/her and others' rights. Also in the context of HIV and AIDS, a learner should know how to overcome stigma and discrimination, show empathy and respect, support families and communities affected by HIV & AIDS and contribute to their wellbeing.

The overall learning goals are reflected in the outline of HIV & AIDS and SRH-related teaching and learning outcomes formulated in Tool 5.

An approach focusing on learning outcomes

The teaching and learning contents have been described in terms of learning outcomes, expressed in terms of change regarding learners' attitudes and values or in terms of competencies. The emphasis is put on the outcomes rather than on the means.

This perspective best matches the life skills based approach, which strengthens HIV and AIDS education. For this reason, a decision was taken to define the teaching-learning contents in terms of broad outcomes. This will allow the manual's users to adapt the definition of skills and means of implementation to the local context.

In formulating the recommended teaching-learning outcomes for HIV and AIDS education, a conscious effort was made to formulate them in such a way as to establish links between these outcomes and learners' daily lives.

Efforts have been made to deliberately limit the number of outcomes and present only those considered essential for learners to adopt safer and protective behaviours regarding HIV and AIDS. The 'list' is therefore not exhaustive, and will be updated and revised on the basis of feedback and experience of users.

An **outcomes-based** curriculum may take a variety of forms but in general it will specify outcomes that learners are expected to achieve in specific subjects or areas by the end of a specific stage of schooling.

Outcomes may include the mastery of content, abilities or skills including problem solving and decision making.

Outcomes based curricula focus on the end rather than the means and therefore emphasize the importance of learners being able to demonstrate their mastery of the specified outcomes.

The focus is more on the development of skills or understandings than covering the required content. Learners should be presented with a variety of situations in which to demonstrate their learning.

This encourages relevance and facilitates the transfer of learning to other contexts

Source: UNESCO. 2005. Leading and facilitating curriculum change; A resource pack for capacity building.

Essential Thematic Areas

Tool 5 is structured around 4 key essential themes. The 4 themes are valid for all learners, irrespective of their age. The expected learning outcomes should however be adapted to suit the age and development stage of learners.

Theme 1 provides learners with basic knowledge on Sexual and Reproductive Health, HIV and AIDS, their body and necessary skills for the concrete use of this important information.

The proposed modules also address the theme of care and treatment, an aspect which has until recently, not been comprehensively dealt with, but which in recent times has become increasingly important, thanks to an improved access to treatment and care. This new reality calls for changes in the perspective of HIV and AIDS education and prevention.

In this section, "health" does not only refer to sexual and reproductive health, but also to mental, social, physical and spiritual changes that take place in puberty and adolescence.

Lastly, the modules also explore the means to dispel harmful myths, rumours and misconceptions on ways to prevent HIV infection.

Theme 2 examines the realities of living in a world with HIV and AIDS. It principally explores the relational and affective aspects of HIV and AIDS: relations with oneself and towards others. It begins with the importance of a healthy self image and explores how to make good choices for oneself (establishing a positive relationship with oneself). It emphasizes the importance of self-respect and accountability.

The importance of being aware of one's own vulnerability is also addressed. The Action Aid study *"The sound of silence; difficulties in communicating on HIV/AIDS in schools"* effectively shows that a major difficulty in prevention and education is related to attitudes that lead to thoughts such as "HIV affects others but not us". This kind of perception does not lead learners to see HIV as a "personal and real risk", for themselves (Boler, 2003). This module aims at increasing learners' awareness on the fact that HIV and AIDS should concern everyone and that it presents a risk to everybody.

Peer pressure, difficulties in accepting illness and death, feelings one experiences when one loses loved ones, are also addressed, with the understanding that it is essential to be able to negotiate positive relationships in order to protect oneself effectively and to show support for people affected and/or infected by HIV and AIDS.

Theme 3 deals with gender issues and differences in equity between men and women. Increasingly, the epidemic is feminising. Gender inequity and general power discrepancies in relationships increases the vulnerability, the risk of infection and the negative impact of HIV on girls and women. Biological factors, discrimination, socio-economic inequity, gender based violence and certain cultural norms increase the risk of HIV infection for women and girls and makes the impact of HIV and AIDS worse on their life (UNICEF. 2002. *HIV/AIDS Education: A Gender Perspective*). All these aspects must be addressed through HIV and AIDS education.

The teaching-learning objectives of this module revolve around relationships between men and women, the different roles and tasks attributed to men and women, and the impact of these relations on the capacity to protect oneself from HIV and to live with HIV or AIDS. The modules underline in particular the elements exposing girls and women to higher risk of contracting HIV (with regards to the infection, and also the stigma and discrimination associated with the infection). The main expected learning outcomes of these modules include developing a critical understanding of society, power in relationships, the rights of men and women and the ability to challenge the inequities between genders and to build respectful relations between men and women at an early age.

Equal participation of boys and girls is an essential element of this module as it takes both males and females to bring about change in relationships.

Theme 4 deals with stigma and discrimination which contributes to the silence and fear associated with HIV and AIDS, as well as the suffering of people living with HIV and AIDS, which is barely talked about in some contexts. As the Action Aid's study, *"The sound of silence; difficulties in communicating on HIV/AIDS in schools"* convincingly argues, the silence or the difficulties associated with communicating about HIV and AIDS, often comes from the fear that people living with HIV will be discriminated against or stigmatized (Boler, 2003).

The proposed modules are intended to raise learners' awareness of their own rights as children and human beings – irrespective of their HIV status – and to respect the rights of all people living with HIV. One module focuses on the right to physical integrity and explores what one can do in case of sexual harassment or abuse.

Module structure

The four themes are divided into modules. These modules and the expected learning outcomes for each module have been ordered so as to build upon one another. The themes are composed of the following units:

<p>Theme 1: Basic knowledge for protecting and promoting health</p> <p>Module 1: Sexual and Reproductive health Module 2: HIV and AIDS Module 3: Treatment and care Module 4: Myths and Misconceptions</p>	<p>Theme 3: Gender issues and promotion of equity</p> <p>Module 1: Gender and economic, cultural and social roles Module 2: Vulnerability Module 3: Local culture and norms</p>
<p>Theme 2: Me, my emotions and my relations with others</p> <p>Module 1: Respecting myself and others Module 2: Coping with difficult and risky situations Module 3: Coping with loss</p>	<p>Theme 4: Promoting Human rights, and overcoming stigma & discrimination</p> <p>Module 1: Rights to physical integrity Module 2: Impact of HIV & AIDS and care for people living with HIV (PLHIV) Module 3: Overcoming silence</p>

The four proposed themes can be ordered in a different way in the curriculum, as long as the subject, the learning objectives and the minimum corresponding time allocated are respected.

Recommended time per module per year for each key theme

An important shortcoming of current HIV and AIDS education is that in general, no specific time or inadequate time is allocated to the teaching of the subject (See IBE-UNESCO. 2005. *The Quality Imperative; Assessment of curricular response in 35 countries for the EFA monitoring report 2005*).

If we really want to achieve our desired learning outcomes, enough time has to be dedicated to HIV & AIDS and SRH education.

Therefore, the minimum time required to teach the various themes is provided in Tool 4. The time specified per theme and module should not be considered as additional hours to a school time table, but as an integral part of it. The proposed modules have to be scheduled and integrated in the official curriculum and timetable already defined.

Also, it has been stated that a “classic” lesson of 45-50 minutes is often too short and that classroom time can be used much more efficiently when 2 lessons are combined, especially when it is essential to practice life skills and to employ interactive teaching methods.

The good news is that the life skills approach, indispensable to effective HIV & AIDS and SRH education, is also a major component of the actual curriculum reform. The time dedicated to HIV & AIDS and SRH education will therefore also contribute and ease the teaching and learning for other topics and vice versa.

Estimating the time needed to complete the 4 modules per cycle of two years - which was thought to be feasible within a rough estimate of an average school year of 32 weeks - was done using several inputs such as:

- a. calculating the total **minimum** time required to complete selected model lessons and
- b. looking into the time currently spent on HIV & AIDS and SRH education in some countries (both in developing and developed countries).

The overall total time represents **64 periods** (of 45 to 60 minutes) **per year**, or approximately 2 periods per week. It is worth noting that many countries, even when HIV and AIDS education is considered a priority, do not allocate adequate amount of time for this education.

Table (5.1) concerns children and young adolescents between 10 and 12 years. It indicates ways to organise the 4 essential themes in the area of learning outcomes and time allocation.

Two other tables are being developed for children between 6 to 9 years and adolescents between 13 to 16 years.

A worksheet will help you to develop your thoughts on implementing and adapting the recommendations included in the matrix to your own context, using the cross curricular approach.

The 4 proposed themes can of course be ordered in a different way, as long as the subject, the learning objectives and the minimum allocated time are respected.

Table 5.1: Recommended learning objectives & time allocation per unit & module [ages 10-12 (for 2 year cycle)]

THEME	1. Basic knowledge for protecting and promoting health	2. Me, my emotions and my relationship with others	3. Gender issues and promotion of equity	4. Promoting human rights and overcoming stigma & discrimination
Preparation	<i>Learner needs assessment</i>	<i>Learner needs assessment</i>	<i>Learner needs assessment</i>	<i>Learner needs assessment</i>
Modules & Time allocation	4 modules – 32 periods per 2-year cycle	3 modules – 32 periods per 2-year cycle	3 modules – 32 periods per 2-year cycle	3 modules – 32 periods per 2-year cycle
Expected learning outcomes Learners should be able:	<p>Module 1: Sexual & Reproductive Health Time allocation: 4 hours/year</p> <p>To explain physical, emotional, spiritual & social changes in boys & girls during puberty & adolescence, and some implications of these changes</p> <p>To describe the reproductive process and some consequences for personal life (school, work, relationships).</p> <p>Key terms: conception, contraception, pregnancy, birth.</p>	<p>Module 1: Respect for oneself and relationships with others Time allocation: 4 hours/year</p> <p>To discuss the importance of knowing oneself & recognising ones emotions and feelings in order to communicate effectively and to take care of oneself, maintaining a healthy level of self-confidence and self-esteem.</p> <p>To explain and discuss ‘emotions’ and ‘stress’.</p> <p>To recognize ones and others emotions, feelings and stress and give examples of ways to manage them.</p> <p>To practice effective communication strategies that take into account emotions and feelings (positive and negative).</p>	<p>Module 1: Economic and social roles relating to gender Time allocation: 6 hours/year</p> <p>To identify & analyse with learners from real life situations, the different roles traditionally assigned to males and females in family & society from an early age.</p> <p>To demonstrate why such situations could be (potentially) inequitable.</p> <p>To explain that men and women have similar rights in society & family, and should have equal opportunities & responsibilities</p> <p>To identify ways in which each individual at his/her own level, can overcome situations of inequality & injustice, and favour equity between men and women in society.</p>	<p>Module 1: Rights & Physical Integrity Time allocation: 6 hours/year</p> <p>To explain what Human Rights & Children’s Rights are and what their importance is for children and young people, including learner</p> <p>To explain key human & children’s rights issues that are especially relevant to children & young people (ex: right to physical integrity).</p> <p>To identify with the learners real life situations in which Human Rights & Children’s Rights are concerned.</p> <p>To identify with the learners, violations of these rights, including coercion and/or sexual harassment and explain why these violations are not the fault of the victim.</p> <p>To identify & define steps learner can take in case of non respect of their rights (how and where seeking help, reporting, etc.)</p>

Table 5.1: Recommended learning objectives & time allocation per unit & module [ages 10-12 (for 2 year cycle)]

THEME	1. Basic knowledge for protecting and promoting health	2. Me, my emotions and my relationship with others	3. Gender issues and promotion of equity	4. Promoting human rights and overcoming stigma & discrimination
Preparation	<i>Learner needs assessment</i>	<i>Learner needs assessment</i>	<i>Learner needs assessment</i>	<i>Learner needs assessment</i>
Modules & Time allocation	4 modules – 32 periods per 2-year cycle	3 modules – 32 periods per 2-year cycle	3 modules – 32 periods per 2-year cycle	3 modules – 32 periods per 2-year cycle
Expected learning outcomes Learners should be able:	<p>Module 2: HIV and AIDS</p> <p>Time allocation: 6 hours/year</p> <p>To explain in basic terms what STIs, HIV & AIDS are.</p> <p>To identify ways to protect oneself from STI and HIV (older learners should learn about safer sex, how to obtain and use condoms, etc)</p> <p>To define serologic status and describe the meaning of being 'HIV positive' & some of the main consequences for a person; impacts on health, relationships, work.</p> <p>STI = Sexually Transmitted Infections</p>	<p>Module 2: Coping with difficult and risky situations</p> <p>Time allocation: 8 hours/year</p> <p>To think about learners plans and wishes for the future – in terms of family, friends, work life.</p> <p>To identify risks/difficulties in their daily life & determine how these risks may affect one's plans for the future.</p> <p>To recognize situations where there is pressure & to propose ways to resist peer pressure and refrain from pressuring others.</p> <p>To search for & practice creative ways to avoid or resolve problems using communication & problem solving skills, such as: Active listening, observation, negotiation, different ways of refusing or saying "no", assertiveness skills, etc</p>	<p>Module 2: Gender and vulnerability</p> <p>Time allocation: 6 hours/year</p> <p>To identify with learners factors (biological, social, economic & cultural) likely to increase or decrease vulnerability to STI & HIV infections & early pregnancy, and discuss them.</p> <p>To identify situations when power imbalances between men & women can lead to women being more vulnerable to HIV & AIDS</p> <p>To identify situations of discrimination against girls & discuss why such situations can put them at higher risk.</p> <p>To explore different behaviours which; prevent girls from being at risk & respect their right to equity.</p> <p>Gender Equity: situation in which differences in roles do not create any advantages or disadvantages for either males or females.</p>	<p>Module 2: Impact of HIV & AIDS and care for people living with HIV</p> <p>Time allocation: 6 hours/year</p> <p>To identify some impacts of HIV & AIDS on a child, a family & community</p> <p>To identify real life examples of stigma & discrimination</p> <p>To explain that HIV & AIDS can affect everyone, irrespective of gender, ethnicity, sexual orientation, etc., and that every individual should be respected & supported</p> <p>To explore ones own way to show support & not discriminate and stigmatize.</p> <p>To explore which behaviours and actions are required in order to respond to discrimination against oneself & others as well as showing compassion.</p> <p>To work individually or as a group to organise activities in support of people living with HIV (PLHIV)</p>

Table 5.1: Recommended learning objectives & time allocation per unit & module [ages 10-12 (for 2 year cycle)]

THEME	1. Basic knowledge for protecting and promoting health	2. Me, my emotions and my relationship with others	3. Gender issues and promotion of equity	4. Promoting human rights and overcoming stigma & discrimination
Preparation	<i>Learner needs assessment</i>	<i>Learner needs assessment</i>	<i>Learner needs assessment</i>	<i>Learner needs assessment</i>
Modules & Time allocation	4 modules – 32 periods per 2-year cycle	3 modules – 32 periods per 2-year cycle	3 modules – 32 periods per 2-year cycle	3 modules – 32 periods per 2-year cycle
Expected learning outcomes Learners should be able:	<p>Module 3: Treatment and Care Time allocation: 3 hours/year</p> <p>To explain Voluntary Counselling and Testing (VCT) & state where to undergo VCT & receive treatment & support.</p> <p>To describe Antiretroviral Therapy (ARTs), its availability, side effects & impact on daily living.</p> <p>To describe the Care & Support needs of people living with HIV (PLHIV) and discuss ways to contribute positively to caring for and supporting them.</p> <p>Module 4: Myths & Misconceptions Time allocation: 3 hours/year</p> <p>To list misconceptions & myths around STIs, HIV & AIDS</p> <p>To explain why misconceptions & myths can negatively affect the spread of HIV & wellbeing of people</p> <p>To explain why certain harmful myths and misconceptions are inaccurate.</p>	<p>Module 3: Coping with loss Time allocation: 4 hours/year</p> <p>To describe and discuss some of the practical and emotional impacts of losing someone you care for.</p> <p>To describe what happens during the mourning process (phases) and explore ways to overcome it.</p> <p>To share own or others experience on the loss of a family or community member.</p> <p>To explore ways of showing empathy towards someone who has suffered loss.</p> <p>Caution: In some countries many learners may be directly affected by the loss of loved ones. Teachers should be tactful when covering this topic</p>	<p>Module 3: Local Culture, Family life and Gender Time allocation: 4 hours/year</p> <p>To identify religious and cultural issues relating to sexuality, reproduction, HIV & AIDS and SRH (including their influence on the way people are treated)</p> <p>To explore and discuss local traditional, religious and cultural norms regarding family, marriage, and sexuality.</p> <p>To explore why certain traditional, religious & cultural practices can contribute to the effective prevention of HIV and provide support for PLHIV.</p> <p>To discuss ways to challenge or change traditional, religious and cultural practices that may contribute to increasing the risk of infection, stigma and discrimination</p>	<p>Module 3: Overcoming silence Time allocation: 4 hours/year</p> <p>To identify why it is difficult to speak about HIV & AIDS, covering fears & prejudices surrounding HIV, AIDS & PLHIV.</p> <p>To identify reasons why it is important for communities to break the silence surrounding HIV and AIDS</p> <p>To develop & lead concrete activities in school & in the community to break the silence & speak about HIV & AIDS, fears & prejudices, and by so doing, overcome ignorance, stigma & discrimination</p>

Worksheet 5.1: Organizing core “contents” using the cross curricular approach

The following worksheet is provided to guide the process of integrating HIV and AIDS education into a limited number of existing subjects in accordance with the cross-curricular approach.

This approach appears to be the most commonly used as it presents significant advantages in many different contexts. The choice of this approach (as an example) does not imply any biases in its favour. (See Tool 4)

The format presented to guide the integration using the cross-curricular approach can be used to guide the integration of HIV and AIDS education using other approaches. Furthermore, should HIV & AIDS and SRH education be integrated into the curriculum as a stand-alone or extra-curricular subject, this format could also be used, but one would need to complete the sections on ‘carrier subject’ or ‘career theme’.

As previously mentioned, the learning objectives are organised in four key themes divided into 3 or 4 thematic modules. A decision was taken to use the thematic and modular approach as it facilitates management and integration of the teaching-learning objectives within the curriculum.

Should one for example, wish to integrate these themes and modules within a cross-curricular approach, the kinds of issues dealt with in the various modules should make it apparent what may be a relevant carrier subject.

However such a modular approach poses some challenges. This is because the themes are inter-linked and complement each other. The proposed modules are also interconnected. It is necessary to pay attention to the logical sequence of organisation when structuring the curriculum carefully deciding on how, where and when to teach the units and modules.

The four themes could be ordered in a different way in the curriculum, and the modules redefined, as long as the subject, the learning objectives and the minimum corresponding time allocated are respected.

This decision would be influenced by the structure of an existing curriculum in a particular context. The following worksheet provides a systematic framework on how to make decisions and choices in order to ensure a good logical and structured organisation of education.

Depending on the curricular structure in a particular context, one might have to redefine certain titles in various columns. For example, in place of carrier subject or discipline (eg. Biology, Civics, etc) one could put carrier blocks (eg. Social sciences, Natural sciences, etc)

Although we recommend that teaching-learning objectives and/or outcomes are defined in terms of competencies, this may not be compatible with your context, e.g. you may need to define these in terms of knowledge, skills and attitudes.

Worksheet 5.1: Distributing and structuring core “contents” in a cross curricula approach (Theme 1, Module 1)

Theme 1: Basic knowledge for protecting and promoting health	A Teaching-learning objectives/outcomes (defined in terms of competence)	B Carrier subject/ discipline	C Carrier theme/ Point of insertion	D Lesson(s)/ Session(s)	E Time allocation	F Teaching- learning techniques	G Assessment methods
(16 hours / year)	Tool 5	Refer to Tool 4		Tool 5	Tool 5	To complete later with Tool 6	To complete later with Tool 7
	<i>Please provide list</i>	<i>Please provide list</i>	<i>To be defined depending on existing curriculum structure</i>	<i>To be defined depending on the objectives (A) and the existing curriculum (B)</i>	<i>Specifically assign time to elements defined under B, C and D</i>	<i>List specific techniques in accordance with A and E</i>	<i>Diversified assessments methods including group and individual assessments</i>
Module 1: Sexual and Reproductive Health (4 hours/year)	a. _____ b. _____ c. _____ etc.	a. _____ b. _____ c. _____ d. _____ etc.					

Worksheet 5.1: Distributing and structuring core “contents” in a cross curricula approach (Theme 1, Module 2)

Theme 1:	A Teaching-learning objectives/outcomes (defined in terms of competence)	B Carrier subject/ discipline	C Carrier theme/ Point of insertion	D Lesson(s)/ Session(s)	E Time allocation	F Teaching-learning techniques	G Assessment methods
Basic knowledge for protecting and promoting health (16 hours/year)	Tool 5	<i>Refer to Tool 4</i>		Tool 5	Tool 5	<i>To complete later with Tool 6</i>	<i>To complete later with Tool 7</i>
	<i>Please provide list</i>	<i>Please provide list</i>	<i>To be defined depending on existing curriculum structure</i>	<i>To be defined depending on the objectives (A) and the existing curriculum (B)</i>	<i>Specifically assign time to elements defined under B, C and D</i>	<i>List specific techniques in accordance with A and E</i>	<i>Diversified assessments methods including group and individual assessments</i>
Module 2: HIV and AIDS (6 hours/year)							

Worksheet 5.1: Distributing and structuring core “contents” in a cross curricula approach (Theme 1, Module 3)

Theme 1:	A Teaching-learning objectives/outcomes (defined in terms of competence)	B Carrier subject/ discipline	C Carrier theme/ Point of insertion	D Lesson(s)/ Session(s)	E Time allocation	F Teaching-learning techniques	G Assessment methods
Basic knowledge for protecting and promoting health (16 hours/year)	Tool 5	<i>Refer to Tool 4</i>		Tool 5	Tool 5	<i>To complete later with Tool 6</i>	<i>To complete later with Tool 7</i>
	<i>Please provide list</i>	<i>Please provide list</i>	<i>To be defined depending on existing curriculum structure</i>	<i>To be defined depending on the objectives (A) and the existing curriculum (B)</i>	<i>Specifically assign time to elements defined under B, C and D</i>	<i>List specific techniques in accordance with A and E</i>	<i>Diversified assessments methods including group and individual assessments</i>
Module 3: Treatment and care (3 hours/year)							

Worksheet 5.1: Distributing and structuring core “contents” in a cross curricula approach (Theme 1, Module 4)

Theme 1:	A Teaching-learning objectives/outcomes (defined in terms of competence)	B Carrier subject/ discipline	C Carrier theme/ Point of insertion	D Lesson(s)/ Session(s)	E Time allocation	F Teaching-learning techniques	G Assessment methods
Basic knowledge for protecting and promoting health (16 hours/year)	Tool 5	<i>Refer to Tool 4</i>		Tool 5	Tool 5	<i>To complete later with Tool 6</i>	<i>To complete later with Tool 7</i>
	<i>Please provide list</i>	<i>Please provide list</i>	<i>To be defined depending on existing curriculum structure</i>	<i>To be defined depending on the objectives (A) and the existing curriculum (B)</i>	<i>Specifically assign time to elements defined under B, C and D</i>	<i>List specific techniques in accordance with A and E</i>	<i>Diversified assessments methods including group and individual assessments</i>
Module 4: Myths and Misconceptions (3 hours/year)							

Worksheet 5.1: Distributing and structuring core “contents” in a cross curricula approach (Theme 2)

Theme 2: Me, my emotions and my relationship with others	A Teaching-learning objectives/outcomes (defined in terms of competence)	B Carrier subject/ discipline	C Carrier theme/ Point of insertion	D Lesson(s)/ Session(s)	E Time allocation	F Teaching- learning techniques	G Assessment methods
(16 hours/year)	Tool 5	<i>Refer to Tool 4</i>		Tool 5	Tool 5	<i>To complete later with Tool 6</i>	<i>To complete later with Tool 7</i>
	<i>Please provide list</i>	<i>Please provide list</i>	<i>To be defined depending on existing curriculum structure</i>	<i>To be defined depending on the objectives (A) and the existing curriculum (B)</i>	<i>Specifically assign time to elements defined under B, C and D</i>	<i>List specific techniques in accordance with A and E</i>	<i>Diversified assessments methods including group and individual assessments</i>
Module 1: Respecting myself and others (4 hours / year)							
Module 2: Coping with difficult and risky situations (8 hours / year)							
Module 3: Coping with loss (4 hours / year)							

