United Nations
Educational, Scientific and
Cultural Organization

Measuring the education sector response to HIV and AIDS

Guidelines for the construction and use of core indicators

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Published in 2013 by the United Nations Educational,
Scientific and Cultural Organization
7, place de Fontenoy, 75352 Paris 07 SP, France

ISBN: 978-92-3-001197-0

Cover photo: © Shutterstock/michaeljung

Designed and printed by UNESCO
The printer is certified Imprim'Vert®, the French printing industry's environmental initiative.

Printed in France

ED-2013/WS/16

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Acknowledgements

These guidelines for the construction and use of core indicators for measuring the education sector response to HIV and AIDS were commissioned by the United Nations Educational, Scientific and Cultural Organization (UNESCO) based on the work conducted by the Joint United Nations Programme on HIV/AIDS (UNAIDS) Inter-Agency Task Team (IATT) on Education.

UNESCO would like to thank colleagues from UNESCO's regional and country offices in Asia, the Caribbean and sub-Saharan Africa, and the numerous colleagues from other agencies and organizations who contributed to the development of these guidelines through a series of workshops held in Asia, Africa, the Caribbean and Europe between 2009 and December 2012.

We would like to specifically acknowledge the following people, who played key roles in supporting the development of the guidelines in various regions, including the field test of some of the indicators: Carmen Aldinger (Education Development Center, lead consultant for the Caribbean M&E framework); Jenelle Babb (UNESCO Office, Caribbean); Michael Beasley (Chair of the M&E working group of the UNAIDS IATT on Education) and other members of the IATT on Education M&E Working Group; Stephanie Dolata (UNESCO International Institute for Educational Planning – IIEP); David Hales (UNAIDS consultant and former co-chair of the Indicator Technical Working Group (TWG) of the UNAIDS Monitoring & Evaluation Reference Group (MERG); Aina Heita (UNESCO Office, Namibia); Mathias Herman (UNESCO Office, Tanzania); Sera Kariuki (UNICEF, East and Southern Africa); Matthias Lansard (formerly UNESCO, Regional HIV and Health Education Team for East and Southern Africa); Patricia Machawira (UNESCO, Regional HIV and Health Education Team for East and Southern Africa); Lomthandazo Mavimbela (Southern African Development Community Secretariat – SADC); Alice Saili (UNESCO Office, Zambia); and Arno Willems (formerly UNESCO, Regional HIV and Health Education Team for East and Southern Africa).

Many thanks are due to the country teams who were involved in the field test of the identified school-based indicators in East and Southern Africa. These include the National Coordination Groups comprising representatives from Education Management Information Systems (EMIS) and National AIDS Councils, and UNAIDS M&E Advisors. Thanks are also due to the individual consultants who worked with the country teams during the field test: Dalleen Witbooi in Namibia; Victor Madziakapita in South Africa; Flora Kessy in Tanzania and Nixon Chisonga in Zambia. Finally, a special work of thanks to the school heads, teachers and students of all the schools involved in the field test of indicators.

The overall process for developing the guidelines including international and regional consultations and the field test of indicators was coordinated by Christophe Cornu, Anandita Philipose and Liu Yong Feng in the Section of HIV and Health Education, Division of Education for Peace and Sustainable Development, Education Sector at UNESCO. Wendy Heard, Consultant, EduSector AIDS Response Trust produced the first draft guidelines.

The OPEC Fund for International Development (OFID) provided financial support for the development of the guidelines within the context of an on-going partnership between UNESCO and OFID on supporting comprehensive education sector responses to HIV and AIDS in East and Southern Africa.

Abbreviations and acronyms

AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-retroviral
ASC	Annual School Census
CBO	Community based organization
DHS	Demographic Health Survey
ECD	Early Childhood Development (including pre-primary education)
EDC	Education Development Center, Inc
EDUCAIDS	Global Initiative on Education and HIV & AIDS, a UNAIDS initiative led by UNESCO
EFA	Education for All
EMIS	Education Management Information Systems
FBO	Faith-based organization
FRESH	Focusing Resources on Effective School Health
GARP	Global AIDS Response Progress
GARPR	Global AIDS Response Progress Reporting
HAKT	HIV and AIDS Knowledge Test (SACMEQ)
HIV	Human Immunodeficiency Virus
IATT	UNAIDS Inter-Agency Task Team (on Education)
IIEP	International Institute for Education Planning
MDGs	Millennium Development Goals
M&E	Monitoring and evaluation
MERG	Monitoring and Evaluation Reference Group
MICS	Multiple Indicator Cluster Survey
MoE	Ministry of Education
MSM	Men who have sex with men
NAC	National AIDS Councils
NCG	National Coordination Groups
NCPI	National Commitments and Policy Instruments/National Composite Policy Index
NGO	Non-governmental organization
OFID	OPEC Fund for International Development
OVC	Orphaned and vulnerable children
PBS	Population-based survey
PCD	Partnership for Child Development
PEPFAR	US President's Emergency Plan for AIDS Relief
PSP	Psychosocial Support Programme
PWID	People who inject drugs
SACMEQ	Southern and Eastern Africa Consortium for Monitoring Educational Quality
SADC	Southern African Development Community
SBS	School-based survey
SE	Sexuality education
SPSS	Statistical Package for the Social Sciences, later modified to read Statistical Product and Service Solutions
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TWG	Technical Working Group
UIS	UNESCO Institute for Statistics
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary counselling and testing
WHO	World Health Organization

Executive summary

Education contributes to knowledge and personal skills that are essential for HIV prevention. In countries with a generalized HIV epidemic, the education sector also contributes to mitigating the impact of AIDS on students, education personnel, their families and communities. Monitoring and evaluating the role of education in the response to the HIV epidemic is important for countries to improve the quality of their policies and school-based programmes.

The purpose of this document, *Measuring the Education Sector Response to HIV and AIDS: Guidelines for the construction of core indicators,* is to provide ministries of education and other education stakeholders involved in country responses to AIDS with clear guidelines on the use of core indicators to measure the education sector response to HIV and AIDS.

These *guidelines* are the result of a process that started in 2008 when a wide range of partners involved in the 'Focusing Resources on Effective School Health' (FRESH) initiative recognized the need to develop a generic monitoring and evaluation framework for school health and nutrition programmes. As part of this effort, in 2009 the United Nations Joint Programme on HIV/AIDS (UNAIDS) Inter-Agency Task Team (IATT) on Education started to work towards identifying a limited number of internationally recognized indicators for the monitoring and evaluation of the education sector response to HIV and AIDS.

The process for developing the *Guidelines* included the following steps:

- After a review of existing indicators and an international consultation, a list of seven indicators capable of measuring both the process and outcomes of education sector responses to HIV and AIDS were disseminated by the UNAIDS IATT on Education in December 2010 for consideration and field testing by in-country stakeholders.
- Building on this work, the United Nations Educational, Scientific and Cultural Organization (UNESCO) organized a series of regional consultations in the Caribbean and sub-Saharan Africa in collaboration with other UN agencies including the United Nations Children's Fund (UNICEF), which led to recommendations for 16 indicators. These included eight indicators specific to countries with generalized HIV epidemics and one additional global indicator. Some of these indicators were already used by many countries, particularly international indicators known as United Nations General Assembly Special Session on HIV and AIDS (UNGASS)[1] indicators, which became Global AIDS Response Progress Reporting (GARPR) indicators in 2011.[2]
- At the end of 2010, the UNAIDS IATT on Education endorsed the revised list of 16 core indicators and decided that the 11 new indicators for which data are or should be collected through the education sector – i.e. through the Education Management Information System (EMIS) Annual School Census or through specific school-based surveys – should be field tested. It was also decided to field test a school-based version of the international indicator on HIV knowledge among young people (GARPR Indicator 1.1 and former UNGASS indicator #13). The objective of the field test was to check whether the new indicators met international UNAIDS indicator standards[3] by producing evidence on the

1 They were called UNGASS indicators, as they were based on commitments made during the United Nations General Assembly Special Session on HIV and AIDS (UNGASS) held in 2001.

2 Following on from the 2011 High Level Meeting on AIDS and building on the decade of reporting against the targets agreed at the 2001 UNGASS, UNAIDS started to request UN member states to continue to report on national progress in the AIDS response through a new process called Global AIDS Response Progress Reporting (GARPR).

3 UNAIDS. (2010). *Indicator Standards: Operational Guidelines for Selecting Indicators for the HIV Response*, and UNAIDS. (2010). *An Introduction to Indicators.*

following issues: the need for the new indicators and their usefulness; their technical merit (validity and reliability); and the feasibility of collecting and analysing the data for those indicators, particularly through existing education sector systems such as the EMIS, which would be more sustainable than new systems. It was seen as particularly important to avoid any additional burden on human and financial resources at country level that are often limited and already overstretched. All indicators were fully defined prior to the field test. As per international standards, full definitions included the purpose of each indicator, its rationale, the method of measurement, the collection method, the measurement frequency, disaggregation categories, interpretation of data collected for the indicator, strengths and weaknesses of the indicator, and additional sources of information for the indicator. The field test helped to refine the definitions.

- The field test of indicators took place in four countries in Southern and Eastern Africa (Namibia, South Africa, Tanzania and Zambia) and in Jamaica in 2011 and 2012. Based on the findings of the field test, eventually 11 of the 12 field-tested indicators were recognized as meeting international indicator standards.
- The 11 indicators that were successfully field tested, together with four additional GARPR indicators, were endorsed by the UNAIDS IATT on Education in February 2013 as the recommended core indicators that should be used to measure the education sector response to HIV worldwide.
- The Guidelines therefore include 15 indicators as listed below. Indicators in italics are also GARPR indicators. For most of the indicators, data should be collected by the education sector. Otherwise, data should be gathered through population-based surveys (the data source is indicated in brackets after each indicator).

UNESCO, together with other UN agencies and development partners, is supporting the use of the international indicators by countries in various regions, in particular for the integration of indicators in routine monitoring and evaluation (M&E) conducted by ministries of education through EMIS. Practical tools for data collection, entry and analysis have been developed based on the field test of indicators and are available for ministries of education that wish to use the indicators.

How to use the guidelines included in this document *Measuring the Education Sector Response to HIV and AIDS*

Readers will find a series of pages devoted to each indicator. They provide detailed information about reasons for using the indicator; methods for collecting the data and measuring it; and guidance for interpreting the data, including how to analyse data from various indicators and draw conclusions in terms of potential changes in policies and programmes in the education sector.

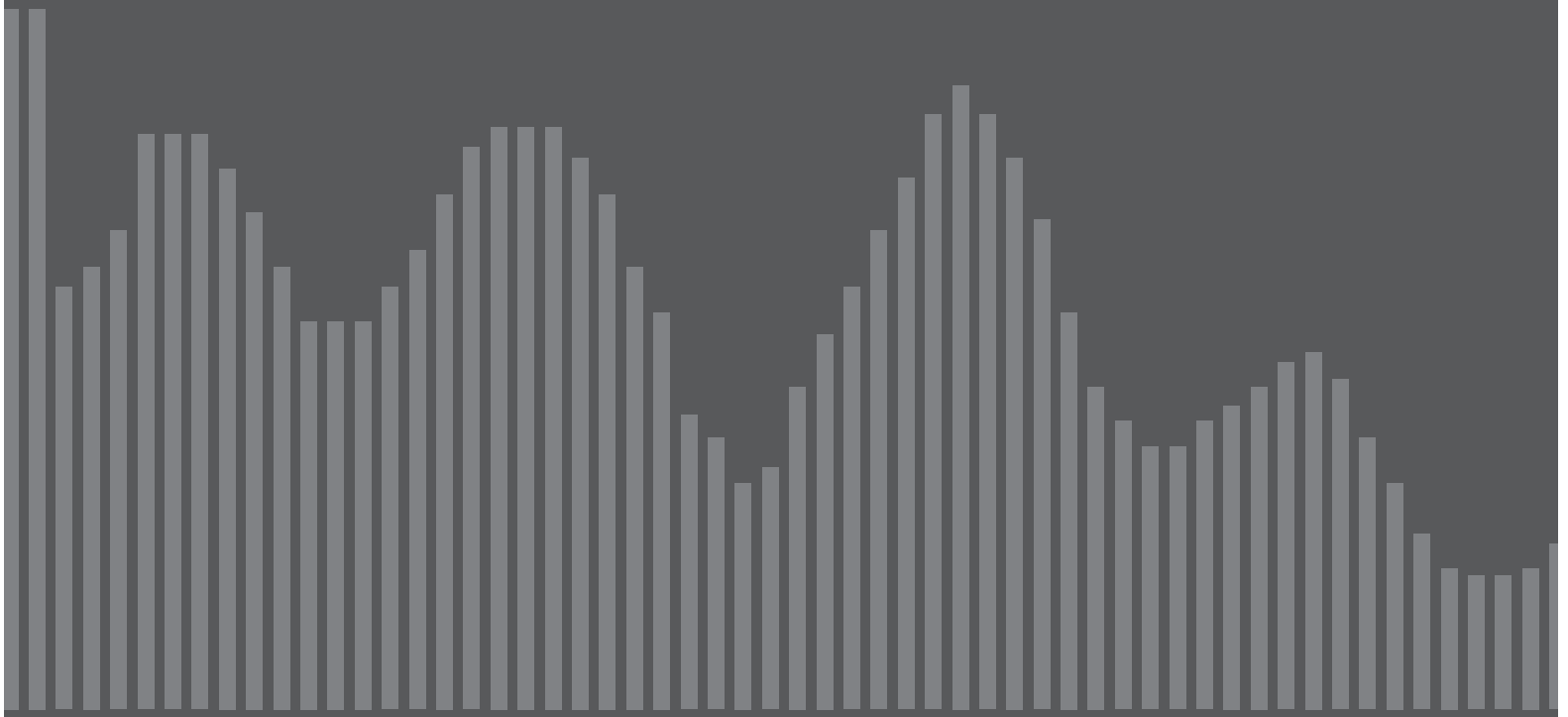
Core global indicators for the monitoring and evaluation of the education sector response to HIV and AIDS

1. *National Commitments and Policy Instrument (Country Report to Global AIDS Response Progress Reporting).*
2. Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders (EMIS Annual School Census).
3. Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year (EMIS Annual School Census or school-based survey).
4. Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year **(**EMIS Annual School Census).
5. Percentage of schools with teachers who received training, and taught lessons, in life skills-based HIV and sexuality education in the previous academic year (EMIS Annual School Census).
6. Percentage of students, aged 10-24 years, who demonstrate desired knowledge levels and reject major misconceptions about HIV and AIDS (school-based survey).
7. *Percentage of young people, aged 15-24 years, who have had sexual intercourse before the age of 15 (population-based survey).*
8. *Percentage of women and men, aged 15-49 years, who had more than one partner in the past 12 months who used a condom during their last sexual intercourse (population-based survey).*

Core indicators for the monitoring and evaluation of education sector responses to HIV and AIDS in countries with a generalized HIV epidemic

9. Percentage of orphaned and vulnerable children, aged 5-17 years, who received bursary support, including fee exemptions, through schools in the previous academic year (EMIS Annual School Census).
10. Percentage of orphaned and vulnerable children, aged 5-17 years, who received emotional/psychological support through schools in the previous academic year (EMIS Annual School Census).
11. Percentage of orphaned and vulnerable children, aged 5-17 years, who received social support, excluding bursary support, through schools in the previous academic year (EMIS Annual School Census).
12. Percentage of educational institutions that implement an HIV Workplace programme (EMIS Annual School Census or school-based survey).
13. *Current school attendance among orphans and non-orphans, aged 5-17 years (population- based survey).*
14. Percentage of students who permanently left school due to illness or death in the previous academic year (EMIS Annual School Census).
15. Teacher attrition rate in the previous academic year (EMIS Annual School Census).

1. Background to the identification of core indicators for the global M&E of education responses to HIV and AIDS and development of guidelines



Over the past decade, the education sector has played an increasingly important role in the multi-sectoral response to HIV and AIDS. The priority placed on the education sector's response to the epidemic is based on the fact that education contributes to the knowledge and personal skills essential for HIV prevention and because it protects individuals, communities and nations from the impact of AIDS. However, as resources for multi-sectoral responses to HIV become ever more limited, it is crucial that the education sector is able to show evidence of the impact of its responses to the HIV epidemic.

At country level, the contribution of the education sector to national AIDS responses has often been poorly appreciated, as the behavioural data are limited and difficult to measure. The education sector's ability to collect data effectively and use evidence to improve its interventions is often hampered by:

- Low awareness among education sector policy-makers and managers about the importance of monitoring and evaluating the role of the education sector in the response to the HIV epidemic.
- Lack of consensus about the critical processes to measure and lack of agreement on the indicators most appropriate for tracking progress, generally characterized by M&E systems that include too many indicators and that are of little or no use to the education sector because of their complexity.[4]
- In some countries, there is an absence of core indicators related to HIV and education in national M&E systems, both in M&E systems and information systems specific to the education sector (e.g. EMIS), as well as M&E systems for the national response to HIV & AIDS.
- Lack of resources and capacity to collect data on HIV and education even when indicators are included in M&E systems at country level.
- Lack of capacity to analyse data once it is collected and generate evidence on the specific contribution of the education sector to the national response to HIV and AIDS.

It is now recognized that improved access to process and outcome information can help ministries of education (MOE) and their partners to improve the quality and management of their HIV response programmes. In addition, it would also help them to advocate and mobilize resources for education sector HIV responses.

The list of indicators included in this document is the first part of a global M&E framework for education sector responses to HIV and AIDS, which aims to provide ministries of education and other stakeholders with technical guidance on the M&E of education and HIV & AIDS.

At a further stage, the M&E framework will also include a list of recommendations and practical tools for data collection, data analysis and use for planning and advocacy purposes.

Several processes have led to the development of these guidelines.[5]

"There is a need for the identification of a limited number of simple indicators on HIV and AIDS against which the education sector will be held accountable in the mainstreaming of HIV and AIDS in the sector. These should be indicators that the education sector can use for their planning, decision-making and advocacy."[5]

Lucas Halimani, UNESCO EDUCAIDS Programme Officer in Zimbabwe

4 The review of the current evidence to strengthen HIV and AIDS education sector response in Southern Africa conducted by EduSector – The AIDS Response Trust in 2010 on behalf of UNESCO and UNICEF concludes that *"several countries present model M&E systems (. . .) While often exemplary (. . .) these models were often so complex and sophisticated that their implementation, maintenance and output might be beyond the capacity of many already overstretched ministries of education".*

5 EduSector – The AIDS Response Trust. (2010). *Towards HIV and AIDS sensitive education sector M&E systems in Eastern and Southern Africa: Report on the rapid assessment of the M&E practices related to education and HIV and AIDS in seven countries across East and Southern Africa.* Draft report. September 2010

1.1. Identification of priority indicators for the monitoring and evaluation of the education sector response to HIV and AIDS by the UNAIDS Inter-Agency Task Team (IATT) on Education

Since 2008, a wide range of partners involved in the 'Focusing Resources on Effective School Health' (FRESH) initiative have been working towards the creation of a generic monitoring and evaluation (M&E) framework for school health and nutrition programmes.[6] As part of this effort, the UNAIDS IATT on Education has been progressively working towards identifying an internationally recognized list of indicators capable of measuring the process and outcomes of education sector responses to HIV and AIDS. In order to achieve this, the IATT on Education adopted a four-stage process:

1.1.a. A review of existing indicators

A review of existing indicators used in the field was produced in September 2009 by Partnership for Child Development (PCD) for the IATT on Education. The review aimed to provide a list of key indicators currently used by countries at national and sub-national levels, including international indicators against which countries report, such as the indicators endorsed by the United Nations General Assembly Special Session on HIV and AIDS, known as UNGASS indicators; a review of data needs for different epidemiological settings and data collection methods and a prioritization of the usefulness of the different indicators.

1.1.b. An international meeting of technical experts

The next step was a meeting of stakeholders with an interest in developing an internationally agreed M&E framework for HIV and AIDS. The meeting, convened in November 2009, worked on the appropriate structure for the M&E framework, reviewed existing indicators to identify gaps and developed additional indicators as necessary. A criteria checklist for indicators was also developed.

1.1.c. Production of a final list of draft indicators through peer review by the UNAIDS IATT on Education

Following on from the international meeting, a list of draft indicators was developed to be finalized at an IATT on Education meeting held in Berlin in December 2009. This was a list of five process indicators and two outcome indicators, linked to priority areas.

1.1.d. Dissemination for consideration and field-testing by in-country stakeholders and finalization

The IATT on Education recommended that the list of draft indicators should be 'disseminated for consideration and field-testing by in-country stakeholders including government departments, agencies, projects and programmes'.[7] The different agencies that comprise the UNAIDS IATT on Education could decide how to support the above aim, depending on their own financial and human resources.

In response to the above recommendation, UNESCO organized a series of regional consultations in sub-Saharan Africa and the Caribbean where the draft indicators identified by the UNAIDS IATT on Education were discussed by a large number of stakeholders involved in the education sector (see below 1.2 & 1.3). The field consultations at regional level served as a first phase of field testing for the indicators identified by the UNAIDS IATT on Education, and suggestions were made to improve some of them.

6 The indicators presented in this report will be included as a thematic area (HIV and education) within the FRESH generic M&E framework. They have also informed the development of summary indicators in the FRESH framework that will measure countries' overall progress in implementing school health and nutrition programmes.

7 *Identification of priority indicators for the monitoring and evaluation of the education sector response to HIV and AIDS* (p.5). Prepared by the Partnership for Child Development on behalf of the UNAIDS Inter-Agency Task Team on Education. March 2010.

These discussions also formed the basis for the development of the current guidelines. UNESCO has been leading on the development of the guidelines in its capacity as the lead agency for the UNAIDS multi-country initiative on education and HIV & AIDS – EDUCAIDS. The external evaluation of EDUCAIDS conducted in 2009 recommended the development of a global M&E framework for the monitoring and evaluation of the education sector response to HIV and AIDS.

Therefore the indicators listed in this document have drawn heavily on the experience of the UNAIDS IATT on Education to ensure the existence of a single framework for M&E of the education sector response to HIV and AIDS.

1.2. Consultation in the Caribbean

The Caribbean countries identified a dire need to provide strategic information that will enable tracking progress, with the specific aim of enhancing decision-making at all programme levels within the education sector. To address this need, steps were taken to develop an M&E framework for a comprehensive HIV and AIDS response in the education sector of the Caribbean. UNESCO worked with the Education Development Center, Inc. (EDC) in developing this framework.

A very consultative process was undertaken, in which a review of existing indicators was completed and workshops were held to seek consensus on which indicators were to be included in the Caribbean M&E HIV Framework: 23 output indicators were identified along with 11 outcome and impact indicators. Several of these indicators were linked to former UNGASS indicators[8] and the proposed IATT indicators. A draft 'Monitoring and Evaluation framework for a comprehensive HIV and AIDS response in the Caribbean Education Sector' was produced in 2010.

The listing of indicators included in the draft framework developed in the Caribbean was considered when developing the indicators listed in this document. A field test of selected indicators was also conducted in Jamaica (see below 1.5).

