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HIV Prevention Knowledge Base: Behavioral Interventions Curriculum-Based Education

AIDSTAR-One's HIV Prevention Knowledge Base series provides policy makers, researchers, program planners and managers with the latest information related to HIV prevention. It includes current syntheses on research findings and successful practices as well as useful tools for program implementation. Topics focus on emerging areas, behavioral, biomedical, and structural interventions as well as combination approaches.

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Curriculum-based education is an organized set of activities or exercises ordered in a developmental fashion and designed to enable its target audience to obtain specific knowledge, experiences, and skills. There are a number of settings and target populations in which curriculum-based education is utilized; for example, HIV health care provider and personnel training (e.g., counselors, peer educators, and lab technicians) and school-based HIV and AIDS courses and peer education sessions. The majority of curriculum-based education programs are implemented in the school setting, with youth as the primary target group, which is the main focus of this resource.

Core components for implementing curriculum-based education include providing training for educators in age-appropriate methods; conducting participatory needs assessments; identifying agents of change and positive role models; involving youth and communities in materials development and implementation; delivering messages where the intended audience congregates (e.g., cinemas); and linking education to services.

Youth HIV and AIDS curricula are considered most effective when they are designed with the participation of the intended audience, begun early, and adapted to the age and developmental stage of the learner. In general, curricula provide considerable guidance to the educator or facilitator and can produce consistent results across settings if implemented in a similar manner. Program evaluations and systematic reviews have found that curriculum-based HIV education can be effective in widely differing geographic areas, various cultural and learning settings (e.g., primary/secondary/tertiary, vocational, formal and non-

formal learning environments), and among varying populations (e.g., youth, adults, and marginalized populations).¹ There is strong evidence that school-based HIV educational curricula do not increase sexual behavior, and often lead to positive health outcomes; for example, delayed sexual debut, reductions in the number of sexual partners, and increased use of condoms.

Cultural, political, and religious barriers, legal limitations, and inconsistent quality of programming can affect efforts to educate young people about HIV and AIDS. These barriers can be overcome by highlighting evidence that demonstrates that sex education does not increase sexual activity, that high-quality programs are associated with a range of positive health and behavioral outcomes, and that sex education can be developed using age-appropriate materials.

¹ Kirby, D., Laris, B. A., & Roller, L. “Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries.” *Family Health International*, Research Triangle Park, NC. 2005.

What We Know: Summaries of Research Articles

The following are summaries of select background research on standards and overall effectiveness of curriculum-based education in mitigating the impact of HIV.

A Systematic Review of School-Based Sexual Health Interventions to Prevent STI/HIV in Sub-Saharan Africa

BMC Public Health (2008). Vol. 8 No. 4
Paul-Ebhohimhen, V. A., Poobalan, A., & van Teijlingen, E. R.

A review of school-based sexual health interventions, implemented in sub-Saharan Africa, was conducted to gain a better understanding of their impact on the HIV and AIDS epidemic among youth. After an extensive search of studies, which included the review of 1,020 possible abstracts, 12 articles were included in the final review, highlighting the scarcity of evaluated and published studies in this area. It was found that knowledge and attitude-related outcomes were the most likely to be positively influenced by school-based interventions; in comparison, behavioral outcomes were the least likely to be affected. Increased use of condoms and prolonged delay of sexual intercourse was largely affected by pre-intervention sexual history.

Effects and Effectiveness of Life Skills Education for HIV Prevention in Young People

AIDS Education and Prevention (2008). Vol. 20 No. 6, pp. 465–85
Yankah, E., & Aggleton, P.

Life skills are said to generally facilitate the negotiation of risk behavior and vulnerability in the face of the epidemic. However, the effectiveness of life skills-based interventions remains uncertain due to the difficulty in defining life skills and a lack of rigorous reviews of the outcomes of the interventions. The review identified a number of rigorously designed and evaluated programs from Africa, Latin America, Asia, and the Pacific. Most programs used life skills training as a component of an overall education strategy. The programs reviewed had a positive effect on knowledge, attitudes, intentions, skills, and abilities. However, the life skills programs rarely produced consistent effects on sexual behavior and had little effect on biological outcomes such as reduced sexually transmitted infection or pregnancy rates.

Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People throughout the World

Journal of Adolescent Health (2007). Vol. 40 No. 3, pp. 206–17
Kirby, D., et al.