Worksheet 5.1: Distributing and structuring core “contents” in a cross curricula approach (Theme 3)

Theme 3: Gender issues and promotion of equity	A Teaching-learning objectives/outcomes (defined in terms of competence)	B Carrier subject/ discipline	C Carrier theme/ Point of insertion	D Lesson(s)/ Session(s)	E Time allocation	F Teaching- learning techniques	G Assessment methods
(16 hours / year)	Tool 5	<i>Refer to Tool 4</i>		Tool 5	Tool 5	<i>To complete later with Tool 6</i>	<i>To complete later with Tool 7</i>
	<i>Please provide list</i>	<i>Please provide list</i>	<i>To be defined depending on existing curriculum structure</i>	<i>To be defined depending on the objectives (A) and the existing curriculum (B)</i>	<i>Specifically assign time to elements defined under B, C and D</i>	<i>List specific techniques in accordance with A and E</i>	<i>Diversified assessments methods including group and individual assessments</i>
Module 1: Gender, economic, cultural and social roles (6 hours / year)							
Module 2: Gender and vulnerability (6 hours / year)							
Module 3: Local culture, family life and gender (4 hours / year)							

Worksheet 5.1: Distributing and structuring core “contents” in a cross curricula approach (Theme 4)

Theme 4:	A Teaching-learning objectives/outcomes (defined in terms of competence)	B Carrier subject/ discipline	C Carrier theme/ Point of insertion	D Lesson(s)/ Session(s)	E Time allocation	F Teaching-learning techniques	G Assessment methods
Promoting Human rights and overcoming stigma and discrimination (16 hours / year)	Tool 5	<i>Refer to Tool 4</i>		Tool 5	Tool 5	<i>To complete later with Tool 6</i>	<i>To complete later with Tool 7</i>
	<i>Please provide list</i>	<i>Please provide list</i>	<i>To be defined depending on existing curriculum structure</i>	<i>To be defined depending on the objectives (A) and the existing curriculum (B)</i>	<i>Specifically assign time to elements defined under B, C and D</i>	<i>List specific techniques in accordance with A and E</i>	<i>Diversified assessments methods including group and individual assessments</i>
Module 1: Rights to physical integrity (6 hours / year)							
Module 2: Impact of HIV & AIDS and care for people living with HIV (6 hours / year)							
Module 3: Overcoming silence (4 hours / year)							

RESOURCES TO GO FURTHER

1. **“Impact of sex and HIV education programs on sexual behaviour of youth in developing and developed countries”**, 2005, Doug Kirby
 - Document available in: [English](#)
 - Website: <http://www.fhi.org/NR/rdonlyres/ergbb5vka5vlp7caw2yev3q6bev1be56gpuzwkbtnsi3dgiolf2722nq6rag7kgdkkdzrsihccwsvf/sexedworkingpaperfinal2.pdf>
2. **FRESH toolkit: “Characteristics of Successful Health Education Programmes to Prevent HIV/AIDS”**, 2005, UNESCO
 - Document available in: [English](#)
 - Website: http://portal.unesco.org/education/en/ev.php-URL_ID=35500&URL_DO=DO_TOPIC&URL_SECTION=201.html
3. **FRESH toolkit: “HIV/AIDS/STI skills-based health education tools; Basic knowledge about HIV/AIDS/STI”** 2005, UNESCO
 - Document available in: [English](#)
 - Website: http://portal.unesco.org/education/en/ev.php-URL_ID=35500&URL_DO=DO_TOPIC&URL_SECTION=201.html
4. **FRESH toolkit: “HIV/AIDS/STI skills-based health education tools; Responsible behaviour, delaying sex”** 2005, UNESCO
 - Document available in: [English](#)
 - Website: http://portal.unesco.org/education/en/ev.php-URL_ID=35500&URL_DO=DO_TOPIC&URL_SECTION=201.html
5. **FRESH toolkit: “HIV/AIDS/STI skills-based health education tools; Responsible behaviour, protected sex”** 2005, UNESCO
 - Document available in: [English](#)
 - Website: http://portal.unesco.org/education/en/ev.php-URL_ID=35500&URL_DO=DO_TOPIC&URL_SECTION=201.html
6. **FRESH toolkit: “HIV/AIDS/STI skills-based health education tools; care and support”** 2005, UNESCO
 - Document available in: [English](#)
 - Website: http://portal.unesco.org/education/en/ev.php-URL_ID=35500&URL_DO=DO_TOPIC&URL_SECTION=201.html
7. **“Skills for Health: Skills based health education including life skills. An important component of a Child-friendly/Health-Promoting School”**, 2003, WHO, Chapter 4
 - Document available in [English](#)
 - Website: http://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf

Tool 6

Pedagogical approaches and teaching methods

Manual for integrating HIV and AIDS education
in school curricula

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December 2006

TOOL 6 Pedagogical Approaches and Teaching Methods

Life Skills Education

Tool 6 focuses on what are considered the most appropriate pedagogical approaches for teaching and learning about issues related to HIV & AIDS and sexual & reproductive health. The goal of this kind of education is to enable learners to become HIV and AIDS competent. This means, to be able to use relevant skills and knowledge to show solidarity and adopt protective behaviours that promote: ones wellbeing, the wellbeing of others as well as positive social relationships.

The focus is on the development of learners' skills. The expression 'life skills education' is used here as a general term referring to the pedagogy considered the most appropriate for HIV and AIDS education. Life skills education is conceptualised and composed of a range of pedagogies based on the application and resolution of problems in real life and contextualised situations. It is closely linked with the learners' everyday life within the community in which they live.

Knowledge, Attitudes and Skills are keys to the decision to adopt or change behaviours. For HIV and AIDS education to be effective, all three must be addressed by the curriculum.

It is important to stress that the contents of these sections were developed with the understanding that the demands placed on teachers to support learners in becoming 'HIV and AIDS competent' are very challenging. Integrating HIV & AIDS education and sexual & reproductive health skills in the curriculum in a meaningful way requires critical rethinking not only of the way in which we teach and assess (See Tool 7), but also about teacher training and support to teachers. (See Tool 8)

Indeed, teachers have to adapt when curricular reform takes place, and it requires some efforts on their part. To a large extent, the success of reforms – i.e. the impact on learners – depends on teachers.

"Life skills"

This concept refers to a large group of psycho-social and interpersonal skills which can help people:

- make informed decisions,
- communicate effectively,
- cope with difficult or stressful situations.

The acquisition of these skills helps learners to lead a productive and healthy life. Life skills may be directed toward:

- personal actions
- actions that may affect others
- actions which aim at creating an enabling environment

"Life skills education"

A term often used almost interchangeably with skills-based health education. The difference between the two is in the type of content or topics covered. Not all programme content is considered "health-related." For example, life skills-based literacy and numeracy, or life skills-based peace education, or human rights.

"Knowledge"

The terms "knowledge" and "information" are often used almost interchangeably. In general, however, "information" may describe what is communicated about a particular fact or subject; something you receive or are told. "Knowledge" refers to the state or condition of understanding that fact or subject, and being able to apply it.

"Attitudes"

The term "attitudes" is used here to encompass the broad domain of social norms, ethics, morals, values, rights, culture, tradition, spirituality and religion, and feelings about oneself and others.

Source: UNICEF

http://www.unicef.org/lifeskills/index_7308.html

The link between curriculum and pedagogy

One generally expects curricular reforms to improve the learning outcomes. At another level, it is expected that the changes in the official curriculum would translate into modifications in the pedagogical practise in the classroom. The process through which the curriculum is translated into action is however not clear-cut. Classroom dynamics have their own characteristics and structures, shaped among others by interactions between teachers and learners.

An important consideration is that education on HIV and AIDS and sexual & reproductive health skills requires approaches that encourage active participation of learners, critical thinking, and learning through experience. These teaching-learning methods are difficult to implement within the traditional pedagogical approaches (frontal teaching) and the large number of learners (40 and more) per class. This does not only exist in a lot of schools.

The effective introduction into classroom practice of new pedagogical approaches also depends on:

- the manner in which curricular change takes place: have stakeholders been involved in the process?
- the curricular approach used: is it compatible with life skills education and has this approach been clearly presented to teachers?
- the way teaching and learning materials as well as assessment tools are developed: are they adapted to life skills education?

The pedagogical approaches described in this tool 6 are those that are generally recommended for facilitating learning on HIV and AIDS and sexual & reproductive health skills, with a focus on life skills education.

These pedagogical approaches are based on theoretical models of learning– which complement and in some respects overlap each other – and provide an outline of the factors justifying the application of particular pedagogical approaches to life skills education.

The WHO manual, “*Skills for Health: Skills based health education including life skills*”, provides a wide range of theories on human development and adolescent behaviour and the implications thereof for life skills education. (See p. 21).

These theories describe different perspectives on why life skills and life skills development are important. Based on the findings of these theoretical models, recommendations regarding the most appropriate pedagogies for facilitating learning of life skills are made.

Some conditions which facilitate participatory pedagogical approaches

Life skills education does not entail one specific pedagogy, but rather, a variety of different pedagogies and ‘strategies’ useful at different times. One important issue to remember at all times is that developing life skills takes time and repeated practice and will not result from a single lesson.

To become HIV and AIDS and sexual & reproductive health skills competent requires learning how to make use of relevant knowledge to deal with real and concrete life situations and overcome daily problems. A participatory life skills education is generally considered the most appropriate teaching-learning method relevant to developing HIV & AIDS and sexual & reproductive health skills.

For Life skills education to be effective, the following must apply:

1. There is time for repeated practice,
2. Learners participate actively in all aspects of their learning,
3. The teacher adopts the role of a "guide on the side" who provides resources and support to learners,
4. Learning is contextual, i.e. occurs in the context or situation in which knowledge is to be applied,
5. Learning is problem-based,
6. Learning is social, whether working individually or in groups, there is feedback and interaction between learners and between learners and educator,
7. Learning is 'authentic'; materials and activities are framed around the "real life" issues in which they would be used,
8. Formative assessment is used to inform and support the teaching-learning process.

Selecting and Implementing Appropriate Pedagogical Approaches and Teaching Methods

Tool 6 comprises four tables providing technical inputs to help the users to fill the two worksheets provided at the end of this tool.

Table 6.1 **Selecting the interactive pedagogical approaches for life skills education.** This table provides examples of pedagogical approaches, including the presentation of a wide range of participatory teaching-learning methods which can be used for HIV and AIDS and SRH education.

Tables 6.2 & 6.3 **Defining an interactive pedagogy in line with the kind of life skills taught.**

These two tables provide inputs on cognitive and affective skills and related interactive pedagogy (such as the roles of teachers and learners) as well as sample question stems and potential activities and products.

The tables provide a range of verbs to help formulate teaching and learning goals, sample questions, systems to guide learning and assessments, possible activities and products that can be developed to build learners' knowledge, attitudes and skills.

Table 6.4 **Facilitating learning in groups.** This table provides guidelines for facilitating learning among groups.

Worksheet 6.1 **Selecting the most appropriate pedagogical approaches and teaching methods.** This worksheet details a series of steps an educator can take in order to select the most appropriate set of teaching-learning methods given a particular learning objective.

The steps described in this worksheet are also important for curriculum or programme developers, as it allows them to check and ensure that adequate time is allocated for the achievement of expected learning outcomes and the use of interactive participatory methods.

Worksheet 6.2 **Make the link between an activity and the type of skills to be acquired.** This worksheet allows users to fill in the types of skills acquired on the opposite side of the corresponding interactive pedagogical activities.

Table 6.1 Selecting the interactive pedagogical approaches for life skills education

This table includes a range of pedagogical participatory activities that can be used to facilitate HIV & AIDS and SRH education. These activities lead learners to collectively use new knowledge, attitudes and skills in order to carry out the activity.

The examples given below do not constitute an exhaustive list of possible teaching-learning methods.

The importance of mutual respect during all these activities is critical. It is always necessary to remember this golden rule at the beginning of work (and ensure it is consistently applied): **Show respect and non judgmental attitudes when confronted with the views of others, even when one disagrees.**

The teacher must:

- Plan adequate time (i.e. enough time) to carry out the activity completely
- Have a clear understanding of the objectives of the activity before beginning.
- Ensure that information given during the activities is up to date and correct - It is especially important to counter myths and false beliefs that may arise when learners discuss their own ideas.
- It is also necessary to discuss and counter stigmatising and discriminating attitudes which may arise during the discussion

Method	Description	Benefits	Process – how to do it
Class discussion (large groups)	The class examines a problem or topic of interest with the goal of: <ul style="list-style-type: none"> • trying to better understand an issue or skill • reaching the best solution • developing new ideas and directions for the group. 	Learners can: <ul style="list-style-type: none"> • learn from each other by sharing ideas with others when solving a problem. • deepen their understanding and personalise their connection to the topic. • develop skills in listening, assertiveness and empathy. 	<ol style="list-style-type: none"> 1. Decide on how to arrange the room so that learners can easily see one another 2. Establish the ground rules (or establish them together with the group at the beginning of each session) 3. Identify the goal of a discussion and communicate it clearly 4. Pose relevant, open-ended questions 5. Make sure that everyone participates actively 6. Keep track of how the discussion is going through, for example, appointing one or two reporters.
Personal remarks			

Table 6.1 Selecting the interactive pedagogical approaches for life skills education (continued)

Method	Description	Benefits	Process – how to do it
Discussion in small parallel groups/ “Buzz Group”	A large class is divided into smaller groups of six or less and given a short time to accomplish a task, carry out an action, or to discuss a specific topic, problem or question.	Additional Advantages (additional to class discussion): <ul style="list-style-type: none"> • A good method to use when groups are large and time is limited. • It maximises learner input. • Learners may get to know each other better. • It fosters a more attentive listening process and allows learners to personalise the information. 	<ol style="list-style-type: none"> 1. State the purpose of discussion and the amount of time available. 2. Form small groups (vary the groups composition if the exercise is repeated) 3. Position chairs so that members can hear and see each other easily. 4. Give an active role to each group member (recorder, facilitator, devils' advocate, etc.). 5. At the end, recorders summarise the discussion.
Personal remarks			
Debate See Meeks, L., & Heit, P. 1992. <i>Comprehensive School Health Education</i> .	<p>In a debate, a particular controversial problem or issue is presented to the class by (a group of) learners or teacher.</p> <p>Learners adopt a position regarding the problem or issue.</p> <p>A debate can be organised around a topic with the entire class or with small groups.</p>	<p>Debates offer an opportunity:</p> <ul style="list-style-type: none"> • to practice several skills (higher thinking, communication, respecting the opinion of others, etc.) • to address s particular issue in-depth and creatively. • For learners to take a position on a topic that may mean a lot to them. • To discuss the pros and cons of the topic. <p>Health issues lend themselves well to debate.</p>	<ol style="list-style-type: none"> 1. Select a controversial topic. 2. Allow learners to take a position of their choice. If too many learners take the same position, ask for volunteers to take the other position. 3. Provide learners with a few minutes to prepare arguments to defend their position (alone or in small groups). 4. Remind the ground rules (or establish them together with the group at the beginning of each session). 5. During the debate, do not allow learners to dominate the discussion at the expense of others. 6. Make sure learners show respect for the opinion and thoughts of others. 7. Maintain classroom control and keep the debate focussed on the topic at hand.
Personal remarks			

Table 6.1 Selecting the interactive pedagogical approaches for life skills education (continued)

Method	Description	Benefits	Process – how to do it
Brainstorming	<p>Learners actively and spontaneously generate a broad variety of ideas without appraising, debating or questioning any of the ideas. This is usually done over a brief period of time.</p> <p>Quantity of ideas is the main objective of brainstorming. Evaluating them takes place later.</p>	<p>Efficient way of using time to explore a topic that allows learners to:</p> <ul style="list-style-type: none"> • Generate ideas quickly and spontaneously. • Be creative and state their own ideas • Use their imagination and break loose from fixed patterns of response <p>A follow-on activity can be to evaluate the pros & cons of each or rank them according to certain criteria, which allows learners to practice analytic and critical skills.</p>	<ol style="list-style-type: none"> 1. Designate a leader and a recorder (or several recorders who take turns). 2. State the issue or problem & ask for ideas. 3. Remind learners of the objectives and ground rules: produce ideas, even the most bizarre ones, without negative judgment. Any idea that comes to mind is welcome. 4. Make a learner (or several learners who take turns) write the ideas on a panel or a blackboard (or possibly on sheets to be later posted), so that everyone can see them and discuss them later. 5. Make sure the ideas are not debated, but just stated. 6. Make sure that everyone participates. 7. After brainstorming, review the ideas, add, delete, categorise.
Personal remarks			

Table 6.1 Selecting the interactive pedagogical approaches for life skills education (continued)

Method	Description	Benefits	Process – how to do it
Role Play	<p>Role plays are an informal dramatisation in which people act out a precise given situation.</p> <p>The acted role play is then discussed by the group. It can be repeated or acted differently by either the same or different actors.</p>	<p>Role plays allow learners to explore problems & dilemmas that occur in real life, to personalize the situations and explore ways to overcome the challenges (without taking risk, because the situation is not real).</p> <p>Role play is an excellent strategy for exploring feelings or situations in real life that are difficult to handle (eg. anger, sadness, impotence, shyness, peer pressure, etc). It is also an excellent strategy for:</p> <ul style="list-style-type: none"> • practicing several types of skills • showing empathy towards others and understanding their point of view • increasing insight into one's own feelings • exploring new ways to react 	<ol style="list-style-type: none"> 1. Describe the situation and be sure that it has a relationship with learners' real life 2. Select role players 3. Give role players instructions – give them few minutes to get ready 4. Prepare the audience 5. Start the action 6. Discuss what happened (eg. observed feelings, what was easy, what was more difficult, how close was it to real life situations, etc) 7. Other learners can suggest different ways to act or react and can replay the scene differently. 8. Learn from the exercise – keep it in mind as it may be necessary to revisit the role play later.
Personal Remarks			
Games	<p>Games are activities played among learners which can be used for teaching or revising knowledge. They allow reinforcement of learning and the practicing of critical thinking, problem solving and decision-making skills.</p>	<p>Games allow for:</p> <ul style="list-style-type: none"> • testing assumptions, knowledge, skills and solutions in a safe environment • exploring problems and dilemmas in a more personalized way • learning while having fun • managing the large number of learners and fostering active participation of all of them • fostering good discussions while participants work hard to win points. 	<ol style="list-style-type: none"> 1. Games may be prepared by the learners, the teachers or be provided by NGOs 2. Prepare sets of questions and answers related to what was already been learnt in class 3. Organise the game and form teams if necessary 4. Set up a system to count points, similar to games which are already played in the community or on the television (eg. "Jeopardy", "Trivial Pursuit", etc) 5. Remind learners that the activity is meant to be enjoyable and it does not matter who wins 6. Limit the duration of the game 7. Make some time to discuss the way the game was played and the results
Personal Remarks			

Table 6.1 Selecting the interactive pedagogical approaches for life skills education (continued)

Method	Description	Benefits	Process – how to do it
<p>Story telling</p> <p>See Werner, D. & Bower, B. 1982. <i>Helping health workers learn.</i></p>	<p>The learners or teacher tells or reads a story to a group.</p> <p>Story telling can be supplemented with pictures, comics and photo novels, filmstrips and slides.</p>	<p>Stories allow learners to explore problems & dilemmas. Analogies or comparisons may help learners discover their own answers. Stories can help learners to:</p> <ul style="list-style-type: none"> • think about local problems • raise awareness by commenting on problems and solutions • develop critically thinking skills to come up with solutions • personalize and identify with situations • develop imagination and writing skills by inventing stories themselves. 	<ol style="list-style-type: none"> 1. Select and read stories that are simple and clear and that include situations of happiness, sadness, excitement, courage, serious thought, decisions and problems to be solved. 2. A group of learners can also prepare and tell a story 3. Make one or two main points. 4. Be sure the story (and pictures, if included) relate to the lives of learners. 5. Make the story interesting. 6. After telling the story, encourage learners to think and discuss important points raised by the story. 7. After reading the story, it may be adapted it to suit the local context. (i.e. if necessary).
<p>Personal remarks</p>			

Table 6.1 Selecting the interactive pedagogical approaches for life skills education (continued)

Method	Description	Benefits	Process – how to do it
<p>Situation analysis, case studies, surveys</p>	<p>Situation analysis activities provide an opportunity for learners to think about, analyse, and discuss situations that they might encounter.</p> <p>Case studies are real-life stories that describe in detail what happened in a community, family, school or to an individual.</p> <p>Situation analysis, case studies and surveys require close contact with the community in order to collect information and testimonies.</p> <p>It is a preliminary stage in the development and implementation of a prevention project in the community.</p>	<p>These activities are powerful catalysts for thought and discussion. They provide opportunities:</p> <ul style="list-style-type: none"> • to mobilize a considerable amount of knowledge and skills (reading, writing, analysis, research, etc.) • to work together and share ideas • for one to better know his/her living environment and community • to find out that people sometimes see things differently. • to consider the forces that converge to make an individual or group act in one way or another and to evaluate the consequences. • to be confronted with situations experienced by others, to identify the risks and to think about the consequences of ones actions • to foster awareness and mobilization and take action personally 	<ol style="list-style-type: none"> 1. Plan with adequate time, since it requires several steps and work sessions. 2. Discuss topics that have to be learnt and define them with the learners. 3. Establish links with other learning opportunities (within the same school subject or with other subjects). 4. Plan to work individually or in group(s), but ensure that everyone participates actively. 5. Plan for several opportunities to share and discuss results between learners. 6. The teacher plays the role of a facilitator. S/He provides guidance to learners with the help of questions or suggestions in order to stimulate thinking and re-focus their work. 7. Plan to share results with the rest of the school and the community (exhibition, animation, debate, etc.)
<p>Personal remarks</p>			

Table 6.1 Selecting the interactive pedagogical approaches for life skills education (continued)

Method	Description	Benefits	Process – how to do it
<p>Theatre</p> <p>See UNESCO BREDIA. 2003. <i>Sida et théâtre: comment utiliser le théâtre dans le cadre de la réponse au HIV/SIDA.</i></p>	<p>Developing sketches, then showing them and discussing the issues raised.</p> <p>It aims at creating awareness as well as individual & collective change in behaviours and attitudes.</p>	<p>Theatre is a powerful awareness creation and information tool which is economically and culturally suitable for the context in African. It allows:</p> <ul style="list-style-type: none"> • Dialogue and exchange of ideas. Audiences easily identify with the themes since the sketches normally depict real life context-specific situations within the community. • An easier approach to taboo topics thanks to the humorous and entertaining nature of the theatre. 	<ol style="list-style-type: none"> 1. Plan with adequate time, since it requires several steps and work sessions. 2. Discuss the play themes, define them with the learners, and ensure that they are closely associated with learners' real life. 3. Decide on characters and assign the roles (make room for a director). 4. Make learners work in small groups. 5. Make efforts to follow their work. The teacher plays the role of facilitator. S/He provides guidance to learners through questions and/or suggestions in order to stimulate thinking and re-focus their work if necessary. 6. Plan to share results with the rest of the school and community. <p>After the performance:</p> <ol style="list-style-type: none"> 7. Discuss what happened (observed feelings, what was easy, what was more difficult, how close was it to real life situations, etc). 8. Other learners can suggest ways to act or react and can replay the scene differently. 9. Learn from the exercise – Learn from the exercise – keep it in mind as it may be necessary to revisit the role play later.
Personal remarks			

Source: HHD/EDC (compiled by). 2001. *Health and Family Life Education (HFLE) Life Skills Training, Barbados, March/April 2001.*

Tables 6.2 and 6.3. Defining an interactive pedagogy in line with the kind of life skills taught

Tables 6.2 and 6.3 provide inputs on cognitive and affective skills (Miller, M. 2005. *Learning and Teaching in the Affective Domain*) and related interactive pedagogy (such as the roles of teachers and learners) as well as sample question stems and potential activities and products.