1.3. Consultation in sub-Saharan Africa

Consultations on the indicators identified by the UNAIDS IATT on Education started with a series of regional training workshops for 42 UNESCO staff working on HIV and AIDS in field offices in Eastern and Southern Africa and West and Central Africa. These workshops provided staff with training on M&E and an opportunity to discuss the use of the IATT-identified indicators, as well as to make suggestions on additional indicators to be considered.

Within the context of an on-going UNESCO/UNICEF/Southern African Development Community (SADC) secretariat partnership in Southern Africa, the EduSector AIDS Response Trust was commissioned to conduct a rapid assessment of M&E practices on education and HIV and AIDS in the region in August 2010. The rapid assessment focused on identifying indicators related to HIV and AIDS currently included in the education sector management information systems (EMIS); the status of UNGASS indicator reporting by the ministries of education and challenges in collecting data and using the data generated. The rapid assessment findings and the draft indicator listing were presented and discussed at two large regional multi-stakeholder consultations in Namibia and South Africa (August and September 2010). These consultations involved 31 representatives of ministries of education and four representatives from other line ministries from 15 countries, seven representatives from National AIDS Councils (NAC), three members of the SADC Secretariat, UNESCO and UNICEF field and regional staff and UN Development Programme (UNDP) and UN Population Fund (UNFPA) regional staff. The participants at the consultations reviewed the findings of the rapid assessment and identified a limited number of core international indicators – based on the indicators identified by the IATT – and recommended additional indicators specific to high HIV-prevalence countries. These recommendations were then taken forward to a meeting of the SADC Secretariat and representatives of member states of SADC in September 2010 for further endorsement.

The outcomes of the regional consultations were considered for the development of this document.

8 Indicators that were part of the UNGASS reporting process are now included in a new reporting process called 'Global AIDS Response Progress Reporting' (GARPR). For more information on this process, refer to section 1.6

1.4. International consultation hosted by UNESCO in Paris, October 2010

A consultant developed the guidelines for the construction of the selected global indicators based on these different processes conducted at regional and global levels between August and October 2010. In October 2010, UNESCO hosted an international consultation in Paris to review the indicator listing together with a series of recommendations for data collection, data analysis and use for planning purposes. The consultation involved ministry of education officials from Southern Africa and the Caribbean, and representatives of the UNAIDS IATT on Education. It included international non-governmental organizations (NGOs) and research groups, staff and consultants working with UNESCO at headquarters and in the field, and other UN agencies (the list of participants is given in Appendix B).

The first draft of the guidelines was refined based on the discussions at the Paris consultation. In line with the internationally recognized need to work with only a limited number of global indicators for the monitoring and evaluation of the education sector response to HIV and AIDS, this listing consisted of a total of 16 indicators, including eight global indicators applicable in all countries and eight indicators relevant to countries with a generalized HIV epidemic only.

1.5. Field test of indicators

At the end of 2010, the UNAIDS IATT on Education endorsed the 16 core indicators included in the guidelines developed by UNESCO to measure and evaluate the education sector response to HIV.

The IATT on Education agreed that the indicators for which data are or could be collected through the education sector – i.e. through the EMIS Annual School Census or through school-based surveys – should be tested. Core indicators already used for many years, such as Global AIDS Response Progress (GARP) indicators, were not field tested, as data for these indicators are collected through population-based surveys. However, it was decided to field test a school-based version of the international GARPR indicator on HIV knowledge among young people (GARPR Indicator 1.1 and former UNGASS indicator 13).

UNESCO led the field testing process in selected countries in two regions: Eastern and Southern Africa, and the Caribbean. These are two regions where efforts have been supported by UNESCO and other partners to strengthen EMIS, as these systems are seen as the most feasible and sustainable way to collect data routinely on the education sector.

In Eastern and Southern Africa, the field test was conducted in 2011-2012 within the framework of the partnership between UNESCO, UNICEF and the SADC. Four countries – Namibia, South Africa, Tanzania and Zambia – were selected as pilot countries. In the Caribbean, the field test took place in Jamaica.

At the request of the Ministry of Education and Training in Viet Nam, UNESCO also supported an initiative to develop a national M&E framework for education sector responses to HIV and AIDS. However, the ministry decided to include a series of indicators in the annual school census, including three indicators that were field tested in Eastern and Southern Africa and Jamaica without field testing them prior to integration in EMIS. Lessons learned about the process and outcomes of using those indicators have not yet been rigorously documented, which means that findings from Viet Nam were not considered for the development of these guidelines.

A total of 12 indicators were field tested out of the 16 indicators endorsed by the IATT on Education. All 12 indicators were field tested in Eastern and Southern Africa and only four in Jamaica (see Table 1.1).

Table 1.1: Indicators tested in Eastern and Southern Africa and Jamaica

Indicator		East and Southern Africa	Jamaica
1.	Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year	✔	✔
2.	Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year	✔	✔
3.	Percentage of schools with teachers who have received training, and taught lessons, in life skills-based HIV and sexuality education in the previous academic year	✔	✔
4.	Percentage of students, aged 10-24 years, who demonstrate desired levels of knowledge, and reject major misconceptions, about HIV and AIDS	✔	
5.	Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders	✔	✔
6.	Percentage of educational institutions that implement an HIV workplace programme	✔	
7.	Percentage of orphaned and vulnerable children, age 5-17 years, who received bursary support, including school fee exemption, through schools in the previous academic year	✔	
8.	Percentage of orphaned and vulnerable children, aged 5-17 years, who received emotional/psychological support through schools in the previous academic year	✔	
9.	Percentage of orphaned and vulnerable children, aged 5-17 years, who received social support, excluding bursary support, through schools in the previous academic year	✔	
10.	Percentage of students who permanently left school due to illness or death in the previous academic year	✔	
11.	Teacher attrition rate in the previous academic year	✔	
12.	Percentage of teacher absenteeism due to illness or compassionate reasons in the previous academic year.	✔	

In reference to selecting indicators for the HIV response set by the UNAIDS Monitoring and Evaluation Reference Group (MERG),[9] the objective of the field test was to produce evidence on the following issues:

- The need for the new indicators and their usefulness
- The technical merit (validity and reliability) of the new indicators
- The feasibility of collecting and analysing the data for those indicators, particularly through the EMIS.

The focus has been on the potential integration of the HIV-related indicators in the existing EMIS. It looked at the four following areas – data collection, data entry/processing, data analysis, reporting and use – by assessing the capacity of EMIS in each country to collect and process the data through the annual school census so that policymakers in the ministry of education and other education sector implementers can analyse and use the data, particularly for planning purposes. The field test also explored the feasibility and sustainability of collecting data through alternative methods, such as special surveys of schools for certain specific indicators. The field test also served to strengthen the definition of the proposed indicators and suggest alternative indicators when it was necessary.

The field test was designed and implemented using rigorous scientific methods. The UNESCO IIEP provided technical support for the development and use of the tools for data collection, entry, analysis and reporting. Data was collected from two sources: students were surveyed for the proposed indicator on HIV knowledge among young people, and head teachers and school principals were required to provide data for the remaining indicators.

In Eastern and Southern Africa, 95 schools were involved in the field test and 4,635 students were surveyed (80 per cent of planned sample size). Sampling was done according to a series of strict parameters. In each country, three educational zones were selected according to known variations across countries in terms of the HIV and AIDS knowledge levels of Grade 6 students who participated to the Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) in 2007. The purpose of this sampling method was to deliberately include a number of schools from the worst, the average and the very best schools in terms of SACMEQ HIV and AIDS knowledge levels.

The field test encouraged ownership of the process and findings by ministries of education, particularly EMIS. Through the field test, the capacity of EMIS staff was strengthened. It was also a multi-stakeholder process designed to enhance inter-sectoral and inter-agency work at a country level. A range of national stakeholders were involved in the design and implementation of the field test, which was coordinated at country level by National Coordination Groups (NCG) comprising representatives from EMIS and National AIDS Councils, and UNAIDS M&E Advisors.

The definitions of the 12 indicators to be field tested were refined and validated by NCG members during the technical preparation of the field test in Eastern and Southern Africa. For example, the composite indicator on school-based free support to orphaned and vulnerable children (OVCs) was replaced by three separate indicators on specific types of support provided to OVCs through school. This was because the calculation of the original numerator was impossible as a result of double counting OVCs who were receiving multiple types of support.

9 UNAIDS. (2010). *Indicator Standards: Operational Guidelines for Selecting Indicators for the HIV Response*. Geneva: UNAIDS; and UNAIDS. (2010). *An Introduction to Indicators*. Geneva: UNAIDS.

Table 1.2: Key milestones in the field test in Eastern and Southern Africa

March 2011 (Windhoek)	The field test was planned during a regional consultation including representatives from four countries who had expressed their interest in being involved in the field test.
April–June 2011	Various tools were developed for the field test.
July 2011 (Johannesburg)	A regional validation meeting was organized to confirm field test methodology, including the sampling method and the selection of regions in each country to be included in the sample. Data collection and entry tools were discussed and refined. This meeting was followed by a training of trainers in data collection and data entry.
September 2011 (in countries)	National Coordination Groups were set in each country comprising of EMIS experts, the HIV and AIDS coordinator from the Ministry of Education, the M&E officer from the National AIDS Council, UNESCO and UNICEF country offices and representatives from UNAIDS. Data was collected from a sample of schools. 24 schools were selected from across three regions or provinces within each of the four identified countries.
October & November 2011 (in countries)	Data collected was captured in country.
December 2011–May 2012	Database management and some data cleaning. Statistical Package for the Social Sciences (SPSS) data sets were prepared for each country.
June 2012 (Johannesburg)	Training was provided in data analysis and data summary tables were prepared.
July–October 2012	Data was analysed, data reports were prepared and National Coordination Groups met in each country to analyse and interpret the data and discuss lessons learned from the field test.
November 2012 (Johannesburg)	A regional technical validation and dissemination planning meeting took place.

The process was rigorously documented in both Eastern and Southern Africa and the Caribbean[10] in order to use the lessons learnt and recommendations that will influence the process of integrating the relevant indicators into EMIS and designing specific school-based surveys.

The findings and suggestions from the field test were then presented and reviewed at an international technical validation and dissemination planning meeting co-convened by UNESCO, UNICEF and the SADC Secretariat, which took place from 20-22 November 2012 in Johannesburg, South Africa. A total of 37 participants attended the meeting, including:

1. Representatives from National AIDS Councils (M&E), ministries of education (EMIS/HIV and AIDS unit) and UNESCO, UNICEF or UNAIDS staff from the four pilot countries in the SADC region;
2. Representatives from the SADC Secretariat, UNESCO HQ, the UNESCO IIEP, UNESCO Institute for Statistics (UIS), the UNESCO Regional HIV and Health Education Team for Eastern and Southern Africa, UNICEF Regional Education and HIV & AIDS teams, UNFPA African Regional Office in Johannesburg, UNAIDS IATT on Education and UNAIDS Regional M&E Adviser; and
3. National Programme Officers for HIV & AIDS of UNESCO Offices from Asia (Cambodia) and the Caribbean (Jamaica).

Through in-depth discussions, participants reached consensus that 11 out of the 12 indicators field tested should be adopted. One indicator on teacher absenteeism was dropped for not meeting international indicator standards. Amendments were made to the definitions of some indicators based on the findings of the field test.

10 Reports from Jamaica will be available later in 2013.

One major finding of the field test is that it reveals the feasibility of collecting and analysing the data for most of the identified indicators. It was confirmed that EMIS is capable of handling this task, if adequate resources are available within the relevant departments. All countries included in the field test said that much of the data required for the tested indicators is already collected through their current EMIS Annual School Census. This confirms one of the guiding principles when selecting the core indicators, that EMIS units should not be overburdened and that countries should make the most of data already being collected.

It was recommended that data should be collected through specific school-based surveys for a small number of indicators. Recommendations for data collection are included under the Method of measurement section in the definition of each indicator.

1.6. Revision of former UNGASS indicators

Running parallel with these processes, UNAIDS had started a consultation in 2010 to review the former UNGASS indicators and to invite feedback from relevant stakeholders, including all UNAIDS co-sponsors. UNESCO used this opportunity to submit suggested revisions on UNGASS indicators that were relevant to education, based on the consolidated feedback received through the consultations conducted at regional and global levels. This submission was sent to the indicator Technical Working Group through UNFPA and the International HIV/AIDS Alliance. Specifically, the feedback included suggestions to improve the usefulness and relevance of the following UNGASS indicators related to education:

- UNGASS 2 – National Composite Policy Index
- UNGASS 11 – Percentage of schools that provided life skills-based HIV education in the last academic year
- UNGASS 12 – Current school attendance among orphans and non-orphans aged 10-14
- UNGASS 13 – Percentage of young women and men aged 15-24 years who correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission.

At the meeting of the UNAIDS Monitoring and Evaluation Reference Group (MERG) in February 2011, and following the consultation conducted in 2010, a set of 25 UNGASS indicators were endorsed. Three existing indicators were removed, including UNGASS 11. Three new indicators were added[11] and five indicators were modified.[12] It was also agreed at the meeting that education should be a priority area for indicator development. It was decided that the UNAIDS Secretariat and the indicator Technical Working Group (TWG) of the MERG would work with UNESCO and other members of the IATT on Education to strengthen the education-related indicators identified by the IATT on Education.

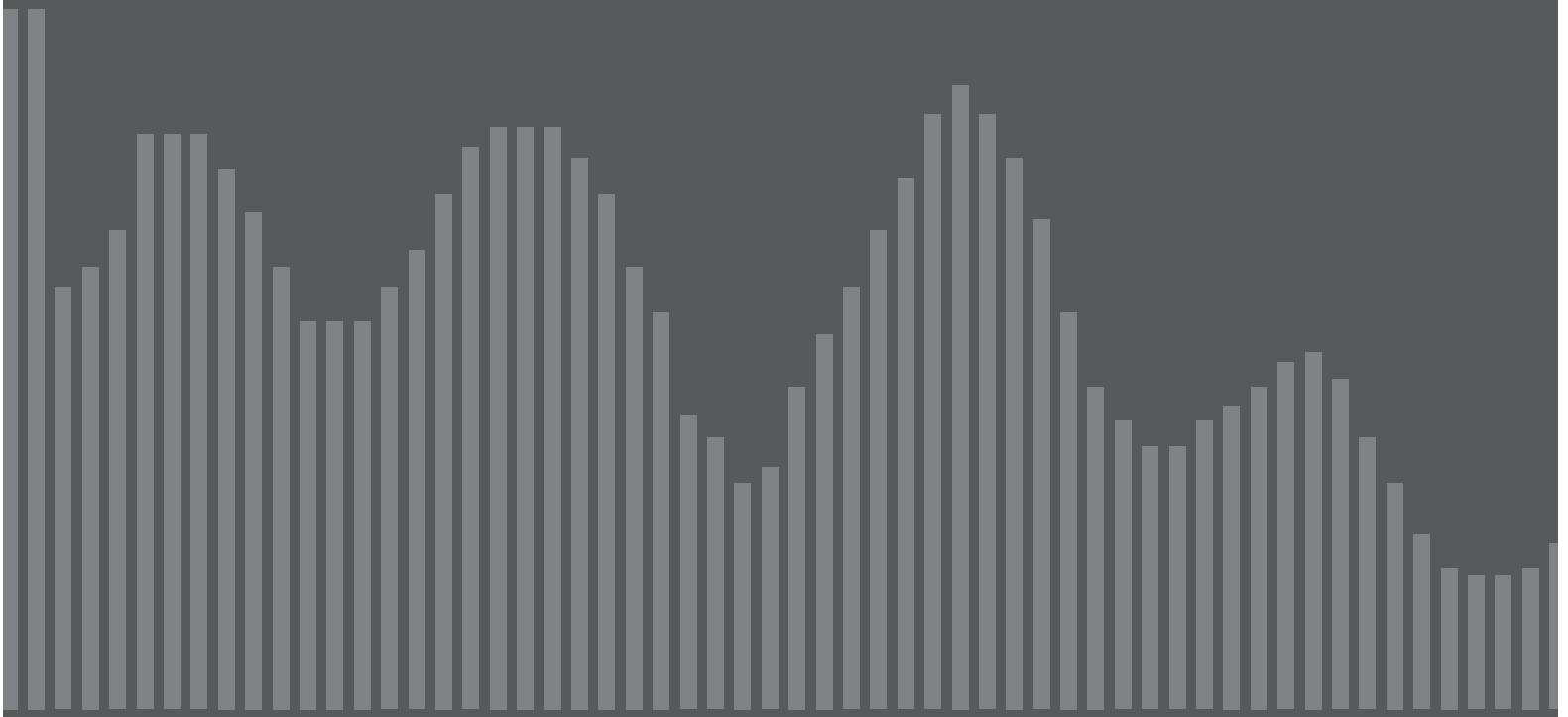
Following on from the 2011 High Level Meeting on AIDS and building on the decade of reporting against the targets agreed at the 2011 UNGASS, UNAIDS is now requesting UN Member States to continue to report on national progress in the AIDS response through the Global AIDS Response Progress Reporting (GARPR). Guidelines for the construction of core indicators for monitoring the 2011 Political Declaration on HIV and AIDS were developed by UNAIDS.[13] Constant reference to these UNAIDS guidelines is made in this document, particularly for those GARPR indicators that will be used to monitor the response of the education sector to HIV and AIDS.

11 Number of syringes distributed per person who injects drugs per year by needle and syringe programmes; percentage of infants born to HIV-infected women receiving a virological test for HIV within two months of birth; proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months.

12 Proportion of the poorest households who received economic support in the last three months (completely modified); percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission; mother-to-child transmission rate (modelled); NCPI – National Commitments and Policy Instrument; current school attendance among orphans and non-orphans aged 10-14.

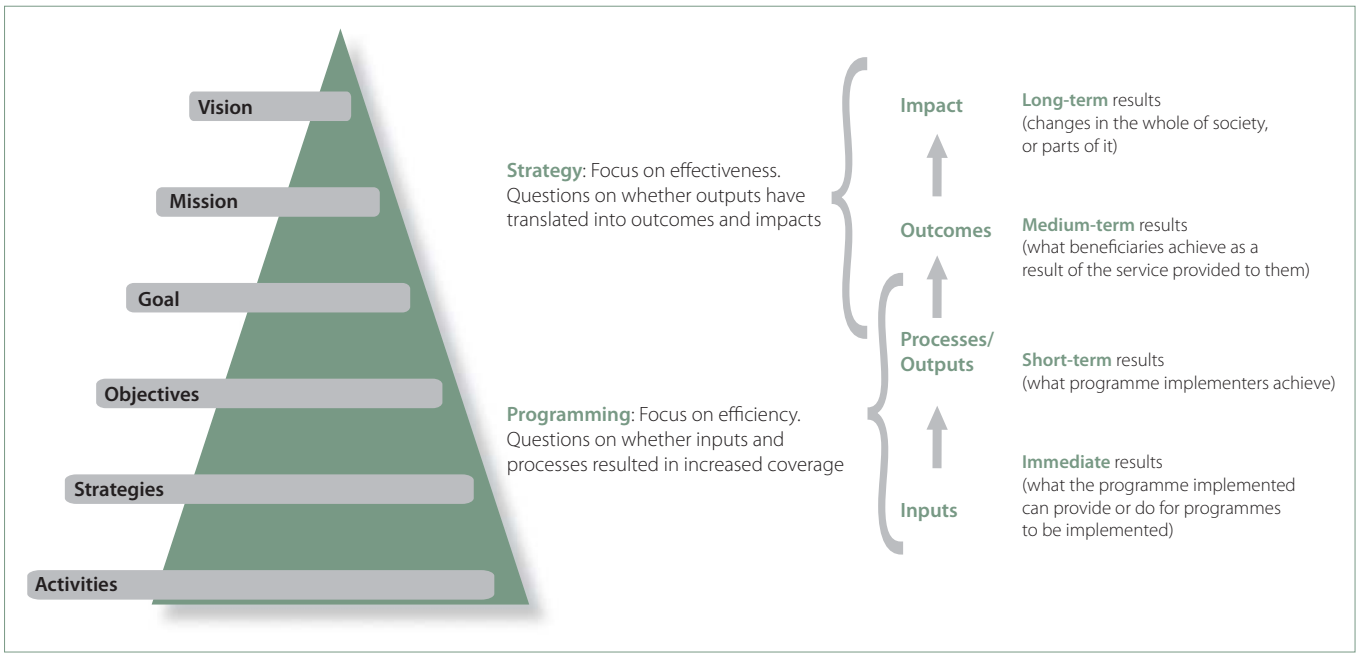
13 Guidelines for reporting in 2013 are available at: http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/GARPR_2013_guidelines_en.pdf.

2. Types of indicators for education responses to HIV and AIDS



Indicators are quantitative and qualitative measures that are used to assess the current status of, or progress towards, programme goals, objectives, expected results and outputs. There are different types of indicators that are linked to different levels of intervention or strategic management. Indicators are usually defined within a results chain that documents the sequence of results that need to have been achieved in order for an intervention or strategy to be successful (see Figure 2.1).

Figure 2.1: Types of indicators linked to levels of intervention or strategic management



Source: adapted from "Making Monitoring and Evaluation Systems Work" (Marelize Görgens and Jody Zall Kusek)

Indicators should reflect all stages of the education process. However, input indicators are often of more interest at a local level and the process/output, outcome and impact indicators at a national, regional or international level. It is important to consider the indicator in light of the expected results, whether over the long term, medium or short term.

Table 2.1: Level of indicators

Timing for change	Areas of change	Strategic level	Level of result (indicators)
Long-term	HIV prevalence, HIV incidence, HIV and AIDS-related morbidity and mortality	Vision	High level = **Impact**
Mid- to long-term	Behaviour change: sexual behaviour, utilization of services, attitudes (stigma and discrimination)	Goals	**Outcomes** (intermediate and long-term)
Short- to mid-term	Education response: curricula; educator training and support; policy, management and systems; support for students	Objectives, strategies	**Process/Output**

The indicators included in these guidelines include a number of measures that are identified as impact, outcome or process indicators (in this document we use the term 'process indicator' instead of 'output indicator' as it is the terminology being used by the UNAIDS IATT on Education).

The guidelines also differentiate between 'global' indicators and indicators for countries with a generalized HIV epidemic.