Sex and HIV education programs that are based on a written curriculum and that are implemented among groups of youth in schools, clinics, or other community settings are a promising approach to reducing adolescent sexual risk behaviors. Curriculum-based HIV education programs can be implemented in schools, in order to reach large numbers of youth, and in clinical and community settings, to reach more vulnerable youth. This paper summarizes the results of 83 evaluations that measure the impact of curriculum-based HIV and sex education programs on the sexual behavior of youth under 25 years old in developing and developed countries. The programs typically focused on pregnancy or HIV/sexually

transmitted infection (STI) prevention behaviors, not on broader issues of sexuality, such as developmental stages, gender roles, or romantic relationships. Two-thirds of the programs significantly reduced risk and promoted positive behavior. Evidence demonstrated that programs do not hasten or increase sexual behavior; instead, many programs delay or decrease sexual behaviors, or increase condom or contraceptive use. Effective curricula commonly incorporated characteristics that describe the curricula development, the goals, objectives, and teaching strategies of the curricula themselves, and their implementation. To maximize effectiveness, communities should not rely solely on these programs to address problems of HIV, other STIs, and pregnancy, but should view them as a component in a larger initiative to reduce sexual risk-taking behavior.

Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence From Developing Countries—The Effectiveness of Sex Education and HIV Education Intervention in Schools in Developing Countries

World Health Organization–UNAIDS Inter-agency Task Team on Young People (2006).

Kirby, D., Obasi, A., & Laris, B. A.

The authors conducted a systematic review of studies evaluating school-based HIV and sex education programs in developing countries. The review assessed the evidence of the programs' impact on youth sexual risk behaviors, and on the psychosocial factors that affect risk behaviors. A large majority of programs in developing countries reduced reported risky sexual behaviors. The authors concluded that curriculum-based approaches, more so than peer-led and non-curriculum-based approaches, were more effective in the developed and developing world.

Analyzing the Response of a Teacher Training Institution to HIV and AIDS: A Case Study of Zambia

UNESCO–BREDO (2006).

Ramos, L.

This case study examines the extent to which a teacher training institution in Zambia prepared teachers to address the problem of HIV and AIDS. The author found that teachers were not being adequately prepared to teach the subject, nor were they being properly equipped with the skills, attitudes, and competencies to challenge ways of thinking about the epidemic. Pre-service teacher training colleges need strengthening and increased involvement from the Ministry of Education and other partners. The study identified peer pressure, lack of teaching materials, selective teaching practices, discomfort with the subject, lack of policies, and lecturer–student sexual relationships among the major barriers to adequately addressing the epidemic and equipping future teachers with the skills, attitudes, and knowledge for effective teaching on HIV and AIDS.

Reports and Briefs

School-Based Reproductive Health and HIV Education Programs—An Effective Intervention

Family Health International, YouthLens (2007).

Parker, C., & Finger, W.

This brief highlights the recent review conducted by Douglas Kirby of ETR Associates and builds on the FHI-sponsored work conducted in 2005. Recent research confirms that school-based HIV curriculum have positive effects on knowledge, attitudes, and behaviors. The brief describes challenges in implementation such as not implementing the curriculum as prescribed, inadequate teacher training, and funding.

Tailoring the Education Message: A Diversity of Settings and Needs, Symposium Report

UNAIDS Inter-Agency Task Team (IATT) on Education (2007).

This report documents the UNAIDS Inter-Agency Task Team (IATT) on Education Symposium held in 2007 by the Academy for Educational Development (AED), the American Institutes for Research (AIR), and the Educational Development Center (EDC). The IATT Symposium addressed critical elements in providing effective HIV education programs to refugees and internally displaced persons, and described appropriate roles of teachers and schools in discussions of gender identity.

Available online at:

<http://www.aed.org/Publications/loader.cfm?url=/commonspot/security/getfile.cfm&pageid=24201>

Christian Family Life Education Program in Namibia: Churches Approach Taboo Subjects through New Curriculum They Helped Develop

Family Health International/ YouthNet (2006).

Goercke, B.

This brief describes a successful project in Namibia in which churches implemented a reproductive health and HIV prevention project. The innovative project included topics such as puberty, sexuality, and violence, often taboo subjects for faith-based organizations. The project was based on a new Christian Family Life Education (CFLE) curriculum and developed resource materials from a Christian perspective for younger youth.

Available online at: http://pdf.usaid.gov/pdf_docs/PNADG246.pdf

Scaling Up a Reproductive Health Curriculum in Youth Training Courses

Population Council, Frontiers in Reproductive Health (2006).

Rahman, L., Islam, M. R., Rob, U., Bhuiya, I., & Khan, M. E.

The final report describes the successful Global Youth project in northwestern Bangladesh, from 1999 to 2003, which provided a curriculum-based reproductive health program as well as linkages to youth-friendly services. The curriculum was developed with the participation of teachers, facilitators, and program managers. The intervention did increase the youths' knowledge on reproductive health and increased

condom use. Furthermore, the results of population surveys demonstrated that sexual health programs do not increase sexual activity.