The tables provide a range of verbs to formulate teaching and learning goals (see Tool 1, Step 2), sample question stems to guide learning and assessment, possible activities to do and products that can be developed to build learners' knowledge, attitudes and skills.

The cognitive domain (See Table 6.2) involves knowledge and the development of intellectual skills. This includes the recall or recognition of specific facts, patterns, and concepts that serve in the development of intellectual abilities and skills. There are six major categories (Bloom. 1956. *Taxonomy of educational objectives*), starting from the simplest behaviour to the most complex. The categories can be thought of as degrees of difficulties, i.e. the first one must be mastered before the next one can take place. The verbs listed in the table below can be used when formulating learning objectives and outcomes for the cognitive domain.

1. Knowledge (recall of information)
2. Comprehension (interpret information in one's own words)
3. Application (use knowledge or generalize regarding a new situation)
4. Analysis (break down knowledge into parts and show relationship among parts)
5. Synthesis (bring together parts of knowledge to form a whole, and build relationships for new situations)
6. Evaluation (make judgements on the basis of given criteria)

It is important to note that these different levels imply increasing ability to make use of information. Making use of knowledge requires specific psychosocial/communication and psychomotor skills which are also essential when learning to become 'HIV & AIDS competent'. In other words, the skills listed can be interpreted as encompassing more than just cognitive abilities.

The affective domain (see Table 6.3) includes the manner in which we deal with things emotionally, such as feelings, values, appreciation, enthusiasm, motivations, and attitudes, willingness to participate, valuing what is being learned, and ultimately incorporating the values of a discipline into a way of life (Miller 2005) It is assumed that the affective domain is structured hierarchically as is the cognitive domain.

The continuum of behaviours is generally defined as beginning at the level at which the learner is merely aware of or able to perceive a phenomenon, following which he or she attends to that phenomenon, responds to it with a positive feeling, places value upon it, organizes that value within his or her valuation system, and, finally, characterizes this value complex within his or her entire life outlook. The five major categories are:

1. Receiving (willing to listen)
2. Responding (willing to participate)
3. Valuing (willing to be involved)
4. Organizing (willing to be an advocate)
5. Characterization (willing to change one's behaviour, lifestyle, or way of life)

Table 6.2: Defining an interactive pedagogy adapted to cognitive skills

Categories of cognitive skills	Teacher roles	Learner roles	Sample Question Stems	Potential activities and products
<p>1. Knowledge:</p> <p>Recall of information</p>	<p>Directs, tells, shows, examines, questions, evaluates</p>	<p>Define, label, list, match, repeat, recognize, reproduce, recall, locate, state</p>	<p>What happened after...? How many...? Can you name the...? Describe what happened at...? Can you tell why...? Find the meaning of...? What is...? Which is true or false...?</p>	<p>Make a list of the main events. Make a timeline of events. Make a facts chart. Write a list of any pieces of information you can remember. List all the in the story. Make a chart showing... Recite a poem.</p>
<p>2. Comprehension:</p> <p>Interpret information in one's own words.</p>	<p>Demonstrates, listens, questions, compares, contrasts, examines</p>	<p>Classify, describe, explain, express, identify, indicate, select, tell, sort, report, review, interpret, outline, discuss, distinguish, restate, compare.</p>	<p>Can you write in your own words...? Can you write a brief outline...? What do you think could have happened next...? Who do you think...? What was the main idea...? Can you distinguish between...? What differences exist between...? Can you provide an example of what you mean...? Can you provide a definition for...?</p>	<p>Cut out or draw pictures to show a particular event. Illustrate what you think the main idea was. Make a cartoon strip showing the sequence of events. Write and perform a play based on the story. Retell the story in your words. Paint a picture of some aspect you like. Write a summary report of an event. Prepare a flow chart to illustrate the sequence of events. Make a colouring book.</p>

Table 6.2: Defining an interactive pedagogy adapted to cognitive skills (continued)

Categories of cognitive skills	Teacher roles	Learner roles	Sample Question Stems	Potential activities and products
<p>3. Application:</p> <p>Use knowledge or generalize regarding a new situation</p>	<p>Using methods, concepts, principles and theories in new situations.</p>	<p>Apply, choose, demonstrate, employ, illustrate, practice, prepare, interpret, use, solve, show, construct, complete, examine, classify</p>	<p>Do you know another instance where...? Could this have happened in...? Can you group by characteristics such as...? What factors would you change if...? Can you apply the method used to some experience of your own...? What questions would you ask of...? From the information given, can you develop a set of instructions about...? Would this information be useful if you had a ...?</p>	<p>Make a model/picture to illustrate an important event. Make a scrapbook about the areas of study. Make a paper map to include relevant information about an event. Take a collection of photographs to demonstrate a particular point. Make up a puzzle game using the ideas from the study area. Make a clay model of an item in the material. Paint a mural. Write a pamphlet about... for others.</p>
<p>4. Analysis:</p> <p>Break down knowledge into parts and show relationship among parts</p>	<p>Breaking information down into its constituent elements.</p>	<p>Analyse, appraise, categorise, compare, contrast, examine, experiment, question, differentiate, criticize, distinguish, investigate, identify, explain, separate.</p>	<p>What happened...? How was this similar to...? What was the underlying theme of...? What do you see as other possible outcomes? Why did ... changes occur? Can you compare your ... with that presented in...? Can you explain what must have happened when...? How is ... similar to ...? What are some of the problems of...? Can you distinguish between...? What were some of the motives behind...? What was the problem with...?</p>	<p>Design a questionnaire to gather information. Conduct an investigation to produce information to support a view. Make a flow chart to show the critical stages. Construct a graph to illustrate selected information. Make a family tree showing relationships. Put on a play about the study area. Write a biography of the study person. Arrange a party. Make all the arrangements and record the steps needed. Review a work of art in terms of form, colour and texture</p>

Table 6.2: Defining an interactive pedagogy adapted to cognitive skills (continued)

Categories of cognitive skills	Teacher roles	Learner roles	Sample Question Stems	Potential activities and products
<p>5. Synthesis: Bring together parts of knowledge to form a whole, and build relationships for new situations</p>	<p>Reflects, extends, analyzes, evaluates</p>	<p>Arrange, collect, compose, construct, create, formulate, organize, set up, summarise, write, prepare, propose, create, invent, plan, design, imagine, devise</p>	<p>Can you design a ... to...? Why not compose a song about...? Can you see a possible solution to...? If you had access to all resources how would you deal with...? How can you devise your own way to deal with...? What would happen if...? How many ways can you...? Can you create new and unusual uses for...? Can you develop a proposal, which would...</p>	<p>Write about your feelings in relation to... Write a TV show, play, puppet show, role-play, song or pantomime about...? Design a record, book, or magazine cover for...? Make up a new language code and write material using it. Sell an idea. Devise a way to... Compose a rhythm or put new words to a known melody.</p>
<p>6. Evaluation: Make judgements on the basis of given criteria</p>	<p>Clarifies, accepts, harmonizes, guides</p>	<p>Appraise, argue, assess, choose, compare, defend, evaluate, judge, support, value, select, decide, justify, debate, verify, argue, recommend, assess, discuss, rate, prioritise, determine</p>	<p>Is there a better solution to... Judge the value of... Can you defend your position about...? Do you think ... is a good or a bad thing? How would you have handled...? What changes to ... would you recommend? Do you believe? Are you a ... person? How would you feel if...? How effective are...? What do you think about...?</p>	<p>Prepare a list of criteria to judge a ... show. Indicate priority and ratings. Conduct a debate about an issue of special interest. Make a booklet about 5 rules you see as important. Convince others. Form a panel to discuss views, e.g. "Learning at School." Write a letter to ... advising on changes needed at... Write a half yearly report. Prepare a case to present your view about...</p>

(Adapted from: Dalton, J. & Smith, D. 1986. *Extending Children's Special Abilities – Strategies for primary classrooms*, pp36-7.)

Table 6.3: Defining an interactive pedagogy adapted to affective skills

Affective skills	Actions to be carried out by learners	Role of teacher
1. Receiving (willing to listen)	Appreciate, accept, join, attend, discern, hear, share, notice, look, listen	Provide a persuasive message, that is realistic and relevant to learners;
2. Responding (willing to participate)	React, participate, reply, attempt, join, comply, praise, share, follow, support, communicate, complement	Elicit purposeful emotional involvement,
3. Valuing (willing to be involved)	Dispute, disagree, judge, express, help, convince, display, argue, praise, question, share, prefer, support, challenge, defend,	Modelling and reinforcing appropriate behaviour by a respected role model; Practice of the desired behaviour, e.g. through role playing,
4. Organizing (willing to be an advocate)	Participate, volunteer, formulate, discuss, select, compare, define, systematize, argue, agree, aid, admit, cooperate	Involve learner in planning, production and/or delivery of the message, Provide post-instruction discussion or critique opportunities.
5. Characterization (willing to change one's behaviour, lifestyle, or way of life)	Agree, dispute, display, exhibit, communicate, interact, appraise, choose, decide, resolve, revise, manage	

Table 6.4 Facilitating learning in groups and examples of participatory teaching-learning methods

Benefits	When learners work in pairs and small groups, they can engage in communicating ideas, in co-operating to accomplish goals, in peer review of each other's work, and in coaching.
Children of different abilities can be grouped together	Children of different abilities can be grouped together to participate in projects and activities, and to create opportunities for peer mentoring and coaching. Children of different abilities may also have different aptitudes and talents, so that one member of a group may assist the others with writing, while another represents the group's work in pictures.
Children of similar abilities can be grouped together	Children of similar abilities can be grouped together, especially in multi-grade classrooms. Members of a reading group, for example, might read a certain story individually, then meet to address a list of questions and to share their reactions to the story. At the same time, a group reading at a different level may read and discuss a <i>different</i> story.
Children with similar interests can be grouped together	In a geography activity, for example, one group may be composed of learners who want to study southern Africa, while another may be interested in Latin America.
Be sure to create with the class a set of guidelines for communicating and co-operating in groups	Such guidelines may cover making sure that everyone has a chance to talk, criticizing constructively instead of destructively, and finding ways to analyse the work of others.
Guidelines for initiating a discussion	There are several techniques that can be used to get a discussion started. A common method is to ask the learners to suggest several topics for discussion, and then have them select the ones they want to cover (within the framework of the theme of the lesson/unit). Another method involves the use of a few carefully selected open-ended questions to stimulate discussion. Posing a controversy may also initiate learner interaction on directed topics. (For Guidelines on how to teach a large class, please refer to: Passigna, A.L. 1997. <i>Tips on how to manage a large class.</i>)

(Source: UNICEF. 2002. *Teachers talking about learning.*)

Worksheet 6.1 Selecting the appropriate pedagogical approach and teaching methods

This worksheet details seven steps an educator can follow to select the most appropriate set of teaching-learning methods given a particular learning objective.

Step 1: Consider school grade and age

Step 2: Define objectives/expected learning outcomes

Step 3: Determine available time: e.g. 30, 45 or 50 minutes, or even more (for instance, by combining 2 x 45 minutes sessions)

Step 4: Select possible teaching-learning methods, taking into account the decisions of steps 1 to 3

Step 5: Select and prepare instruction material or any material necessary for the session

Step 6: Specify activities and assignments necessary to achieve the learning outcomes

Step 7: Define pre- and post-test assessment tools according to the assessment objectives (See Tool 7)

Worksheet 6.1 - Step 1 Consider school grade & age

- What grade are you teaching? What is the average age of learners? Are there significant age differences between them? If that is the case, it may be necessary to consider dividing the class into groups.

- What is learners' prior knowledge level; i.e. prior knowledge, skill levels and attitudes?
→ Do not forget to also take into account reading, writing, oral expression skills, etc.

Doing a pre-test to assess knowledge and attitudes at the beginning of the class is recommended (see Tool 7 for recommendations and guidelines on assessments, also valid for pre-testing)

- At what stage of their psychological and emotional development are they? Are they likely to be sexually experienced? (or considering having a sexual experience?).

→ Please take into account specificities of socio-cultural background and gender issues

Worksheet 6.1 - Step 2 Define objectives /expected learning outcomes

- What are learners supposed to learn during this class? What is the learning objective?
- What do you expect your learners to produce or to be able to do as a result of taking the lesson?

Writing down goals is important for at least four reasons:

- (1) The process forces you to clarify what you want your learners to accomplish;
- (2) Your list of goals will help you select appropriate teaching methods, materials, activities and assignments;
- (3) You can use your list of objectives to communicate your expectations to learners, to let them know what they are expected to accomplish, because it gives meaning to their work.
- (4) Your list of objectives will be useful to colleagues who teach courses that rely on yours as a prerequisite;

→ For the definition of learning outcomes or objectives, one can make use of the verbs listed in tables 6.2 and 6.3

→ Check consistency of each step with the prescribed curriculum for the grade/level. It would also be interesting to determine in which theme and module (Tool 5) the lessons intended in this tool (Tool 6) take place.

Cognitive learning (Knowledge):	Affective or moral/ethical learning (attitudes):	Psychosocial and/or practical learning (skills)	Combination of objectives:
<i>Define objective/outcome :</i>	<i>Define objective/outcome :</i>	<i>Define objective/outcome :</i>	<i>Define objective/outcome :</i>
<i>Theme and module Tool 5 :</i>	<i>Theme and module Tool 5 :</i>	<i>Theme and module Tool 5:</i>	<i>Theme and module Tool 5 :</i>

Worksheet 6.1 - Step 3 Determine available time per session/module

For instance 30, 45 or 50 minutes or more (for instance by combining 2 x 45 minutes sessions)

Worksheet 6.1 - Step 4 Select range of teaching-learning methods adapted to available teaching time and expected learning outcomes

- We provide here a few examples to illustrate how to respond. **Users need to fill this step using the answers they provided in steps 1 to 3.**
- Tables 6.1, 6.2 and 6.3 provide inputs regarding the criteria to select relevant pedagogical activities.
- **To guide you in this task, you can refer to Tool 5 and try to determine in which theme and module,** the lessons intended in this tool (Tool 6) take place.

Worksheet 6.1 - Step 4 Cognitive learning (knowledge)

Expected learning outcomes	Available teaching time of 30 minutes	Available teaching time of 45 or 50 minutes	Available teaching time of more than 50 minutes
<p>Example To be able to explain and give examples of 3-4 common illnesses (causes, symptoms, cure) and their main characteristics.</p> <p>→ Theme 1 and module 1 of Tool 5</p>	<ul style="list-style-type: none"> → 10 min. brainstorm (can serve as informal pre-test) → 10 min. provision of additional information and/or correction of incorrect ideas of learners → 10 min. discussion & closure with the learners on what has been learnt and what should be emphasized or repeated. 	<ul style="list-style-type: none"> → 5 min. introduction to the activity → 15 min. brainstorm → 15 min. provision of additional information and clarification of issues raised by learners'. → 10-15 minutes closure with the learners on what has been learnt and what should be emphasized or repeated. 	<ul style="list-style-type: none"> → 5 min. introduction to the activity → 10 min. brainstorm → 10 min. provision of additional information and clarification of issues raised by learners'. → 10 min. creation of work groups and definition of the groups' tasks → 20 min. group activity → 20 min. presentation of results → 10-15 min. closure with the learners on what has been learnt and what should be emphasized or repeated.

Worksheet 6.1 - Step 4 Cognitive learning (knowledge) ...continued

Expected learning outcomes	Available teaching time of 30 minutes	Available teaching time of 45 or 50 minutes	Available teaching time of more than 50 minutes
<p><i>Your example</i></p> <p><i>→ Theme and module Tool 5?</i></p>			
<p><i>Your example</i></p> <p><i>→ Theme and module Tool 5?</i></p>			
<p><i>Your example</i></p> <p><i>→ Theme and module Tool 5?</i></p>			

Worksheet 6.1 - Step 4 Psychosocial and/or practical learning (skills)			
Expected learning outcomes	Available teaching time of 30 minutes	Available teaching time of 45 or 50 minutes	Available teaching time of more than 50 minutes
<p>Example To be able to identify instances of societal pressure and to suggest ways to overcome this pressure. → Theme 2 and module 2 of Tool 5</p>	Etc.	Etc.	Etc.
<p>Your example</p> <p>→ Theme and module Tool 5?</p>			
<p>Your example</p> <p>→ Theme and module Tool 5?</p>			

Worksheet 6.1 - Step 5 Select instruction material

You may review and appraise already available material by using the appraisal criteria developed by the IBE (see Tool **10** in this manual, or our website: http://www.ibe.unesco.org/Manual/Manual_home.htm)

You may also develop and select new material by using the examples provided in the IBE HIV and AIDS curriculum databank (<http://databases.unesco.org/IBE/AIDBIB/>) and use the IBE-UNESCO appraisal criteria to assess the quality and relevance of selected material. (See Tool **10** of this manual)

Worksheet 6.1 - Step 6 Detail activities and tasks necessary to achieve the learning outcomes (See Table 6.1 for examples of participatory, interactive and learner-centred activities)

Description of activities or tasks	Objectives and expected learning outcomes → Refer to steps 2 and 4	Time available and organisation of time → Refer to step 3	Guidelines on the organisation of learners' work
<i>Individual work in class</i>			
<i>Group work in class</i>			
<i>Individual or collective work out of the class (homework assignments, surveys, undertaking activities within community, etc.)</i>			

Worksheet 6.1 - Step 6 Assessment – Define first, the assessment objectives and second, the methods (pre- and post-test)				
Assessment types	Formative Assessment	Summative Assessment	Certificative Assessment	Evaluation of the Education System
First, define the assessment objective	Feedback to learners and teachers about: a) level of knowledge and skills (before and after learning) b) learners' progress, in order to improve the outcome of their learning.	Report to parents, wards and school management, on the level of learner's knowledge, skills and progress	Qualification and accreditation (national or at any level) of individuals and institutions	Evaluation of the systems' performance in order to improve it
Choose the assessment methods according to the expected learning outcomes	Learning outcome to be assessed ("the learner knows or is able to") Suggested method(s):	Learning outcome to be assessed ("the learner knows or is able to") Suggested method(s):	Learning outcome to be assessed ("the learner knows or is able to") Suggested method(s):	Learning outcome to be assessed ("the learner knows or is able to") Suggested method(s):
	Learning outcome to be assessed ("the learner knows or is able to") Suggested method(s):	Learning outcome to be assessed ("the learner knows or is able to") Suggested method(s):	Learning outcome to be assessed ("the learner knows or is able to") Suggested method(s):	Learning outcome to be assessed ("the learner knows or is able to") Suggested method(s):
	Etc.	Etc.	Etc.	Etc.

Worksheet 6.2. Make the link between an activity and the skills acquired as a result of that activity

Activities	Linguistic skills	Logical skills	Interpersonal skills	Intrapersonal skills
1. Analysis (of HIV and AIDS data, situation, problems)	Writing, talking to present results, etc.	Outlining, designing, drawing hypothesis, planning, comparing, analyzing, etc.	Discussing outcomes with others, listening, responding to critics, etc.	Self assessing progress, coping with doubts, managing own time, etc.
2. Brainstorming	Etc.			
3. Case studies				
4. Community meetings: preparing, facilitating, etc.				
5. Composing & singing songs				
6. Composition writing				
7. Dancing				

Worksheet 6.2. Make the link between an activity and the skills acquired as a result of that activity (continued)

Activities	Linguistic skills	Logical skills	Interpersonal skills	Intrapersonal skills
8. Debates (in the classroom, school or community)				
9. Decision mapping or problem trees				
10. Demonstration (condom use...)				
11. Discussions (class, panel, buzz group etc.): lead, participate, summarize, write/present report				
12. Drama and theater				
13. Drawing (pictures, diagrams etc.)				
14. Exhibits (in the school, in the community)				
15. Explanation				

Worksheet 6.2. Make the link between an activity and the skills acquired as a result of that activity (continued)

Activities	Linguistic skills	Logical skills	Interpersonal skills	Intrapersonal skills
16. Field trips / work-internships / visits				
17. Games (educational) and simulations				
18. Involvement in caring for PLHIVs				
19. Journal / diary				
20. Literature review				
21. Games (puzzles, quizzes)				
22. Participation in AIDS prevention/awareness/school club/cultural activities				
23. Peer teaching				

Worksheet 6.2. Make the link between an activity and the skills acquired as a result of that activity (continued)

Activities	Linguistic skills	Logical skills	Interpersonal skills	Intrapersonal skills
24. Preparing teaching/learning resources				
25. Presentations (assembly, etc.)				
26. Portfolio				
27. Posters				
28. Project work				
29. Quizzes / Question and answer				
30. Radio program / talk show				
31. Research, survey & interviews: prepare and conduct, report on, present results, etc				

Worksheet 6.2. Make the link between an activity and the skills acquired as a result of that activity (continued)

Activities	Linguistic skills	Logical skills	Interpersonal skills	Intrapersonal skills
32. Role play (to practice life skills specific to a particular context with others)				
33. Scrap books (on information about HIV and AIDS, stigma, care, etc.)				
34. Self-assessment activities				
35. Short skits				
36. Small group work				
37. Story telling				
38. Tutoring / mentoring				
39. Writing (poems, stories, letters, articles, play scripts, slogans, brochures, newsletters...)				

RESOURCES TO GO FURTHER

1. “Life skills education with a focus on HIV/AIDS”, 2003, UNICEF

- Document available in: [English](#)

- Website: http://www.unicef.org/lifeskills/index_14925.html

2. “Breaking the silence: Teaching and the AIDS pandemic” – A capacity building course for teacher educators in Africa, 2006, Capacity Building International, Germany and University of Western Cape

- Document available in: [English](#)

- Website: <http://www.uwc.ac.za/aids/courses/breakingthesilence.pdf>

3. “HIV/AIDS and life skills education: Manual for teacher educators from the college of education/institute of advanced studies in education”, 2001, UNESCO New Dehli

- Document available in: [English](#)

- Website: <http://unesdoc.unesco.org/images/0012/001270/127076eo.pdf>

4. “Skills for Health: Skills based health education including life skills. An important component of a Child-friendly/Health-Promoting School”, 2003, WHO

Chapter 2

- Document available in: [English](#)

- Website: http://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf

5. “Life Skills Training Guide for Young People: HIV/AIDS and Substance Use Prevention” 2003 Modules 2, 7 and 8.

- Document available in English: [Module 2](#), [Module 7](#), [Module 8](#)

- Website: http://www.unodc.org/pdf/youthnet/action/message/escap_peers_00.pdf

Tool 7

Assessment of learning outcomes

Manual for integrating HIV and AIDS education
in school curricula

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December 2006

TOOL 7 Assessment of learning outcomes

Life skills education is difficult to assess

Assessing the impact of life skills education is difficult, to say the least. Very often, even when education programmes aim at teaching skills, it is still knowledge that is assessed at the end.

Achieving life skills objectives takes time. One single lesson is not likely to be sufficient. Furthermore, learning outcomes are most of the time affected by other non-curricular activities and influences (such as family and community).

However, *not* assessing the learning outcomes of HIV & AIDS and SRH education can lead to a reduction in the time allocated to the subject or in some instances, the subject not taught at all. In addition, relevant assessment, in particular formative assessment, can have a strong positive impact on the teaching and learning process.

Tool 7 focuses on appropriate assessment methods to measure learners' progress in HIV & AIDS and SRH life skills based education.

Assessment, pedagogy and curriculum

Assessment of learning can be done for a variety of reasons, including:

1. to give feedback to learners and teachers about learners' progress, in order for both teachers and learners to be able to improve the efficacy of their work;
2. to report on learner progress to parents, caregivers and school management;
3. for the awarding of national qualifications and accreditation of individuals and institutions;
4. to evaluate the education system; public accountability of institutions and teachers.

Irrespective of the actual purpose however, assessment has the potential to - positively or negatively – affect learning, pedagogy and the curriculum. For this reason, it is required to look into the relationship between assessment, pedagogy and curriculum before selecting the assessment methods to evaluate learning outcomes in the field of HIV & AIDS, sexual & reproductive health and life skills.

A range of assessment methods are described which can be used for the assessment of knowledge, attitudes, skills and behaviours formation in relation to HIV & AIDS and sexual & reproductive health education.