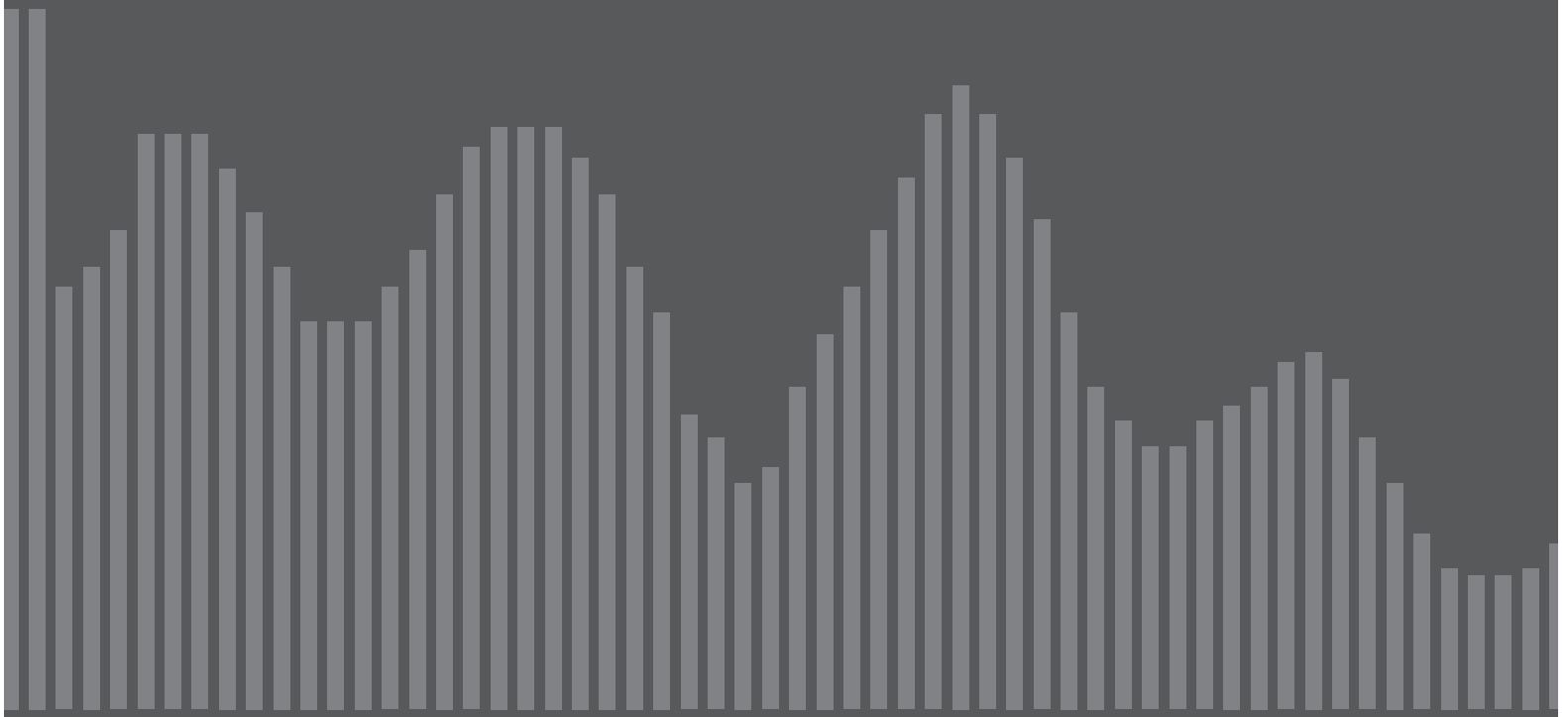
- The global indicators are indicators that apply to all countries, regardless of HIV-prevalence levels or the nature of the epidemic in the country. It is considered that these indicators should form the core listing for all countries to effectively monitor the response of the education sector to HIV and AIDS.
- The other indicators only apply to countries with a generalized HIV epidemic (i.e. 5 per cent HIV prevalence or higher in the general population). Given the impact of the HIV epidemic on the education sector itself in these countries, it is considered important for them to use these extra indicators to monitor the response of the education sector in terms of impact mitigation.

The criteria checklist adopted by the IATT on Education guided the selection of indicators (see Box 2.1).

Box 2.1 – The IATT indicator criteria checklist is as follows:

1. Is this indicator needed to measure the education sector contribution to the national AIDS strategy or a key international commitment?
2. Is it clear how data from this indicator will be used by the education sector to manage its response to HIV and AIDS?
3. Is there national/international agreement on this indicator?
4. Is there consensus among technical experts in this thematic area (education sector specialists or others) that this indicator should be monitored?
5. Will this indicator measure what it intends to measure? (valid = it measures what it should measure; reliable = produces the same or very similar results even if measured by different instruments, procedures and/or observers; robust = capable of measuring trends over time)
6. Is the indicator fully defined?
7. Are systems available to allow this indicator to be measured?
8. Does the measurement of this indicator add an additional burden on human and financial resources?
9. Has this indicator been used in practice?

3. The structure of the description of indicators in the guidelines



In developing these guidelines, existing international references in terms of HIV-related M&E practices have been adopted. Each of the indicators included in the M&E Framework has been defined according to a standard structure. This structure outline is aligned to the indicator construction guidelines used by UNAIDS for UNGASS indicators (now GARPR indicators), and includes the definitional categories identified by the UNAIDS IATT on Education.

The description of each indicator according to those guidelines includes the following categories:

- Title
- Definition
- Purpose
- Rationale
- Method of measurement
- Collection method
- Measurement frequency
- Disaggregation
- Interpretation
- Strengths and weaknesses
- Additional sources of information.

The meaning of each category is explained below:

Title

The title is a short summary of the indicator that could be easily used on a day-to-day basis. This is also sometimes called a 'summary title'.

Definition

The title or definition for each indicator is provided. In cases where the indicator is derived from a former UNGASS indicator or GARPR indicator, the original formulation used by UNAIDS follows the suggested new definition. In this section there is also an indication as to whether the indicator is linked to other international indicator data sets such as those of the Millennium Development Goals (MDGs).

Purpose

This indicates what the indicator is assessing.

Rationale

Since the guidelines focus on indicators relevant for the education sector response to HIV, this section outlines why the indicator is relevant to the education sector; what the relevance of the indicator is for the sector; and how the M&E of the education sector response will be strengthened by the inclusion of this indicator.

Method of measurement

The method of measurement contained in these guidelines includes instructions on how to measure the response against each indicator. Details are provided as to what questions will be used to provide the data required to calculate the indicator and who the questions should be directed at.

Included in the 'method of measurement' are details of which denominator and nominator is to be used to calculate the indicator. Most indicators use numerators and denominators to calculate the percentages that measure the current state of the national response.

For some indicators, the guidelines described two alternative ways to measure the data, either through the Annual School/College Census form or through a specific school-based survey, based on the findings from the field test of those indicators.

Collection method

The measurement tool to be used for each indicator is described, and is linked to the data collection strategy to be utilized. The measurement tools could include: population-based census, specifically designed questionnaires, school surveys or an amendment made to the annual school/college census form, among others.

Measurement frequency

This section provides guidance on how often the data is to be collected. The suggested data collection frequency is aligned with country data collection processes. For example, when school-based data collection instruments (e.g. annual school census) are to be used, it is proposed that the data is collected annually, to comply with the annual data collection practice already in place.

Disaggregation

Data disaggregation categories relevant to the education sector are also outlined in the guidelines. The disaggregation of data is critical as this adds real value to the analysis of indicator data. Without data properly disaggregated according to categories (such as in-school and out-of-school and, where appropriate, education level), it is difficult for the education sector to monitor its exact contribution to the national response to the epidemic. Without disaggregation by sex, age and geographical location, it is equally difficult to monitor in detail access to services, the equity of that access and the appropriateness of focusing on specific populations, as well as meaningful change over time. The fundamental challenge with disaggregated data is the actual collection of the information. Countries are strongly encouraged to make the collection of disaggregated data one of the cornerstones of their monitoring and evaluation efforts. Ministries should review their information systems, surveys and other instruments for collecting data to ensure that they capture disaggregated data.

Interpretation

This section is intended to provide further explanation that should help in interpreting each indicator and any potential issues related to it. Many of the points raised in the interpretation section of the Framework are designed to improve the accuracy and consistency of the data submitted. Other points in this section provide additional information about the value of a particular indicator. Countries should carefully review this section before they begin collecting and analysing information.

Strengths and weaknesses

This final section outlines the strengths and limitations of the revised/new indicator.

Additional sources of information

In the guidelines, this section provides website or document references where additional information related to the indicator can be found. For many of the new indicators being proposed, no links to further information are provided. This section also includes information on the motivation for the revision of the indicator, as well as the applicability of the indicator. As mentioned above, these guidelines classify the indicators listed into two

categories: global indicators for all countries and indicators for countries with a generalized HIV epidemic. The global indicators are listed first and then the indicators for countries with a generalized HIV epidemic are presented in a separate listing.

Besides the categories used in the GARPR indicator construction guidelines used by UNAIDS, some additional categories were included under all indicators:

- Applicability
- Appropriate EDUCAIDS component
- Amendments made to the guidelines (for the field-tested indicators).

Applicability

Applicability indicates whether the indicator applies to all countries or only to specific epidemiological settings. As mentioned above, these guidelines classify the indicators into two categories: global indicators for all countries and indicators for countries with a generalized HIV epidemic.

Appropriate EDUCAIDS component

As the global M&E framework for education and HIV and AIDS is also being developed within the context of EDUCAIDS, it was considered important to further align the indicators to the core components of the EDUCAIDS framework, in addition to the **Thematic Area** of the GARPR. As shown in Figure 3.1, the five components that make up the EDUCAIDS framework are:

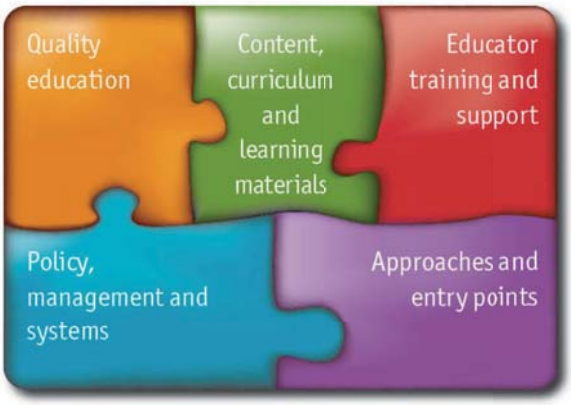


Figure 3.1: Five components of the EDUCAIDS framework

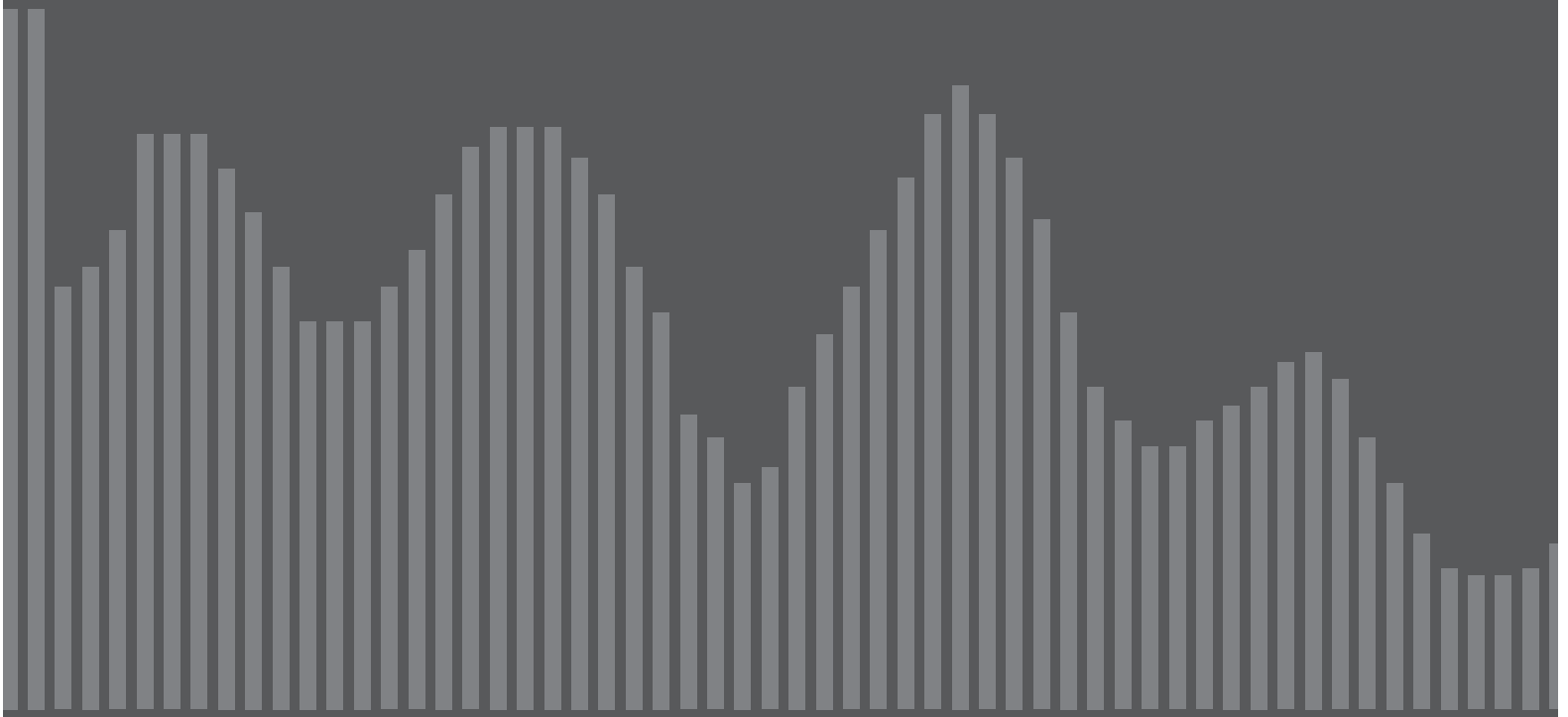
1. **Quality education**: Education that is delivered in safe and secure learning environments, focused on and tailored to various groups and that promotes the involvement of people living with HIV and AIDS.
2. **Content, curriculum and learning materials**: The content of HIV and AIDS curricula and learning materials must be evidence-based and build students' knowledge and skills to adopt protective behaviours and reduce vulnerabilities. It should also address issues such as poverty, gender equality, stigma and discrimination and human rights.
3. **Educator training and support**: This includes pre- and in-service training for teachers in the formal education system and professional development for non-formal teachers' and their communities' vulnerabilities to HIV.
4. **Policy, management and systems:** Includes building stronger linkages between the education sector and the work on HIV and AIDS through inclusion of the education sector response in national HIV and AIDS strategies and the inclusion of HIV policies in the national education plan.
5. **Approaches and entry points**: A holistic approach that maximizes various opportunities and entry points in different contexts is essential. This includes sexuality education, peer education, community-based learning and outreach, and HIV and AIDS treatment education.

Thus, in the indicator definition, the appropriate EDUCAIDS component is shown for each of the indicators included.

For the field-tested former UNGASS indicator for which revisions were suggested, the **motivation for suggested revisions to the UNGASS indicator** is described.

The guidelines show which indicators were field tested.

4. Standard definition of terms that apply to the indicators included in the guidelines



Within the construction of the indicators, there are certain terms that require standard definitions to be applied. The following definitions or descriptions are provided for the terms used in the indicators:

Schools versus educational institutions

For the purposes of the indicator listing, a differentiation is made between schools and educational institutions.

Schools are considered to offer all grades, or any combinations thereof, from pre-primary levels (early childhood development) through primary grades onto secondary schooling. Schools could be public or private.

Educational institutions include schools, but continue through to include all colleges, universities and places of learning that provide tertiary or higher education. Again, these could be public or private institutions.

Both schools and educational institutions are limited to those that fall under the jurisdiction of the MOE, including those administered by private bodies or boards.

Levels of education

For the purposes of the indicator listing, particularly the data disaggregation sections, a differentiation is made between the different levels of education. Generally the levels included are pre-primary or early childhood development; primary level; secondary level and tertiary level or higher education.

UNESCO developed the International Standard Classification of Education (ISCED) to facilitate comparisons of education statistics and indicators across countries on the basis of uniform and internationally agreed definitions. In 2011, a revision to ISCED was formally adopted by UNESCO Member States. The following ranges of duration of ISCED levels are used as criteria for classifying formal education programmes:[14]

- ISCED 0: Early child education - no duration criteria, however a programme should account for at least the equivalent of 2 hours per day and 100 days a year of educational activities in order to be included;
- ISCED 1: Primary education - duration typically varies from 4 to 7 years. The most common duration is 6 years;
- ISCED 2: Lower secondary education - duration typically varies from 2 to 5 years. The most common duration is 3 years;
- ISCED 3: Upper secondary education - duration typically varies from 2 to 5 years. The most common duration is 3 years;
- ISCED 4: Post-secondary non-tertiary education - duration typically varies from 6 months to 2 or 3 years;
- ISCED 5: Short-cycle tertiary education - duration typically varies from 2 to 3 years;
- ISCED 6: Bachelor's or equivalent level - the duration of Bachelor's or equivalent level programmes typically varies from 3 to 4 or more years when directly following ISCED level 3, or 1 to 2 years when following another ISCED level 6 programme;
- ISCED 7: Master's or equivalent level - the duration of Master's or equivalent level programmes typically varies from 1 to 4 years when following ISCED level 6, or from 5 to 7 years when directly following ISCED level 3.
- ISCED 8: Doctoral or equivalent level - duration is a minimum of 3 years.

14 UNESCO Institute for Statistics. 2012. *International Standard Classification of Education: ISCED 2011*. Montreal: UNESCO Institute for Statistics

Formal curriculum versus extra-curricular activities

For the purposes of the indicator listing, a differentiation needs to be made between formal curriculum and extra-curricular activities, particularly in relation to the provision of life skills-based HIV education, including sexuality education.

The formal curriculum includes all aspects of learning that are governed by policy and written into the school timetable and is offered during the school day. Generally, the formal curriculum is structured by grade and it is assessed to determine the students' level of competency against given standards of achievement linked to grade levels. The formal curriculum is prescriptive, and is based on a more general syllabus that merely specifies what topics must be understood and to what level to achieve a particular grade or standard. The formal curriculum may also refer to examinable subjects or to the core curriculum.

Extra-curricular activities are performed by students that fall outside the realm of the formal curriculum of school and are generally conducted outside the normal school day or outside the formal timetable. Extra-curricular activities exist at all levels of education and such activities are generally voluntary and involve others of the same age or grade. In the higher grades, students may often organize and direct these activities. Extra-curricular activities could include sport or cultural activities and peer group activities and include youth-centred clubs, organizations and associations.

Life skills-based HIV sexuality education

Effective sexuality education is a vital part of HIV prevention and it is generally accepted that HIV education is best provided through life skills-based education, which requires a very specific approach. The approach most widely used is participatory learning. Teachers need to master the facilitation of participatory learning experiences that aim to develop knowledge, positive attitudes and skills that help young people to maintain safe lifestyles (e.g. interpersonal communication, negotiation, decision-making, critical thinking and coping strategies).

Life skills education includes abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. They represent the psycho-social skills that determine valued behaviour and include reflective skills such as problem-solving and critical thinking, personal skills such as self-awareness, and interpersonal skills. Practising life skills leads to qualities such as higher self-esteem, sociability and tolerance; action competencies to take action and generate change; and capabilities to have the freedom to decide what to do and who to be.

UNESCO, UNICEF, UNFPA, the World Health Organization (WHO) and UNAIDS published the *International Technical Guidance on Sexuality Education* in 2009.[15] Volume II of the technical guidance provides the topics and learning objectives that are considered critical components of a comprehensive sexuality education programme. The four components of the learning process are:

Information

> Sexuality education provides accurate information about human sexuality, including growth and development; sexual anatomy and physiology; reproduction; contraception; pregnancy and childbirth; HIV and AIDS; sexually transmitted infections (STIs); family life and interpersonal relationships; culture and sexuality; human rights empowerment; non-discrimination, equality and gender roles; sexual behaviour; sexual diversity; sexual abuse; gender-based violence and harmful practices.

15 UNESCO. 2009. International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators. Paris: UNESCO.

Values, attitudes and social norms

Sexuality education offers students opportunities to explore values, attitudes and norms (personal, family, peer and community) in relation to sexual behaviour, health, risk-taking and decision-making and in consideration of the principles of tolerance, respect, gender equality, human rights and equality.

Interpersonal and relationship skills

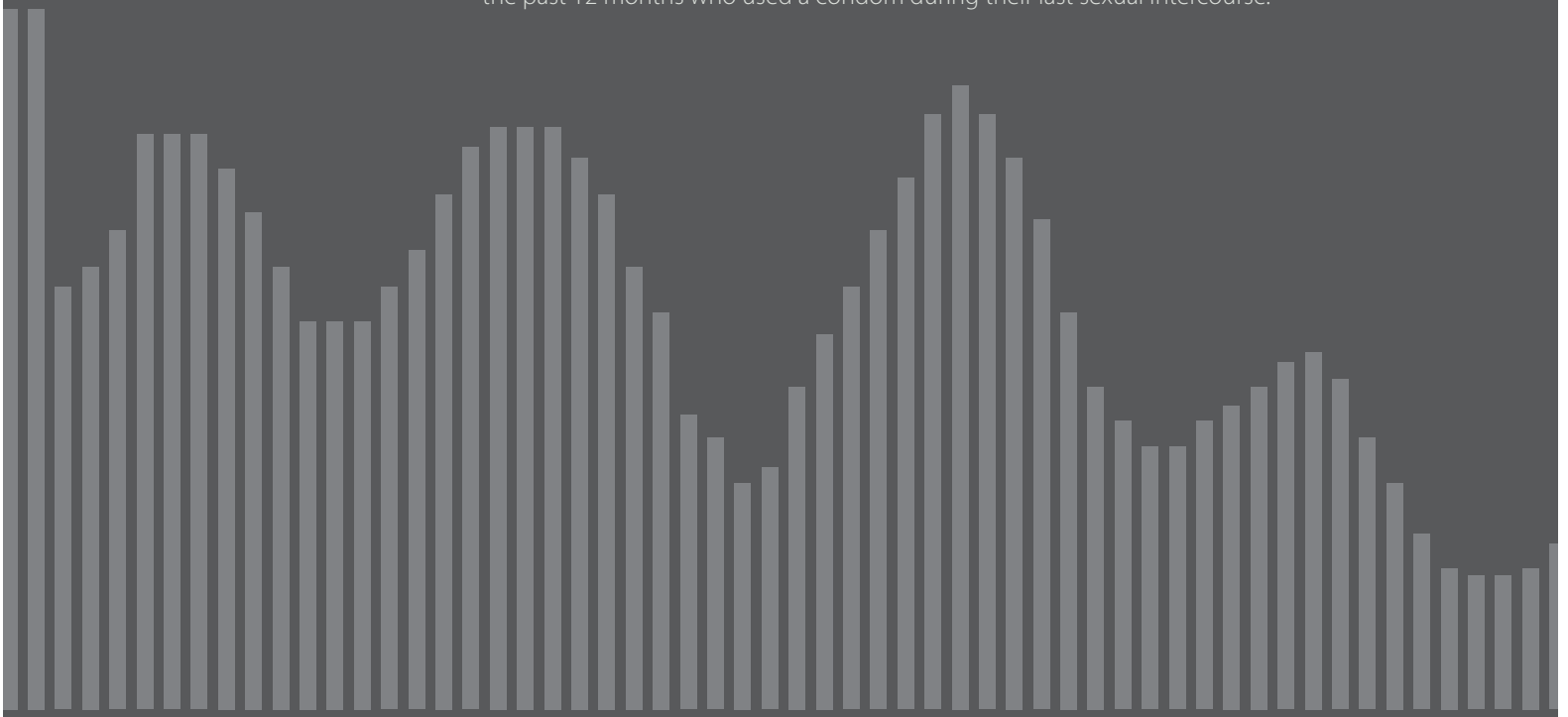
Sexuality education promotes the acquisition of skills in relation to: decision-making; assertiveness; communication; negotiation; and refusal. Such skills can contribute to better and more productive relationships with family members, peers, friends and romantic or sexual partners.