Available online at: http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Bangladesh_scaleup.pdf

Standards for Curriculum-Based Reproductive Health and HIV Education Programs

YouthNet (2006).

Senderowitz, J., & Kirby, D.

This document outlines research sponsored by Family Health International/YouthNet on the impact of sex and HIV education curricula for youth, and a report from a two-day meeting to discuss field experiences using HIV education-based curricula.

Available online at:

<http://www.fhi.org/NR/rdonlyres/ea6ev5ygicx2nukyntbvjui35yk55wi5lwnnwkgko3touyp3a33aiczutoyb6z/hxcnwiyc37uxyxg/sexedstandards.pdf>

Mainstreaming HIV and AIDS and Sexual and Reproductive Health and Rights in Education: Challenges in Reality

Report of the UNAIDS LATT on Education Symposium. Amsterdam November 6th, 2006.

Visser-Valfrey, M., & Pronk, H.

The report outlines the Symposium's presentations, discussions, and conclusions, sponsored by the UNAIDS Interagency Task Team on Education (IATTE). The symposium was entitled, "Mainstreaming HIV and AIDS and Sexual and Reproductive Health and Rights in Education: Challenges in Reality." It addressed the "what" and the "how" of mainstreaming and provided practical recommendations on four areas: curriculum, advocacy, monitoring, and budget. Some practical points included involving teachers, managing the school environment, working to build the relationships between the schools and communities, and creating synergies at the policy level.

Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries

WHO Technical Report Series.

UNAIDS Inter-agency Task Team on Young People (2006).

This report provides systematic reviews of policies and programs designed to decrease HIV prevalence among young people; chapter five reviews the evidence for curriculum-based education. The large body of evidence from experimental and observational research in both developed and developing countries supports the use of curriculum-based education in schools to garner positive effects on protective behavior change.

Available online at: http://whqlibdoc.who.int/trs/WHO_TRS_938_eng.pdf

Teacher Training: Essential for School-Based Reproductive Health and HIV/AIDS Education. Focus on Sub-Saharan Africa

Family Health International/YouthNet (2004). No. 3

James-Traore, T. A., Finger, W., Ruland, C. D., & Savariaud, S.

This report reviews the importance of teacher training for successful school-based reproductive health and HIV and AIDS education courses. Challenges in implementing projects in Africa are discussed, highlighting experiences in Ghana, Kenya, Uganda, and Zimbabwe.

Available online at:

<http://www.fhi.org/NR/rdonlyres/eenkfni7daxt5tafxsfwaha6xwa6qo5qkq2l274jaekqluoysf35uwsoh5m4csco65aucky5shsdgj/marriedYI4.pdf>

Putting it into Practice: Program Guidelines and Standards

Below are summaries of standards and guidelines that have been developed by UNAIDS Inter-Agency Task Team on Education and various implementers.

Good Policy and Practice in HIV and AIDS and Education Series

UNESCO (2008).

Education systems reach beyond the traditional classroom into homes, communities, religious centers, and other learning fora, thus addressing educational practices in formal, non-formal, and informal learning environments. Recognizing that local solutions must solve local challenges, this series compiles a variety of programmatic and policy experiences, program activities, and case studies from different regions.

Available online at: http://portal.unesco.org/en/ev.php-URL_ID=35444&URL_DO=DO_TOPIC&URL_SECTION=201.html. Booklet Nos.1, 2, 3, 4, and 5 at: <http://unesdoc.unesco.org/images/0017/001797/179711E.pdf>

Standards for Curriculum-Based Reproductive Health and HIV Education Programs

Family Health International (2006).

Senderowitz, J., & Kirby, D.

Curriculum-based programs can be implemented in schools, community agencies, health facilities, and other settings where young people assemble regularly. The report includes a list of 24 characteristics of effective curriculum-based programs based upon a systematic review on the impact of HIV and sex education programs in developing countries.

Available online at: <http://www.fhi.org/NR/rdonlyres/ea6ev5ygicx2nukyntbvjui35yk55wi5lwnnwkgko3touyp3a33aiczutoyb6zhxcnwiyc37uxyng/sexedstandards.pdf>

Sexuality Information and Education Council of the United States [SIECUS]. National Guidelines Task Force Guidelines for comprehensive sexuality education. 3rd ed. Kindergarten through 12th grade

SIECUS, 2004.

New York, New York. p. 109

The guidelines offer an organizational framework of important knowledge and skills related to sexuality and family living for students in kindergarten through twelfth grade. Age-appropriate developmental messages are also recommended.

Available online at: http://www.siecus.org/_data/global/images/guidelines.pdf

Good and Promising Programmatic Practices (G3Ps) Highlights

The section below highlights some key interventions; however, this is a representative sample and does not capture all curriculum-based HIV and AIDS education that is being implemented in the field.