Formative assessment is generally defined as a means to provide feedback to the teacher and learners regarding present understanding and skill development of learners.

It is considered an integral part of classroom teaching, which provides necessary inputs for both the teacher and learner to modify and enhance the teaching-learning process.

Formative assessment can make use of both formal and informal assessment procedures.

Assessment is formative in its function 'only when action is taken which is intended to improve pupil learning'.

Summative assessment is used to evaluate learning achieved at different times during the school year(s) for the purposes of reporting to parents, other teachers, learners themselves, and other interested parties, including school boards or accreditors of national qualifications.

Continuous summative assessment is considered a 'weak' form of formative assessment.

Source: Ministry of Education, New Zealand (2005),

The UNICEF publication *Assessment strategies for skills-based Health Education with focus on HIV Prevention and related issues* (Fountain & Gillespie. 2003) was used as one of the main reference documents for this section of tool 7.

Assessment methods and tools

Skills-based education programmes generally focus on the development of knowledge, attitudes, values and skills which – jointly – are expected to positively influence a person's ability to adopt safer behaviours. The question we will look into here is how an educator can measure a learner's progress in these different learning objectives.

When selecting a tool to measure learners' progress toward a specific objective in life skills-based education, it is useful to distinguish between the kind of learning one wishes to assess, i.e. skills, attitudes or knowledge, which can be further broken up into the *ability to recall facts* or *application of knowledge* to resolve complex problems.

There are a wide range of assessment tools one can make use of. The first table is designed to provide the user guidelines on how to select the most appropriate tools with which to assess progress toward a particular learning goal, i.e. knowledge, skills, attitude and/or behaviour. It can assist the user in the choice of an appropriate assessment tool; depending on what one wishes to assess – one can select one or more tools with which to assess progress toward or attainment of the learning objective. For instance, the attainment of certain skills, are best assessed through role-play or observation of learner behaviour – for which one can use a checklist to systematize observation, and stimulate activities.

Please note that these assessment methods can be used with learners both before and after a skills-based health education lesson or unit is implemented in order to gain a deeper understanding of changes brought about by the lesson/unit.

The Tool 7 contains two tables providing background and technical information and one worksheet to help users developing an assessment framework.

Table 7.1. Selecting tools for assessing knowledge, skills, attitudes and behaviour objectives

Type of assessment tool	Knowledge	Attitudes	Skills	Behaviours
Closed-ended questions	X	X	X	X
Open-ended questions	X	X	X	
Analysis: e.g. article/video / case study	X	X	X	
Timelines	X			
Picture sorting	X	X		
Role play / simulation	X	X	X	
Writing / performance skits or plays/poetry	X	X	X	
Observations / anecdotal records of occurrences	X	X	X	X
Checklists	X		X	
Interviews	X	X	X	
Stimulus activities	X	X	X	
Scales		X	X	
Unobtrusive techniques / indirect measures		X	X	X
Diaries and journals		X		X
“Intent to behave” statements		X		X
Learner projects	X	X	X	X

Source: adapted from Fountain, S. & Gillespie, A. 2003. *Assessment strategies for skills-based Health Education with focus on HIV Prevention and related issues*, UNICEF, p.27.

NB: Normal font (X) indicates that the tool can be useful in assessing the learning objective whilst bold font (**X**) indicates the tool is highly useful for that particular type of learning objective.

Developing an assessment framework

As we have seen above, there is a great variety of (self) assessment activities to measure progress on knowledge, values and skills objectives.

The objectives of the educational programme on HIV & AIDS and SRH determine the assessment questions, and those questions in turn, determine the criteria which give an indication whether and to what extent change has occurred. Using the assessment criteria as a basis, assessment tools can be selected and/or adapted to measure progress/achievement.

The second table provides an overview of possible objectives, the kinds of questions one can pose to assess progress toward the objective assessment criteria and possible assessment tools. It also allows us to address the linkage between different learning objectives, assessment criteria and the most appropriate assessment tools are clarified, in other words, the relevance or utility of various assessment tools for evaluating progress toward particular learning objectives. Following UNICEF, the category ‘behaviour’ is included into the list of assessment objectives.

A distinction is also made between the skill or ability and the actual behaviour; what a young person actually does when confronted with decisions about his or her own behaviour in a very concrete situation.

The table is designed to orient a user in a manner in which these different variables are and can be linked appropriately. ‘Appropriately’ meaning the kind of question that would be relevant to measuring the current level, or the improvement of knowledge on how HIV infection takes place or any other question one would want to ask in relation to whether learners’ have developed certain skills to protect themselves (for instance, the skills to resist peer pressure).

Table 7.2. Developing an assessment framework - Examples

Learning objective outcome	Assessment question	Criterion	Possible assessment tools
<p>Knowledge: Learners will learn how HIV is and is not transmitted.</p>	<p>Can learners correctly identify means by which HIV is and is not transmitted?</p>	<p>When presented with a list of ways that HIV is and is not transmitted, learners will place items on the list into their correct category.</p>	<p>Set of pictures to sort, showing ways HIV is and is not transmitted. List of descriptions of possible means of transmission; learners circle those that describe ways HIV is spread.</p>
<p>Attitude: Learners will demonstrate care and concern toward persons affected by HIV.</p>	<p>Do learners feel empathy and concern for people living with HIV and AIDS?</p>	<p>When presented with a description of a situation involving a person with HIV and AIDS, learners will express emotions that indicate caring.</p>	<p>Description of the daily life of a person living with HIV and AIDS; learners circle words, from a page of "feelings" Words that describe their reaction to the description.</p>
<p>Skill: Learners will be able to negotiate less risky alternatives to sexual intercourse.</p>	<p>If learners are pressured to have unsafe sex, can they assertively negotiate safer behaviour?</p>	<p>When faced with pressure to have unsafe sex, learners will suggest at least one safer alternative, will demonstrate confidence in proposing that alternative and will not give in to pressure.</p>	<p>Role-play scenario in which first learner pressures second learner to have sex, and third learner demonstrates the ability to negotiate. Written scenario involving pressure to have unsafe sex; learners write a sample dialog in response.</p>
<p>Behaviour: Learners use condoms each time they have sexual intercourse.</p>	<p>Do learners use condoms consistently if they are sexually active?</p>	<p>When asked to report on sexual behaviour, learners report using a condom each time they have sexual intercourse.</p>	<p>Self-report checklist on sexual behaviour, including questions on condom use in a given time period (for example, the past six months).</p>

Worksheet 7.1. Developing an assessment framework

This worksheet can be used by a teacher or teacher trainer in the development of each lesson or unit. It worksheet provides space for users to fill in themselves, as a way to elaborate guidelines for teachers on how to evaluate, or for teachers to prepare the assessment of their own learners, as a means to select appropriate assessment methods (**see also Tool 6, worksheet 6.1 of this manual**)

Learning objective/outcome	Assessment question	Criteria	Possible assessment tools
<i>Define the learning objective/ outcome</i> <i>Specify if you are assessing knowledge, attitudes, skills or behaviours (or a combination of the above)</i>	<i>Describe what learners should know, be able to do and/or what the desirable attitude is</i>	<i>Describe how you will know the learner has acquired a certain level of knowledge, skills or adopted a specific attitude or behaviour</i>	<i>What are possible tools with which to assess the kind of knowledge, skills attitudes and/or behaviours described in the preceding columns?</i>

When selecting an appropriate tool to measure learners' progress for a specific objective in life skills-based education, it can also be useful to distinguish between *norm-referenced* assessment and *criterion-referenced* assessment.

Using a criterion-referenced scale provides information on a learner's level of achievement. The example on the next page demonstrates how a 4-point criteria scale is used to illustrate how criterion-referenced testing might be operationalised for a specific range of learning objective(s). The example below is designed to measure progress on learners' ability to correctly and clearly present information in order to advocate effective prevention.

Norm-referenced assessment can be appropriate for assessing knowledge objectives and/or when the objective is to make comparisons between learners.

Criterion-referenced assessment is most appropriate for assessing more complex learning and performance of tasks.

Learning objectives:

- 1) knowledge of prevention methods
- 2) Communication skills

Assessment question:

How well do learners advocate for effective prevention of sexually transmitted infections?

Assessment tool:

Learners are asked to write and read a one-minute radio announcement that will encourage other young people to take precautions to prevent the transmission of sexually transmitted infections, and to read it as if it were broadcasted.

Assessment criteria:

Level 1: *Insufficient.* The learner is unable to produce the text for an announcement for preventing sexually transmitted infections or is not able to read an already existing text in a clear and convincing manner.

Level 2: *Needs improvement.* The learner is able to produce the text for an announcement, but suggests limited or inaccurate practical strategies for preventing sexually transmitted infections. His reading is not very convincing.

Level 3: *Satisfactory.* The learner writes an announcement that accurately gives two or more ways of preventing sexually transmitted infections and uses persuasion or other effective communication appropriate to the medium.

Level 4: *Very good.* The learner writes an announcement that gives two or more ways of preventing sexually transmitted infections that is accurate, appealing, persuasive, and demonstrates effective communication appropriate to the medium. It may also emphasise values or attitudes such as the importance of communication with a potential sexual partner, or sharing responsibility for health.

A sample x-point criteria scale

1. Formulate the assessment questions:
2. Select the assessment tool:
3. Formulate the possible levels of achievement and assessment criteria:

Level 1:
Level 2:
Level 3:
Level...

Note: Additional clarification of each of the criteria is required to illustrate the exact features of the knowledge, skills, behaviour and/or attitude that are expected and at what level.

Using different sources of information

It can be very useful to have information from different sources – the teacher, learners, third parties, as each group can provide different information on the changes that have taken place in a learner's knowledge, skills and attitudes.

It is important to remember however, that no matter who carries out the assessment, it requires specific skills. In addition, it needs to be decided beforehand who will interpret the results or feedback and how they will do so, i.e. the criteria used (please see the box for a discussion on interpretation of assessment results).

Obtaining feedback from different actors on learners' progress can be useful at different moments in the teaching-learning process and can support the pedagogical approach in different manners.

For example, self-appraisal or the joint decision on assessment tools and criteria by teachers and learners can be a particularly useful form of formative assessment.

These forms of assessment involve learners in a participatory way in the teaching-learning process and supports development of learners' ability to think critically about their own learning process. Involving learners in such a way is also consistent with the overall life skills based pedagogy as described in the section on pedagogy and teaching-learning methods.

RESOURCES TO GO FURTHER

1. “Assessment strategies for skills-based health education with a focus on HIV prevention and related issues”, 2003, UNICEF, Fountain & Gillespie. UNICEF

- Document available in: [English](#)

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Tool 8

Implications for teacher training and support

Manual for integrating HIV and AIDS education
in school curricula

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December 2006

Tool 8 Implications for teacher training and support

Introduction

Teachers play a major role in interpreting the curriculum, fashioning pedagogy and devising assessment activities (MOE New Zealand, 2005). Training and professional development therefore constitutes an integral part of any educational reform.

Furthermore, the demands on schools and teachers are becoming increasingly complex. Curricular change needs to include teaching-learning methods on HIV & AIDS and sexual & reproductive health. These changes in curriculum can be difficult for teachers, especially as schools and teachers are increasingly expected to be sensitive to socio-cultural and gender issues, promote partnerships with the community, promote tolerance, use new pedagogies, and adjust assessment practices to be consistent with new pedagogies and learning areas.

Furthermore, education that is *life skills* based requires 'highly skilled and motivated staff with in-depth understanding of issues (Boler & Aggleton 2004). Most find teaching about HIV & AIDS and sexual & reproductive health challenging. It is therefore essential that teachers are adequately trained and supported.

Tool 8 intends to address the main implications of the integration of HIV & AIDS education and sexual & reproductive health for teacher training and support.

Educational reform and effective teaching

A fair amount of research has been conducted into what constitutes an effective teacher. Teacher knowledge of their subject (content knowledge), how students learn (pedagogical knowledge and skills), and the interaction of these two factors are essential to support learning. Teachers who possess good knowledge of the content of their subject have been found to be better able to make pedagogical changes (MOE New Zealand, 2005). The pedagogical practices of a teacher are also linked to the efficacy of a teacher, but there are other factors that determine the overall effectiveness of teachers.

Contextual factors, such as the subject being taught, learner characteristics and class size strongly affect teaching practice. In all a teacher does, s/he also reflects his or her experience, culture and history, and implicit and explicit theories of teaching and learning.

At the end of the day, teachers are the ones to implement the reforms and oftentimes are required to change their own behaviour in the process, their – often deeply held - notions and beliefs regarding effective teaching and learning needs to be taken into account. Curricular reform therefore requires a collaborative reconstruction of a new social ground for teachers (Anderson, 1998). The integration of HIV & AIDS education and sexual & reproductive health into the school curriculum certainly request a careful evaluation of the needed reforms of teacher education in order to provide teachers with the necessary professional tools and support to fulfil their task.

Assessing teacher education for SRH and HIV and AIDS education

Teachers and teacher trainees have a different role and interest in educational change. Therefore, though much of the content of the training of teachers to facilitate learning on HIV & AIDS education and sexual & reproductive health will be similar (basic facts, exploring human rights and gender issues, appropriate pedagogy, etc.), the training approach for these two different groups should be different.

Some of the main implications for teacher training – both pre- and in-service – and teacher support will be further broken down in the table that follows. Key questions are posed to assist curriculum developers in the definition and development of professional development programmes for teachers. It is critical that pre- and in-service teacher education and continuing professional support be interlinked.

Tool 8 presents a list of 11 key issues in professional development for teaching life skills for HIV & AIDS education and sexual & reproductive health.

For each of these 11 issues, the tool also provides the main questions that need to be answered to assess the relevance of training for pre-service and in-service teacher training and ongoing support to teachers.

- Issue 1** Foster and promote a fair dialogue with teachers and between teachers about their practices and take into consideration their ideas and expertise in designing innovative and effective teacher training methods, and ways to change teacher practices.
- Issue 2** Provide extensive and in-depth, professional development because the teaching of SRH, HIV and AIDS may be held deeply and personally.
- Issue 3** Address low levels of self confidence & understanding of curricular content & learning on part of teachers.
- Issue 4** Make sure that teachers themselves are able to respect human rights – including those of children and women.
- Issue 5** Develop a safe environment and a trusting atmosphere.
- Issue 6** Train teachers to give learners the space and tools to practice a range of skills, applying knowledge etc. to resolve difficult, real life situations and problems.
- Issue 7** Raise the awareness and capacity of teachers to identify and use practical and relevant opportunities to make connections across the curriculum.
- Issue 8** Learning to think critically is essential to effective learning on SRH, HIV and AIDS.
- Issue 9** Prepare teachers to understand the mental, physical, social, emotional and spiritual changes that young people experience during pre-puberty and adolescence years.
- Issue 10** Train teachers so that they are able to guide a teaching-learning process around sensitive issues.
- Issue 11** Prepare the teachers to use assessment as a pedagogical tool, supporting the teaching-learning process through the use of formative assessment.

Table 8.1. Key issues in pre- and in-service teacher training and support and guiding questions for assessment

Answering these questions for each issue will help in the assessment of current (or planned) teacher training strategies for HIV & AIDS education and sexual & reproductive health. Be aware that there may be some overlap between some of the issues addressed in this table, particularly in the area of assessment questions as some issues are closely linked.

Key issues in professional development for life skills, SRH and HIV & AIDS teaching	Implications for pre-service teacher training Main questions to be asked	Implications for in-service teacher training Main questions to be asked	Implications for ongoing teacher support in schools Main questions to be asked
<p>Issue 1</p> <p>Foster and promote a fair dialogue with teachers and between teachers about their practices and take into consideration their ideas and expertise in designing innovative and effective teacher training methods, and ways to change teacher practices.</p> <p><i>Teachers being essential for any educational reform, innovators (researchers & policy makers) should engage in dialogue with teachers and teacher trainees on an equitable footing about their school and work culture, the pedagogical approaches & practices that are a part of that culture, & the implications of new approaches for existing pedagogical practices, etc. (Olson, 2000).</i></p>	<p>Teacher trainers could discuss the education curriculum with practicing teachers:</p> <ul style="list-style-type: none"> ▪ What are the most common shortcomings and difficulties experienced by teachers in effectively teaching SRH, HIV and AIDS education? ▪ What are teachers' experiences with (new) pedagogical approaches & teaching-learning methods? Are these methods adequate? ▪ What innovative good practices of teachers developed in response to these shortcomings are available to be shared during pre-service training? ▪ How could pre-service training be otherwise improved? <p>Trainees could discuss with practicing teachers:</p> <ul style="list-style-type: none"> ▪ Practical examples on how new contents, interactive pedagogy, assessment of life skills can be put into practice? ▪ Practical examples on how they're dealing with shortcomings and difficulties? ▪ What are teachers' experiences with (new) pedagogical approaches & teaching-learning methods? Are these methods adequate? 	<p>Teacher trainers could discuss the in-service curriculum (content and provision) with teachers:</p> <ul style="list-style-type: none"> ▪ What are the most common shortcomings and difficulties experienced by teachers in effectively teaching SRH, HIV and AIDS education? ▪ What are teachers' experiences with (new) pedagogical approaches & teaching-learning methods? Are these methods adequate? ▪ What innovative good practices of teachers developed in response to these shortcomings are available to be shared during in-service training? ▪ Ways to promote on-going exchange of good practice among teachers (at school, district, provincial level, etc.)? ▪ Alternatives to centralized "one shot" in-service training? ▪ Ways to improve cascade training? ▪ How could in-service training be otherwise improved? 	<ul style="list-style-type: none"> ▪ What do teachers find critical from a classroom perspective? ▪ What is the supervision system and other support that teachers are offered when experimenting with new contents and pedagogical approaches? ▪ Are they processes put in place to assess trainees' needs, so that current training programs and processes may be improved?

Key issues in professional development for life skills, SRH and HIV & AIDS teaching	Implications for pre-service teacher training Main questions to be asked	Implications for in-service teacher training Main questions to be asked	Implications for ongoing teacher support in schools Main questions to be asked
<p>Issue 2</p> <p>Provide extensive and in-depth, professional development because the teaching of SRH, HIV and AIDS may be held deeply and personally.</p> <p><i>Curriculum reform integrating SRH, HIV and AIDS education may therefore challenge these beliefs.</i></p>	<ul style="list-style-type: none"> ▪ Is the training sufficiently long & does it offer opportunities for repetition & review of sensitive themes, skills, etc.? ▪ Does it provide opportunities to test newly acquired skills in a classroom situation (role play or real situation)? 	<ul style="list-style-type: none"> ▪ Does training take into account that the contents, pedagogy & assessment approach may differ from what teachers are used to in their current practice? ▪ Is the training sufficiently long & does it offer opportunities for repetition & review of sensitive themes, skills, etc.? ▪ Does it provide opportunities to test newly acquired skills in a classroom situation (role play or real situation)? 	<ul style="list-style-type: none"> ▪ Does supervision provide opportunities for teachers at different professional stages to discuss how they deal with the challenges change presents? ▪ If for example, teacher networks are not possible for the facilitation of sharing experiences, are other forms of exchange between teachers offered, such as mentoring of newly trained teachers, mechanisms for feedback from (both newly trained and more experienced) teachers and subsequent follow up? ▪ Are supervisors enabled (by the education system) to provide teachers with these forms of support?
<p>Issue 3</p> <p>Address low levels of self confidence & understanding of curricular content & learning on part of teachers</p> <p><i>Teacher confidence & understanding of curricular content & learning affects pedagogical practices; low levels of self confidence & understanding of curricular content & learning may result in avoidance strategies, more prescriptive and teacher-directed pedagogical methods, that may inhibit creativity & questioning of learners</i></p>	<ul style="list-style-type: none"> ▪ Is thorough training provided on contents, covering all four modules in-depth? ▪ Is solid training given in pedagogical practices, aimed at increasing trainee confidence in facilitating learning among young people? ▪ Is formative assessment used as a means to inform teacher trainers on trainees' progress in understanding of curricular content & the use of participatory teaching-learning methods as well as providing trainees with insight in their own progress? 	<ul style="list-style-type: none"> ▪ Is pre-test done with teachers' understanding of the (new) curricular content & new pedagogical approaches? ▪ Is thorough training provided on contents covered in all four modules? ▪ Is training in new pedagogical practices comprehensive and of sufficient duration to increase teacher confidence in facilitating learning among young people? ▪ Is formative assessment used as a means to inform teacher trainers and trainees about their progress in understanding of curricular content & the use of participatory teaching-learning methods? 	<ul style="list-style-type: none"> ▪ Is there ongoing supervision and exchange on the new contents, covering all four modules in depth, when necessary providing updated information? ▪ Does supervision deal with (new) pedagogical practices in a comprehensive manner and is it of sufficient duration and frequency to increase teacher confidence in facilitating learning among young people? ▪ Do trainees have access to personal counselling during the training respond with confidentiality to questions they may have about themselves regarding HIV and AIDS?