Responsibility

Sexuality education encourages students to assume responsibility for their own behaviour, as well as their behaviour towards other people through: respect; acceptance; tolerance and empathy for all people regardless of their health status or sexual orientation. Sexuality education also insists on gender equality; resisting early, unwanted or coerced sex, and rejecting violence in relationships; and the practice of safer sex, including the correct and consistent use of condoms and contraceptives.

5. Core global indicators for the monitoring and evaluation of education sector response to HIV and AIDS

1. National Commitments and Policy Instruments (NCPI).
2. Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders.
3. Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year.
4. Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year.
5. Percentage of schools with teachers who have received training, and taught lessons, in life skills-based HIV and sexuality education in the previous academic year.
6. Percentage of students, aged 10-24 years, who demonstrate desired levels of knowledge, and reject major misconceptions, about HIV and AIDS.
7. Percentage of young people, aged 15-24 years, who have had sexual intercourse before the age of 15 years.
8. Percentage of women and men, aged 15-49 years, who have had more than one partner in the past 12 months who used a condom during their last sexual intercourse.



1. Government HIV and AIDS policies

National Commitments and Policy Instruments (NCPI)

(GARPR #7.1, formerly UNGASS #2)

Purpose

To assess progress in the development and implementation of national-level HIV and AIDS policies, strategies and laws. In relation to the education sector: assess whether its response to HIV is guided and enabled by policy, strategy and resources within the context of a national HIV response.

Rationale

The NCPI is considered a powerful means of assessing progress of national-level HIV and AIDS policies, strategies and laws that are part of a national response to HIV and AIDS. The education sector is a critical partner with a specific role to play in that multi-sectoral response. The sector is in a strong position to deliver and support HIV prevention programmes, as programmes delivered in educational settings can reach teachers, the young people who attend schools or tertiary institutions and their parents/guardians.

The education sector is also an employer of a large proportion of the public sector workforce, which is directly affected by the HIV epidemic especially in countries with a generalized HIV epidemic. As such, the education sector should adopt legislation and implement programmes in support of HIV prevention and impact mitigation for its personnel as well as for students. It is important to monitor and gauge the policy environment and legislative framework, as well as the structured response of the education sector at regular intervals.

Method of measurement

The NCPI is administered in two parts: the first is administered to government officials and the second part is administered to representatives from civil society organizations (CSOs), bilateral agencies and UN organizations. Some questions occur in both Part A and Part B to ensure that the views of both the national government and non-government respondents are obtained, whether they agree with each other or not.

The following areas are covered in each part of the NCPI (see Table 5.1).

Table 5.1: Topic areas covered in NCPI

Part A (to be administered to government officials)	Part B (to be administered to representatives from civil society organizations, bilateral agencies and UN organizations)
i. Strategic plan	i. Civil society involvement[15]
ii. Political support and leadership	ii. Political support and leadership
iii. Human rights	iii. Human rights
iv. Prevention	iv. Prevention
v. Treatment, care and support	v. Treatment, care and support
vi. Monitoring and evaluation	

16 Including civil society involvement in monitoring and evaluation.

Each section should be completed by (a) conducting a desk review of relevant documents and (b) interviewing key people who are most knowledgeable about the topic. It is important to submit a fully completed NCPI: check the relevant standardized responses, as well as providing further information in the open text boxes where requested. This will facilitate a better understanding of the current country situation, provide examples of good practice for others to learn from, and pinpoint some issues for further improvement.

NCPI responses reflect the overall policy, strategy, legal and programme implementation environment of the HIV response. The open text boxes provide an opportunity to comment on issues that are perceived as important but insufficiently captured in the questions as asked (e.g. important sub-national variations; the level of implementation of strategies, policies, laws or regulations; explanatory notes; comments on the data sources etc.). In general, draft strategies, policies, or laws are not considered 'in existence' (i.e. there is no opportunity yet to expect their influence on programme implementation). Questions about whether such a document exists should be answered with 'no'. However, it would be useful to state that such documents are in draft form in the relevant open text box.

While the responsibility for submitting the consolidated NCPI data lies with the national government, the assistance of technical coordinators for data gathering, data consolidation and data validation is strongly advised. Accurate completion of the NCPI requires the involvement of a range of stakeholders, which should include representatives of CSOs. It is strongly recommended to:

(a) organize an initial workshop with key stakeholders to agree on the NCPI data gathering process (including relevant documents for desk review, organizational representatives to be interviewed, process to be used for determining final responses, timeline); and to

(b) organize a final workshop with key stakeholders to present, discuss and validate the NCPI findings before official submission as part of the UNGASS/GARP Report.

Agreement on the final NCPI data does not require that any discrepancies between overlapping questions in Part A and Part B should be reconciled; it simply means that, when there are different perspectives, Part A respondents should agree on their responses, Part B respondents should agree on their responses, and that both are submitted.

If not already the case, it is useful to collate all key documents (i.e. policies, strategies, laws, guidelines, reports etc.) related to the HIV response in one place, such as a website, to allow easy access by all stakeholders. This will not only facilitate validation of NCPI responses but, even more importantly, it will increase awareness about and encourage use of these important documents in the implementation of the national HIV response going forward.

Box 5.1 includes all questions related to the education sector response in Part A, which is to be administered to government officials. This listing aims to guide officials from the ministry/ministries of education who should be involved in the completion of the questionnaire during interviews and workshops organized at national level.

Box 5.1: Questions in NCPI (Part A) that are related to education sector

AI.1.2 **Which sectors are included in the multi-sectoral strategy with a specific HIV budget for their activities?**

SECTORS	Included in strategy		Earmarked budget	
Education	Yes	No	Yes	No

AI.1.3 Does the multi-sectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

SETTINGS		
Schools	Yes	No

AIII.1.1 **Does the country have non-discrimination laws or regulations that specify protections for key populations and other vulnerable groups?**

KEY POPULATIONS and VULNERABLE GROUPS		
People living with HIV	Yes	No
Men who have sex with men	Yes	No
Orphans and other vulnerable children	Yes	No
Sex workers	Yes	No
Transgendered people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific vulnerable sub-populations [*Write in*]:	Yes	No

AIII.2 **Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?**

IF YES, for which key populations and vulnerable groups?		
People living with HIV	Yes	No
Men who have sex with men	Yes	No
Orphans and other vulnerable children	Yes	No
Sex workers	Yes	No
Transgendered people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific vulnerable subpopulations [*Write in*]:	Yes	No

AIV.2 **Does the country have a policy or strategy to promote life skills-based HIV education for young people?**

Yes	No

AIV.2.1 Is HIV education part of the curriculum in:

Primary schools?	Yes	No
Secondary schools?	Yes	No
Teacher training?	Yes	No

AIV.2.2 **Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?**

Yes	No

AIV.2.3 **Does the country have an HIV education strategy for out-of-school young people?**

Yes	No

AIV.4.1 **To what extent has HIV prevention been implemented?**

The majority of people in need have access to…	Strongly disagree	Disagree	Agree	Strongly agree	N/A
HIV prevention for out-of-school young people	1	2	3	4	N/A
School-based HIV education for young people	1	2	3	4	N/A

AIV.6	Does the country have a policy or strategy to address the additional HIV-related needs of orphans and vulnerable children (OVC)?	Yes	No	N/A
AV.6.1	If yes, is there an operational definition for orphans and vulnerable children in the country?	Yes	No	
AV.6.2	If yes, does the country have a national action plan specifically for OVC?	Yes	No	
AV.6.3	If yes, does the country have an estimate of OVC being reached by existing interventions?	Yes	No	
AV.6.4	If yes, what percentage of OVCs are being reached?	%		

Collection method

National Commitments and Policy Instruments.

Measurement frequency

Every two years, through NCPI. As a variety of stakeholders need to be consulted, it is important to allow adequate time for the data gathering and data consolidation process.

Interpretation

The NCPI is the most comprehensive standardized questionnaire available to assess the policy, strategy, legal and programme implementation environment for the HIV response. Although the NCPI is generally referred to as an 'indicator' or an 'index', it is not used in that sense. While it is possible to calculate an overall score by assigning a value to each response, the importance of the index lies in the process of data collection and data reconciliation between different stakeholders, detailed analysis of the responses, and its use in strengthening the national HIV response. The completion of the NCPI processes provides a unique opportunity for the variety of stakeholders to take stock of progress made and to discuss what still needs to be done to support an effective and efficient HIV response. When completed in a truly collaborative manner, inviting appropriate representation and respecting different views, the NCPI processes can play an important role in strengthening in-country collaboration and increasing shared ownership of the HIV response.

For ministries of education and other education stakeholders, it is particularly important to analyse the NCPI results at national level for the questions relevant to the education sector listed above. It is important that the education sector is viewed as a contributor to the national response, but this contribution also needs to be reviewed separately. Table 5.2 provides some guidance for the interpretation of the data collected in relation to the education sector.

Table 5.2: Implications of the findings to the education sector

NCPI-2012 Questions		Implications of the findings to the education sector
AI.1.2	Which sectors are included in the multi-sectoral strategy with a specific HIV budget for their activities?	If the education sector is already included in the national strategy, and if there is an earmarked budget for its contribution, this suggests that the role of the education sector has been recognized and supported in the national AIDS strategy. However, if the education sector is not included in the national strategy and/or there is no earmarked budget that corresponds to its contribution, this indicates that the role of the education sector in the national response to HIV and AIDS is either limited and/or that it has not been fully recognized by other stakeholders. Education sector stakeholders should therefore strengthen the contribution of the education sector and/or advocate for its inclusion in the national strategy if it plays an important role that is not acknowledged properly in the national strategy. Education stakeholders should be able to use the multi-sectoral strategy to guide the development, implementation, M&E of, and resource mobilization and allocation for their activities.
AI.1.3	Does the multi-sectoral strategy address the following key populations/ other vulnerable populations, settings and cross-cutting issues? SETTINGS 1) Schools	If the answer is YES for the 'school settings', it suggests that schools are already recognized as important settings for HIV and AIDS responses. If the answer is NO for the 'school settings', this indicates that the role and contribution of school-based programmes in national HIV and AIDS responses are not properly recognized and supported. The education sector needs to either strengthen school-based interventions or advocate that the school settings should be included in the national AIDS strategy.
AIII.1.1	Does the country have non-discrimination laws or regulations that specify protections for key populations and other vulnerable groups?	The NCPI questionnaire considers key populations and vulnerable groups. Key populations are groups of people who are more likely to be exposed to HIV or to transmit the virus and whose engagement is critical to a successful HIV response. In most settings, men who have sex with men (MSM), transgender people, people who inject drugs (PWID) and sex workers are at higher risk of exposure to HIV than other groups. Key populations usually also include people living with HIV. Vulnerable groups include OVC, women and girls and young women/young men.
AIII.2	Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?	Both key populations and vulnerable groups are important to the education sector: young people from key populations have the same rights as other young people to access quality education, in particular sexuality and HIV education. However, they are often denied this right because of the stigma and discrimination, including violence, associated with the behaviours or practices that put them at higher risk of HIV (homosexuality, drug use, sex work). Drug use and sex work may also keep young people who are engaged in those practices away from school. Young people living with HIV and OVC often face stigma and discrimination in schools too. HIV represents an economic burden for many families that cannot provide their children with education. In a number of countries, girls and young women also lack access to education because of gender norms, and therefore education cannot play its protective role for them in relation to HIV and other sexual and reproductive health issues. The education sector should have a series of regulations and policies guaranteeing that educational institutions offer a safe learning environment for all young people, including those young people from key populations and vulnerable groups. Educational institutions should also provide them with effective HIV prevention education. ■ If there are national laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups, the education sector is not likely to develop and implement effective responses that meet the needs of young people from these populations and groups

NCPI-2012 Questions		Implications of the findings to the education sector
		■ If there are protective laws, regulations and policies to guide and support work for/with key populations and vulnerable groups at national level, the education sector can use the existing legal framework. In this case, the NCPI should also consider the existence of a protective environment in the education sector. It is suggested that interpretation of the responses to these questions should be linked to the analysis of the data collected for the indicator related to rules and guidelines for staff and students in educational institutions (Indicator #2).
AIV.2	Does the country have a policy or strategy to promote life skills-based HIV education for young people?	Responses to this question and its two sub-questions show: 1) if there is a supportive policy or strategy for life skills-based HIV education for young people; and 2) how operational and comprehensive the policy or strategy is in terms of a) ensuring HIV prevention to be part of the curriculum in primary and secondary schools and teacher training, and b) HIV education being age-appropriate, gender-sensitive and comprehensive enough to include various reproductive health elements. If the answer is YES to all of these questions, education stakeholders can then use the policy or strategy to advocate, plan, facilitate and/or mobilize resources for the development, implementation, scaling up and M&E of life skills-based HIV education. If the answer is NO to any or all of these questions, efforts should be made to address the identified gap(s). It is suggested that interpretation of the responses to these questions be linked to the analysis of the data collected for the following indicators related to life skills-based HIV and sexuality education: No. 3 related to life skills-based HIV and sexuality education in schools, No. 4 related to orientation of parents or guardians and No. 5 on teacher training. The analysis of data for those indicators will help identify and understand the possible linkages or gaps between the policy or strategy and its implementation in schools.
AIV.2.1	Is HIV education part of the curriculum in primary schools, secondary schools, teacher training?	
AIV.2.2	Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?	
AIV.3	Does the country have an HIV education strategy for out-of-school young people?	It is important for education stakeholders to have an HIV education strategy for out-of-school young people to guide their sectoral programming and planning for the work in this area, and to support and facilitate their resource mobilization efforts. Absence of such a strategy indicates that the education sector has not developed systematic responses to the HIV education needs of out-of-school young people, and efforts should be made to fill the gap, especially in countries where there is a large proportion of young people out of school.
AIV.4.1	To what extent has HIV prevention been implemented? ■ school-based HIV education for young people ■ HIV-prevention for out-of-school young people	Education stakeholders should be able to estimate the scaling-up of school-based HIV education and HIV prevention for out-of-school young people in order to identify if there are any gaps, and if any, how significant they are so that these gaps are addressed in future strategies and policies. The interpretation of the responses to the first question should be linked to the analysis of the data collected for the following indicators related to life skills-based HIV and sexuality education: No. 3 related to delivery of life skills-based HIV and sexuality education in schools; No. 4 related to orientation of parents or guardians; and No. 5 to teacher training. The analysis of data for those indicators will help to identify the possible obstacles to the scaling up of school-based HIV education. If data is available for the previous years, education stakeholders should also look at the trends.

NCPI-2012 Questions		Implications of the findings to the education sector
AV.6	Does the country have a policy or strategy to address the additional HIV-related needs of OVCs?	This question and its three sub-questions are more relevant to countries with a generalized HIV epidemic, and interpretation of the responses should be linked to the analysis of the data collected for the three indicators related to OVC included in the Guidelines (Indicator No. 9 on bursary support; No. 10 on emotional/psychological support; and No. 11 on social support). ■ For Question AV.6, AV.6.1 and AV.6.2, if the answer is YES, the education sector can harness the policy instrument to address the HIV needs of OVC and therefore better mitigate the impact of HIV and AIDS on education on the one hand, and ensure access to quality education on the other. Negative responses to any of these questions indicate weaknesses and gaps in national commitment and policy instruments to supporting education response to the HIV-related needs of OVCs, which should guide future efforts of education stakeholders for the advocacy, development and implementation of such a national policy or strategy. ■ For Question AV.6.3, education stakeholders should link the reported percentage with three of the indicators related to OVCs in the Guidelines, to get a better sense of the education sector's contribution to the national response to OVC care and support. The analysis of the data for school attendance among orphans and non-orphans (#13) complements the data on the number of OVCs reached: the more OVCs reached by programmes that meet their needs, the more OVCs should be attending school. Otherwise this could indicate that programmes for OVCs do not help them access education.
AV.6.1	IF YES, is there an operational definition for OVCs in the country?	
AV.6.2	IF YES, does the country have a national action plan specifically for OVCs?	
AV.6.3	IF YES, what percentage of OVCs are being reached?	

Strengths and weaknesses of the revised indicator

Strengths:

- The completion of the instruments relies heavily on the collaboration of a wide range of stakeholders.
- The instruments are extremely comprehensive and rely on consultation, a review of documents and cooperation between various role players.
- If the suggested changes are introduced, the NCPI will provide a very detailed analysis of the education sector's response to HIV and AIDS.

Weaknesses:

- The construction of the composite index is rather complex and difficult to explain to others.
- The success of the completion of the questionnaire is dependent on teamwork and the relationship between a range of stakeholders.
- It is difficult for ministries of education and other stakeholders to analyse the data on the education sector response that comes from the NCPI as this data is 'lost' among the rest of the data on all the policies that comprise the national response.
- It does not allow measurement of the education sector's readiness to respond to the impact of HIV and AIDS and to improve the measure of school safety and security issues.

Additional sources of information

- *Global AIDS Response Progress Reporting 2012 Guidelines: Construction of Core Indicators for Monitoring the 2011 Political Declaration on HIV/AIDS* (http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/JC2215_Global_AIDS_Response_Progress_Reporting_en.pdf)
- *Education Sector Global HIV & AIDS Readiness Survey 2004* (http://unesdoc.unesco.org/images/0014/001446/144625e.pdf)

Other

Applicability

All countries

Thematic area

EDUCAIDS Component: Policy, management and systems.

2. Educational institutions: rules and guidelines

Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders[17]

Purpose

To assess progress towards safe and enabling environments established in schools and other educational institutions.

Rationale

It is important that schools and other educational institutions should be safe and secure places that aim to reduce all forms of stigma and discrimination, including HIV-related discrimination, and ensure that there is zero tolerance towards any form of sexual abuse or harassment. Gender influences the vulnerability of women, girls, men and boys to HIV and its effects. Sexual abuse has a direct impact on HIV vulnerability. Stigma and discrimination is one of the biggest barriers to effective HIV prevention and support programming.

This indicator provides a measure of the development, adoption and dissemination of legal frameworks (rules) and guidelines by schools and other educational institutions to reduce sexual harassment, stigma and discrimination, especially towards those students who live with HIV and those at higher risk of exposure to HIV.

It is important for the ministry of education and other stakeholders to monitor whether schools and other educational institutions are safe and enabling environments by tracking how many of them have rules and guidelines, in the form of a code of conduct or policy in some cases, covering the critical areas of safety, stigma and discrimination, and sexual abuse and harassment.

All educational institutions should report on this indicator, from schools through to colleges, universities and other higher/tertiary learning institutions. However, in countries where EMIS collects data only from primary and secondary schools, educational institutions in tertiary education will not be requested to report unless a specific survey is conducted in those institutions.

While it would be ideal to measure the number of cases in breach of the rules and guidelines, hence the number of cases of discrimination and sexual abuse/harassment, it is acknowledged that this would create a number of challenges and the reliability of the figures reported would be questionable. Therefore, it is considered more appropriate to focus on the adoption and communication of a statutory framework, as educational institutions need a point of reference should they encounter cases of this nature. They need to have guidance on what steps should be taken when cases are reported and also a clear document that outlines which behaviours will not be accepted at schools and other educational institutions.

Method of measurement

Principals/heads of educational institutions (to include both private and public schools, and colleges and universities where EMIS collects the data for tertiary education) are briefed on what constitutes rules and guidelines and what it means to adopt and communicate the rules and guidelines.

17 This indicator was field tested in four countries in Eastern and Southern Africa and in Jamaica in 2011-2012 (see Background section of this document).

Rules and guidelines as standards for processes and activities give the legal framework for school staff and students to reduce sexual harassment, stigma and discrimination, especially towards those who live with HIV. They can be: a) developed by the school but not recognized by the ministry of education; b) developed by the school and recognized by the ministry of education; c) developed by an external source (other than the school) and adopted by the school but not recognized by the ministry of education; d) developed by an external source, adopted by the school and recognized by the ministry of education; e) received from or adapted from the ministry of education. They should cover the following areas:

Table 5.3: What should be covered

Definitions and regulations regarding
Physical safety in school
Stigma and discrimination towards staff and students living with HIV or affected by HIV
Stigma and discrimination towards staff and students based on sex, race or ethnicity, religion or any other grounds
Sexual harassment and abuse
Enforcement of rules and guidelines
Grievance/disciplinary procedures in case of breach of the regulation described in the rules and guidelines

Education systems or institutions should have in place, or should adopt, rules and guidelines that set the terms for the relationship between administrators, teachers and other staff and students. This should include what is considered to be inappropriate behaviour, and define the parameters of a safe and healthy learning/working environment, free of discrimination, stigma, sexual and other forms of bullying and harassment, moral or physical, and all forms of violence,[18] whether verbal or physical.

Rules and guidelines should be developed and adopted by means of social dialogue,[19] engaging the representatives of staff employed in the system or institution in accordance with national law and practice and education service provisions. They should be communicated to all staff and students by the most appropriate means and a copy should be kept on display in the institution for reading and reproduction.

Rules and guidelines should be applied by means of administrative regulation or collective bargaining provisions as appropriate. Application may involve the appointment and training of a coordinator or committee to help promote and monitor the application of rules and guidelines. Application and revision should also involve representatives of students and parents.

Violations of agreed rules and guidelines should be subject to the relevant disciplinary procedures under national legislation, institutional regulations and negotiated/collective bargaining agreements, based on due process principles and rights of appeal.

In order for the rules and guidelines to be effective, they need to be **adopted** by the school/college, and ideally, they should also be recognised by the ministry of education. This adoption implies that the documents should meet national minimum standards, as well as following a formal process of adoption and recognition and clearly spelling out the consequences should parts of the rules and guidelines be breached. Ideally, these consequences

18 A definition of violence relevant to education settings may be obtained from the ILO Code of Practice. (2004). *Workplace violence in services sectors and measures to combat this phenomenon*. Geneva: ILO.
http://www.ilo.org/public/english/dialogue/sector/techmeet/mevsws03/mevsws-cp.pdfhttp://www.ilo.org/public/english/dialogue/sector/techmeet/mevsws03/mevsws-cp.pdf

19 Defined by the ILO as all forms of information sharing, consultation and negotiations between employers, public or private, and worker representatives.

should be endorsed by the ministry of education and necessary processes should be in place to ensure that all those in breach of the rules and guidelines are suitably punished, reprimanded or penalized. Once adopted, in order to be effective, the rules and guidelines need to be **communicated** to all stakeholders. This implies that a specific communication strategy has been put in place to make the content of the rules and guidelines widely known and to ensure that all students and educational personnel have access to the rules and guidelines. This could include sharing the documents at individual and groups meetings or when students register with the institution, ensuring all new employees are provided with a copy during the induction or orientation training, making copies available on school/college bulletin boards, having workshops on the content of the rules and guidelines, etc.