Key issues in professional development for life skills, SRH and HIV & AIDS teaching	Implications for pre-service teacher training Main questions to be asked	Implications for in-service teacher training Main questions to be asked	Implications for ongoing teacher support in schools Main questions to be asked
<p>Issue 4</p> <p>Make sure that teachers themselves are able to respect human rights – including those of children and women.</p> <p><i>Respect for human rights – including those of children – is one of the fundamental starting points for effective HIV and AIDS education.</i></p> <p><i>Quality education based on a human rights approach means that education systems are oriented towards ensuring that every child has the right to receive an education of good quality which in turn requires focus on the quality of the learning environment, teaching and learning processes and materials and learning outputs.</i></p>	<ul style="list-style-type: none"> ▪ Does training include pre-testing of trainees' understanding of human rights and children's rights, and human rights based approach to education? ▪ Are teacher trainees sensitised to the UN Convention on the Rights of the Child and the International Bill of Human Rights? ▪ Is teacher training consistent with human rights based educational objectives, ▪ Are training methods participatory and democratic? ▪ Is diversity valued and respected? ▪ Are opportunities provided to practice through real life examples and activities? 	<ul style="list-style-type: none"> ▪ Does training include pre-testing of teachers' understanding of human rights and children's rights, and human rights based approach to education? ▪ Are teachers sensitized to UN Convention on the Rights of the Child and the International Bill of Human Rights? ▪ Is teacher training consistent with human rights based educational objectives? ▪ Are training methods participatory and democratic? ▪ Is the training programme in line with human rights based approach, i.e. do teachers have a voice in decision making; is peer education and peer counselling promoted; etc.? ▪ Is diversity valued and respected? ▪ Are opportunities provided to practice through real life examples and activities? 	<ul style="list-style-type: none"> ▪ Are teachers understanding of human rights and children's rights, and human rights based approach to education monitored? ▪ Is teaching practice and the extent to which it is in line with human rights based approach monitored? ▪ Do supervisors sensitize teachers on the UN Convention on the Rights of the Child and the International Bill of Human Rights? ▪ Is teacher supervision consistent with human rights based educational objectives? ▪ Are supervision methods participatory and democratic? ▪ Is there space for teachers to provide recommendations on how to improve the internal structure and management of the school to make it more in line with a human rights based approach? ▪ Do teachers have a voice in the decision-making process regarding the supervision programme? ▪ Is the internal structure and management of the teacher college/teacher training courses in line with a human rights based approach? (i.e. do trainees have a voice in decision making; are there effective student councils; is peer education and peer counselling promoted; etc.)?
<p>Key issues in professional development for life skills, SRH and HIV & AIDS teaching</p>	<p>Implications for pre-service teacher training Main questions to be asked</p>	<p>Implications for in-service teacher training Main questions to be asked</p>	<p>Implications for ongoing teacher support in schools Main questions to be asked</p>
<p>Issue 5</p> <p>Develop a safe environment and a</p>	<ul style="list-style-type: none"> ▪ Is pre-testing done to assess trainees' insight into how both boys and girls can be made to 	<ul style="list-style-type: none"> ▪ Is pre-testing done to assess teachers' understanding of how both boys and girls can be made to feel comfortable 	<ul style="list-style-type: none"> ▪ Is monitoring done of teachers' understanding of how both boys and girls can be made to feel comfortable and able to express themselves about

<p>trusting atmosphere.</p> <p><i>Such environment is essential for effective teaching and learning on the sensitive and personal issues that are addressed in the four thematic modules</i></p>	<p>feel comfortable and able to express themselves about sensitive issues during lessons?</p> <ul style="list-style-type: none"> ▪ Are trainees encouraged to explore the meaning of a safe environment and trusting atmosphere and how to create that in their own class (addressing gender issues, respect for rights and different socio-cultural background of learners, etc.)? ▪ Is the use of resource persons or other teachers encouraged (for instance to talk with boys or girls separately during some sessions)? ▪ Does training encourage exploring the use of resource persons or other teachers to contribute during lessons? 	<p>and able to express themselves about sensitive issues during the lessons?</p> <ul style="list-style-type: none"> ▪ Does training offer space to review teachers' understanding of the meaning of a safe environment and trusting atmosphere and how to create that in ones own class (addressing gender issues, respect for rights and different socio-cultural background of learners, etc.)? ▪ Is the use of resource persons or other teachers encouraged (for instance to talk with boys or girls separately during some sessions)? ▪ Does training encourage exploring the use of resource persons or other teachers to contribute during lessons? 	<p>sensitive issues during the lessons?</p> <ul style="list-style-type: none"> ▪ Is space offered to review teachers' understanding of the meaning of a safe environment and trusting atmosphere and how to create that in ones own class (respect for rights and understanding of socio-cultural background of learners are essential)? ▪ Is the use of resource persons or other teachers encouraged – e.g. to talk with boys or girls separately during some sessions? ▪ Is there some kind of process to call upon external resource persons available to teachers?
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Key issues in professional development for life skills, SRH and HIV & AIDS teaching	Implications for pre-service and in-service teacher training Main questions to be asked		Implications for ongoing teacher support in schools Main questions to be asked
<p>Issue 6</p> <p>Train teachers to give learners the space and tools to practice a range of skills, applying knowledge etc. to resolve difficult, real life situations and problems. <i>For Learners to become 'HIV competent' learners need space to put their knowledge into practice during the class</i></p>	<ul style="list-style-type: none"> ▪ Is pre-testing done to assess trainees' (or teachers') familiarity with life skills pedagogy? ▪ Do teacher trainers effectively model how to use participatory methods by encouraging trainees (or teachers') to be active participants in their own learning process? ▪ Does training include training on the use of a variety of participatory life skills based pedagogical approaches? ▪ Are the following pedagogical skills assessed during training, in practical situation (role play or real classroom situation): <ul style="list-style-type: none"> - Interactive teaching & participatory methods - Sensitive subjects (loss, death, SRH) - Capacity of teachers to adjust to emotional and affective needs of learners with respect to their age, sex and psychological development, and cultural and personal background, etc 		<ul style="list-style-type: none"> ▪ Is there a process in place to monitor and supervise the use of a variety of participatory, life skills pedagogical approaches by teachers in their schools? ▪ Is there ongoing support on the use of a variety of participatory, life skills based pedagogical approaches?
	<p>Implications for pre-service teacher training Main questions to be asked</p>	<p>Implications for in-service teacher training Main questions to be asked</p>	I
<p>Issue 7</p> <p>Raise the awareness and capacity of teachers to identify and use practical and relevant opportunities to make connections across the curriculum <i>To be become "HIV and AIDS competent" learners need to consolidate knowledge, understandings, values, attitudes and skills, and to apply these in a range of different contexts</i></p>	<ul style="list-style-type: none"> ▪ Are trainees' introduced to the curriculum to make them understand its structure and how and where relevant connections across the curriculum can be made? ▪ Are trainees encouraged to explore the linkages between life skills based SRH, HIV and AIDS education with other curricular activities and subjects and how to make use of these connections across the curriculum to strengthen learning on SRH, HIV and AIDS? ▪ Do trainees explore how they can create space for the repeated practicing of life skills in different kinds of situations? ▪ Are trainees enabled to analyse the linkages between what is taught in school and the socio-cultural background of learners (to make curriculum contents more relevant for learners)? 	<ul style="list-style-type: none"> ▪ Is pre-testing done to assess teachers' understanding of the structure of the (new) curriculum, how and where relevant connections across the curriculum can be made? ▪ Do teachers explore how they can create space for the repeated practicing of life skills in different of situations? ▪ Are teachers encouraged to explore the linkages between life skills based SRH, HIV and AIDS education with other curricular activities and subjects and how to make use of these connections across the curriculum to strengthen learning on SRH, HIV and AIDS? ▪ Are teachers enabled to analyse the linkages between what is taught in school and the socio-cultural background of learners? 	<ul style="list-style-type: none"> ▪ Are teachers supported to further analyse the linkages between what is taught in school and the socio-cultural background of learners? ▪ Are teachers supported to continue to explore how they can create space for the repeated practicing of life skills in different kinds of situations? ▪ Are teachers encouraged to continue to explore the linkages between life skills based SRH, HIV and AIDS education with other curricular activities and subjects and how to make use of these connections across the curriculum to strengthen learning on SRH, HIV and AIDS?

Key issues in professional development for life skills, SRH and HIV & AIDS teaching	Implications for pre-service teacher training Main questions to be asked	Implications for in-service teacher training Main questions to be asked	Implications for ongoing teacher support in schools Main questions to be asked
<p>Issue 8</p> <p>Learning to think critically is essential to effective learning on SRH, HIV and AIDS</p> <p><i>This in turn requires the teacher 'allows' learners to be critical.</i></p>	<ul style="list-style-type: none"> ▪ Is pre-testing done to assess trainers' attitude toward enabling learners to think critically about societal, gender etc. issues? ▪ Are teacher trainers aware of their own role model function and are they willing and able? ▪ Are trainers encouraged to think about their role and potential as role models to stimulate critical thinking of their trainees? ▪ Does training include practical situations for learning how to facilitate development of critical thinking? 	<ul style="list-style-type: none"> ▪ Is pre-testing done to assess teachers' attitude toward enabling learner to think critically about societal, gender etc.? issues, without taking it personally, ▪ Are teacher trainers aware of their own role model function and are they willing and able to stimulate critical thinking of their trainees? ▪ Are teachers encouraged to reflect on their role and potential as role models? ▪ Does training include learning how to facilitate development of critical thinking? ▪ 	<ul style="list-style-type: none"> ▪ Is monitoring done to assess teachers' ability to facilitate critical thinking in the classroom? ▪ Are supervisors aware of their own role model status and are they willing and able to stimulate critical thinking of teachers? ▪ Are teachers encouraged to reflect on their role and potential as role models? ▪ Is support provided to teachers to improve their facilitation skills for the development of critical thinking?
<p>Issue 9</p> <p>Prepare teachers to understand the mental, physical, social, emotional and spiritual changes that young people experience during pre-puberty and adolescence years.</p> <p><i>Especially during pre-puberty and adolescence, young people change. They develop on a mental, physical, social, emotional and spiritual level.</i></p>	<ul style="list-style-type: none"> ▪ Is pre-testing done to assess trainees' understanding of the different changes that take place during (pre) puberty and adolescence? ▪ Does the training promote understanding for the changes that children and young people go through and how this can affect the teaching and learning process? ▪ Does training build trainees' sensitivity and practical skills needed to help learners in building their own self-esteem, social responsibility, and wellbeing? ▪ Is training geared toward enhancing trainees' self-esteem, social responsibility, and wellbeing? 	<ul style="list-style-type: none"> ▪ Is pre-testing done to assess teachers' understanding of the different changes taking place during (pre) puberty and adolescence? ▪ Does the training promote understanding for the changes that children and young people go through & how this can affect the teaching & learning process? ▪ Is space provided for sharing of experiences on how teachers deal with the changes they notice in their pupils? ▪ Does training build teachers' sensitivity and practical skills needed to help learners in building self-esteem, social responsibility, and wellbeing? ▪ Is training geared toward enhancing their own self-esteem, social responsibility and wellbeing? 	<ul style="list-style-type: none"> ▪ Is teachers' understanding of the different changes that take place during (pre) puberty and adolescence monitored? ▪ Is sensitivity to and respect for the changes that children and young people go through promoted during supervision sessions and how this can affect, positively and negatively, the teaching and learning process? ▪ Is space provided for sharing of experiences on how teachers approach and deal with the changes they notice in their pupils? ▪ Do supervision, sensitivity and practical skills help learners in building their own self-esteem, social responsibility, and wellbeing?

Key issues in professional development for life skills, SRH & HIV & AIDS teaching	Implications for pre-service teacher training Main questions to be asked	Implications for in-service teacher training Main questions to be asked	Implications for ongoing teacher support in schools Main questions to be asked
<p>Issue 10</p> <p>Train teachers so that they are able to guide a teaching-learning process around sensitive issues.</p> <p><i>Facilitating learning on SRH, HIV and AIDS requires particular attitudes and skills of the teacher.</i></p>	<ul style="list-style-type: none"> ▪ Is pre-testing done to assess trainees' attitude toward teaching children and youth sensitive issues relating to SRH, HIV and AIDS? ▪ Are trainees given the opportunity to explore their own perception, values and attitudes regarding sensitive issues? ▪ Does training provide occasions to practice the teaching of sensitive issues? ▪ Do trainees learn how to assess learning outcomes on sensitive issues? Are they themselves also assessed on this? 	<ul style="list-style-type: none"> ▪ Is pre-testing done to assess teachers' attitude toward & capacity for teaching children and youth sensitive issues relating to SRH, HIV and AIDS? ▪ Are teachers given the opportunity to explore their own perception, values & attitudes regarding sensitive issues? ▪ Does training provide occasions to practice the teaching of sensitive issues? ▪ Do teachers learn how to assess learning outcomes on sensitive issues? Are they themselves also assessed on this? 	<ul style="list-style-type: none"> ▪ Is supervision geared toward enhancing teachers' self-esteem, social responsibility, and wellbeing? ▪ Are teachers' attitudes toward teaching youth sensitive issues monitored? ▪ Does supervision allow for sharing of experiences on the problems encountered during life skills based teaching and assessment? ▪ Is support provided to resolve problems teachers encounter in life skills teaching and assessment?
<p>Issue 11</p> <p>Prepare the teachers to use assessment as a pedagogical tool, supporting the teaching-learning process through the use of formative assessment.</p>	<ul style="list-style-type: none"> ▪ Does training include pre- and post-testing on the various (content) related issues listed in this table (and included in the four modules of the A section worksheet A) ? <p>Assessment tools to measure trainees' knowledge, attitudes & skills should include the use of formative assessment such as:</p> <ul style="list-style-type: none"> - supervisor observation - peer review (observation, portfolio) - portfolios - activity logs - parent and student surveys - teacher surveys/self-reporting - teacher discussions/focus groups <p>Does training include building skills in designing and applying various relevant assessment methods, to inform both the teacher and learner and enable them to improve the efficacy of their work?</p>	<ul style="list-style-type: none"> ▪ Does training include pre- and post-testing on the various (content) related issues listed in this table (and the four modules of tool 5) <p>Assessment tools to measure teachers' knowledge, attitudes & skills should include the use of formative assessment such as:</p> <ul style="list-style-type: none"> - supervisor observation - peer review (observation, portfolio) - portfolios - activity logs - parent and student surveys - teacher surveys/self-reporting - teacher discussions/focus groups <ul style="list-style-type: none"> ▪ Does training provide the space to share experiences on current practices and provide training in designing and applying various relevant assessment methods, to inform both the teacher and learner and enable them to improve the efficacy of their work? 	<ul style="list-style-type: none"> ▪ Does supervision provide the space to share experiences on current practices & provide support in designing & applying various relevant assessment methods, to inform both the teacher & learner & enable them to improve the efficacy of their work?

Tool 9

HIV and AIDS education and management of schools (work in progress)

Manual for integrating HIV and AIDS education
in school curricula

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December 2006

Tool 10

Appraisal criteria for HIV & AIDS and SRH teaching and learning materials

Manual for integrating HIV and AIDS education
in school curricula

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TOOL 10 Appraisal Criteria for HIV and AIDS and SRH teaching and learning materials

Foreword

Acknowledgement

IBE would like to thank all those who helped developing these criteria during the 2 expert seminars and at numerous occasions by providing comments and feedbacks, in particular: Olusola Akinwale Adara, (Special Programmes Centre, Nigeria); Cornelia Batcher, and Christina Neckermann (GTZ HQ); Margo Bedingfield (Publishing Consultant, Zimbabwe); Andres Guerrero (UNICEF HQ) and Changu Mannathoko (UNICEF Eastern and Southern Africa); Jack Jones (WHO Geneva); Wendy Lipworth (School of Medical Sciences, University of New South Wales Australia); Barbara Michel, (SAUVCA - South African Universities Vice Chancellors Association - National Office); Brigid Oconnor (The World Health Channel, London); Georges Tiendrebeogo (Royal Tropical Institute, The Netherlands) and David Clarke (who worked with DFID at that time).

IBE would also like to thank all the colleagues from UNESCO: Isabel Byron (IBE), Shankar Chowdhury (UNESCO New Delhi), Lucille Gregorio (UNESCO Bangkok), Cristina Raposo (UNESCO Brasilia), Bachir Sarr (UNESCO BREDA-Dakar), Lynne Sergeant (IIEP/UNESCO) and Arne Willems (UNESCO Harare) who took part to the second expert seminar and provided regular useful advice and support.

We would also like to thank the IBE team: Christine Panchaud (programme coordinator), Tayo Ayinla, Lisa Bender, Sandra Berney, Sandrine Bonnet, Alexandra Vallée and Myriam Zitterbart, who provided a invaluable inputs and crucial assistance at all times, as well as our four consultants: Inon Schenker, who started the process of establishing these criteria; Adriana Gorga, who helped to put the first version together and to apply it to numerous materials; Esther Miedema who provided the key contributions to these revised versions of the criteria and the guidelines; and Kofi Amekudzi.

Without the expertise and help of all those mentioned above, IBE would not have been able to put these criteria together.

TOOL 10 Appraisal Criteria for HIV & AIDS and SRH teaching and learning materials

Introduction

A growing number of governmental and non-governmental institutions at the local, national and international levels have been producing an increasing quantity and variety of material intended for teaching, learning and teacher training at the primary and secondary levels. The need to document, analyze and disseminate curricular materials for HIV & AIDS education in the school context has been clearly identified.

Criteria are needed to guide the appraisal of HIV & AIDS teaching and learning resources used in schools for HIV & AIDS education and to help decide what should be taught and what are the most efficient ways to teach it.

IBE has therefore established such criteria with a group of national and international experts from other UN organizations (in particular UNICEF and WHO), curriculum developers from all over the world, bi-lateral development agencies and other UNESCO divisions and offices. IBE is regularly reviewing this tool following the comments and advice from several users and because knowledge on good practice and treatment have evolved.

The appraisal criteria are designed primarily for professionals working in the area of curriculum development, implementation and evaluation of HIV & AIDS education.

In addition, any other education specialists, especially teachers and researchers, can make use of the criteria when, for example, assessing which material is most appropriate for their needs and purposes. These criteria may be used to:

- Evaluate one's own material in order to improve it
- Select existing material
- Adapt existing material to one's own context, needs and resources
- Develop new material

IBE has developed three separate sets of criteria with which to appraise three distinct kinds of educational materials, namely:

- A. Material for teachers
- B. Material for learners
- C. Material for teacher training

An appraiser should first of all verify for whom the material that she or he intends to appraise is primarily designed. The document can then be evaluated using the appropriate set of criteria.

The appraisal is done by answering and rating questions listed in each criterion. The rating, together with any comments you may have made on the material will serve to guide you and other users on the potential use of the material.

Criteria tables are completed by a set of guidelines providing detailed information to help the appraiser.

There are three sets of appraisal criteria:

A. Criteria to appraise material for learners

- I. Material development and inclusion in the prescribed curriculum
- II. Time frame and assessment
- III. Goal, objectives and target group
- IV. Basic information for protecting and promoting health
- V. Me, my emotions and my relations with others
- VI. Relations between men and women
- VII. Promoting human rights, overcoming stigma and discrimination
- VIII. Community and culture
- IX. Learning activities
- X. Layout and packaging

B. Criteria to appraise material for teachers

- I. Material development and inclusion in the prescribed curriculum
- II. Time frame and assessment
- III. Goal, objectives and target group
- IV. Basic information for protecting and promoting health
- V. Me, my emotions and my relations with others
- VI. Relations between men and women
- VII. Promoting human rights, overcoming stigma and discrimination
- VIII. Community and culture
- IX. Teaching methods and strategies, teacher guidance
- X. Layout and packaging

C. Criteria to appraise material for teacher training

- I. Material development and inclusion in the prescribed curriculum
- II. Time frame and assessment
- III. Goal, objectives and target group
- IV. Basic information for protecting and promoting health
- V. Me, my emotions and my relations with others
- VI. Relations between men and women
- VII. Promoting human rights, overcoming stigma and discrimination
- VIII. Community and culture
- IX. Teaching methods and strategies, teacher guidance
- X. Layout and packaging

TOOL 10 Appraisal Criteria for HIV and AIDS and SRH teaching and learning materials

Guidelines for using the criteria table

Introduction

This guideline will help you to apply the appraisal criteria to assess materials on SRH and HIV & AIDS education.

If the material is part of a set, and is accompanied by a teachers' manual, it is useful to appraise the teacher's manual (using the set for the appraisal of teacher's material) to verify if the two coherently complement each other. In this case, for instance, a learner activity book does not need to include (detailed) instructions if these are included in the teacher manual.

The purpose of the criteria is explained in the following guideline.

IBE uses these criteria to appraise key material included in the HIV & AIDS Curriculum Databank. Completed appraisals are available through the IBE HIV & AIDS website <http://www.ibe.unesco.org/HIVAids.htm> and can serve as examples of how to use this appraisal tool.

Tool 5 of this manual also provides guidelines and work sheets on several aspects addressed by the appraisal criteria (core content and its organisation, teaching methodologies, assessment of learning outcomes, etc.).

How to do the rating?

The rating and the comments you have made, will serve to guide you and other users on the potential use of the material.

The rating system is **from 0** (not at all, or very badly done), **to 5** (very good, very well done).

Please use "**n.a.**", when the item is not applicable or not relevant for this material.

At the end of each criterion assessment, there is a space, in which you should **specify strengths and weaknesses** of the material (in relation to the items with higher and lower ratings). This will help you to fill in the overall evaluation at the end of the process.

The total score and mean score for each criterion will help you to identify the main strengths and weaknesses of the document, and to fill in the overall evaluation.

It is important to note that one will get a better understanding of the quality of the document when looking at the **overall evaluation**.

Basic description of material

- **Country of implementation** For which country was the material developed?
- **Type of material** Please clarify whether the material is designed for use in a formal, non-formal programme, both or not specified.
- **Target group** Please specify the age and level/grade or class of the target group. Mention if this is not specified.
- **Implementation mode** Is the material for HIV & AIDS education included in the official curriculum:
- As a stand-alone subject,
 - In one main carrier subject (e.g. as part of social studies or biology),
 - As a cross-curricular issue (i.e. integrated in a coherent way in limited number of subjects),
 - Infused throughout the curriculum (i.e. integrated in most/all subjects included in the curriculum),
 - As extra-curricular activities
 - Not specified

Implementation mode

There are four main approaches for the inclusion of HIV and AIDS education in the curriculum:

- HIV & AIDS as a **stand-alone subject**, clearly labelled and including all core aspects of HIV & AIDS education
- HIV & AIDS as integrated in **one main carrier subject** containing most of core aspects of HIV & AIDS education
- HIV & AIDS as a **cross-curricular issue**, integrated in a few subjects clearly defined and containing most of core aspects of HIV & AIDS education, in a complementary and coordinated approach
- HIV & AIDS **infused throughout the curriculum**, integrated in most/all subjects included in the curriculum, with, or without any specific mention of HIV & AIDS in subject areas

Extra-curricular activities may in certain countries replace altogether the formal curriculum approach, or they may complement an existing school based program defined by the official curriculum

Overall evaluation - synthesis

This section should be completed once **you have answered all the items raised under the 10 individual criteria**.

In the overall evaluation, you should summarise:

- a) Main strengths, referring to the criteria with higher ratings
- b) Main weaknesses, referring to the criteria with lower ratings
- c) Internal consistency, for example:
 - Did you find *both* language and images to be gender sensitive?
 - Are the contents in line with the learning objectives?
 - Is the students' assessment in line with the contents? etc.
- d) Transferability and/or usefulness for developing/improving one's own material, i.e. can the material be used with other target groups or in other settings. For example, a non-formal education publication can be useful and easily applicable in a formal education setting. Indicate which other target group could use the material and which adaptations are necessary.

It would also be very interesting to consider, in particular when the evaluation is very positive, whether the material could be used (adapted) in another country and should therefore be actively shared
- e) Special features/additional comments: if the material contains special features, original elements or if you want to add any additional comment, you can write them here.

Please also clarify whether the material is useful for your work. Should you be able to make use of the material, please specify briefly which sections or aspects you consider most useful for your work.

Criterion I – Material development

This criterion is not always easy to appraise, because it is not often clearly stated how the material was developed. Ideally it should be explained in the introduction. It is however, an important criterion to assess the quality of a material.

- Material is part of prescribed wider framework: was the material designed to be used as part of a wider (non) formal curriculum/programme?
- Material was developed by a multi-sectorial team: during the development of the material, a variety of perspectives of different actors/fields was taken into account.
- Material was developed in consultation with parents and representatives of the wider community; as mentioned previously influence of the wider community and society affects both (young) people's behaviour and the impact of education programmes.

Education needs to be culturally acceptable whilst also challenging misconceptions and addressing power inequities. As much as possible, a balance should be found between what are crucial skills and knowledge for young

people living in a world with HIV to protect themselves and what is acceptable to the community.

- Material was developed based on theoretical framework for behaviour change; programmes and educational materials on HIV & AIDS and SRH should be developed using a sound theoretical approach, focusing on life skills aimed at reducing risk-taking and building self-protective behaviour.

Criterion II – Inclusion in the prescribed curriculum, time frame and assessment

- Is the material part of the prescribed curriculum: is the program included in the official curriculum? If the program is not mentioned in the curriculum, it will be very difficult for teachers to find time to effectively teach HIV & AIDS education.
- Is the time frame allocated for each lesson or exercise indicated and realistic?
- The topics should be covered in a logical sequence. For example:
 - basic information about HIV and AIDS and health
 - vulnerability factors and the behaviours to reduce them
 - knowledge, values, attitudes and gender aspects leading to these behaviours
 - skills needed to adopt and appropriate these behaviours
- Does the material provide means to assess the knowledge, skills, attitudes and behaviours before and after the lessons?

Criterion III – Goal, objectives and target group

Are the goals, objectives in line with the needs and characteristics of the learners targeted by the material?

Ideally, goals, objectives and the target group of the publication are all clarified in the introductory section of the publication.

Goals

The goal of the material should provide a description of the general purpose and scope of the publication. The goal should also describe in general terms what knowledge, skills and attitudes the material is meant to address.

Objectives

The description of the objectives should give a concrete idea of the intended impact of the material in terms of behaviour, attitude, and knowledge etc. The objectives must help to reach the goal.

The learning objectives should be “SMART”

- a) **Specific:** Linking an objective to a frequency or stating the level of acceptable performance makes the objective more specific. An example of specific objective: “The learner is able to describe 3 ways to prevent HIV transmission”. The objective: “The learner is able to correctly describe ways of preventing HIV transmission” is not specific.
- b) **Measurable:** it should be possible to measure progress towards achievement of the objective.
- c) **Achievable:** the objectives should be achievable with a reasonable amount of effort, time and resources.
- d) **Relevant:** objectives should be relevant to the setting, the target group and the time allocated.
- e) **Time-bound:** the time span in which the objectives are to be achieved should be clear.

Target group

The target group should be clearly defined. If the material is made for a broad group of learners (wide age range for example), it should be stated which part is designed for which target subset.

It is also important to consider the socio-cultural context and the status regarding the probable sexual experience. You do not address the same issues and you do not use the same words if learners are virgins or sexually active.

Criterion IV – Basic information for protecting and promoting health

The information provided in schools (and everywhere!) should be clear, accurate and up to date. Furthermore, it should be appropriate for the age and literacy level of the target group.