Principals/heads of educational institutions are asked the following questions:

Table 5.4: Questions for educational institutions

1. Has your institution adopted rules and guidelines that are related to HIV and AIDS?

   Yes or No

   If Yes,

2. Do the rules and guidelines cover the following aspects?

Definitions and regulations regarding
Physical safety in school
Stigma and discrimination towards staff and students living with HIV or affected by HIV
Stigma and discrimination towards staff members and students based on sex, race or ethnicity, religion or any other grounds
Sexual harassment and abuse
Enforcement of Code of Conduct
Grievance/disciplinary procedures in case of breach of the regulation described in the rules and guidelines

   Yes or No

3. Please indicate which of these stakeholders in your institution received information about the rules and guidelines and indicate mode of communication for each category provided in the previous academic year.

Groups/ categories of stakeholders	Mode of communication		
	Meeting/ workshop	In writing	Other form of communication
Students			
Teaching staff			
Non-teaching staff			
Parents /guardians			
School board/school governing body/board of trustees			

Calculated as a percentage:

Numerator:

Number of educational institutions who (1) responded yes to the question about having the rules and guidelines, and (2) indicated that the rules and guidelines have been communicated to all categories of stakeholders (students, teaching staff, non-teaching staff, parents/guardians, school boards/school governing bodies/board of trustees) within the school.

Denominator:

Number of educational institutions surveyed.

Collection method

EMIS Annual School/College/institution Census questionnaire.

Measurement frequency

Collected annually through the EMIS school/college annual census.

Disaggregation

The indicator should be presented as a separate percentage for:

- Private/independent and public/state schools and other educational institutions
- Level of education: pre-primary, primary, secondary and tertiary
- Geographical location: urban, rural and peri-urban.

Interpretation

It is important that schools and other educational institutions are considered to be safe places and also offer an enabling environment for those who work there and those who attend the educational institution. All educational institutions are required to adopt rules and guidelines that protect all people who study and work there. The rules and guidelines should cover the critical areas of safety at school and other educational institutions: there should be zero tolerance of any form of stigma and discrimination, especially towards those students living with HIV, or those at higher risk of exposure to HIV, particularly those perceived as not conforming to prevailing sexual and gender norms; and there should be no acceptance of any form of sexual harassment or abuse. The rules and guidelines should provide guidance and points of referrals if there is any form of transgression. The schools and other educational institutions need the backing of education authorities and general legislature to ensure that the rules and guidelines can be enforced.

This indicator provides useful information on trends in the coverage of the rules and guidelines and also captures whether these rules and guidelines are developed by the educational institution and recognized or not by the ministry of education, and whether they are adopted formally and communicated to all stakeholders.

The indicator is a measure of coverage. Ultimately, the desirable target should be 100 per cent. All educational institutions are required to adopt rules and guidelines that protect their students. However, the country may have set a realistic target that is lower than 100 per cent for a given period. If the percentage is found to be lower than 100 per cent of the given target, the education stakeholders should look into the data to identify what exactly disqualified the educational institutions from the numerator. This could include any one or more of the following

reasons: 1) there may not be a relevant national policy for the educational institution to refer to; 2) the educational institution has not developed rules or guidelines; 3) the rules and guidelines may not be comprehensive enough to cover all the essential issues; and 4) the rules and guidelines may not have been communicated to all relevant stakeholders.

If data are available for the previous years, the trend in general or in relation to each of the above-mentioned sub-questions should be examined by way of comparison. The results of this analysis will lead education stakeholders to a better understanding of the progress and key impediments and bottlenecks in the work measured by this indicator.

Complementary strategies that measure cases of stigma and discrimination towards students living with HIV should be considered, particularly in countries with a generalized HIV epidemic.

Strengths and weaknesses

Strengths:

- The method of calculation of the indicator is simple.
- The indicator allows for easy comparison over time.
- The indicator will raise awareness of the need for legislative frameworks to support educational institutions.

Weaknesses:

- The responses provided are self-reported – and ideally should be checked with students, members of staff, the school board and others.
- The exact details, or areas covered by the rules and guidelines are not detailed.
- The originator of the rules and guidelines are not captured or considered.
- The indicator does not consider the incidence of transgression against the rules and guidelines.

Additional sources of information

Example of rules and guidelines:
(http://www.usaid.gov/our_work/crosscutting_programs/wid/pubs/Ghana_Teachers_Code_of_Conduct.pdf)

Other

Applicability

All countries

Thematic area

EDUCAIDS Component: Policy, management and systems.

3. Life skills-based HIV and sexuality education

Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year

(based on former UNGASS #11)[20]

Purpose

To assess progress towards implementation of life skills-based HIV and sexuality education in all schools.

Rationale

This indicator tracks the proportion of schools that provide life skills-based HIV and sexuality education within the formal curriculum or as part of extra-curricular activities. This is a critical indicator for the sector, as it deals with curriculum delivery in support of national HIV prevention programmes; and includes extra-curricular activities that schools might be engaged in. The indicator attempts to provide a more comprehensive picture of the provision of life skills-based HIV and sexuality education for young people. For the education sector, it is important to consider where young people are being exposed to HIV prevention messages and also to ensure that all possible avenues are being utilized.

In line with the *International Technical Guidance on Sexuality Education* (UNESCO et al., 2009), this proposed indicator captures a set of 'essential' and 'desirable' components of a life skills-based HIV and sexuality education programme that is provided within the formal curriculum (as a standalone examinable subject, or integrated into other curriculum subjects) and/or as part of extra-curricular activities, by ensuring that the data disaggregation allows for reporting on curricular and extra-curricular activities (see Method of measurement).

Life skills-based education is an effective methodology that uses participatory exercises to teach behaviours to young people that help them deal with the challenges and demands of everyday life. It can include decision-making and problem-solving skills, creative and critical thinking, self-awareness, communication and interpersonal relations. It can also teach young people how to cope with their emotions and causes of stress. When adapted specifically for HIV education in schools, a life skills-based approach helps young people to understand and assess the individual, social and environmental factors that raise and lower the risk of HIV transmission. When implemented effectively, it can have a positive effect on behaviours, including delay in sexual debut and reduction in number of sexual partners.

Method of measurement[21]

A. Annual School Census

Principals/heads of schools (to include both private and public schools), offering primary and secondary level schooling, should be briefed on the meaning/contents of life skills-based HIV and sexuality education (based on the UNESCO/UNAIDS *International Technical Guidance on Sexuality Education Volume II* – UNESCO et al., 2009). They

20 This indicator was field tested in four countries in Eastern and Southern Africa and in Jamaica in 2011-2012 (see Background section of this document).

21 The method of measurement that was field tested is described under B – school-based survey. It is too complex to be included in the Annual School Census questionnaire and therefore a simplified set of questions was proposed and validated for inclusion in that questionnaire.

are then asked to answer yes or no to the question below, regardless of how these topics were provided (either in the formal curricula and/or during extra-curricular activities).

Table 5.5: Question for EMIS

Did students at your school receive comprehensive life skills-based HIV and sexuality education in the previous academic year?		
Yes/No		
If Yes, indicate which of these topics were covered in the life skills-based HIV and sexuality education programme:		
Teaching on generic life skills (e.g. decision-making/communications/refusal skills).	Yes	No
Teaching on sexual reproductive health/sexuality education (e.g. teaching on human growth and development, family life, reproductive health, sexual abuse, transmission of STIs).	Yes	No
Teaching on HIV transmission and prevention.	Yes	No

Numerator

Number of schools that have responded yes to all three questions and are therefore considered as having provided comprehensive life skills-based HIV and sexuality education including all the three aspects (generic life skills, sexual and reproductive health and HIV transmission and prevention) during the previous year.

Denominator

Number of schools surveyed.

B. School-based survey

Principals/heads of a nationally-representative sample of schools (to include both private and public schools), offering primary and secondary level schooling, should be briefed on the meaning/contents of life skills-based HIV and sexuality education (based on the UNESCO/UNAIDS *International Technical Guidance on Sexuality Education Volume II* – UNESCO et al., 2009). They are then given the table below that lists topics that can be integrated in many different subjects in school curriculum (for example: biology, science etc.) and/or extra-curricular activities. They have to indicate which of these topics were provided in their school and how these topics were provided (either in the formal curricula and/or during extra-curricular activities) in the previous academic year and if it was included in the formal curriculum, as per Table 5.6.

Table 5.6: Topics included in the previous academic year

Topics/content	Provided by the School		If yes, indicate how it has been provided	
	No	Yes	Within formal curriculum	Within extra-curricular activities
(a) Generic life skills				
Decision-making/Assertiveness				
Communication/Negotiation/Refusal				
Acceptance, tolerance, empathy and non-discrimination				
Human rights empowerment				
Other generic life skills				
(b) Sexual and reproductive health (SRH)/Sexuality education (SE)				
Human growth and development				
Sexual anatomy and physiology				
Reproduction				
Pregnancy and childbirth				
Condoms				
Contraception other than condoms				
Family life, marriage, long-term commitment and interpersonal relationships				
Society, culture and sexuality: values, attitudes, social norms and the media in relation to sexuality				
Sexual behaviour (sexual practices, pleasure and feelings)				
Gender equality and gender roles				
Sexual diversity				
Sexual abuse/resisting unwanted or coerced sex				
Gender-based violence and harmful practices/rejecting violence				
Transmission and prevention of sexually transmitted infections (STIs)				
Sources for SRH services/seeking services				
Other contents related to SRH/SE				
(c) HIV and AIDS-related specific content				
Transmission of HIV				
Prevention of HIV: practising safer sex including condom use (for appropriate age groups)				
Treatment of HIV				
Sources of counselling and testing services/seeking services for counselling, treatment, care and support				
HIV-related stigma and discrimination				
Other HIV and AIDS-related specific content				

Calculation:

The above list of components is divided into 'essential' and 'desirable' components as given in Table 5.7. In order to meet the criteria of teaching life skills-based HIV and sexuality education, schools must have taught all essential topics and at least six of the desirable topics. Identification of 'essential' criteria is based on those learning topics that have the greatest direct impact on HIV prevention. 'Desirable' criteria are those that have an indirect impact on HIV prevention but are part of a comprehensive curriculum. The indicator has to be calculated separately for primary and secondary school levels.

Table 5.7: Topics included in the previous academic year

Topics/Content		Y/N
Generic life skills		
Essential topics	Decision-making/assertiveness	
	Communication/negotiation/refusal	
	Human rights empowerment	
Desirable topics	Acceptance, tolerance, empathy and non-discrimination	
	Other generic life skills	
Sexual and reproductive health (SRH)/Sexuality Education (SE)		
Essential topics	Human growth and development	
	Sexual anatomy and physiology	
	Family life, marriage, long-term commitment and interpersonal relationships	
	Society, culture and sexuality: values, attitudes, social norms and the media in relation to sexuality	
	Reproduction	
	Gender equality and gender roles	
	Sexual abuse/resisting unwanted or coerced sex	
	Condoms	
	Sexual behaviour (sexual practices, pleasure and feelings)	
	Transmission and prevention of sexually transmitted infections (STIs)	
Desirable topics	Pregnancy and childbirth	
	Contraception other than condoms	
	Gender-based violence and harmful practices/rejecting violence	
	Sexual diversity	
	Sources for SRH services/seeking services	
	Other content related to SRH/SE	
HIV and AIDS-related specific contents		
Essential topics	Transmission of HIV	
	Prevention of HIV: practising safer sex including condom use	
	Treatment of HIV	
Desirable topics	HIV-related stigma and discrimination	
	Sources of counselling and testing services/seeking services for counselling, treatment, care and support	
	Other HIV and AIDS-related specific content	

Numerator

Main indicator: Number of schools that provided life skills-based HIV and sexuality education in the previous academic year according to a combination of all essential topics and at least six desirable topics[22] in the questionnaire, as part of the formal curriculum and/or as part of the extra-curricular activities offered by schools.

Additional indicator: Number of schools that provided life skills-based HIV and sexuality education in the previous academic year according to a combination of all essential topics and at least six desirable topics[23] in the questionnaire as part of the formal curriculum.[24]

Denominator

Number of schools surveyed

Collection method

School-based survey or Annual School Census questionnaire.

Measurement frequency

- Collected through an annual data collection process if included in the Annual School Census questionnaire.
- Measurement frequency to be decided by the country, if data is collected through school-based surveys.

Data disaggregation

The indicator should be presented as a separate percentage for:

- Private/independent and public/state schools
- Level of education: primary and secondary
- Indication of whether provided as formal curriculum or as part of extra-curricular activities or in combination, if data collected from a school-based survey
- Geographical location: urban, rural and peri-urban.

Interpretation

It is important that life skills-based HIV and sexuality education is initiated in the early grades of primary school and then continued throughout schooling with contents and methods being adapted to the age and experience of the students. This indicator provides useful information on the coverage of life skills-based HIV and sexuality education within schools, and on the trends in the coverage if data are collected and compared over time. However, the substantial variations in the levels of school enrolment must be taken into account when interpreting (or making cross-country comparisons of) this indicator. Consequently, primary and secondary school gross and net enrolment rates for the most recent academic year should be included in the supporting information provided for this indicator.

22 This combination of essential and desirable topics was calculated for the field test and could be revised during or after the process, based on feedback from the field test as well as expert opinion.

23 This combination of essential and desirable topics was calculated for the field test and could be revised during or after the process, based on feedback from the field test as well as expert opinion.

24 Intra-curricular programmes are obligatory and will therefore reach all learners. Extra-curricular programmes are optional and will therefore reach smaller numbers of learners. Some schools may find that certain topics are taught through intra-curricular classes whilst others are taught during extra-curricular activities; it is important to understand what topics are included in the curriculum that is delivered to all students through the school timetable.

The indicator is a measure of coverage. Ultimately the desirable coverage of schools should be 100 per cent, although countries can set a realistic target lower than 100 per cent for a given period of time. While comparison with data collected from the previous years (if available) should be made to show if and how much progress has been made, education stakeholders should use the data to: 1) identify if there is a gap between current coverage and the desired target; 2) what exactly has disqualified the schools from the numerator (what is/are the main topics that were not covered in the life skills-based HIV and sexuality education in most schools); and thus 3) determine what measures to take to fill the gaps.

The findings from this indicator should be triangulated with the data from the other indicators related to school-based HIV and sexuality education (Indicator No. 4 on orientation for parents/guardians, No. 5 on teacher training and No. 6 on HIV knowledge) to determine possible correlations between them. For example:

- A high/low percentage of schools that have provided an orientation process to parents or guardians of students may have contributed to a high/low percentage of schools that provided life skills-based HIV and sexuality education. However, if a negative correlation is shown between these two indicators, it may suggest a limited influence of the parents or guardians on the school-based HIV and sexuality education programmes.
- There should be a positive correlation between the percentage of schools with teachers trained and teaching HIV and sexuality education and the coverage of school by life skills-based HIV and sexuality education. If not, it may suggest that the life skills-based HIV and sexuality education was not delivered by trained teachers.
- The percentage of schools with teachers trained and teaching (Indicator No. 5) and the percentage of schools providing life skills-based HIV and sexuality education (Indicator No. 3) should be positively correlated with students' level of HIV knowledge (Indicator No. 6). However,
  - If the percentage of schools providing life skills-based HIV and sexuality education is high but the percentage of schools with teachers trained and teaching is low, it could suggest that the HIV and sexuality education programme was not delivered by trained teachers in some schools, which could present a concern about the quality of the teaching.
  - If the percentage of schools with teachers trained and teaching is high but students' knowledge level is low, it suggests that the teaching has not been effective. The contrary would suggest that students learnt about HIV and AIDS from sources other than teachers.
  - If the percentage of schools providing life skills-based HIV and sexuality education is high but students' knowledge level is low, it suggests that the school-based HIV and sexuality education has not been relevant or effective. The contrary would suggest that students learnt about HIV and AIDS from out-of-school sources.

Strengths and weaknesses of the revised indicator

Strengths:

- The indicator provides a good measure of coverage, considering which schools have provided life skills-based HIV and sexuality education, at the minimum required levels.
- Technical merit is likely to improve if data is collected through a school-based survey.

Weaknesses:

- Due to the range of topics and the set minimum package of topics, this indicator is quite complex to calculate using the method of measurement suitable for school-based surveys.
- It is impossible to know how much time is spent on each of the topics. The field test included data on the total number of hours set aside for life skills-based HIV and sexuality education taught in the formal curriculum, but it has proven difficult and complicated to collect the data, as time spent on each topic was not recorded accurately.
- Technical merit is low if only school head teachers report on this indicator, as many of them do not know which topics are taught if life-skills based HIV and sexuality education is not a standalone and examinable subject. Hence the need to also collect data from subject head teachers and other teachers.

Additional sources of information

- www.unicef.org/lifeskills/index-hiv-aids.htmil
- www.unicef.org/aids/index_documents.html
- *International Technical Guidance on Sexuality Education* (http://unesdoc.unesco.org/images/0018/001832/183281e.pdf)

Other

Applicability

All countries

Thematic Area

EDUCAIDS component: Content, curriculum and learning materials.

4. Life skills-based HIV and sexuality education: orientation process for parents or guardians

Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year[25]

Purpose

To assess the proportion of schools that inform/consult parents/guardians of students as stakeholders, when introducing life skills programmes.

Rationale

To ensure the acceptance and successful integration of life skills-based HIV and sexuality education in the curriculum, in many contexts parents/guardians as critical stakeholders need to be consulted on, and orientated to, the programme offered to their children in schools.

As teachers introduce aspects of the life skills-based HIV and sexuality education into the curriculum, it is advisable to provide an orientation for parents/guardians. The ministry of education has a responsibility to ensure that parents/guardians are made aware of the proposed content of the curriculum, key messages and the methodology of delivery of the life skills-based HIV and sexuality education programme. The orientation session should target all parents/guardians of students and could take the form of general meetings, notices or newsletters calling for comment, or broad public consultations. The orientation sessions should be repeated on an annual basis.

Where a good foundation has been laid for the introduction of the subject, which deals with behaviour and developing appropriate life skills, the schools are sure to reap the benefits over time. The inverse holds true, if schools introduce the subject without the knowledge of the parents/guardians, or without allowing them to review the intended outcomes and messages to be used, this could have dire consequences.

Therefore, it is important that the education sector monitors that these critical orientation sessions are offered on an annual basis.

This indicator aims to determine the proportion of schools that provide an orientation session for parents/guardians of students regarding the life skills-based HIV and sexuality programme and content at different levels.

Method of measurement

Principals/heads of schools (to include both private and public), offering primary and secondary education, are briefed on what constitutes an orientation process for parents/guardians regarding life skills based-HIV and sexuality education programmes. Principals/heads of schools are to be provided with the list of subject topics that are to be addressed at the orientation session as follows:

1. Generic life skills (e.g. decision-making/communications/refusal skills);
2. Sexual reproductive health/sexuality education (e.g. teaching on human growth and development, family life, reproductive health, sexual abuse, transmission of STIs); and

25 This indicator was field tested in four countries in Eastern and Southern Africa and in Jamaica in 2011-2012 (See Background section of this document).

3. HIV transmission and prevention.

They are then asked the following questions.

- Did your school organize orientation session(s) regarding life skills-based HIV and sexuality education programmes for parents and/or guardians of students in the previous academic year?

Calculated as a percentage:

Numerator

Number of schools that have organized at least one orientation session regarding life skills-based HIV and sexuality education programmes open to all parents and/or guardians of students in the previous academic year.

Denominator

Number of schools surveyed.

Collection method

EMIS annual school census.

Measurement frequency

Reported every two years (but collected through an annual data collection process, as it is included in the Annual School Census questionnaire).

Disaggregation

The indicator should be presented as a separate percentage for:

- Private/independent and public/state schools or institutions
- Level of education: primary and secondary
- Geographical location: urban, rural and peri-urban.

Interpretation

Parents/guardians are considered key stakeholders in ensuring that life skills education is adopted and effective, especially in countries where parents/guardians have a significant role in school decision-making and management. However, as the influence of parents/guardians on schools may vary across different countries with different education systems, the desirable target for this indicator should be set based on the country's specific context. For example, in countries where the education system is highly centralized, parents or guardians of students usually have very limited influence over the school programmes and curriculum content.

This indicator is a measure of coverage. The desirable coverage of schools should be decided by education stakeholders based on the national context. Comparison with data collected from the previous years (if available) should be made to show if and how much progress has been made.

The findings for this indicator could also be reviewed in conjunction with data collected for Indicator No. 3 included in the Guidelines (percentage of schools reached with life skills-based HIV and sexuality education) for further exploration of the possible correlations and linkages between the two indicators. For example:

- A low/high percentage of schools that have provided an orientation process for parents or guardians of students may have contributed to a low/high percentage of schools that provided life skills-based HIV and sexuality education;
- If these two percentages are not positively correlated, it suggests either that the orientation process provided by the schools was irrelevant or ineffective, or that parents or guardians had minimum influence on the school programmes.

Strengths and weaknesses

Strengths:

- The indicator was field tested.
- The method of calculation of the indicator is simple.
- The indicator allows for easy comparison over time.
- The indicator considers whether schools have consulted with parents/guardians on a critical issue related to the introduction of curriculum.

Weaknesses:

- The indicator does not reflect on the nature of the consultation or the outcome of the consultation.
- The indicator does not consider any issues of quality or extent. It does not prescribe minimum standards and measure actions against these.

Other

Applicability

All countries, except for countries where the education system is highly centralized and where parents or guardians of students usually have very limited influence over the school programmes and curriculum content.

Thematic area

EDUCAIDS Component: Content, curriculum and learning materials.

5. Life skills-based HIV and sexuality education: teacher training and teaching

Percentage of schools with teachers who received training, and also taught lessons, in life skills-based HIV and sexuality education in the previous academic year

(based on UNGASS indicator dropped in 2006: Percentage of schools with teachers who have been trained in life skills-based HIV education and who taught it during the last academic year)[26]

Purpose

To assess progress towards implementation of life skills-based HIV and sexuality education in all schools by teachers who are trained in the subject area.

Rationale

Life skills-based HIV and sexuality education is an effective methodology that uses participatory exercises to teach behaviours to young people that help them deal with the challenges and demands of everyday life. It is important that teachers who provide this subject should be trained in the appropriate methodologies and the content to be covered.

This indicator combines issues of provision of life skills-based HIV and sexuality education as part of the curriculum, as well as considering the training of those offering the curriculum. These are critical issues for the education sector to review and monitor.

This indicator provides a focus on the proportion of schools that are offering life skills-based HIV and sexuality education and considers which of those schools have teachers who have received some training to offer the subject. Again, by looking at teacher preparation, an attempt is made to improve the quality of the nature of the knowledge provided to the students.

Method of measurement

Principals/heads of schools (to include both private and public schools) are briefed on the meaning of life skills-based HIV and sexuality education, and the training required for teachers to provide the course (including pre- and in-service training), and then are asked the following question:

How many teachers in your school who received training also taught lessons in life skills-based HIV and sexuality education in the previous academic year?

Calculated as a percentage:

Numerator

Number of schools where at least one trained teacher taught lessons in life skills-based HIV and sexuality education in the previous academic year.

26 This indicator was field tested in four countries in Eastern and Southern Africa and in Jamaica in 2011-2012 (see Background section of this document).

Denominator

Number of schools surveyed.

Collection method

School-based surveys or EMIS Annual School Census questionnaire.

Measurement frequency

Reported every two years (but collected through an annual data collection process as it is included in the Annual School Census questionnaire).

Disaggregation

The indicator should be presented as a separate percentage for:

- Sex of teachers: male and female
- Private/independent and public/state schools
- Level of education: primary and secondary
- Geographical location: urban, rural and peri-urban.

Interpretation

It is important that life skills-based HIV and sexuality education be initiated in the early grades of primary school (pre-primary) and then continued throughout schooling with contents and methods being adapted to the age and experience of the students. Where schools provide both primary and secondary education, teachers should have been trained to teach life skills-based HIV and sexuality education at each of these levels.

It is impossible to establish a universal standard for the minimum number of trained teachers in life skills-based HIV and sexuality education per school, as the mode of delivering HIV and sexuality education varies significantly across countries: as a standalone subject, integrated with carrier subjects, or infused across subjects, for example. The minimum number of trained teachers also depends on the school size. This indicator is therefore a measure of coverage of schools only, with the expectation that every school should have at least one trained teacher who teaches life skills-based HIV and sexuality education. The indicator does not measure the qualitative dimensions of teacher training. Ultimately the desirable coverage of schools should be 100 per cent, although countries can set a realistic target lower than 100 per cent for a given period of time.

Education stakeholders should link the analysis of the data for this indicator with Indicator No. 3 in the Guidelines (percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year), to examine the equation between these two indicators. If the percentage of schools providing life skills-based HIV and sexuality education is high but the percentage of schools with trained teachers teaching the programme is low, it suggest that the programme was not taught by trained teachers in some schools, which may present a concern with the quality of the teaching.

Comparison with data from previous years (if available) should be made to determine if and how much progress has been made, or if a satisfactory level of coverage has been sustained.

Strengths and weaknesses

Strengths:

- The indicator was field tested.
- The indicator provides a good measure of coverage, considering which schools have provided life skills-based HIV and sexuality education at the minimum required levels and have some teachers trained to offer the curriculum.

Weaknesses:

- The indicator does not measure the number of teachers available at school level or consider the load or quality of individual teachers – so one teacher may be overburdened to cover all the grades and classes.
- The indicator does not measure the quality of teacher training in this area.

Additional sources of information

- www.unicef.org/lifeskills/index-hiv-aids.htmil
- www.unicef.org/aids/ index_documents.html
- *International Technical Guidance on Sexuality Education* (http://unesdoc.unesco.org/images/0018/001832/183281e.pdf)

Other

Applicability

All countries

Thematic area

EDUCAIDS Component: Educator training and support and content, curriculum and learning materials.

6. Young people: knowledge about HIV and AIDS

Percentage of students, aged 10-24 years, who demonstrate desired levels of knowledge and reject major misconceptions about HIV and AIDS

(based on GARPR #1.1 and former UNGASS #13: Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission)[27]

Purpose

To assess progress of students towards universal knowledge of the essential facts about HIV and AIDS in terms of transmission, prevention, diagnosis and treatment.

Rationale

HIV epidemics are perpetuated primarily through sexual transmission of infection to successive generations, often of young people. Sound knowledge about HIV is an essential pre-requisite – albeit, often an insufficient condition – for adoption of behaviours that reduce the risk of HIV transmission.

The education sector plays an important part in ensuring that young people have access to knowledge on HIV and AIDS.

This indicator is an improved school-based version of the GARPR indicator #1.1 and former UNGASS #13 ('Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission') for which data are collected through a population-based survey (Demographic Health Survey – DHS). GARPR indicator #1.1 uses only five questions to assess HIV knowledge while the school-based indicator allows for an assessment of comprehensive knowledge on HIV and AIDS. GARPR indicator #1.1 does not provide any information about the levels of knowledge of young people in-school *versus* out-of-school young people and therefore on the impact of education on HIV knowledge amongst young people, as countries are not requested to report data disaggregated by level of education.

The new indicator was designed based on the HIV-AIDS Knowledge Test (HAKT) that was used in 2007 to test the knowledge about HIV and AIDS of around 60,000 students aged around 13.5 years and their teachers in 15 countries in Southern and Eastern Africa. This was carried out within the framework of research on the effectiveness of school-based HIV and AIDS education, commissioned by the 15 ministers of education associated with the Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ).

Method of measurement

The students should respond to the 20 true/false items in Table 5.8:

27 This indicator was field tested in four countries in Eastern and Southern Africa in 2011-2012 (see Background section of this document).

Table 5.8: Questions for students

Items (questions) already included in the DHS and Multiple Indicator Cluster Surveys (MICS)

1. A person can get HIV from mosquito bites.
2. It is possible for a healthy-looking person to have the virus that causes AIDS.
3. A person can get HIV by sharing food with a person who has AIDS.
4. A person can reduce the chances of getting HIV by using a condom every time he or she has sex.
5. A person can be protected from getting HIV by having only one sex partner who is not infected and also has no other sex partners.
6. HIV can be passed from a mother to her baby during pregnancy.
7. HIV can be transmitted by a mother's breast milk.
8. A person can get HIV through witchcraft.

Additional items from the SACMEQ HIV-AIDS Knowledge Test (HAKT)

9. One way to prevent getting HIV is abstaining from sex.
10. HIV can be transmitted by blood.
11. A person can get HIV by holding hands with a person who has AIDS.
12. One way to be sure that a person has HIV is through a blood test.
13. A person can get HIV by wearing clothes used by a person who has AIDS.
14. A person can spread HIV by coughing.
15. HIV can be transmitted by saliva.
16. HIV stands for Human Immunodeficiency Virus.
17. Having more than one sexual partner could increase the risk of getting HIV.
18. A person can get HIV by eating dirty vegetables.
19. A person can get HIV from dog bites.
20. ARV (anti-retroviral) medication can be used to help people live with HIV.

These 20 questions should be administered under the following standardized conditions:

- A nationally representative sample of schools to be identified. Both private and public schools to be included with a representative range of urban and rural schools, as well as geographic spread.
- Within the selected schools, a representative sample of learners should be identified.[28]
- External data collectors should be appointed to conduct the test at a national representative sample of schools amongst an identified sample of learners at specific grades.
- The data collectors should have been extensively trained in administering (managing, supervising, checking progress and collecting data) the test items via role play and also in responding to issues related to HIV and AIDS.

28 When the indicator was field tested in four countries in Eastern and Southern Africa in 2011-2012, a judgement sample of 30 learners per grade (from Grade 6 to Grade 9) per school was selected.

- Before the testing session, the respondents should practise a few example items in order to understand the format used and to respond and the meaning of true/false.
- Each item should be read by the data collector at least twice to the respondents in order to avoid any reading skill obstacles (this is not a reading test but a knowledge test).
- The testing session should be followed by a Question & Answer session to give the correct answer for each item and to clarify any concepts.

Calculation

Calculated as an index. Respondents are required to answer at least 95 per cent of the 20 questions (19/20) correctly in order to be considered to demonstrate the desirable level of knowledge and to reject major misconceptions about HIV and AIDS.

Numerator

Number of respondents who gave the correct answers to 95 per cent of the questions provided.

Denominator

Number of all respondents.

Collection method

School-based surveys.

Measurement frequency

Ideally every two years through a special school-based survey.

Disaggregation

The indicator should be presented as a separate score for:

- Each individual question as well as the composite indicator
- Males and females
- Age groups: 10-14; 15-24 and 10-24 years
- Level of education achieved: primary, secondary and tertiary
- Geographical location: urban, rural and peri-urban.
- Type of schools: public schools and private schools

Interpretation

This indicator is particularly useful in countries where knowledge about HIV and AIDS among school populations is poor because it permits easy measurement of incremental improvements over time. However, it is also important in other countries as it can be used to ensure that pre-existing high levels of knowledge among young people at

school are maintained despite a new cohort of children entering the school population each year. The education sector needs to consider the change in HIV knowledge levels being reported over time, and when considered together with indicators that track HIV and sexuality education (both in the formal curriculum and in co-/extra-curricular activities), along with teacher training in HIV and Sexuality Education, they can review how programmes are impacting on the HIV knowledge levels of young people.

The findings for this indicator should be reviewed in conjunction with the other indicators related to life skills-based HIV and sexuality education (Indicator No. 3 on schools providing life skills-based sexuality education; No. 4 on schools providing orientation to parents or guardians of students; and No. 5 on schools with teachers trained and teaching HIV and sexuality education), to determine the possible correlations between, and gaps in, any of these areas (delivery of HIV and sexuality education in schools, parents/guardians orientation and teacher training). For example:

- Low level of HIV knowledge among students may have been a result of low coverage (and/or poor quality) of delivery of HIV and sexuality education in schools, parent/guardians orientation and/or teacher training in life skills-based HIV and sexuality education.
- Gaps between high coverage of teacher training and low level of HIV knowledge among students may suggest that teachers may not be delivering HIV and sexuality education effectively, and therefore that teacher training may not be effective.
- High level of HIV knowledge among students but low coverage in the delivery of school-based HIV and sexuality education may suggest that young people are obtaining HIV knowledge from other out-of-school sources such as mass media.

It is important to examine the data disaggregated by:

- The individual questions as well as the composite indicator – to identify for which questions/items knowledge levels are low, in order to address gaps in curricula, teacher training, and teaching including teaching materials.
- Males and females – to determine the gender differences in the HIV knowledge level, for further exploration of the factors that have contributed to it.
- Age groups – to find out which age group(s) require more attention for coverage and quality of HIV and sexuality education.
- Level of education achieved (primary, secondary and tertiary): to find out at what levels of education knowledge levels are low or high, and for which questions/items so that measures to address gaps are taken at the right level of education.
- Geographic locations – to see if there are significant geographical gaps and if yes, to consider further efforts to understand and address these gaps.

Data collected for this indicator should also be compared with data collected through DHS for GARPR indicator #1.1 ('Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission'). Although countries are not requested to disaggregate data by level of education when they report on this indicator, these data are available online (see www.measuredhs.com/aboutsurveys/ais/start.cfm). The difference in HIV knowledge level between the non-educated and the educated, and a positive correlation between the level of educational attainment and the level of HIV knowledge, suggest a positive role of education in increasing students' HIV-related knowledge.

Strengths and weaknesses of the revised indicator

Strengths:

- The indicator was field tested. The technical merit (reliability and validity) and the feasibility of the indicator were described in a separate report based on findings from the field test conducted in Eastern and Southern Africa.
- The indicator is important as it provides information on levels of knowledge about HIV and AIDS among students.
- The method of measurement, in terms of scoring the indicator was aligned on the "desirable level of HIV-AIDS knowledge" as defined by SACMEQ, that is "dichotomous scores that indicated whether or not respondents had mastered at least 75 per cent of the official curriculum across the 15 SACMEQ Ministries of Education".

Weaknesses:

- The number of questions to test knowledge levels increased from five items in the GARPR #1.1 questionnaire to 20 items in the school-based adaptation. While this places an extra burden on those administering and analysing the survey, it is critical that all these questions should be included to obtain a definite and clear indication of comprehensive knowledge levels and consequently to ensure high content validity.
- This survey only captures knowledge levels among young people in schools (in certain grades) and not among those out of school. Therefore, it is impossible to use this indicator to understand the impact of education on HIV knowledge among students *versus* young people who are not in school.

Additional sources of information

- www.sacmeq.org/HIV-AIDS-research.htm
- www.measuredhs.com/www.sacmeq.org/HIV-AIDS-research.htm

Other

Applicability

All countries

Thematic area

EDUCAIDS Component: Content, curriculum and learning materials.

7. Young people: sex before the age of 15

Percentage of young people, aged 15-24 years, who have had sexual intercourse before the age of 15 years

(GARPR #1.2 /Former UNGASS #15)

Purpose

To assess progress in increasing the age at which young women and men aged 15-24 first have sex.

Rationale

This indicator provides information on the prevalence of early sexual initiation among young women and men.

A major goal in many countries is to delay the age at which young people first have sex, and to discourage premarital sexual activity as it reduces their exposure to HIV. There is also evidence to suggest that first having sex at a later stage reduces susceptibility to infection per act of sex, at least for women.

For the education sector, it is important to know more about young women and men's sexual behaviour, so that school-based HIV prevention programmes providing correct HIV knowledge and aimed at developing skills can be introduced at the correct time and targeted at the appropriate age groups. This indicator particularly allows an assessment of the impact of life skills-based HIV and sexuality education.

Method of measurement

Population-based surveys (DHS, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other representative survey).

Respondents are asked whether or not they have ever had sexual intercourse and, if yes, they are asked: How old were you when you had sexual intercourse for the first time?

Calculated as a percentage.

Numerator:

Number of respondents (aged 15-24 years) who report the age at which they first had sexual intercourse as under 15 years.

Denominator:

Number of all respondents (aged 15-24 years).

Collection method

Population-based surveys, to be nationally representative – including DHS, AIDS indicator Survey, Multiple Indicator Cluster Survey (MICS) or other representative survey.

Measurement frequency

Every three to five years, through population based surveys.

Disaggregation

In the GARPR, the indicator is presented as separate percentages for:

- Males and females
- Age groups 15-19; and 20-24 years.

The GARPR does not require disaggregation by level of education (no education, primary, secondary and higher). However, these data are collected through population-based surveys and are available online (see http://hivdata.measuredhs.com). They should be taken into consideration for analysis by education stakeholders.

Disaggregation by geographical location/residence (rural, urban) is also interesting.

Interpretation

It is important for education stakeholders to examine the differences in the data between young people with no education and those with education, to determine if and how schooling and education may have played a role in influencing young people's sexual behaviour, in this case sexual debut. This analysis should be based on the comparison of data collected through DHS disaggregated by level of education. However, behaviour change cannot be attributed only to education, as a number of additional factors can influence sexual debut. Therefore, the comparative analysis of data disaggregated by level of education is only an indication of the potential role that formal education may have in delaying sexual debut, among other factors. This analysis should be conducted over a number of years to determine the possible trends.

Findings for this indicator should be analysed in conjunction with the findings for the indicators related to school-based HIV and sexuality education (Indicator No. 3 on percentage of schools providing life skills-based HIV and sexuality education; No. 4 on percentage of schools providing an orientation process to parents and guardians of students; No. 5 on schools with teachers trained and teaching HIV and sexuality education; and indicator No. 6 on students' HIV knowledge) in order to determine if there is a correlation over time between increased coverage of delivery of good quality life skills-based HIV and sexuality education in schools, HIV knowledge and the decreasing rate of early sexual debut among in-school young people, or vice versa.

It is difficult to monitor change in this indicator over a short period of time, as only individuals entering the group (i.e. those aged under 15 at the beginning of the period for which the trends are to be assessed) can influence the numerator. If the indicator is assessed every two to three years, it may be better to focus on changes in the levels for the 15-17 age group. If it is assessed every five years, the possibility exists of looking at the 15-19 age group.

Strengths and weaknesses

Strengths:

- The method of calculation of the indicator is simple.
- The indicator allows for easy comparison between times.

Weaknesses:

- The responses of young people may be influenced by how society perceives sexuality. In countries where HIV prevention programmes encourage virginity or delaying of first sex, young people's responses to survey questions on this issue may be biased, including a deliberate misreporting of the age at which they first had sex.
- The method of measurement of GARPR #1.2 does not have the data disaggregated by level of education in order to compare the data, analyse trends and measure the potential contribution of education responses in delaying the age at which young people first have sex. However, these disaggregated data are available to ministries of education and other education stakeholders from Measure DHS Online Tools (see http://hivdata.measuredhs.com/).

Additional sources of information

- www.measuredhs.com
- http://www.measuredhs.com/hivdata/ind_detl.cfm?ind_id=118&prog_area_id=9

Other

Applicability

All countries

Thematic Area

EDUCAIDS Component: Content, curriculum and learning materials.

8. Young people: condom use at last sex among people with multiple sexual partners

Percentage of women and men, aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse.

(GARPR 1.4/former UNGASS # 17)

Purpose

To assess progress towards preventing exposure to HIV through unprotected sex among people with multiple sexual partners.

Rationale

Condom use is an important measure of protection against HIV, especially among people with multiple sexual partners. This indicator shows the extent to which condoms are used by people who are likely to have higher-risk sex (i.e. change partners regularly or have more than one sexual partner).

Information from this indicator can guide the education sector on designing appropriate messages about condom usage and reducing risky sexual behaviour for young people. It is important to measure whether levels of knowledge are translated into behaviour change.

This indicator may also allow an assessment of the impact of life skills-based HIV education and sexuality education on the use of condoms among students.

Method of measurement

Respondents' sexual histories are obtained. Analysis of sexual history is used to determine whether the respondent has had more than one partner in the preceding 12-month period, and if so whether a condom was used the last time the respondent had sexual intercourse.

Calculated as a percentage.

Numerator:

Number of respondents (aged 15-49 years) who reported having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex.

Denominator:

Number of respondents (aged 15-49 years) who reported having had more than one sexual partner in the last 12 months.

Measurement tool

Population-based surveys, to be nationally representative, including DHS, AIDS Indicator Survey, Multiple Indicator Cluster Survey (MICS) or other representative surveys.

Measurement frequency

Every three to five years, through population based surveys.

Data disaggregation

In the GARPR, the indicator should be presented as a separate percentage for:

- Males and females
- Age groups 15-19; 20-24, and 25-49 years.

The GARPR does not require disaggregation by level of education (no education, primary, secondary and higher). However, these data are collected through population-based surveys and are available online (see http://hivdata.measuredhs.com). They should be taken in consideration for analysis by education stakeholders.

Disaggregation by geographical location/residence (rural, urban) is also interesting.

Interpretation

It is important for education stakeholders to examine the differences in the data between young people with no education and those with education, to determine if and how schooling and education may have played a role in influencing young people's sexual behaviour, in this case the use of condoms. This analysis should be based on the comparison of data collected through DHS, disaggregated by level of education, and by age groups. However, behaviour change cannot be attributed only to education as a number of additional factors can influence use of condoms. Therefore, the comparative analysis of data disaggregated by level of education and age groups is only an indication of the potential role that formal education may have in increasing the use of condoms among students, amongst other factors. This analysis should be conducted over a number of years to determine the possible trends.

Findings for this indicator should be analysed in conjunction with the findings for the indicators related to school-based HIV and sexuality education (Indicator No. 3 on percentage of schools providing life skills-based HIV and sexuality education; No. 4 on percentage of schools providing an orientation process to parents and guardians of students; No. 5 on schools with teachers trained and teaching HIV and sexuality education; and indicator No. 6 on students' HIV knowledge) in order to determine if there is a correlation over time between increased coverage of delivery of good quality life skills-based HIV and sexuality education in schools, HIV knowledge and the increase or decrease rate of early sexual debut among young people in-school.

This indicator shows the extent to which condoms are used by people who are likely to have higher-risk sex (i.e. change partners regularly). However, the broader significance of any given indicator value will depend upon the extent to which people engage in such relationships. Thus, levels and trends should be interpreted carefully using the data obtained about the percentages of people who have had more than one sexual partner within the last year.

The maximum protective effect of condoms is achieved when their use is consistent rather than occasional. The current indicator does not provide the level of consistent condom use. However, the alternative method of asking whether condoms were always/sometimes/never used in sexual encounters with non-regular partners in a specified period is subject to recall bias. Furthermore, the trend in condom use during the most recent sex act will generally reflect the trend in consistent condom use.

Strengths and weaknesses of the indicator

Weaknesses:

- The indicator does not provide the level of consistent condom use, or consistency of engaging in higher risk sex.
- These data are self-reported.
- In the GARPR 2012, the method of measurement does not have the data disaggregated by level of education and in-school/out-of-school in order to compare the data, analyse trends and measure the potential contribution of education responses in delaying the age at which young people first have sex. However, these disaggregated data are available to ministries of education and other education stakeholders from Measure DHS Online Tools (see http://hivdata.measuredhs.com).

Additional sources of information

http://www.measuredhs.com

Other

Applicability

All countries

Thematic area

EDUCAIDS Component: Content, curriculum and learning materials.

6. Core indicators for the monitoring and evaluation of education sector responses to HIV and AIDS in countries with a generalized epidemic

9. Percentage of orphaned and vulnerable children, aged 5-17 years, who received bursary support, including school fee exemption, through schools in the previous academic year.

10. Percentage of orphaned and vulnerable children, aged 5-17 years, who received emotional/psychological support through schools in the previous academic year.

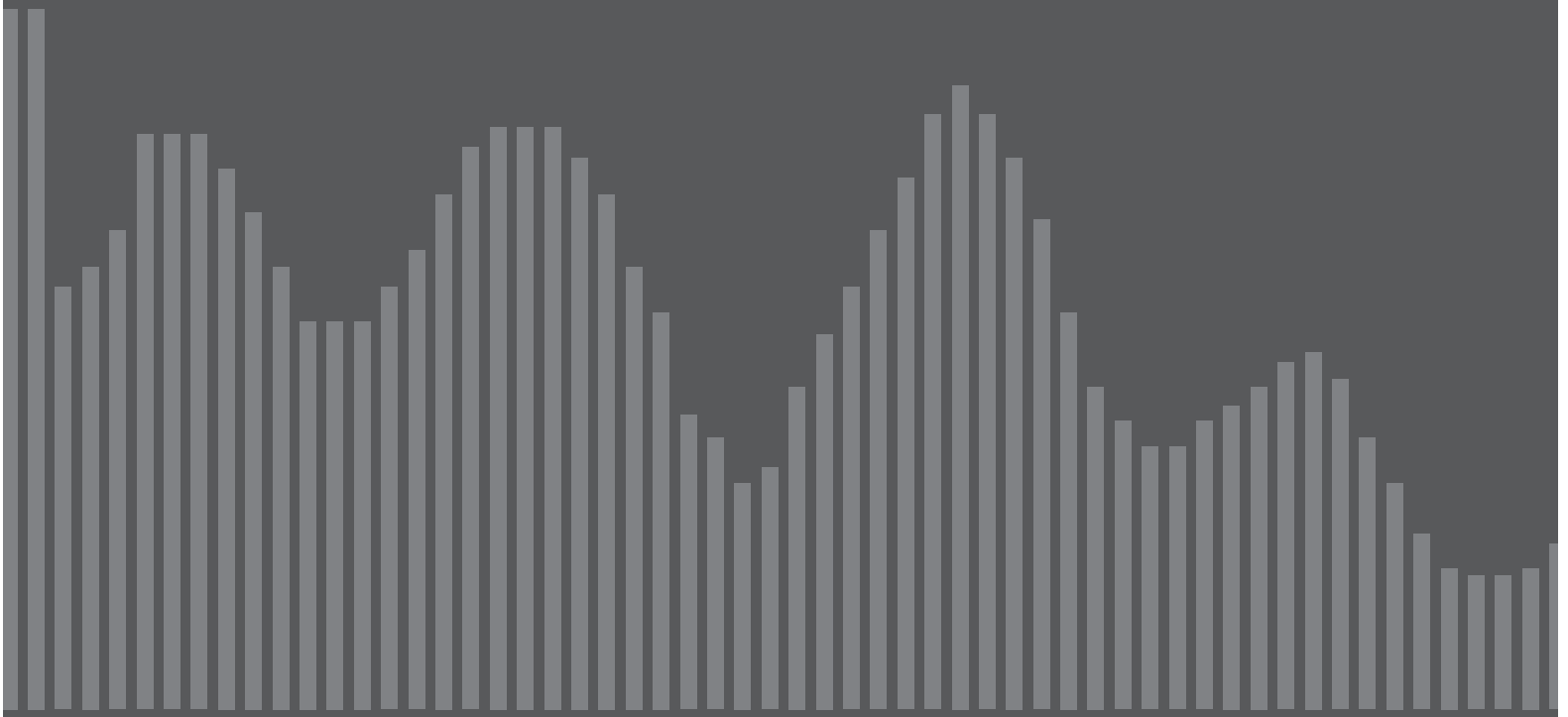
11. Percentage of orphaned and vulnerable children, aged 5-17 years, who received social support, excluding bursary support, through schools in the previous academic year.