The material should not only address the physical and scientific facts. HIV and AIDS education should also deal, in a non judgmental way, with psycho-social aspects of the pandemic, the help and support that people affected or infected may need and the impact HIV and AIDS may have in everyday life.

Besides overall and precise knowledge about HIV and AIDS, it is also important to provide comprehensive and clear information on sexual health and related issues, such as contraception and pregnancy.

It is important to know that several studies have proved the provision of school programs addressing sexual health and sexuality does not encourage (early) sexual initiation nor increase sexual activity. Comprehensive and clear information has been proven crucial to helping learners to adopt protective behaviours.

The existence of Antiretroviral (ARV) treatment has changed the approach of HIV and AIDS education. Now, it is not enough to only talk about prevention. Access to ARV treatment has increased and raised hopes, high expectations and sometimes misconceptions of their effects. It is therefore crucial to include this aspect in HIV and AIDS education. Treatment education consists of developing knowledge and skills about treatment, so that learners can understand this new issue.

Some practical information should be given about the places where young people can find help and listening, voluntary counselling and testing (VCT), condoms and information on how to use them.

A lot of myths and misconceptions are transmitted about HIV and AIDS. The material should address the most common ones and explain what is true. It is a key element to fight stigma, discrimination and the spread of HIV. For example, some people say that having sex with a virgin girl can cure AIDS. These kinds of rumours are very dangerous and it is crucial to correct them.

Criterion V – Me, my emotions and my relations with others

Children and youth must be prepared to live in a world with HIV and AIDS. Therefore, they should acquire the behaviours, attitudes and skills that are necessary to deal with HIV and AIDS as active and responsible citizens.

They need to know themselves, how to deal with their emotions and to communicate and behave respectfully with the others.

Through the learning of life skills, learners should be able to use their knowledge in everyday life situations, to adjust their attitudes, to adopt values and to translate all those into respectful and protective behaviours.

The material should help learners to improve self management skills, so that they are ready to react in situations of vulnerability. For example: How to avoid undesirable sexual intercourse? How to resist to peer pressure?

Questions related to love feelings and to the various pressures linked to these feelings should also be addressed clearly in the classroom.

Learners also need to know that they can and must ask for help if they have lived a difficult situation. They should also acquire the basic skills to listen and support the others.

Criterion VI – Addressing gender issues

In the early stages of the HIV & AIDS pandemic, infection was predominantly among men. Today this trend has shifted, with women accounting for about 50 percent of the estimated 40 million people worldwide living with HIV & AIDS. Sub-Saharan Africa is the worst-affected region; here women and girls are at least 1-2 times more likely to be infected with HIV than men and boys, with the highest ratio among young people aged 15-24.

Women and girls are more vulnerable to HIV & AIDS infection and impact, for:

- a. Biological vulnerability (worsened by practices such as female genital mutilation and 'dry sex')
- b. Social and cultural factors, for example: women and girls have in general less access to education and to information that would lead them to have protective behaviours.
- c. Political and economic factors, women and girls are generally most affected by poverty and some are forced into risky situations, such as commercial sex work, trafficking, and 'survival sex' in exchange for necessities.

To reduce HIV infection and impact on society as well as to increase well-being of men and women alike, it is crucial to challenge gender stereotypes and remedy gender inequities.

Therefore one of the main questions under this criterion is to what extent the learning material is useful in addressing gender issues.

Criterion VII – Promoting human rights and overcoming stigma and discrimination

It is imperative that education on HIV & AIDS fights stigma, fosters solidarity and supports learning about human rights, which equally apply to people affected by HIV (including people directly affected by HIV or AIDS, people who have lost relatives and children who have lost their parents).

HIV & AIDS related stigma and discrimination of people affected by HIV increases the silence surrounding HIV & AIDS and decreases the likelihood people will seek counselling, testing and treatment.

Lack of respect for the human rights of people living with/affected by HIV & AIDS contributes to the spread of HIV and hinders an effective response. When teaching children and young people about sexual and reproductive health, HIV & AIDS, attention should be paid to their own rights, with a special focus on problems of coercion and abuse.

Criterion VIII – Community and culture

The questions under this criterion are aimed to clarify whether the learning material is relevant to the target group in view of the community it is a part of HIV & AIDS education should address the linkage between what is being learnt in school/education programmes and what is believed and taught in the community and society.

Certain social and cultural beliefs and practices can reduce the spread and impact of STIs, HIV & AIDS, and support healthy and protective behaviour, for example strong extended-family systems and social solidarity.

Socio-cultural beliefs and practices can also increase the risk of infection and worsen the negative impact of HIV & AIDS, for example early marriage, widow inheritance, scarification using non sterilised instruments and female genital cutting.

The material should provide the tools to support the learning to:

- Identify myths and misconceptions related to STIs, HIV & AIDS, sexual and reproductive health and rights
- Analyse common community practices and beliefs.

This will help to challenge beliefs and practices that have a negative impact, and strengthen those that have a positive impact on sexual and reproductive health and the prevention of HIV. A balance should be found between what are crucial skills and knowledge for young people living in a world with HIV and what is acceptable to the community.

Criterion IX – Material for learners: learning activities**Criterion IX – Material for teachers: teaching methods****Criterion IX – Material for teacher training: teacher guidance**

N. B. This criterion has been shaped differently for the material to be used by learners and for that meant for teachers and teacher training. Whereas the issues are the same “How to teach sensitive topics and use interactive pedagogical methods” the perspective is quite different for the two target groups, as it is between learning and teaching.

For both learning and teaching life skills, information and basic knowledge is certainly necessary to provide basic facts on sexual and reproductive health and rights, HIV & AIDS. Learners will need to mobilize and apply their knowledge to adopt, or reject, attitudes and behaviours and to be able to learn and apply life skills in real life situations.

However, knowledge is not sufficient to promote or change values, attitudes and behaviour. The opportunity to experiment and practice in real situations is essential for education programs to have an effect on values, attitudes, skills and ultimately behaviours.

In order to deepen understanding, personalise risk and practice self-protective skills, learners should be given sufficient time and space to learn from active observation, role play, group work, individual research, and practice of (problem solving) skills in real life situations and interactions.

In many cases, teachers find teaching on HIV & AIDS, and Sexual and Reproductive Health a challenge. The contents are sensitive and, participatory teaching-learning methodologies need to be applied for this kind of learning.

Material for learners should therefore provide enough time and occasions to practice skills, and material for teachers and teacher training should provide enough advice and guidance, as well as many practical examples of interactive teaching methodologies and exercises. The materials for teachers and teacher training should also provide detailed and clear instructions on the time, the activities and the way to implement these activities.

A teacher should primarily create a safe environment for learners to express and share personal experience, opinions and knowledge. He should also facilitate learning of pupils.

1. Icebreakers and trust building activities

Activities carried out at the start of a session aimed at creating a safe environment for learners and contribute to building trust between the educator and the learners.

2. Classroom discussion/debates/brainstorming

Around a specific issue or a thought-provoking document (including audio/video documentaries), to exchange ideas, learn to listen to others, explore (community) norms and values, express opinions, analyse situations and explore possible solutions.

3. Group work / co-operative project

To learn how to interact with others, practice effective communication skills, deal with conflict, to observe and analyse facts and questions related to a specific issue or situation.

4. Games

To test knowledge in interactive ways, encourage observation and analysis and find solutions to simulated real life situations.

5. Role play

For modelling and practicing skills to deal with possible, complex situations in daily life (e.g. dealing with sexual harassment, advocating safe behaviour, seeking support), exploring social norms, etc.

6. Creative work (posters, songs, story-telling, poetry, theatre plays)

To increase communication with the wider community, to express emotions, to explore self values and concerns, to personalize information, etc. In order to increase the depth of an exercise, it is important that learners (jointly) reflect on what they can learn from e.g. (making) a poster, song etc.

7. Interviews/fieldwork/homework involving parents or the community

To increase communication with the rest of the community; to observe and analyse facts or questions related to a specific SRH, and HIV & AIDS related issue in the community.

Criterion X – Lay out and packaging

User-friendliness of material has a lot to do with format and packaging of material. The material should be a reasonable size and weight, so children can for example, easily carry it around.

The durability and practicality are important, especially as materials will often be used in large groups of children.

The language used should be easy to follow with key words/terminology clearly explained. Finally, images should support and enhance the contents.

RESOURCES TO GO FURTHER

1. **“HIV/AIDS education: a gender perspective: tips and tools”**, 2002, UNICEF
 - Document available in: [English](#)
 - Website: http://www.unicef.org/lifeskills/UNICEF_Gender_HIV.Eng.pdf

2. **“Girl power: the impact of girls’ education on HIV and sexual behaviour”**, 2006, Actionaid.
 - Document available in: [English](#)
 - Website: http://www.actionaid.org/wps/content/documents/GIRL_POWER_ENGLISH_FINAL_792006_152655.pdf

3. **“Understanding and challenging HIV stigma: toolkit for action”**, 2003, CHANGE project
 - Document available in English: [Toolkit](#), [Additional exercises](#)
 - Website: <http://www.changeproject.org/technical/hivaids/stigma/StigmaToolkit.pdf>
<http://www.changeproject.org/technical/hivaids/stigma/Additional-all.pdf>

4. **“The sound of silence”**, 2003, Actionaid
 - Document available in: [English](#)
 - Website: http://www.actionaid.org/wps/content/documents/HIVSoundofsilence_1812006_101429.pdf

5. **“Treatment education: a critical component of efforts to ensure universal access to prevention, treatment, access and care”**, 2006, UNESCO, IATT on education
 - Document available in: [English](#)
 - Website: <http://unesdoc.unesco.org/images/0014/001461/146114e.pdf>

6. **FRESH toolkit: HIV/AIDS/STI skills-based health education tools; Basic knowledge about HIV/AIDS/STI**, 2004, UNESCO
 - Document available in: [English](#)
 - Website: http://portal.unesco.org/education/en/ev.php-URL_ID=35500&URL_DO=DO_TOPIC&URL_SECTION=201.html

7. **FRESH toolkit: HIV/AIDS/STI skills-based health education tools; Responsible behaviour, delaying sex**, 2004, UNESCO
 - Document available in: [English](#)
 - Website: http://portal.unesco.org/education/en/ev.php-URL_ID=35500&URL_DO=DO_TOPIC&URL_SECTION=201.html

8. **FRESH toolkit: HIV/AIDS/STI skills-based health education tools; Responsible behaviour, protected sex**, 2004, UNESCO
 - Document available in: [English](#)
 - Website: http://portal.unesco.org/education/en/ev.php-URL_ID=35500&URL_DO=DO_TOPIC&URL_SECTION=201.html

9. FRESH toolkit: HIV/AIDS/STI skills-based health education tools; care and support, 2004, UNESCO

- Document available in: [English](#)

- Website: http://portal.unesco.org/education/en/ev.php-URL_ID=35500&URL_DO=DO_TOPIC&URL_SECTION=201.html

10. “Life Skills Training Guide for Young People: HIV/AIDS and Substance Use Prevention” 2003, UNESCO

- Document available in [English](#)

- Website: http://www.unodc.org/pdf/youthnet/action/message/escap_peers_00.pdf

TOOL 10: APPRAISAL CRITERIA FOR HIV & AIDS and SRH EDUCATION

A. MATERIAL FOR LEARNERS

* N.B. please read guidelines before completing the form.

Country/ies of implementation	
Title of material	
Author/publisher, year of publication	Author/publisher: _____ Year of publication: _____
Author of appraisal	Name: _____ Institution: _____ Contact: _____
Date of Appraisal	
Type of material	<input type="checkbox"/> Formal education <input type="checkbox"/> Non-formal education <input type="checkbox"/> Both
Target group	Age: _____ Class / grade / level : _____
Material part of set	<input type="checkbox"/> No <input type="checkbox"/> Yes, please list other material part of the set:
Implementation mode *	<input type="checkbox"/> As stand-alone subject <input type="checkbox"/> In one main carrier subject <input type="checkbox"/> As cross-curricular issue
HIV & AIDS taught:	<input type="checkbox"/> Infused through the curriculum <input type="checkbox"/> As extra-curricular subject <input type="checkbox"/> Not specified
Size & pages	Size: _____ Number of pages: _____

* For more information on the implementation mode, please refer to the introduction of TOOL 2.

Abstract

OVERALL EVALUATION- SYNTHESIS

a) Strengths (in relation to criteria with higher ratings)

b) Weaknesses (in relation to criteria with lower ratings)

c) Internal consistency

d) Transferability and/or usefulness for developing/improving one's own material

e) Special features/ additional comments

TOOL 10: A. MATERIAL FOR LEARNERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion I	Material development and inclusion in the prescribed curriculum	mean score : ____	Rating
NB: This information is not always available in the document itself. But this is an important criterion to assess the quality of material	1. Material is part of a defined HIV and AIDS education policy framework		
	2. Material has official endorsement (Ministry of education)		
	3. The programme is part of the official curriculum		
	a. HIV and AIDS education is specifically assigned to one or several disciplines		
	b. Time for HIV and AIDS education is specifically assigned by the prescribed curriculum		
	4. Material was developed based on research, evaluating:		
	a. Needs and concerns of learners		
	b. Needs and concerns of teachers and school staff		
	c. Needs and concerns of parents and the community		
	5. Material was developed based on analysis of existing resources & constraints:		
	a. financial resources		
	b. number of available trained teachers		
	c. available teaching and learning material		
	6. Material was pilot tested		
	7. Material was developed involving:		
	a. A multi sectorial team		
	b. Learners		
	c. School staff		
d. Parents and other representatives of the community			
8. Material was developed based on theoretical framework for behaviour change			
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: A. MATERIAL FOR LEARNERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion II	Time frame and assessment	mean score : ____	Rating
	1. Time frame:		
	a. Number of programme units/lessons defined for certain (school) period is realistic		
	b. Time allocated for each unit/lesson is realistic		
	2. The topics are covered in a logical sequence		
	3. The material includes means to assess learners before the programme on:		
	a. knowledge/understanding of SRH, HIV & AIDS		
	b. skills		
	c. attitudes/values		
	d. behaviours		
	4. The material includes means to assess learners after completing the programme on:		
	a. knowledge/understanding of SRH, HIV & AIDS		
	b. skills		
	c. attitudes/values		
	d. behaviours		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: A. MATERIAL FOR LEARNERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion III	Goal, Objectives and Target group	mean score : ____	Rating
	1. The material outlines:		
	a. clear goals, that are linked to HIV and AIDS education		
	b. precise and limited target group		
	2. The objectives mentioned in the material are "SMART"		
	a. specific		
	b. measurable		
	c. achievable		
	d. relevant		
	e. time-bound		
	3. Content is generally appropriate in view of:		
	a. age of target group		
	b. literacy level of target group		
	c. socio-cultural context		
	d. probable status regarding sexual experience (mainly virgin or possibly sexually experienced)		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: A. MATERIAL FOR LEARNERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion IV	Basic information for protecting and promoting health	mean score : ____	Rating
	1. Overall, the information provided is :		
	a. Clear		
	b. Accurate		
	c. Up to date		
	2. Overall clear and comprehensive information is provided on :		
	a. Sexual and reproductive health (contraception, pregnancy, etc.)		
	b. What HIV and AIDS are		
	c. Ways of transmission of HIV		
	d. Ways of protection from HIV		
	3. Overall precise and up-to-date information on treatment is provided :		
	a. What is ARV treatment and what are the results?		
	b. When and why can a treatment be taken?		
	c. What are the main side effects of treatment?		
	d. What consequences can treatment have on daily life?		
	e. What care and support do people under treatment need?		
	4. Overall information on psycho-social aspects:		
	a. Care and support to people affected by HIV or AIDS		
	b. Impact of HIV and AIDS on health, on relations with others and on daily life		
	5. Overall precise and up-to-date information on Voluntary Counselling and Testing (VCT) is provided:		
	a. What is VCT?		
	b. Why and when to make a test?		
	c. Where can a test be done?		
	6. Myths and misconceptions on SRH, HIV and AIDS are addressed		
	a. on HIV transmission		
	b. on protection and prevention		
	c. on treatment		
	d. on the appearance of someone who is HIV positive		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: A. MATERIAL FOR LEARNERS

Acronyms: SRH: Sexual and Reproductive Health VCT: Voluntary counselling and testing

Rating:	from 0 (not at all, or very badly done) to 5 (very good, very well done) n.a.: not applicable	
Criterion V	Me, my emotions and my relations with others	mean score : _____
	1. Me and myself: the material helps to understand and practice	
	a. Self confidence and self esteem	
	b. How to improve ones own self confidence and self esteem in various situations?	
	c. How to manage emotions and stress?	
	2. Me, my emotions and love. The material addresses the issue of love feeling	
	a. What does it mean to be in love?	
	b. How do you feel when you are in love?	
	c. How can you show that you are in love?	
	d. How to deal with pressure when you are in love ? (from others, from your partner, from the family, etc.)	
	e. How to respect the person that you love, your partner?	
	3. The material helps to overcome personal fears:	
	a. How to react when someone I know is infected or affected?	
	b. How to cope with loss and death?	
	4. The material addresses vulnerability factors and helps avoiding risks:	
	a. How do alcohol and drugs increase vulnerability? Change the decisions and affect judgement?	
	b. Are various strategies to avoid unwanted sexual intercourse explored?	
	c. Are the three components of the "Abstinence - Behavior faithful - Condom use" approach explained?	
	d. Depending on age and likely status of sexual experience: is condom use clearly explained?	
	5. Peer pressure is addressed:	
	a. How to resist peer pressure?	
	b. How to avoid putting pressure on others? (How to respect others?)	
	c. Which different ways can be used for refusing, delaying or saying "no" ?	
	6. Help, support and counselling	
	a. Where can I find help, support and/or counselling?	
	b. When should I ask for help and support or counselling?	
	c. How can I help and support the others?	
	Total score	

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: A. MATERIAL FOR LEARNERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion VI	Relations between men and women (gender issues)	mean score : ____	Rating
	1. The content addresses gender issues, promotes gender equity and challenges gender stereotypes :		
	a. Understanding and respect between genders is promoted		
	b. Gender identity (masculinity, femininity, traditional roles in society, etc.) is explored		
	c. Power relationships are explored and challenged		
	d. Gender discrimination towards girls is addressed and challenged		
	e. Gender-based cultural practice is explored and challenged		
	2. The material exposes and explains the factors making girls and women more vulnerable to HIV and AIDS		
	a. Biological factors		
	b. Social factors		
	c. Economical and political factors		
	3. The overall presentation is adapted to gender issues:		
	a. Images and pictures encourage respect and equity between men and women		
	b. Situations and examples encourage respect and equity between men and women		
	c. Language encourages respect and equity between men and women		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: A. MATERIAL FOR LEARNERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion VII	Promoting human rights and overcoming stigma and discrimination	mean score : ____	Rating
	1. Human rights:		
	a. The material provides key elements on universal human rights		
	b. The material addresses children's rights		
	c. The right to physical integrity is explained		
	2. Coercion and abuse:		
	a. The issues of coercion, sexual harassment and abuse are addressed and challenged		
	b. Strategies to fight sexual abuse and coercion are given		
	c. The possible steps to take in case of sexual abuse or coercion are explained		
	3. Stigma and discrimination:		
	a. The material explains that HIV and AIDS can affect everyone		
	b. The material explains how and why stigma and discrimination can have negative effects		
	c. The material explains strategies to combat prejudices		
	d. The material explains the importance of empathy and ways to show empathy are explored		
	e. The material gives opportunities to test and experiment on how to avoid stigmatizing and discriminating		
	f. The material explores how to respond to stigmatization, discrimination and prejudice		
	4. Language used is non-discriminatory and non-judgemental towards:		
	a. People affected or infected by the virus		
	b. Orphans and vulnerable children		
	c. Sex workers		
	d. Homosexuals		
		Total score	

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: A. MATERIAL FOR LEARNERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion VIII	Community and culture	mean score : ____	Rating
	1. Material is adapted to community environment:		
	a. Examples are appropriate in view of cultural and community context		
	b. Images used are appropriate to cultural and community context		
	c. Language is appropriate to cultural and community context		
	2. Material provides tools to identify and:		
	a. Explore cultural issues relating to SRH and rights, HIV & AIDS		
	b. Explore local norms regarding family, marriage, and sexuality		
	c. Reinforce positive community practices and beliefs regarding SRH, HIV & AIDS		
	d. Challenge negative community practices and beliefs regarding SRH, HIV & AIDS		
	3. Ways to overcome silence and stigma are explored regarding:		
	a. SRH, sexuality		
	b. HIV and AIDS		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: A. MATERIAL FOR LEARNERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion IX	Learning activities	mean score : ____	Rating
	1. Does the material employ methods that:		
	a. Actively involve the participants?		
	b. Personalize the information?		
	c. Promote group activities?		
	d. Involve the parents and the community?		
	e. Encourage decision making and critical thinking?		
	2. Does the material contain clear and suitable guidelines for learners to carry out :		
	a. Classroom discussion/debates/brainstorming/case studies		
	b. Group work/co-operative project		
	c. Games		
	d. Role play		
	e. Creative work (posters, songs, story-telling, poetry, theatre plays)		
	f. Interviews/fieldwork/homework involving parents or the community		
	g. Peer teaching		
	3. Are the activities and exercises:		
	a. Suitable and sufficient considering the objectives of the unit/lesson ?		
	b. Suitable considering the age group and literacy level of the learners?		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: A. MATERIAL FOR LEARNERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion X	Layout and packaging	mean score : ____	Rating
	1. Presentation and graphical quality :		
	a. The material is attractive		
	b. The font is readable		
	c. Efficient use is made of printed/printable space		
	d. Material contains sufficient & relevant pictures, graphs etc. to enhance content		
	2. Packaging :		
	a. Size & weight of material are reasonable		
	b. The material is durable if meant to be used by several generations of learners		
	c. The material can be reproduced relatively economically		
		Total score	

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: APPRAISAL CRITERIA FOR HIV & AIDS and SRH EDUCATION

B. MATERIAL FOR TEACHERS

* N.B. please read guidelines before completing the form.

Country/ies of implementation	
Title of material	
Author/publisher, year of publication	Author/publisher: _____ Year of publication: _____
Author of appraisal	Name: _____ Institution: _____ Contact: _____
Date of Appraisal	
Type of material	<input type="checkbox"/> Formal education <input type="checkbox"/> Non-formal education <input type="checkbox"/> Both
Target group	Age: _____ Class / grade / level : _____
Material part of set	<input type="checkbox"/> No <input type="checkbox"/> Yes, please list other material part of the set: _____
Implementation mode *	<input type="checkbox"/> As stand-alone subject <input type="checkbox"/> In one main carrier subject <input type="checkbox"/> As cross-curricular issue
HIV & AIDS taught:	<input type="checkbox"/> Infused through the curriculum <input type="checkbox"/> As extra-curricular subject <input type="checkbox"/> Not specified
Size & pages	Size: _____ Number of pages: _____

* For more information on the implementation mode, please refer to the introduction of TOOL 2.