12. Percentage of educational institutions that implement an HIV workplace programme.

13. Current school attendance among orphans and non-orphans aged 10-14.

14. Percentage of students who permanently left school due to illness or death in the previous academic year.

15. Teacher attrition rate in the previous academic year.



9-11. Education: Free basic support for orphans and vulnerable children (OVC) (three indicators)

Three separate indicators:

Indicator 9: Percentage of orphaned and vulnerable children, aged 5-17 years, who received bursary support, including school fee exemption, through schools in the previous academic year.

Indicator 10: Percentage of orphaned and vulnerable children, aged 5-17 years, who received emotional/psychological support through schools in the previous academic year.

Indicator 11: Percentage of orphaned and vulnerable children, aged 5-17 years, who received social support, excluding bursary support, through schools in the previous academic year.[29]

Based on GARPR #10.2 (*Proportion of the poorest households who received external economic support in the last three months*) and former UNGASS #10 (*Percentage of orphaned and vulnerable children, aged 0-17 years, whose household received free basic external support in caring for the child*)

Purpose

To assess progress in providing support to orphaned and vulnerable children (OVC) through school-based programmes delivered or facilitated by schools.

Rationale

These indicators aim to monitor the proportion of OVC who attend school and receive free basic support, including school fee exemption, through school-based networks. These indicators will provide information for the education sector to monitor the role that schools play to support OVC who are currently enrolled. Under 'Education for All' (EFA), every effort should be made to ensure that every child attends school. This is linked to all six of the EFA goals, and most particularly to goal 1: Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. Often incentives offered by schools encourage marginalized children to attend school and remain in school. The indicator aims to gauge what additional assistance is being facilitated by the school in providing support to orphans and other vulnerable children.

Schools, in countries with a generalized epidemic, are becoming important partners in supporting OVC and are often used by CBOs, NGOs or faith-based organizations (FBOs) as the points to access and provide support to orphans. Schools are considered to be critical in providing support to OVC and research is also showing that it is important to ensure that OVC have access to and remain in school. This indicator will track the support that schools are facilitating or providing. It is therefore considered important to report on OVC who receive free basic support through schools.

The age range (5-17 years) captures only OVC in schools. It is understood that some school systems may enrol children at a younger age, while others only enrol learners at the age of 6 or 7 years, or older.

29 These three indicators were field tested in the four countries in South and Eastern Africa in 2011-2012 (See Background section of this document).

For this indicator the OVC must be enrolled at the school and attend regularly and support must be facilitated through the school but can draw on external partners or community members. If the OVC were not attending school, they would not necessarily have access to the support being offered.

Method of measurement

Definition of OVC (UNICEF):

An orphan is defined as a child below the age of 18 years who has lost one (either mother or father) or both parents. So single- and double parent orphans are considered. A child made vulnerable by HIV is below the age of 18 and:

- Has lost one or both parents; or
- Has a chronically ill parent (regardless of whether the parent lives in the same household as the child); or
- Lives in a household where, in the last 12 months, at least one adult died and was sick for three to four months before he or she died; or
- Lives in a household where at least one adult was seriously ill for at least three of the past 12 months.

Three support services provided or facilitated by the school to orphaned and vulnerable children were identified, each corresponding to one of the three indicators:

1. **For Indicator 1: Bursary support, including school fee exemption**: Percentage of OVC able to participate in education free of fees or charges (enabled through bursary support, school fee waiver or other mechanisms).
2. **For Indicator 2: Emotional/psychological support**: through professional counselling from a trained counsellor (including teachers with that specialization) at school or through referral, by the school, of OVC to social services or other counselling providers.
3. **For Indicator 3: Social support, excluding bursary support/fee exemption**:
   a) Material support for education (e.g. uniforms, school books, etc.);
   b) Food assistance (e.g. school feeding or take home rations);
   c) Other forms of economic support.

After all orphaned and vulnerable children aged 5-17 in school have been identified, the school head (or class teacher) is asked the following three questions about the types of support offered to these children through the school:

1. **For Indicator 1:** In the previous academic year, has your school provided or enabled the provision to orphaned and vulnerable children of bursaries, including school fee exemption (fee waiver or other financial mechanisms)?
2. **For Indicator 2:** In the previous academic year, has your school provided or enabled the provision to orphaned and vulnerable children of emotional and/or psychological support, through professional counselling from a trained counsellor (including teachers with that specialization) at school or through referral, by the school, of orphaned and vulnerable children to social services or other counselling providers?
3. **For Indicator 3:** In the previous academic year, has your school provided or enabled the provision to orphaned and vulnerable children of social support (excluding bursary support/fee exemption) in the form of:
   a) Material support for education (e.g. uniforms, school books, etc.);
   b) Food assistance (e.g. school feeding or take home rations);
   c) Other forms of economic support?

Support provided is defined as free help coming from a source other than friends, family or neighbours, unless they are working for a community-based group or organization. All support received must be facilitated by the school or through school partnerships. The school does not need to commit financial resources to provide the support – they are merely playing a facilitative role. The period of reference is the previous academic year as the focus of the indicator is on the support delivered through schools.

OVC must be enrolled and attending school in order to be counted and considered. It is suggested that the period/time that a child has been orphaned is also recorded, perhaps in two-year groups. The disaggregation of orphanhood data by age and duration of orphaning is important, as both play a key role in determining the type of support needed.

Calculated as a percentage:

Numerator(s)

- **For Indicator 1**: Number of orphaned and vulnerable children (aged 5-17) identified by the school, who attended school and who received bursary support, including fee exemption, through the school in the previous academic year.
- **For Indicator 2:** Number of orphaned and vulnerable children (aged 5-17) identified by the school, who attended school and who received emotional/psychological support through professional counselling from a trained counsellor (including teachers with that specialization) at school or through referral, by the school, of OVC to social services or other counselling providers, in the previous academic year.
- **For Indicator 3:** Number of orphaned and vulnerable children (aged 5-17) identified by the school, who attended school and that received social support through the school in the previous academic year, excluding bursary support/fee exemption, in the form of:
  a) Material support for education (e.g. uniforms, school books, etc.);
  b) Food assistance (e.g. school feeding or take home rations);
  c) Other forms of economic support.

Denominator (same denominator for all three indicators)

Total number of orphaned and vulnerable children aged 5-17 (OVC as defined by UNICEF) who attended school in the previous academic year.

Collection method

EMIS annual school census.

Measurement frequency

Reported every two years (but collected through an annual data collection process as it is to be included in the Annual School Census questionnaire).

Disaggregation

The indicator should be presented as a separate percentage for:

- Males and females
- Age groups: 4 years and below; 5-9; 10-14; 15-17 and 5-17 years

- Grade within school
- Level of schooling – ECD, primary and secondary
- Type of support offered (three categories),
- Geographical location: urban, rural and peri-urban
- Duration of orphaning in two-year groups.

Interpretation

These are proxy or indirect indicators,[30] as they do not distinguish children who lost their parents due to AIDS from those whose parents died of other causes. However, in countries with a generalized HIV epidemic, the proportion of orphans who lost their parents due to AIDS is usually high and therefore these indicators provide useful data on the situation of orphaned children due to AIDS.

These indicators do not measure the needs of the orphaned and vulnerable children. Not all orphaned and vulnerable children need the same type of support and some orphaned and vulnerable children are more in need of external support than others. Therefore the desirable coverage of OVC does not have to be 100 per cent for each of the three indicators. It is up to each country to set a realistic target for each indicator based on an assessment of the real needs of OVC. For example, in some contexts it may be very difficult for OVC to attend school because of the cost of schooling, and therefore it would be expected that a large percentage of these children receive bursary support, including fee exemption, and/or social support (excluding bursary support/fee exemption) in the form of: a) Material support for education (e.g. uniforms, school books, etc.); b) Food assistance (e.g. school feeding or take home rations); and c) Other forms of economic support.

The findings from this indicator should be triangulated with the data from indicator # 13 on 'current school attendance among orphans and non-orphans, aged 5-17 years'. If school attendance among orphans is low, and/or analysis of trends over several years show that school attendance is going down, this is perhaps because orphans are not provided with the type of support that would allow them to attend school. This could be confirmed by low percentages of OVC who received bursary support (including fee exemption), emotional/psychological support and/or material support for education and other forms of economic support. If both the school attendance rate and levels of support are low, this may indicate that school-based programmes targeting orphans and vulnerable children need to be improved and/or scaled up.

The findings from this indicator should also be triangulated with the data from indicator # 14 on 'Percentage of students who permanently left school due to student illness or death in the previous academic year'. If the percentage of students who permanently left school due to student illness or death in the previous academic year is high, this may be linked to a number of orphaned and vulnerable children living with HIV who fell sick or passed away because they were not properly counselled and referred to facilities where they could have had access to care and support, including treatment.

It is important to measure whether there are any correlations over time between high percentages of orphaned and vulnerable children receiving different types of support through schools and a decrease in the number of students who permanently left school due to student illness or death, which would show that the education sector mitigates the impact of HIV and AIDS on orphaned and vulnerable children, including those who are living with HIV.

30 It is an indirect sign or measure that can approximate or can be representative of a phenomenon without the presence of a direct sign or measure.

Strengths and weaknesses

Strengths:

- The indicators were field tested.
- The indicators provide a measure of the support that OVC receive through school-based programmes (either provided or facilitated by schools).
- Once OVC are identified, the method of calculation of the indicator is simple.

Weaknesses:

- There are some discrepancies regarding the definition of orphans and vulnerable children. However, it is more practical to use the UNICEF definition as it is already used by many countries for global reporting and it can be applied internationally.
- Not all countries have the same age admission policies. By setting the start age as low as five years, most school populations can be considered as school admission ages are generally higher than five years.
- The indicators do not assess the quantity and quality of the support provided to the OVC through schools.

Additional sources of information

- www.unicef.org/aids/ index_documents.html
- UNGASS Guidelines for construction of core indicators (data.unaids.org /pub/manual/2009 /jc1676_core_ indicators_2009_en.pdf)
- http://www.measuredhs.com/hivdata/ind_detl.cfm?ind_id=78&prog_area_id=13

Other

Applicability

High HIV-prevalence countries.

Thematic Area

EDUCAIDS Component: Policy, management and systems.

12. Educational institutions: HIV workplace programmes

Percentage of educational institutions that implement an HIV workplace programme[31]

Purpose

To assess number of educational institutions that have implemented an HIV workplace programme to mitigate the impact of HIV and AIDS on the education sector.

Rationale

The education sector, after the military and security services, is often the biggest government employer in a country. Education sector personnel, just like any other workforce, are affected by HIV. Productivity is undermined and, in countries with a generalized epidemic, there is higher morbidity and mortality among education personnel, which affects staff performance, absenteeism and turnover and general morale. Employers may have larger number of dependants. Those infected may suffer stigma and discrimination in the workplace. Yet the workplace is often a highly convenient and conducive setting for HIV control or prevention activities. Workplace-based interventions have proven to be effective in mitigating the impact of HIV.

Each educational institution is considered to be a 'workplace'. Educational institutions are encouraged, as part of their workplace programmes, to develop integrated HIV prevention, treatment, care and support programmes. When introducing an integrated HIV workplace programme, it is important to measure and track the uptake of the programme. This indicator aims to measure the number of educational institutions that have implemented an HIV workplace programme.

A minimum package of HIV and AIDS services made available to employees in educational institutions, either by the institution or through the relevant education authority, be it local, district or national, should include: aspects of HIV prevention; reduction of vulnerability; elimination of stigma and discrimination; treatment, care and support; establishment of a safe, healthy and non-violent work and study environment; and the protection of rights in the workplace.

In particular, a minimum package should include the following components:

- Factual and current information on HIV transmission and prevention.
- Training activities concerning risk reduction.
- The institution's policy or position on HIV and AIDS, which includes rules, guidelines or codes of conduct prescribing any form of discriminatory behaviour towards staff living with HIV or affected by HIV.
- Measures to eliminate stigma and discrimination, which may include disciplinary procedures that sanction violations, among which are grievance and appeals mechanisms established by law, regulation or collective agreements.
- The establishment of a healthy, safe and non-violent working/learning environment.
- Information on the rights and benefits available to employees living with HIV.

31 This indicator was field tested in four countries in Eastern and Southern Africa and in Jamaica in 2011-2012 (see Background section of this document).

- Care, treatment, and support: including access to counsellors; medical services and healthy living programmes; condom provision; anti-retroviral drugs (ARVs); nutritional advice and supplements; stress reduction measures and psychosocial support; first aid; and universal precautions to avoid HIV transmission.

This may take the form of provision of services through:

- The institution or education authority at local, district/regional or national level, where appropriate; or,
- Referral networks and partnerships with services available in the community

Employees who wish to be tested as part of voluntary counselling and testing (VCT) should be provided with information on where to do so and on what the procedures entail, including pre- and post-testing counselling. Such testing could be carried out by community health services or mobile VCT clinics, and preferably not in the education institution.[32] Confidentiality should be respected and unauthorized disclosure of results or related medical records subject to disciplinary procedures.

The programme will require a well-defined structure including focal person, committee and peer teachers or any other arrangement according to the education institution capacity. Monitoring and evaluation should also be an integral component of the management of a workplace programme.

It needs to be emphasized that, while a minimum package is the minimum set of services and interventions that are expected to be in place in a specific education sector institution or the relevant education authority, and may rely primarily on referral networks, the scope and way in which this package is implemented should be the result of a dialogue between the ministrie(s) of education, decentralized education authorities and employee representatives (unions or associations), taking into account the resources and capacity of the education system. Programmes may also have activities for men and women separately as well as together, but should in any case be sensitive to gender issues.

Monthly or quarterly reports need to be maintained about the number of personnel accessing various aspects of the HIV workplace programmes. These records should track if they are new initiatives or follow-up sessions.

Method of measurement[33]

A. Annual School Census

School and other institutional heads should be briefed that a comprehensive HIV workplace programme should cover the following key elements:

1. **Information and training for staff on HIV and AIDS,** which should focus on the following topics: transmission and prevention of HIV and other sexually transmitted infections (STIs; rights of staff living with HIV; available grievance and disciplinary procedures; and services and benefits available at the school and in the community for staff living with or affected by HIV.

2. **Prevention, care and support services** that staff should be able to access through referral services in the community. Examples include the following: male and female condoms; voluntary HIV testing and pre- and post-test counselling (VCT): prevention of mother-to-child transmission (PMTCT); psycho-social support; and medical care and treatment (including nutritional advice and ARVs).

32 If such programmes are organized by health services within the institution, testing should only be carried out at the request of and with the written consent of the employee or student (or parent or guardian on their behalf as appropriate), be performed by suitably qualified health personnel, adhere to strict confidentiality and disclosure requirements, and be accompanied by gender-sensitive pre- and post-test counselling on the nature and purpose of the test, and on post-test options and services whether the result is positive or negative.

33 The method of measurement that was field tested is described under B – school-based survey. The questionnaire used during the field test was seen as too complicated to be included in the Annual School Census. It was therefore decided to propose two alternative methods of measurement: one for school-based surveys, and one simplified set of questions for integration in the Annual School Census questionnaire.

3. **Grievance and disciplinary procedures**, which should apply to cases of stigma or discrimination towards staff living with HIV or affected by HIV.

School and other institutional heads are then asked to answer the following two questions:

1. Is your educational institution implementing an HIV workplace programme that includes information and training for staff on HIV and AIDS and access to prevention, care and support services?
   YES/NO

2. Are any grievance and disciplinary procedures in place?
   No/Yes but these procedures are not enforced/Yes and these procedures are enforced

To be calculated as a percentage:

Numerator

Number of responding educational institutions that have responded yes to all three questions.

Denominator

Number of educational institutions surveyed.

B. School-based survey

The question asked to school/institutional head is:

Is your school/institution implementing an HIV workplace programme? If yes, please tick all the areas/services that are provided:

Table 6.1: Interventions/services covered in the HIV workplace programme

(a) **Information/training for staff**	**Yes/No**
Training on transmission and prevention of HIV and other sexually transmitted infections (STIs), including condom promotion and universal precautions	
Workplace safety	
Information and training on rights of people living with HIV in general, and staff living with HIV or affected by HIV in particular, including the right to confidentiality and prevention of stigma and discrimination	
Information on education sector and institutional policies on HIV and AIDS, including rules and grievance procedures in case of breach in confidentiality or stigma or discrimination towards staff living with HIV or affected by HIV	
Information on services and benefits available at the school and in the community for staff living with HIV or affected by HIV	
Other information/training	

(b) Access to services and benefits for staff living with HIV or affected by HIV	**Yes/No**
Access to male and female condoms	
Access to voluntary HIV testing and pre- and post-test counselling (VCT) either at school or through referral to facilities available in the community	

Access to prevention of mother-to-child transmission (PMTCT) services through referral to facilities available in the community	
Access to psychological support for staff living with HIV or affected by HIV either at school or through referral to facilities available in the community	
Access to medical care and treatment (including nutritional advice and ARVs) for staff living with HIV through referral to medical facilities available in the community	
Access to social support for staff living with HIV or affected by HIV either at school or through referral to facilities available in the community	
Other services	

(c) Enforcement of grievance/disciplinary procedures	Yes/No
Grievance procedures in case of a breach in confidentiality	
Grievance procedures in case of stigma or discrimination towards staff living with HIV or affected by HIV	
Other grievance/disciplinary procedures	

Calculated as a percentage:

Numerator

Number of responding educational institutions that have implemented an HIV workplace programme that includes **all** the above components.

Denominator

Number of educational institutions surveyed.

Collection method

School and college (institution)-based survey or EMIS annual school/college census.

Measurement frequency

- If collected through Annual School Census, collected annually
- If collected through school-based survey, every two or three years.

Disaggregation

The indicator should be presented as a separate percentage for:

- Geographical distribution: urban, rural and peri-urban.

Interpretation

The indicator is a measure of coverage. Ultimately, the desirable target should be 100 per cent – all educational institutions are required to implement an HIV workplace programme. However, each country may have set a realistic target that is lower than 100 per cent for a given period. If the percentage is found to be lower than

100 per cent of the given target, the education stakeholders should look into the data to identify what exactly disqualified the educational institutions from the numerator. This could include any one or more of the following reasons: 1) there may not be a relevant national policy for the educational institutions to refer to; 2) the educational institutions do not implement an HIV workplace programme at all; 3) the HIV workplace programme may not be comprehensive enough to cover all the key elements; 4) although there is an HIV workplace programme, there are no grievance and disciplinary procedures in place; and 5) grievance and disciplinary procedures are not enforced. It is important to analyse all those elements in order to develop and implement policies that address the gaps identified, for example, in terms of support provided to educational institutions by the ministry of education for a correct implementation of HIV workplace programmes, and/or supervision of implementation by inspectors.

If data are available for previous years, the trend in general or in relation to each of the above-mentioned sub-questions should be examined by comparison. The results of this analysis will lead the education stakeholders to a better understanding of the progress and key impediments and bottlenecks in the implementation of policies measured by this indicator.

The findings from this indicator should be triangulated with the data from indicator #15 on 'teacher attrition in the previous academic year'. A high rate of teacher attrition may be linked to the absence or low implementation of an HIV workplace programme in educational institutions, as teachers who do not receive information and training on HIV and AIDS are more likely to become infected by HIV. Teachers living with HIV who do not have access to care and support services are more likely to fall sick and to die. Those who are victims of stigma and discrimination in the workplace are more likely to stay away from schools.

Strengths and weaknesses

Strengths:

- The indicator provides a measure of coverage of educational institutions that have implemented an HIV workplace programme.

Weaknesses:

- The indicator is dependent on detailed and accurate records being maintained at the workplace (if collected through EMIS Annual School Census)
- There is no measure of the impact of the HIV workplace programme.

Additional sources of information

None

Other

Applicability

Countries with generalized HIV epidemics.

Thematic Area

EDUCAIDS Component: Policy, Management and Systems.

13. Orphans school attendance

Current school attendance among orphans and non-orphans (10-14 years old, primary school age, secondary school age)

(GARPR 7.3/former UNGASS #12)

Purpose

To assess progress towards preventing relative disadvantage in school attendance among orphans versus non-orphans

The indicator is split up in two parts so comparisons can be made between orphans and non-orphans:

Part A: Current school attendance rate of orphans aged 10-14 primary school age, secondary school age

Part B: Current school attendance rate of children aged 10-14 primary school age, secondary school age both of whose parents are alive and who live with at least one parent.

Rationale

AIDS deaths in adults occur just at the time in their lives when they are forming families and bringing up children. Orphanhood is frequently accompanied by prejudice and increased poverty, factors that can jeopardize children's chance of completing school education and may lead to the adoption of survival strategies that increase vulnerability to HIV. Therefore, it is important to monitor the extent to which AIDS support programmes succeed in securing the educational opportunities of orphaned children.

While the data for this indicator is collected through the population census, it is an important indicator for the education sector as it monitors school attendance of a potentially vulnerable group. This information can be used to inform and direct the sector's response to orphans and consider what school-based support could be provided for this group.

Method of measurement

Population-based survey (Demographic and Health Survey, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other representative survey).

For every child aged 10-14, of primary school age, and secondary school age, living in a household, a household member is asked:

1. Is this child's natural mother still alive? If yes, does she live in the household?
2. Is this child's natural father still alive? If yes, does he live in the household?
3. Did this child attend school at any time during the school year?

Presented as a ratio.

Collection method

For both part A and B: Numerator/Denominator.

Numerator

Part A: Number of children who have lost both parents and who attend school aged 10-14, primary school age, secondary school age.

Part B: Number of children whose parents are both alive, who are living with at least one parent and who attend school aged 10-14, primary school age, secondary school age.

Denominator

Part A: Number of children who have lost both parents

Part B: Number of children whose parents are both alive and who are living with at least one parent.

Collection frequency

Preferred: every two years; Minimum: Every 4-5 years.

Disaggregation

The indicator should be presented as a separate ratio for:

- Males and females
- Level of schooling: primary, secondary
- Geographical location; urban, rural and peri-urban
- If possible, according to orphan status: maternal, paternal, double.

Interpretation

The definitions of orphan/non-orphan used here – i.e., child aged 10-14 years as of the last birthday both of whose parents have died/are still alive – are chosen so that the maximum effect of disadvantage resulting from orphanhood can be identified and tracked over time. The age-range of 10-14 years is used because younger orphans are more likely to have lost their parents recently so any detrimental effect on their education will have had little time to materialize. However, orphaned children are typically older than non-orphaned children (because the parents of younger children have often been HIV-infected for less time) and older children are more likely to have left school.

The definition of primary school age and secondary school age should be consistent with the UNESCO definition and as currently used for calculating other education-specific indicators such as net primary school enrolment/attendance rate and net secondary school enrolment/attendance rate for each country.

The primary school age and secondary school age populations may vary slightly from country to country. Therefore this indicator uses the terms 'primary school age' and 'secondary school age' as currently applied in standard international measurements, including in major survey programmes such as DHS or MICS, to allow each country to apply its own national age ranges for primary and secondary school. The important point is to compare current school attendance of orphans and non-orphans across primary school and secondary school rather than by specific ages.

This is a proxy or indirect indicator,[34] as it does not distinguish children who lost their parents due to AIDS from those whose parents died of other causes. However, in countries with a generalized HIV epidemic, the proportion of orphans who have lost their parents due to AIDS is usually high and therefore this indicator provides useful data on the situation of orphaned children due to AIDS in relation to education.

34 It is an indirect sign or measure that can approximate or can be representative of a phenomenon without the presence of a direct sign or measure.

Data collected for this indicator is useful to measure the protective role of education for orphaned and vulnerable children when analysed in conjunction with data from indicators #9, 10 and 11 (on 'Percentage of orphaned and vulnerable children, aged 5-17 years, who received bursary support, including school fee exemption, through schools', 'Percentage of orphaned and vulnerable children, aged 5-17 years, who received emotional/psychological support through schools' and 'Percentage of orphaned and vulnerable children, aged 5-17 years, who received social support, excluding bursary support, through schools in the previous academic year').

If school attendance among orphans is low, and/or analysis of trends over several years show that school attendance is going down, this is perhaps because orphans are not provided with the type of support that would allow them to attend schools. This could be confirmed by low percentages of orphans and vulnerable children who received bursary support (including fee exemption), emotional/psychological support and/or material support for education and other forms of economic support. If both the school attendance rate and levels of support are low, this may indicate that school-based programmes targeting orphans and vulnerable children need to be improved and/or scaled up.

Strengths and weaknesses

Strengths:

- The indicator measures school attendance between two groups – those children who have been orphaned and those who have not been orphaned.

Weaknesses:

- The indicator provides no information on actual numbers of orphaned children or orphaned children who attend school.
- The indicator does not consider the extent of school attendance: the orphaned (or non-orphaned) child may be absent for extended periods during the academic year.
- Typically, the data used to measure this indicator are taken from household-based surveys. Children not recorded in such surveys – e.g. those living in institutions or on the street – are generally more disadvantaged and are more likely to be orphans. Thus, the indicator will tend to understate the relative disadvantage in educational attendance experienced by orphaned children.
- The indicator does not distinguish children who lost their parents due to AIDS from those whose parents died of other causes. It is used as a proxy indicator.

Further information

- www.unicef.org/aids/index_documents.html
- http://www.measuredhs.com/hivdata/ind_detl.cfm?ind_id=147&prog_area_id=14

Other

Applicability

It is suggested that this indicator should only be considered for countries with a generalized HIV epidemic.

Thematic area

EDUCAIDS Component: Policy, Management and Systems.

14. Education: student illness or death

Percentage of students who permanently left school due to student illness or death in the previous academic year[35]

Purpose

To assess the extent of permanent student loss as a result of death and/or illness.

Rationale

One of the notable impacts of HIV on the education sector is the increase in the number of students who drop out of the system. The reasons for this vary, from socio-economic pressures to children having to take on chores at home or responsibility for caring for sick parents or siblings, or children themselves becoming ill or dying.

This indicator provides an indication of permanent student attrition as a result of death and illness, as it considers the percentage of students who permanently dropped out of (left) school as a result of death or illness.

The value of the indicator lies in trend analysis over time and also the ability to look at the age breakdown of the reported data.

Method of measurement

In the Annual School Census questionnaire, a cross-tab table is provided, by gender, with reason for leaving schools (death, illness or other reasons) as a header and the age of learners in five-year groups as rows. Schools are then requested to provide the appropriate numbers for the previous academic year. There are separate tables for male and female students, with totals calculated.

'*Permanently left*' needs to be clearly defined and aligned with national frameworks that indicate the time out of school. It is generally accepted that students who left school in the course of the academic year without completing the year are considered 'permanently left'. One does not consider students who leave for a short period and then return to the same school and same grade within the same academic year. Only permanent attrition will be considered, learners who drop out and drop back in again will NOT be included in the count.

Using the general enrolment figures, this is calculated as a percentage, to two decimal points.

Numerator

Number of students who permanently left school due to illness, or died, in the previous academic year.

Denominator

Number of students enrolled in previous academic year.

Collection method

EMIS Annual School/College/institution Census questionnaire.

35 This indicator was field tested in four countries in Eastern and Southern Africa in 2011-2012 (see Background section of this document).

Measurement frequency

Reported every two years (but collected through an annual data collection process as it is included in the Annual School Census questionnaire).

Disaggregation

The indicator should be presented as a separate percentage for:

- Males and females
- By different age groups (4 years and below, 5-9, 10-14, 15-17 and 18 years and above)
- For different levels of schools: pre-primary, primary, secondary
- Geographical distribution; urban, rural and peri-urban
- Student who permanently left school due to (a) death and (b) illness.

Interpretation

This is a proxy or indirect indicator,[36] as none of the deaths or losses due to illness can be categorically determined to be as a result of HIV and AIDS. However, in countries with a generalized HIV epidemic, the proportion of students living with HIV is usually high and therefore this indicator provides useful data on the impact of HIV and AIDS on students, in particular because the concern for the education sector is that students are dropping out of the system.

The findings from this indicator should be triangulated with the data from indicators #9, 10 and 11 (on 'Percentage of orphaned and vulnerable children, aged 5-17 years, who received bursary support, including school fee exemption, through schools', 'Percentage of orphaned and vulnerable children, aged 5-17 years, who received emotional/psychological support through schools' and 'Percentage of orphaned and vulnerable children, aged 5-17 years, who received social support, excluding bursary support, through schools in the previous academic year'). There is an overlap between orphaned and vulnerable children and students who permanently left school, as orphaned and vulnerable children may be also students living with HIV.

If the percentage of students who permanently left school due to illness or death in the previous academic year is high, and/or analysis of trends over several years show that this percentage is going up, this is perhaps because students who permanently left school due to illness or death were orphaned and vulnerable children living with HIV who were not provided with the type of support that would have allowed them to attend schools. This could be confirmed by low percentages of orphans and vulnerable children who received bursary support (including fee exemption), emotional/psychological support and/or material support for education and other forms of economic support. If both permanent student loss as a result of death and/or illness is high and levels of support are low, this may indicate that school-based programmes targeting orphans and vulnerable children living with HIV need to be improved and/or scaled up.

The value of this indicator also lies in looking at the patterns or trends over time, by gender, according to age groups, and to look proportionally at how death and illness have contributed to the loss of students.

36 It is an indirect sign or measure that can approximate or can be representative of a phenomenon without the presence of a direct sign or measure.

Strengths and weaknesses

Strengths:

- The indicator has been field tested and used in practice (in several countries in Eastern and Southern Africa).
- There is historical data (for some countries) that can be used to measure trends over time.
- The method of calculation of the indicator is simple.
- The indicator allows for easy comparison over time and between age groups and gender.

Weaknesses:

- The reason for death and extended illness cannot be attributed only to HIV or AIDS. It is a proxy indicator.
- Accurate school records need to be maintained.

Additional sources of information

None

Other

Applicability

Countries with generalized HIV epidemics.

Thematic area

EDUCAIDS Component: Policy, Management and Systems.

15. Education: teacher attrition rate

Teacher attrition rate in the previous academic year

Purpose

To assess the extent of permanent teacher loss, by reason.

Rationale

Teachers are an important part of any education sector. They represent a substantial investment in developing human resources and they provide a critical contribution to the social and economic development of a country. The education sector should plan for the supply of sufficient numbers of teachers. One way that HIV does impact on the education sector is the increase in the number of teachers who drop out of the system. The reasons for this vary, from socio-economic pressures to opportunities created in other sectors; pressures as teachers have to take on additional responsibilities or more dependants; or teachers themselves becoming ill or dying.

This indicator provides an indication of permanent teacher attrition or loss. It considers the number of teachers lost to the system as a proportion of the number of teachers employed. The loss is tracked for a variety of reasons – including death, resignation or retirement.

The value of the indicator lies in trend analysis over time, looking at the age breakdown of the reported data, gender differences and also considering the various reasons as contributing factors.

Method of measurement

In the Annual School Census questionnaire, a cross-tab table is provided by gender with reasons for teachers leaving schools (including death, illness, retirement, resignation, transfers or other reasons) as a header and then five-year age groups are provided as row columns. Schools are then requested to provide the appropriate numbers of teachers who left for the previous academic year. There are separate tables for male and female teachers, with totals calculated.

Using the general teacher figures, this is calculated as a percentage, to two decimal points.

To calculate the true attrition rate (permanent loss to the education system), the categories of transfers should not be included in the calculation, as these teachers are still within the education system. They may be 'lost' to the school but they do remain within the education system.

Numerator

Number of teachers who permanently left the school, by reason, in the previous academic year.

Denominator

Number of teachers in establishment in previous academic year.

Collection method

EMIS annual school census questionnaire, as well as human resource systems and records.

Measurement frequency

Reported every two years (but collected through an annual data collection process).

Disaggregation

The indicator should be presented as a separate percentage for:

- Males and females
- Five-year age groups (19 years and below, 20-24, 25-29, 30 and above)
- Different reasons for leaving the school: death, illness, retirement, resignation, transfer, other reasons.
- School type (public/private)
- School level (primary/secondary/tertiary)
- Geographical distribution: urban, rural and peri-urban.

Interpretation

This is a proxy indicator and will be interpreted as such, as none of the deaths or losses due to illness can be categorically determined to be as a result of HIV or AIDS. However, with detailed analysis over time, teacher attrition could be considered as a good HIV-proxy indicator. The concern for the education sector is teacher attrition rate, the real loss of teachers as a critical resource.

The findings from this indicator should be triangulated with the data from indicator #12 (on 'percentage of educational institutions that implement an HIV workplace programme'). A high rate of teacher attrition may be linked to the absence or low implementation of an HIV workplace programme in educational institutions, as teachers who do not receive information and training on HIV and AIDS are more likely to become infected by HIV.

Teachers living with HIV who do not have access to care and support services are more likely to fall sick and to die. Those who are victims of stigma and discrimination in the workplace are more likely to stay away from schools.

In countries with a generalized HIV epidemic, a high teacher attrition rate should draw the attention of policymakers to the need to provide teachers living with HIV with a safe and conducive working environment, including comprehensive HIV workplace programmes.

The value of this indicator also lies at looking at the patterns or trends over time, by gender and according to age bands, and to look proportionally at how death and illness have contributed to the teacher attrition.

Strengths and weaknesses

Strengths:

- The indicator has been field tested and is already integrated into the EMIS of several countries in Eastern and Southern Africa. It is seen as a general key indicator for the education sector.
- The method of calculation of the indicator is simple.
- The indicator allows for easy comparison over time and between age groups and gender.

Weaknesses:

- The reason for death and extended illness cannot be attributed to HIV or AIDS.
- The accuracy of the data is dependent on school record keeping and reporting.

Additional sources of information

None

Other

Applicability

Countries with generalized HIV epidemics

Thematic Area

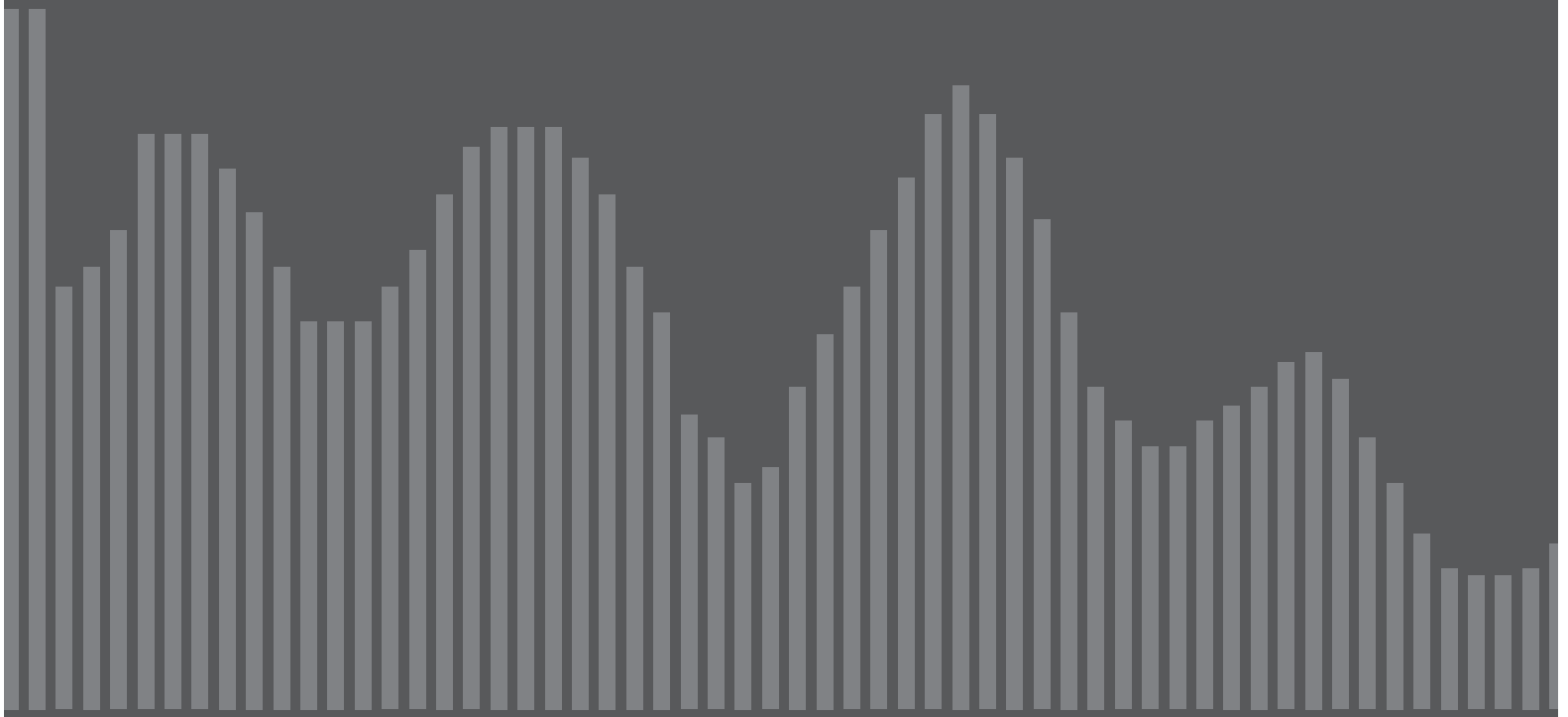
EDUCAIDS Component: Policy, Management and Systems.

Appendices

Appendix A: Data sources for the indicators

Appendix B: List of participants at the International Technical Meeting on a Global M&E Framework for Comprehensive Education Sector Responses to HIV & AIDS, UNESCO Headquarters, 25-27 October 2010

Appendix C: List of participants at the International Technical Validation and Dissemination Planning Meeting – Piloting of HIV-Sensitive Indicators in EMIS, 20-22 November 2012



Appendix A: Data sources for the indicators

Core global indicators for the monitoring and evaluation of the education sector response to HIV and AIDS	
1. National Commitments and Policy Instrument	NCPI
2. Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders	EMIS Annual School Census (ASC)
3. Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year	EMIS ASC or School-based survey (SBS)
4. Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year	EMIS ASC
5. Percentage of schools with teachers who received training, and taught lessons, in life skills-based HIV and sexuality education in the previous academic year	EMIS ASC
6. Percentage of students, aged 10-24 years, who demonstrate desired knowledge levels and reject major misconceptions about HIV and AIDS	SBS
7. Percentage of young people, aged 15-24 years, who have had sexual intercourse before the age of 15	Population-based survey (PBS)
8. Percentage of women and men, aged 15-49 years, who had more than one partner in the past 12 months who used a condom during their last sexual intercourse	PBS
Specific indicators for the monitoring and evaluation of education sector responses to HIV and AIDS in countries with a generalized HIV epidemic	
9. Percentage of orphaned and vulnerable children, aged 5-17 years, who received bursary support, including fee exemptions, through schools in the previous academic year	EMIS ASC
10. Percentage of orphaned and vulnerable children, aged 5-17 years, who received emotional/psychological support through schools in the previous academic year	EMIS ASC
11. Percentage of orphaned and vulnerable children, aged 5-17 years, who received social support, excluding bursary support, through schools in the previous academic year	EMIS ASC
12. Percentage of educational institutions that implement an HIV workplace programme	EMIS ASC or SBS
13. Current school attendance among orphans and non-orphans, aged 5-17 years	PBS
14. Percentage of students who permanently left school due to illness or death in the previous academic year	EMIS ASC
15. Teacher attrition rate in the previous academic year	EMIS ASC

Appendix B: List of participants at the International Technical Meeting on a Global M&E Framework for Comprehensive Education Sector Responses to HIV & AIDS, UNESCO Headquarters, 25-27 October 2010[37]

Name	Organization	Title
ALDINGER, Carmen	Education Development Centre	Associate Center Director, Global ProgramsHealth and Human Development Division
BABB, Jenelle	UNESCO, Kingston, Jamaica	Consultant
BADCOCK-Walters, Peter	EduSector AIDS Response Trust	Consultant
CORNU, Christophe	UNESCO	Programme Specialist, Section of Education and HIV&AIDS
DOHERTY, Oluremi	ILO	Technical OfficerILO Programme on HIV/AIDS and the World of Work
DOLATA, Stephanie	UNESCO IIEP	Assistant Programme Specialist
HEARD, Wendy	EduSector AIDS Response Trust	Consultant
HLASOA, Majoele	Ministry of Education and Training, Lesotho	Director of EducationPlanning
LEE, Seung-hee F.	Save the Children (US)	School Health and Nutrition Sr. Director, Department of Education and Child Development, International Programs
MACHAWIRA, Patricia	UNESCO, Johannesburg	Regional AIDS Advisor, Regional Team for Eastern & Southern Africa
MAVIMBELA, Lomthandazo	SADC Secretariat	Senior Programme Officer, Education and Skills Development
MUVANDI, Ityai	SADC Secretariat	HIV & AIDS M&E Specialist
NEIL, Sharon	Ministry of Education, Jamaica	Assistant Chief Education Officer, Programme Monitoring & Evaluation Unit
OFOSU-KORANTEMG, Benjamin	UNDP	Senior Development Planning Advisor (HIV), UNDP Regional Centre for Eastern and Southern Africa
PHILIPOSE, Anandita	UNESCO	Associate Expert, Section of Education and HIV&AIDS
ROSS, Ken		Consultant
TEMBON, Andy	World Bank	Regional Coordinator for School Health, Nutrition and HIV/AIDS, Africa Region
TRAN LAM, Nguyen	UNESCO, Hanoi	National Programme Officer on HIV
Vince-Whitman, Cheryl	AIR	Senior Vice President
VIVEKANANDAN, Ramya	UNESCO	Programme Specialist, Section of Education and HIV&AIDS
YEPOYAN, Tigran Yepoyan	UNESCO	Regional HIV and AIDS Advisor for Eastern Europe and Central Asia

37 The organizational affiliation, title and contact details for some participants may have subsequently changed since the meeting took place.

Appendix C: List of participants at the International Technical Validation and Dissemination Planning Meeting – Piloting of HIV-Sensitive Indicators in EMIS, 20-22 November 2012

Name	ORGANIZATION/ TITLE
BABB, Jenelle	Programme Assistant, UNESCO Kingston, Jamaica
BADI, Alfons	M&E Officer, Ministry of Health (Directorate of Special Programme), Namibia
BEASLEY, Michael	Chair, UNAIDS IATT on Education M&E Working Group
CORNU, Christophe	Team Leader, EDUCAIDS Country Implementation Support/Programme Specialist, UNESCO
DAKA, Gideon	Statistical Officer/ IT Support Officer, Ministry of Education, Zambia
DAMISONI, Henry	Senior Strategic Information Advisor, UNAIDS
DENGEINGE, Raimo	Chief Education Officer, MOE EMIS Namibia
DOLATA, Stephanie	Programme Specialist, UNESCO IIEP
GITHAIGA, Monica	Programme Specialist, UNESCO Institute of Statistics -Dar es Salaam
GOUWS, Eleanor	Strategic Intelligence and Analysis Division, UNAIDS RST
HANGO, Samson	EMIS Unit, Ministry of Education and Vocational Training, Tanzania
HEARD, Wendy	Consultant
HERMAN, Mathias	UNESCO National Programme Officer, Tanzania
HEITA, Aina	UNESCO National Programme Officer, Namibia
ILOYDS, Elizabeth	Monitoring and Evaluation Specialist, Caribbean Health Research Council (CHRC), Jamaica
KASAKE, Imani Anyimike	EMIS Unit, Ministry of Education and Vocational Training, Tanzania
KELLY, Danniel	Data Management Specialist, UNICEF ESARO
KIVENULE, Delfinus	M&E, Tanzania Commission for AIDS, Tanzania
KIWANGO, Eva	UNAIDS South Africa
LIU, Yongfeng	Programme Specialist, UNESCO
MALEBYE, Johannes	Department of Basic Education, South Africa
MACHAWIRA, Patricia	UNESCO Regional AIDS Advisor, ESA
MOHAMUD, Asha	Regional Advisor for Youth and HIV Prevention Programmes, UNFPA Africa Regional Office
MPANZA, Bheki	Chief Director, Department of Basic Education, South Africa
MUBANGA, Bwalya	M&E Specialist, National AIDS Commission, Zambia
MUKONKA, Remmy	HIV and AIDS Coordinator, Ministry of Education, Zambia
MULEKO, Ben	Senior Education Officer, MOE HAMU, Namibia
MURTAZA, Rushnan	UNICEF Namibia
MUSONDA, Bupe	Senior Statistician, Ministry of Education, Zambia
OLSEN, Rick	Regional HIV Prevention Specialist, UNICEF ESARO
PANDAY, Dr. Saadhna	Director of Health Education, Department of Basic Education, South Africa
RAYMOND, Mangulu Benedict	HIV/AIDS Coordinator, Ministry of Education and Vocational Training, Tanzania
SAILI, Alice	UNESCO National Programme Officer, Zambia
SHIKONGO, Sem	Education Officer, MOE EMIS, Namibia
SOTH, Nimol	UNESCO National Programme Officer for HIV/AIDS, Cambodia
TSHUMA, Sandisile	Programme Associate, UNESCO ESA Regional Team

This document aims to provide Ministries of Education and other education stakeholders involved in country responses to HIV and AIDS with clear guidelines on the construction and use of 15 core indicators to measure the education sector response to HIV and AIDS. The guidelines were endorsed by the UNAIDS Inter-Agency Task Team (IATT) on Education in February 2013 after extensive national, regional and international consultations and a rigorous field test of the new indicators through 2009-2012.

Readers will find detailed information about reasons for using each of the indicators; methods for collecting the data and measuring it; and guidance for interpreting the data, including how to analyse data from various indicators and draw conclusions in terms of potential changes in policies and programmes in the education sector.

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