Abstract

OVERALL EVALUATION- SYNTHESIS

a) Strengths (in relation to criteria with higher ratings)

b) Weaknesses (in relation to criteria with lower ratings)

c) Internal consistency

d) Transferability and/or usefulness for developing/improving one's own material

e) Special features/ additional comments

TOOL 10: B. MATERIAL FOR TEACHERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion I	Material development and inclusion in the prescribed curriculum	mean score : _____	Rating	
<p>NB: This information is not always available in the document itself. But this is an important criterion to assess the quality of material</p>	1. Material is part of a defined HIV and AIDS education policy framework			
	2. Material has official endorsement (Ministry of education)			
	3. The programme is part of the official curriculum			
	a. HIV and AIDS education is specifically assigned to one or several disciplines			
	b. Time for HIV and AIDS education is specifically assigned by the prescribed curriculum			
	4. Material was developed based on research, evaluating:			
	a. Needs and concerns of learners			
	b. Needs and concerns of teachers and school staff			
	c. Needs and concerns of parents and the community			
	5. Material was developed based on analysis of existing resources & constraints:			
	a. financial resources			
	b. number of available trained teachers			
	c. available teaching and learning material			
	6. Material was pilot tested			
	7. Material was developed involving:			
	a. A multi sectorial team			
	b. learners			
c. School staff				
d. Parents and other representatives of the community				
8. Material was developed based on theoretical framework for behaviour change				
		Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: B. MATERIAL FOR TEACHERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion II	Time frame and assessment	mean score : _____	Rating
	1. Time frame:		
	a. Number of programme units/lessons defined for certain (school) period is realistic		
	b. Time allocated for each unit/lesson is realistic		
	2. The topics are covered in a logical sequence		
	3. The material includes means to assess learners before the programme on:		
	a. knowledge/understanding of SRH, HIV & AIDS		
	b. skills		
	c. attitudes/values		
	d. behaviours		
	4. The material includes means to assess learners after completing the programme on:		
	a. knowledge/understanding of SRH, HIV & AIDS		
	b. skills		
	c. attitudes/values		
	d. behaviours		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: B. MATERIAL FOR TEACHERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion III	Goals, Objectives and Target group	mean score : ____	Rating
	1. The material outlines:		
	a. clear goals, that are linked to HIV and AIDS education		
	b. precise and limited target group		
	2. The objectives mentioned in the material are "SMART"		
	a. specific		
	b. measurable		
	c. achievable		
	d. relevant		
	e. time-bound		
	3. Content is generally appropriate in view of:		
	a. age of target group		
	b. literacy level of target group		
	c. socio-cultural context		
	d. probable status regarding sexual experience (mainly virgin or possibly sexually experienced)		
Total score			

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: B. MATERIAL FOR TEACHERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion IV	Basic information for protecting and promoting health	mean score : _____	Rating
	1. Overall, the information provided is :		
	a. Clear		
	b. Accurate		
	c. Up to date		
	2. Overall clear and comprehensive information is provided on :		
	a. Sexual and reproductive health (contraception, pregnancy, etc.)		
	b. What HIV and AIDS are		
	c. Ways of transmission of HIV		
	d. Ways of protection from HIV		
	3. Overall precise and up-to-date information on treatment is provided :		
	a. What is ARV treatment and what are the results?		
	b. When and why can a treatment be taken?		
	c. What are the main side effects of treatment?		
	d. What consequences can treatment have on daily life?		
	e. What care and support do people under treatment need?		
	4. Overall information on psycho-social aspects:		
	a. Care and support to people affected by HIV or AIDS		
	b. Impact of HIV and AIDS on health, on relations with others and on daily life		
	5. Overall precise and up-to-date information on Voluntary Counselling and Testing (VCT) is provided:		
	a. What is VCT?		
	b. Why and when to make a test?		
	c. Where can a test be done?		
	6. Myths and misconceptions on SRH, HIV and AIDS are addressed		
	a. on HIV transmission		
	b. on protection and prevention		
	c. on treatment		
	d. on the appearance of someone who is HIV positive		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: B. MATERIAL FOR TEACHERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion V	Me, my emotions and my relations with others	mean score : _____	Rating
	1. Me and myself: the material helps to understand and practice		
	a. Self confidence and self esteem		
	b. How to improve ones own self confidence and self esteem in various situations?		
	c. How to manage emotions and stress?		
	2. Me, my emotions and love. The material addresses the issue of love feeling		
	a. What does it mean to be in love?		
	b. How do you feel when you are in love?		
	c. How can you show that you are in love?		
	d. How to deal with pressure when you are in love ? (from others, from your partner, from the family, etc.)		
	e. How to respect the person that you love, your partner?		
	3. The material helps to overcome personal fears:		
	a. How to react when someone I know is infected or affected?		
	b. How to cope with loss and death?		
	4. The material addresses vulnerability factors and helps avoiding risks:		
	a. How do alcohol and drugs increase vulnerability? Change the decisions and affect judgement?		
	b. Are various strategies to avoid unwanted sexual intercourse explored?		
	c. Are the three components of the "Abstinence - Behavior faithful - Condom use" approach explained?		
	d. Depending on age and likely status of sexual experience: is condom use clearly explained?		
	5. Peer pressure is addressed:		
	a. How to resist peer pressure?		
	b. How to avoid putting pressure on others? (How to respect others?)		
	c. Which different ways can be used for refusing, delaying or saying "no" ?		
	6. Help, support and counselling		
	a. Where can I find help, support and/or counselling?		
	b. When should I ask for help and support or counselling?		
	c. How can I help and support the others?		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: B. MATERIAL FOR TEACHERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion VI	Relations between men and women (gender issues)	mean score : ____	Rating
	1. The content addresses gender issues, promotes gender equity and challenges gender stereotypes :		
	a. Understanding and respect between genders is promoted		
	b. Gender identity (masculinity, femininity, traditional roles in society, etc.) is explored		
	c. Power relationships are explored and challenged		
	d. Gender discrimination towards girls is addressed and challenged		
	e. Gender-based cultural practice is explored and challenged		
	2. The material exposes and explains the factors making girls and women more vulnerable to HIV and AIDS		
	a. Biological factors		
	b. Social factors		
	c. Economical and political factors		
	3. The overall presentation is adapted to gender issues:		
	a. Images and pictures encourage respect and equity between men and women		
	b. Situations and examples encourage respect and equity between men and women		
	c. Language encourages respect and equity between men and women		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: B. MATERIAL FOR TEACHERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion VII	Promoting human rights and overcoming stigma and discrimination	mean score : _____	Rating
	1. Human rights:		
	a. The material provides key elements on universal human rights		
	b. The material addresses children's rights		
	c. The right to physical integrity is explained		
	2. Coercion and abuse:		
	a. The issues of coercion, sexual harassment and abuse are addressed and challenged		
	b. Strategies to fight sexual abuse and coercion are given		
	c. The possible steps to take in case of sexual abuse or coercion are explained		
	3. Stigma and discrimination:		
	a. The material explains that HIV and AIDS can affect everyone		
	b. The material explains how and why stigma and discrimination can have negative effects		
	c. The material explains strategies to combat prejudices		
	d. The material explains the importance of empathy and ways to show empathy are explored		
	e. The material gives opportunities to test and experiment on how to avoid stigmatizing and discriminating		
	f. The material explores how to respond to stigmatization, discrimination and prejudice		
	4. Language used is non-discriminatory and non-judgemental towards:		
	a. People affected or infected by the virus		
	b. Orphans and vulnerable children		
	c. Sex workers		
	d. Homosexuals		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: B. MATERIAL FOR TEACHERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion VIII	Community and culture	mean score : ____	Rating
	1. Material is adapted to community environment:		
	a. Examples are appropriate in view of cultural and community context		
	b. Images used are appropriate to cultural and community context		
	c. Language is appropriate to cultural and community context		
	2. Material provides tools to identify and:		
	a. Explore cultural issues relating to SRH and rights, HIV & AIDS		
	b. Explore local norms regarding family, marriage, and sexuality		
	c. Reinforce positive community practices and beliefs regarding SRH, HIV & AIDS		
	d. Challenge negative community practices and beliefs regarding SRH, HIV & AIDS		
	3. Ways to overcome silence and stigma are explored regarding:		
	a. SRH, sexuality		
	b. HIV and AIDS		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: B. MATERIAL FOR TEACHERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion IX	Teaching methods & strategies and teacher guidance (mean score:) _____	Rating
	1. Several teaching-learning methods are proposed and clearly explained in the material:	
	a. Icebreaker/building trust exercises	
	b. Classroom discussion/debates/brainstorming/case studies	
	c. Group work/co-operative project	
	d. Games	
	e. Role play	
	f. Creative work (posters, songs, story-telling, poetry, theatre plays)	
	g. Interviews/fieldwork/homework involving parents or the community	
	2. Detailed & clear instructions are provided to teachers for each lesson / unit on :	
	a. Learning goal and objectives	
	b. Time required to complete the lesson/unit	
	c. Which activities should be used (questions, role play, group work, etc.)	
	d. How to facilitate specific activities, e.g. role play, field work	
	e. Definition of key words and (sources of) background information & support	
	f. List of necessary materials (scissors, paper, etc.)	
	3. The material provides clear guidance on how to facilitate learning about:	
	a. HIV & AIDS: prevention, VCT, care and treatment	
	b. Sexual and reproductive health	
	c. Emotions and feelings	
	d. Respect for oneself and for the others	
	e. Human rights, stigma & discrimination	
	f. Relations between men and women	
	g. Social & cultural issues relating to HIV & AIDS, and SRH	
	4. Are the activities and exercises:	
	a. Suitable and sufficient considering the objectives of the unit/lesson?	
	b. Suitable considering the age group and literacy level of the target group?	
	5. Are supporting materials for learners provided, e.g. worksheets, puzzles?	
	6. Is formal training required to use the material?	
	Total score	

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: B. MATERIAL FOR TEACHERS

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion X	Layout and packaging	mean score : _____	Rating
	1. Presentation and graphical quality :		
	a. The material is attractive		
	b. The font is readable		
	c. Efficient use is made of printed/printable space		
	d. Material contains sufficient & relevant pictures, graphs etc. to enhance content		
	2. Packaging :		
	a. Size & weight of material are reasonable		
	b. The material is durable if meant to be used by several generations of learners		
	c. The material can be reproduced relatively economically		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: APPRAISAL CRITERIA FOR HIV & AIDS and SRH EDUCATION

C. MATERIAL FOR TEACHER TRAINING

* N.B. please read guidelines before completing the form.

Country/ies of implementation	
Title of material	
Author/publisher, year of publication	Author/publisher: _____ Year of publication: _____
Author of appraisal	Name: _____ Institution: _____ Contact: _____
Date of Appraisal	
Type of material	<input type="checkbox"/> Formal education <input type="checkbox"/> Non-formal education <input type="checkbox"/> Both
Target group	Age: _____ Class / grade / level : _____
Material part of set	<input type="checkbox"/> No <input type="checkbox"/> Yes, please list other material part of the set: _____
Implementation mode *	<input type="checkbox"/> As stand-alone subject <input type="checkbox"/> In one main carrier subject <input type="checkbox"/> As cross-curricular issue
HIV & AIDS taught:	<input type="checkbox"/> Infused through the curriculum <input type="checkbox"/> As extra-curricular subject <input type="checkbox"/> Not specified
Size & pages	Size: _____ Number of pages: _____

* For more information on the implementation mode, please refer to the introduction of TOOL 2.

Abstract

OVERALL EVALUATION- SYNTHESIS

a) Strengths (in relation to criteria with higher ratings)

b) Weaknesses (in relation to criteria with lower ratings)

c) Internal consistency

d) Transferability and/or usefulness for developing/improving one's own material

e) Special features/ additional comments

TOOL 10: C. MATERIAL FOR TEACHER TRAINING

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion I	Material development and inclusion in the prescribed curriculum	mean score : _____	Rating	
<p>NB: This information is not always available in the document itself. But this is an important criterion to assess the quality of material</p>	1. Material is part of a defined HIV and AIDS education policy framework			
	2. Material has official endorsement (ministry of education)			
	3. The program is part of the official curriculum			
	a. HIV and AIDS education is specifically assigned to one or several disciplines			
	b. Time for HIV and AIDS education is specifically assigned by the prescribed curriculum			
	4. Material was developed based on research, evaluating:			
	a. Needs and concerns of learners			
	b. Needs and concerns of teachers and school staff			
	c. Needs and concerns of parents and the community			
	5. Material was developed based on analysis of existing resources & constraints:			
	a. financial resources			
	b. number of available trained teachers			
	c. available teaching and learning material			
	6. Material was pilot tested			
	7. Material was developed involving:			
	a. A multi sectorial team			
	b. learners			
c. School staff				
d. Parents and other representatives of the community				
8. Material was developed based on theoretical framework for behaviour change				
		Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: C. MATERIAL FOR TEACHER TRAINING

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion II	Time frame and assessment	mean score : _____	Rating
	1. Time frame:		
	a. Number of programme units/lessons defined for certain (school) period is realistic		
	b. Time allocated for each unit/lesson is realistic		
	2. The topics are covered in a logical sequence		
	3. The material includes means to assess learners before the programme on:		
	a. knowledge/understanding of SRH, HIV & AIDS		
	b. skills		
	c. attitudes/values		
	d. behaviours		
	4. The material includes means to assess learners after completing the programme on:		
	a. knowledge/understanding of SRH, HIV & AIDS		
	b. skills		
	c. attitudes/values		
	d. behaviours		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: C. MATERIAL FOR TEACHER TRAINING

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion III	Goals, Objectives and Target group	mean score : ____	Rating
	1. The material outlines:		
	a. clear goals, that are linked to HIV and AIDS education		
	b. precise and limited target group		
	2. The objectives mentioned in the material are "SMART"		
	a. specific		
	b. measurable		
	c. achievable		
	d. relevant		
	e. time-bound		
	3. Content is generally appropriate in view of:		
	a. age of target group		
	b. literacy level of target group		
	c. socio-cultural context		
	d. probable status regarding sexual experience (mainly virgin or possibly sexually experienced)		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: C. MATERIAL FOR TEACHER TRAINING

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion IV	Basic information for protecting and promoting health	mean score : _____	Rating
	1. Overall, the information provided is :		
	a. Clear		
	b. Accurate		
	c. Up to date		
	2. Overall clear and comprehensive information is provided on :		
	a. Sexual and reproductive health (contraception, pregnancy, etc.)		
	b. What HIV and AIDS are		
	c. Ways of transmission of HIV		
	d. Ways of protection from HIV		
	3. Overall precise and up-to-date information on treatment is provided :		
	a. What is ARV treatment and what are the results?		
	b. When and why can a treatment be taken?		
	c. What are the main side effects of treatment?		
	d. What consequences can treatment have on daily life?		
	e. What care and support do people under treatment need?		
	4. Overall information on psycho-social aspects:		
	a. Care and support to people affected by HIV or AIDS		
	b. Impact of HIV and AIDS on health, on relations with others and on daily life		
	5. Overall precise and up-to-date information on Voluntary Counselling and Testing (VCT) is provided:		
	a. What is a VCT?		
	b. Why and when making a test?		
	c. Where can a test be done?		
	6. Myths and misconceptions on SRH, HIV and AIDS are addressed		
	a. on HIV transmission		
	b. on protection and prevention		
	c. on treatment		
	d. on the appearance of someone who is HIV positive		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: C. MATERIAL FOR TEACHER TRAINING

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion V	Me, my emotions and my relations with others	mean score : _____	Rating
	1. Me and myself: the material helps to understand and practice		
	a. Self confidence and self esteem		
	b. How to improve ones own self confidence and self esteem in various situations?		
	c. How to manage emotions and stress?		
	2. Me, my emotions and love. The material addresses the issue of love feeling		
	a. What does it mean to be in love?		
	b. How do you feel when you are in love?		
	c. How can you show that you are in love?		
	d. How to deal with pressure when you are in love ? (from others, from your partner, from the family, etc.)		
	e. How to respect the person that you love, your partner?		
	3. The material helps to overcome personal fears:		
	a. How to react when someone I know is infected or affected?		
	b. How to cope with loss and death?		
	4. The material addresses vulnerability factors and helps avoiding risks:		
	a. How do alcohol and drugs increase vulnerability? Change the decisions and affect judgement?		
	b. Are various strategies to avoid unwanted sexual intercourse explored?		
	c. Are the three components of the "Abstinence - Behavior faithful - Condom use" approach explained?		
	d. Depending on age and likely status of sexual experience: is condom use clearly explained?		
	5. Peer pressure is addressed:		
	a. How to resist peer pressure?		
	b. How to avoid putting pressure on others? (How to respect others?)		
	c. Which different ways can be used for refusing, delaying or saying "no" ?		
	6. Help, support and counselling		
	a. Where can I find help, support and/or counselling?		
	b. When should I ask for help and support or counselling?		
	c. How can I help and support the others?		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: C. MATERIAL FOR TEACHER TRAINING

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion VI	Relations between men and women (gender issues)	mean score : ____	Rating
	1. The content addresses gender issues, promotes gender equity and challenges gender stereotypes :		
	a. Understanding and respect between genders is promoted		
	b. Gender identity (masculinity, femininity, traditional roles in society, etc.) is explored		
	c. Power relationships are explored and challenged		
	d. Gender discrimination towards girls is addressed and challenged		
	e. Gender-based cultural practice is explored and challenged		
	2. The material exposes and explains the factors making girls and women more vulnerable to HIV and AIDS		
	a. Biological factors		
	b. Social factors		
	c. Economical and political factors		
	3. The overall presentation is adapted to gender issues:		
	a. Images and pictures encourage respect and equity between men and women		
	b. Situations and examples encourage respect and equity between men and women		
	c. Language encourages respect and equity between men and women		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: C. MATERIAL FOR TEACHER TRAINING

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion VII	Promoting human rights and overcoming stigma and discrimination	mean score : _____	Rating
	1. Human rights:		
	a. The material provides key elements on universal human rights		
	b. The material addresses children's rights		
	c. The right to physical integrity is explained		
	2. Coercion and abuse:		
	a. The issues of coercion, sexual harassment and abuse are addressed and challenged		
	b. Strategies to fight sexual abuse and coercion are given		
	c. The possible steps to take in case of sexual abuse or coercion are explained		
	3. Stigma and discrimination:		
	a. The material explains that HIV and AIDS can affect everyone		
	b. The material explains how and why stigma and discrimination can have negative effects		
	c. The material explains strategies to combat prejudices		
	d. The material explains the importance of empathy and ways to show empathy are explored		
	e. The material gives opportunities to test and experiment on how to avoid stigmatizing and discriminating		
	f. The material explores how to respond to stigmatization, discrimination and prejudice		
	4. Language used is non-discriminatory and non-judgemental towards:		
	a. People affected or infected by the virus		
	b. Orphans and vulnerable children		
	c. Sex workers		
	d. Homosexuals		
		Total score	

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: C. MATERIAL FOR TEACHER TRAINING

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion VIII	Community and culture	mean score : ____	Rating
	1. Material is adapted to community environment:		
	a. Examples are appropriate in view of cultural and community context		
	b. Images used are appropriate to cultural and community context		
	c. Language is appropriate to cultural and community context		
	2. Material provides tools to identify and:		
	a. Explore cultural issues relating to SRH and rights, HIV & AIDS		
	b. Explore local norms regarding family, marriage, and sexuality		
	c. Reinforce positive community practices and beliefs regarding SRH, HIV & AIDS		
	d. Challenge negative community practices and beliefs regarding SRH, HIV & AIDS		
	3. Ways to overcome silence and stigma are explored regarding:		
	a. SRH, sexuality		
	b. HIV and AIDS		
	Total score		

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: C. MATERIAL FOR TEACHER TRAINING

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion IX	Teaching methods & strategies and teacher guidance (mean score:) _____	Rating
	1. Several teaching-learning methods are proposed and clearly explained in the material:	
	a. Icebreaker/building trust exercises	
	b. Classroom discussion/debates/brainstorming/case studies	
	c. Group work/co-operative project	
	d. Games	
	e. Role play	
	f. Creative work (posters, songs, story-telling, poetry, theatre plays)	
	g. Interviews/fieldwork/homework involving parents or the community	
	2. Detailed & clear instructions are provided to teachers for each lesson / unit on :	
	a. Learning goal and objectives	
	b. Time required to complete the lesson/unit	
	c. Which activities should be used (questions, role play, group work, etc.)	
	d. How to facilitate specific activities, e.g. role play, field work	
	e. Definition of key words and (sources of) background information & support	
	f. List of necessary materials (scissors, paper, etc.)	
	3. The material provides clear guidance on how to facilitate learning about:	
	a. HIV & AIDS: prevention, VCT, care and treatment	
	b. Sexual and reproductive health	
	c. Emotions and feelings	
	d. Respect for oneself and for the others	
	e. Human rights, stigma & discrimination	
	f. Relations between men and women	
	g. Social & cultural issues relating to HIV & AIDS, and SRH	
	4. Are the activities and exercises:	
	a. Suitable and sufficient considering the objectives of the unit/lesson?	
	b. Suitable considering the age group and literacy level of the target group?	
	5. Are supporting materials for learners provided, e.g. worksheets, puzzles?	
	6. Is formal training required to use the material?	
	Total score	

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

TOOL 10: C. MATERIAL FOR TEACHER TRAINING

Acronyms: **SRH:** Sexual and Reproductive Health **VCT:** Voluntary counselling and testing

Rating: from **0** (not at all, or very badly done) to **5** (very good, very well done) **n.a.:** not applicable

Criterion X	Layout and packaging	mean score : _____	Rating
	1. Presentation and graphical quality :		
	a. The material is attractive		
	b. The font is readable		
	c. Efficient use is made of printed/printable space		
	d. Material contains sufficient & relevant pictures, graphs etc. to enhance content		
	2. Packaging :		
	a. Size & weight of material are reasonable		
	b. The material is durable if meant to be used by several generations of learners		
	c. The material can be reproduced relatively economically		
		Total score	

STRENGTHS & WEAKNESSES (in relation to the items with higher ratings and lower ratings)

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ANNEXE A

Ana Benavente

Séminaire UNESCO : Analyse et innovation curriculaires pour la lutte contre la pauvreté en Afrique subsaharienne - Ouagadougou, 13-17 mars 2006

Document de travail

La construction d'une vision qui intègre les objectifs, les processus et les résultats et le dialogue politique en tant qu'outil stratégique pour des changements éducatifs.

I ère Partie

«Une action à long terme nécessite forcément une « vision », à partir de laquelle vont être définis les objectifs stratégiques, les résultats attendus et les processus de mise en œuvre d'une politique.»

(P.Luisoni, D.Instance, W.Hutmacher, L'Ecole de demain : quel avenir pour nos écoles ?, in Perspectives n°2, juin 2004).

1. Introduction

Une des caractéristiques de l'éducation est que ses résultats consolidés ne sont visibles que dans l'espace d'une génération, même si l'on peut (et l'on doit) avoir des indicateurs de progrès. Ces indicateurs de progrès sont décisifs pour que l'on puisse suivre et réguler le développement des réformes de curriculum et de méthodes (qui sont des processus lents).

La conséquence à en tirer est qu'il faut avoir une vision d'ensemble, une stratégie dans la durée et une planification prospective pour que les efforts (matériels, sociaux, politiques) arrivent à leur but : une éducation de qualité pour tous.

Pour construire une vision d'ensemble, il faut élaborer des diagnostics (point de départ, forces et faiblesses, analyser les caractéristiques et les besoins des sociétés, des élèves, du système (et de l'administration), il faut définir les principes, les objectifs et les stratégies ainsi que les engagements d'action et, bien entendu, il faut identifier les acteurs

sociaux à mobiliser et les instruments pour cette dynamique ; il faut aussi mettre sur pied les outils pour le pilotage d'un processus complexe et pour son évaluation régulière.

En somme, il faut passer d'une politique éducative basée sur des projets partiels, sur des objectifs ponctuels et sur des efforts dispersés, à une politique éducative par plans intégrés qui articulent les diagnostics, les objectifs, les ressources, les actions et les acteurs, ainsi que les outils pour l'évaluation et la régulation constantes de la mise en œuvre et de ses résultats.

2 . Les politiques éducatives : obstacles et réponses. Les changements en éducation.

Chaque pièce d'un puzzle ne trouve son sens que par rapport à l'ensemble. Il en va de même pour les politiques éducatives. Un objectif, une stratégie, un outil, une action n'ont de sens que par rapport à une vision d'ensemble qui les justifie, qui les oriente et les évalue.

Les études de cas présentées par des pays africains, lors des séminaires organisés par le BIE et par l'ADEA sur le dialogue politique en éducation , constatent que les **obstacles** à une éducation de qualité pour tous se situent à différents niveaux de la société. Ces **obstacles** sont de nature économique, sociale, financière, administrative et culturelle mais ils reconnaissent aussi qu'il y a des obstacles liés aux savoirs et aux compétences des responsables et qu'il faut s'y attacher d'immédiat).

Il s'agit de la pauvreté, d'économies peu dynamiques, de la vulnérabilité sociale face aux crises, des inégalités de tout genre, des faibles rendements, des restrictions budgétaires, de la bureaucratie et rigidité des administrations, de leur caractère centraliste, du manque de coordination, de la diversité multiculturelle, de la faible formation des enseignants, des résistances de acteurs, etc., etc.

Ces obstacles ont des conséquences sur les politiques éducatives, notamment la dispersion des efforts, l'affirmation des intérêts sectoriels, le manque de continuité des politiques et des responsables des services officiels, l'impatience face aux attentes envers l'éducation et des résultats qui se font attendre, des projets qui se succèdent sans articulation conséquente, des politiques sectorielles qui ne s'accordent pas.

Ces conséquences expliquent, en général, que les résultats des investissements et des politiques développées restent en deçà des attentes légitimes.

La volonté de changement et les engagements internes (face aux sociétés nationales) et externes (sur la scène internationale) poussent les responsables à identifier les chemins à parcourir pour répondre aux besoins d'une éducation de qualité.

La construction d'une vision d'ensemble en est une condition décisive.

En effet, on peut essayer d'avancer vers la décentralisation de l'éducation, vers l'engagement des partenaires, promouvoir le dialogue politique, chercher l'obtention de consensus et une meilleure utilisation des ressources, lancer des réformes pédagogiques, **mais tout ceci ne prend un sens et ne trouve des voies que si chaque but, chaque objectif, chaque stratégie, chaque action s'inscrit dans une vision d'ensemble.**

Par ailleurs, les changements en éducation **sont lents et sont complexes, de par la nature même de l'éducation.**

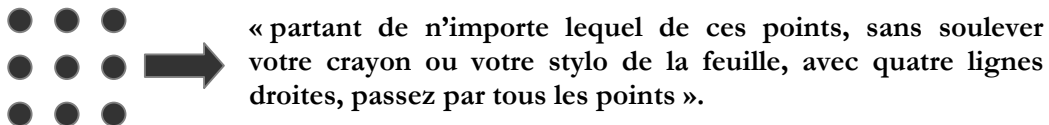
Celle-ci implique des pratiques et des relations dans des contextes divers et, pour que l'éducation s'améliore, il faut qu'il y ait des changements au niveau des organisations mais aussi au niveau des groupes et des personnes.

La construction d'une vision d'ensemble, dans une perspective systémique, holistique (ce qui signifie identifier tous les facteurs en jeu et leurs interrelations), permet d'anticiper et de réguler les processus de changement, même si nous savons très bien qu'il peut y avoir toujours des imprévus.

Une intéressante théorie du changement, construite par P. Watzlawick, de l'Ecole de Palo Alto (en Californie) attire notre attention sur le fait que, très souvent, nos problèmes commencent par la manière dont nous posons les problèmes. Voilà un savoir bien utile pour l'action.

Voyons ce simple exercice :

Dessinez 9 points équidistants (regroupés par 3 sur 3 lignes) sur une feuille de papier et suivez attentivement les instructions :



Après quelques minutes, à moins que vous connaissiez déjà l'exercice, on vérifie qu'il y a toujours un point qui reste dehors.

Pourquoi ?

Parce que vous avez introduit une donnée qui n'existe pas ... et qui vous enferme dans un problème sans solution...

Voilà ce qui arrive souvent dans notre vie personnelle, professionnelle et politique. **Ce qui nous empêche de trouver la solution, c'est la manière dont nous posons le problème.**

Si nous élargissons notre espace de réflexion, si nous posons le problème de façon décentrée, (c'est à dire, si nous regardons la forêt et pas seulement l'arbre), alors nous pouvons trouver des solutions.

Il arrive souvent que nos espoirs soient frustrés parce que les changements ont amené « plus du même », c'est-à-dire, des « faux semblants » et non des changements qualitatifs et durables.

La construction d'une vision permet aussi d'identifier les difficultés rencontrées et leurs causes et, par là, permet d'améliorer les mises en œuvre en vue de meilleurs résultats.

3. La construction d'une vision : de projets partiels à des plans intégrés

La construction d'une vision d'ensemble élargit notre réflexion en nous décentrant de l'action immédiate.

Ainsi, en plus **de l'articulation des politiques de différents secteurs qui concernent la vie éducative**, une vision d'ensemble permet et exige, en même temps :

- des diagnostics complets, **(le présent, les problèmes à résoudre, forces et faiblesses)**
- la définition (concertée) de principes qui orientent l'action et des objectifs à moyen/long terme, **(ce que l'on veut)**
- l'élaboration des stratégies pour y arriver, **(comment y arriver et à travers quelles étapes),**
- l'évaluation des ressources disponibles **(avec quoi)**
- l'identification de tous les acteurs concernés, des initiatives pour leur mobilisation et des modalités qui organisent leur participation **(avec qui)**
- la définition des objectifs immédiats et des engagements pour l'action, en tenant compte de la réalité et de leur diversité **(quoi faire)**
- Il en va de même pour la création de dispositifs d'accompagnement **(expertise)** et d'évaluation du processus et des résultats obtenus **(quelles difficultés, quelles régulations, quels résultats ?)**

Cette **méthodologie** pour construire une vision d'ensemble évite l'importation de modèles tout prêts qui ne s'adaptent pas à la diversité de contextes.

Nous appartenons tous au même monde, à la même communauté internationale ; pour ce qui est de l'éducation, nous avons les mêmes droits et visons les mêmes objectifs pour les personnes et pour les sociétés (une éducation de qualité pour tous), mais chacun de nos pays a son histoire et son « paysage » économique et social. Si nous voulons réussir nos pays, il faut qu'ils soient bien ancrés dans la réalité.

« A tambour égal, danses différentes », disait un des participants dans un des séminaires du BIE sur le dialogue politique en éducation (Assiah Saya Kpam-N'lé, Togo). L'uniformité des solutions au mépris de la diversité des contextes n'est pas le seul cas de l'Afrique, loin de là. Il s'agit d'une pratique habituelle entre continents, entre régions et à l'intérieur même de chaque pays. Mais au-delà des diversités, il est évident qu'il y a beaucoup de points communs, que l'on doit apprendre avec les expériences des autres et que l'on ne réinvente pas la roue à chaque fois.

On peut dire que l'on a vécu, à propos des réformes éducatives, des **périodes de « projets »**.

Pour chaque problème, pour chaque nouveau défi, on élaborait un nouveau « projet ». Définissant des objectifs spécifiques, on créait alors des services et des équipes, on mobilisait des ressources pour ces projets et on évaluait leurs résultats ; à la fin, il pouvait y avoir des aspects positifs, mais on se retrouvait sur la case de départ pour ce qui est des problèmes structurels à résoudre.

Les projets avaient la vie facilitée du fait qu'ils ne se confrontaient pas aux structures de l'administration et qu'ils ne visaient pas résoudre des problèmes de fond dans la durée ; ils étaient souvent assez « spectaculaires » mais ils disparaissaient et tout devenait comme avant.

Par ailleurs, **les projets** se multipliaient et les acteurs sur le terrain et les écoles elles-mêmes se trouvaient devant de nombreux projets qui formulaient des exigences et offraient quelques ressources mais qui ne répondaient pas à l'ensemble des problèmes et des nécessités réelles.

Quant aux politiques éducatives d'ensemble, les projets se succédaient d'accord avec les temps politiques. Plus faciles à élaborer et à financer, les projets visaient des objectifs partiels et à court terme et n'assuraient pas la continuité nécessaire aux transformations de fond, complexes et lentes.

Pour toutes ces raisons, les pays avancent, de plus en plus vers l'élaboration de Plans (décennal, directeur, etc.), de Lois d'orientation et d'autres cadres de référence, construisant des approches systémiques et intégrées ; la mobilisation des acteurs et leur participation s'organise en partenariats sur la base de Chartes, de Pactes et d'autres outils d'orientation de l'action.

IIème Partie

«Toute réflexion qui n'a pas été appropriée par ceux qui sont concernés, aura du mal à se cristalliser en actions de changement»

(M.Godet, Manuel de prospective stratégique, Dunod, Paris, 2001).

Cette phrase, citée à propos des futurs possibles pour l'Afrique dans l'ouvrage « Afrique 2025 » (Futurs africains, Karthala, Paris, 2003) résume l'importance du **dialogue politique en éducation**.

1. Introduction

Les responsables politiques savent que, entre leurs décisions et les pratiques concrètes, il y a un monde d'obstacles et aussi de médiations, parmi lesquelles l'action des acteurs et des partenaires éducatifs et sociaux. Les responsables politiques savent que, lorsque l'on définit des objectifs et l'on obtient des ressources, il faut encore que les stratégies permettent de nourrir des dynamiques intelligentes, adéquates et sans relâche.

Alors que la démocratie s'impose de plus en plus comme une réalité à consolider dans le monde, on comprend que le développement des sociétés n'a pas lieu sans l'action des citoyens et que, **dans le cas de l'éducation, des réformes n'aboutissent que si elles mobilisent la volonté, les savoirs et les pouvoirs de tous les partenaires.**

Les changements en éducation exigent que l'on articule des politiques publiques, que l'on mobilise la volonté de tous les acteurs concernés, à tous les niveaux du social, et que l'on articule des objectifs avec des stratégies flexibles, adéquates et continues.

S'il est vrai que ni les sociétés, ni les groupes, ni les personnes ne « changent par décret », il est aussi vrai que, pour qu'il y ait de réels changements, il faut « **vouloir, savoir et pouvoir** » .

Il faut la **volonté** d'atteindre certains objectifs ; il faut **connaître** les contextes et les buts à établir et il faut encore que l'on **puisse** s'organiser pour que la définition des stratégies et l'utilisation des ressources soient adéquates à ces buts (d'où le rôle de l'évaluation régulatrice).

C'est pourquoi le **dialogue politique** apparaît, tant au niveau de la définition des objectifs et des stratégies qu'au niveau de l'action concrète et de l'établissement de divers partenariats, comme un outil indispensable pour que l'on **veuille**, que l'on **sache** et que l'on **puisse construire la qualité éducative**.

Mais le dialogue politique ne se résume pas à des mots ou des intentions.

De nouvelles **compétences** sont nécessaires, compétences institutionnelles et techniques, pour que le dialogue politique devienne le moteur de pratiques concrètes vers la qualité éducative.

Ces compétences exigent des formations qui sont, avant tout, des échanges d'expériences, des partages de connaissances et des réflexions collégiales. Il est nécessaire de développer des processus d'interaction qui permettent que chacun enrichisse ses savoirs et obtienne de nouveaux outils de réflexion et d'action, exigent des méthodologies actives et participées, ancrées dans l'expérience ; il s'agit de ce que l'on désigne aujourd'hui par « inter apprentissage » ou « communauté de pratiques ».

Beaucoup d'obstacles à la construction de l'éducation de qualité pour tous se trouve, aujourd'hui, du côté des stratégies.

Des travaux menés par le PADEA et par le BIE avec de nombreux pays africains qui ont élaboré des études de cas dans le domaine de l'éducation, montrent que, au-delà de la diversité de situations, il y a beaucoup de problèmes communs (ces études de cas ont aussi souligné des voies de réussite et des « bonnes pratiques » où le dialogue politique joue un rôle fondamental).

En ce qui concerne l'éducation, on constate des déséquilibres entre l'offre et la demande, des problèmes de redoublement et d'abandon scolaire, le manque d'enseignants ou leur faible formation et, bien évidemment, la faible qualité de l'éducation.

Mais l'analyse des problèmes va de pair avec l'identification des **obstacles** à dépasser pour que l'on atteigne les objectifs visés.

Parmi ceux-ci, l'on retrouve **le manque de coordination des services officiels, la dispersion des efforts, la bureaucratie et la centralisation de l'organisation et de la gestion, le manque de participation de la société dans la vie éducative et l'absence de formation des responsables pour développer, conduire et assurer des dynamiques partagées et continuées.**

On sait ce que l'on veut mais on ne sait pas toujours comment y arriver.

2. Le dialogue politique : un outil stratégique

L'importance croissante du dialogue politique a plusieurs raisons .

La première et principale raison concerne l'échec de nombreuses réformes visant le développement de l'éducation et de sa qualité. Si, en général, les objectifs sont clairs, il n'en est pas de même quant aux stratégies.

Combien de textes de loi sont restés « lettre morte » ou ont produit des résultats bien décevants ? Cette réalité a plusieurs causes, parmi lesquelles le manque de continuité des politiques ; les « temps politiques » ne coïncident pas avec les « temps » (plus lents et plus exigeants) des changements éducatifs ; quand une réforme est décidée centralement et n'engage pas d'autres partenaires, notamment ceux qui « font l'école », il y a beaucoup de chances pour que son destin se joue en même temps que celui des décideurs.

Par ailleurs, entre ceux qui décident et ceux qui « appliquent », il y a des interprétations différentes, des « bruits » que seul le dialogue politique peut atténuer. Le rôle de la communication et du partage des raisons qui amènent à certaines décisions au détriment d'autres possibles, la définition des stratégies en fonction de la réalité et l'engagement de tous, sont des éléments décisifs pour la réussite des politiques adoptées.

La deuxième raison concerne le développement des démocraties et l'exigence de participation de la part des citoyens.

La troisième raison concerne le besoin de rendre des comptes à ceux qui investissent, qui financent, qui travaillent et qui attendent des résultats éducatifs.

Enfin, **la quatrième raison** pour l'importance du dialogue politique tient à la globalisation ; le monde est divers mais il faut connaître et partager les réussites aussi bien que les échecs dans une approche comparative qui permette d'éviter des erreurs et d'apprendre avec les « bonnes pratiques ».

Le dialogue politique est une manière de réfléchir et d'agir politique et professionnellement, c'est une stratégie qui oriente la conception, la prise de décision, les processus de sa mise en œuvre, l'obtention de ressources et l'évaluation des résultats obtenus par les politiques développées.

3. Les cadres du dialogue politique

Le dialogue politique a des dimensions internationales et nationales, régionales et locales, internes et externes, conceptuelles et opérationnelles, stratégiques et pratiques, spécifiques et environnementales, politiques et sociales, économiques et financières.

Au niveau international, le dialogue politique assume deux dimensions complémentaires.

La première dimension concerne **le dialogue international sur les politiques éducatives.**

Lors des conférences internationales de l'Unesco, des conférences de Jomtien (1990) et de Dakar (2000) sur l'éducation pour tous, événements de référence, aussi bien que lors des forum (biennal) des ministres africains que l'PADEA réalise régulièrement, il s'agit de partager des expériences, d'analyser des échecs et des réussites et d'envisager des solutions nouvelles. Ces rencontres débouchent sur des perspectives et sur des propositions qui guident l'action, soit en consolidant ce que l'on fait, soit en interrogeant les pratiques en cours.

La deuxième dimension du dialogue politique au niveau international, concerne les pays et les agences bilatérales ou multilatérales de financement et de coopération.

La situation fréquente du « pot de terre contre le pot de fer » fait place, de plus en plus, à l'instauration du dialogue systématique et de la négociation entre les acteurs. On distingue aujourd'hui une tendance positive à dépasser des projets fragmentaires organisés en

cycles successifs et à établir des plans à long terme, dans la durée, intégrant tous les niveaux du système, les actions et les ressources.

Au niveau national, on distingue deux dimensions du dialogue politique.

La première dimension est **interne**, au sein même de l'administration et entre les différents services. Pour que le ministère de l'éducation obtienne, auprès de celui des finances, les ressources nécessaires à son travail, il faut que le dialogue s'établisse, de façon informée et compétente.

Le dialogue politique national a aussi une **dimension externe** : le dialogue avec les partenaires sociaux et les acteurs éducatifs.

Il s'agit de mobiliser tous les acteurs de l'éducation, à différents niveaux, pour le développement de dynamiques capables de réussir des réponses flexibles et adaptées aux différents contextes.

Tant au niveau de la réflexion que de la prise de décision et encore de la mise en œuvre des politiques éducatives, le pouvoir politique n'a pas tout le pouvoir. L'analyse de processus de changements, les uns réussis et d'autres échoués, montrent bien qu'il y a du pouvoir à tous les niveaux de la société et que toutes les personnes ont du pouvoir. Si les responsables politiques agissent seuls, il y a de fortes chances pour que leurs objectifs ne soient pas atteints. La convergence de tous les pouvoirs est une condition décisive pour que les politiques réussissent.

En tant qu'outil stratégique pour la qualité éducative, pour la rentabilisation des ressources et pour des efforts « durables », le dialogue politique doit mobiliser **toutes les volontés, tous les savoirs et tous les pouvoirs.**

4. Les acteurs du dialogue politique

Les acteurs du dialogue politique en éducation sont multiples et divers ; on peut identifier les organisations internationales , les ministères, les services officiels, les syndicats d'enseignants, les associations de parents, les élèves, des associations économiques et professionnelles, sociales et culturelles, des partenaires techniques et financiers (experts), des chercheurs et des personnes ressource , des groupements de femmes, des groupes religieux, des organisations communautaires, des organisations de bénévoles, les élus locaux, des fondations, la presse, les media.

En fait, l'identification des **acteurs éducatifs et des partenaires** possibles et souhaitables découle de la pratique. Soit c'est la réflexion et l'analyse des politiques qui identifie tous les acteurs concernés, soit ce sont les bonnes pratiques qui mettent en évidence tous les acteurs engagés dans des processus concrets, soit c'est la critique des échecs qui révèle les acteurs absents (ou dont l'action a été un obstacle au changement).

Leur **rôle** est aussi très divers. Ça peut être un rôle de financement, de contribution à la mobilisation sociale, ça peut être la réalisation d'études techniques, l'élaboration d'orientations et la définition de stratégies, la préparation et la conduite des mises en œuvre et de l'évaluation (élaboration de statistiques et d'indicateurs, des fiches d'élèves),

l'animation d'activités et la participation directe dans les activités de terrain. Ça peut être aussi l'échange de services, de savoirs et de ressources dans les activités éducatives.

L'analyse de **partenariats** dans des situations concrètes montre que l'on doit être créatif et avoir de l'imagination tout en assurant des cadres clairs de participation et des évaluations régulatrices constantes. La confiance et le respect mutuel dans les rapports établis, ainsi que la rigueur et la transparence dans l'utilisation des ressources disponibles, au cours des processus vécus et dans l'analyse des résultats obtenus, sont décisives pour que le travail en commun soit un enrichissement et pas une constante source de conflits.

5. Les instruments du dialogue politique

Le dialogue politique ne peut avoir lieu que s'il y a des instruments stratégiques à cette fin.

L'analyse des études de cas menées par plusieurs pays africains dans le cadre des travaux de l'ADEA et du BIE révèle une grande diversité d'instruments pour le dialogue politique.

Il ne peut pas y avoir de dialogue politique sérieux si l'on ne sait pas ce que l'on veut et où l'on va (ne dit-on pas que tous les chemins sont également bons et également mauvais quand on ne sait pas où l'on va ??).

Les instruments du dialogue politique visent **la mobilisation, l'information et la communication, la construction de consensus et l'organisation de la participation dans la durée, ainsi que la formation de tous les partenaires.**

Les Etats généraux de l'éducation, la réalisation de journées de réflexion, les journées de la concorde, des consultations élargies, les semaines de portes ouvertes sont des initiatives qui visent la mobilisation.

Les chartes et les pactes éducatifs, les ateliers de dialogue et les tables de concertation sont des outils pour la construction de consensus, passibles de régulations dynamiques.

Les états des lieux, des études techniques, des campagnes d'information dans les media, au niveau national, régional ou local, aussi bien que l'élaboration de cartes scolaires pour la gestion des réseaux d'écoles et encore la production de statistiques et d'indicateurs pertinents, s'inscrivent dans les efforts de communication qui permettent à tous les acteurs d'avoir connaissance de ce qui se fait.

La création d'organes de gestion, tels que **les réseaux d'organismes du secteur éducatif, les comités de pilotage, des comités de gestion autonomes dans les écoles, les conseils nationaux d'éducation et les conseils locaux d'éducation, organes de supervision et d'inspection et les cellules d'animation** assurent, parmi d'autres modalités organisationnelles, la participation des acteurs dans la vie éducative.

La formation des responsables politiques et administratifs, des enseignants, des élus locaux, la formation d'animateurs et de médiateurs dans les communautés, sont aussi des instruments du dialogue politique.

Les **partenariats** sont entendus sur la base du partage, de la réciprocité et de la communication directe.

Les instruments du dialogue politique sont, donc, très divers : l'engagement de l'Etat, l'importance des regards extérieurs, des initiatives de mobilisation, des outils d'information et de communication, (notamment des documents bien rédigés et de la clarté dans les termes des accords à établir) , des calendriers bien faits, des modalités pratiques d'organisation de la participation et de gestion des processus de changement , ainsi que la formation technique des responsables des processus politiques et éducationnels, tant au niveau central qu'au niveau local, apparaissent parmi les plus importants.

3^{ème} Séminaire international BIE –UNESCO – MEBA, Ouagadougou, 13-17 mars 2006
Dialogue politique et stratégies de mise en œuvre du changement du curriculum

Les acteurs du développement curriculaire (listés par les participants au cours d'une discussion plénière,

Opinion publique	Le gouvernement	Partis politiques	Elus locaux		Hommes et femmes politiques
Société civile	Ministère des finances				Autorités traditionnelles
Médias					Autorités religieuses
Leaders d'opinion		Nous-mêmes, les Techniciens			
Juristes		Inspecteurs			Académiciens
Le secteur privé				Chercheurs	Universités et écoles de formations d'enseignants
Employeurs		Directeurs d'écoles		Syndicats	
Bailleurs de fond		Enseignants	Associations d'enseignants (pédagogiques)		
Experts/partenaires d'autres pays		Personnel non enseignant			
ONG sur le terrain		Comité de gestion scolaire	Bibliothèques et autres sources		Editeurs de matériel scolaire
		Elèves	Associations d'élèves	Collectivités locales et culturelles	Associations des femmes
		Parents			

acteurs non mentionnés pendant les discussions:

les formateurs d'enseignants!

autres???

ANNEXE C

**Analyse et innovation curriculaires de l'éducation pour tous en Afrique Subsaharienne
et lutte contre la pauvreté
3ème séminaire international BIE-UNESCO (Ouagadougou, mars 2006)
Dialogue politique et stratégies de mise en œuvre du changement du curriculum**

LES OBSTACLES AU CHANGEMENT

Méthodologie : le travail s'est effectué en 3 temps :

- i) une première étape a consisté à répertorier les obstacles à partir des propositions des participants ;*
- ii) pour la seconde étape, tous les participants ont été invités à indiquer les obstacles qui leur semblent les plus importants. Cet exercice a permis d'établir un classement des obstacles,*
- iii) une troisième et dernière phase a permis aux participants qui le désiraient de faire des commentaires sur les obstacles répertoriés.*

Classement selon l'importance	(nb de voix obtenues)	obstacles	commentaires
1 ^{er}	(16)	Peur du changement	<ul style="list-style-type: none">- peur du changement : tous les autres sauf nous- on préfère ne pas changer (plus contrôlable)- à cause de trop nombreux changements ratés dans le passé- la peur du pire- il faut créer des mécanismes pour dépasser les peurs- manque de confiance entre acteurs
2 ^e	(12)	Méconnaissance du rôle à jouer par chaque acteur	<ul style="list-style-type: none">- le savoir et le pouvoir sont au centre- il faut clarifier les rôles – communiquer sur qui fait quoi
3 ^e	(11)	Manque de connaissance de ce qui est en jeu	
4 ^e	(10)	Rigidité des structures officielles	
5 ^e	(7)	Peur de perdre du pouvoir due à l'entrée en scène de nouveaux acteurs	
	(7)	Conflit entre niveaux de l'administration	
7 ^e	(6)	Manque de formation des responsables	
8 ^e	(4)	Manque de communication entre responsables et enseignants	
	(4)	Manque de coordination entre services officiels	
10 ^e	(3)	Manque de disponibilité des acteurs de terrain trop centrés sur les problèmes immédiats	
	(3)	Méfiance des acteurs à l'égard du Ministère de l'éducation	
11 ^e	(1)	Mauvaise interprétation des textes officiels	

2 obstacles ont été ajoutés lors de la discussion :

**Peur de l'erreur chez les décideurs et politiciens
Pas de droit à l'erreur (l'enfant n'est pas un cobaye et l'école doit rester ouverte)**