The Manual for Integrating HIV and AIDS Education in School Curricula: Experiences of Integrating HIV and AIDS into National Curricula

AIDS- XVII International AIDS Conference (2008). Abstract No. TUPE0491
Bonnet, S.

UNESCO International Bureau of Education (IBE) developed in 2007 a “Manual for Integrating HIV and AIDS Education in School Curricula.” The manual identifies four thematic areas as essential for a comprehensive approach, including: 1) basic knowledge on health promotion and protection; 2) relationships and emotions; 3) gender; and 4) overcoming HIV-related stigma and discrimination. Ministries of Education in Cameroon, Central African Republic, and Congo have used the toolkit to adapt their curricula to include teaching about HIV and AIDS.

Teaching in the Window of Hope: A Curriculum for Primary Colleges of Education in Zambia

AIDS- XVII International AIDS Conference (2008). Abstract No. WEPE0576
Malinda, M., et al.

CHANGES2, a program to strengthen the professional skills of basic education teachers, in collaboration with the Zambian Ministry of Education, has developed a comprehensive HIV Education curriculum for the government-sponsored teachers colleges that was pilot tested, modified, and scaled up to all 10 primary colleges. The *Teaching in the Window of Hope* curriculum aims to overcome the many barriers teachers face in implementing classroom-based HIV prevention. Some of these barriers include difficulty speaking about HIV and AIDS; lack of information on the drivers of the country’s epidemic; lack of understanding about gender issues, e.g., cross-generational sex, concurrent partners; and lack of training and experience in using participatory teaching methods.

Implementing a National Standardized Curriculum for HIV Counseling According to Programme Needs: The India Experience

AIDS-XVII International AIDS Conference (2008). Abstract No. CDD0700
Ramamurthy, R., et al.

India has scaled up its counseling services to 4,000 sites, which required 6,000 counselors to adequately staff the sites. Several gaps in staff capacity were identified and HIV and AIDS counseling was the primary weakness. A national standardized curriculum was developed and 43 institutes were provided training so they could conduct the curriculum in their facilities. A training calendar and pre- and post-evaluations were established at each site. The results of the evaluations found an increase in overall knowledge on HIV, and an improvement in counseling skills. The next steps for the national curriculum include performing continuous quality improvement of the training; acquiring financial support for implementation; and ensuring that the training meets the program’s needs.

A Process Evaluation of a School-Based Adolescent Sexual Health Intervention in Rural Tanzania: The MEMA Kwa Vijana Programme

Health Education Research (2007). Vol. 22 No. 4, pp. 500-512

Plummer, M. L., Wight, D., Obasi, A. I., Wamoyi, J., & Mshana, G.

An adolescent sexual health program, MEMA kwa Vijana (MkV), was conducted in 62 Tanzanian primary schools and a process evaluation was conducted from 1999 to 2001. The MkV curriculum was based on the Social Learning Theory and was teacher-led and also peer-assisted. The evaluation consisted of several methods such as participant observation, observation of training sessions, annual surveys, and supervision. It was found that most teachers were able to teach the curriculum but sometimes had difficulty in utilizing new teaching styles. Peers conducted scripted dramas effectively but were challenged in providing informal educational sessions. The intervention was able to increase the knowledge of risks and benefits of safer behaviors and to increase less-risky behaviors. There was no consistent impact on biological markers, which questions the self-reported behavioral data. The authors conclude that other measures of success have to be found instead of relying solely on self-reported survey data.

The Impact of Life Skills Education on Adolescent Sexual Risk Behaviors in KwaZulu-Natal, South Africa

Journal of Adolescent Health (2005). Vol. 36 No. 4, pp. 289–304

Magnani, R., et al.

A life skills education program was evaluated to assess its impact on a select group of youth in KwaZulu-Natal Province, South Africa. A panel study was conducted in 1999 and 2001 with 2,222 youth aged 14 to 24 years. A net dose-response relationship between exposure to life skills and outcomes was used to measure impact. Significant positive effects were found on both cognitive and behavioral outcomes. Sexual-reproductive health knowledge and perceived condom self-efficacy increased among the intervention group compared to the control group. There was also an increase in condom use at first and last sex among the intervention group, compared to the control group. There were no consistent results on several outcomes such as secondary abstinence and age at sexual initiation. The authors conclude that life-skills education positively affects the sexual health of youth, but whether programs can affect long-term behavior change is uncertain.

Programming for HIV Prevention in South African Schools: A Report on Program Implementation

Population Council, Horizons (2005).

Reddy, P., James, S., & McCauley, A.

The Life Skills ninth-grade curriculum was implemented and evaluated in KwaZulu-Natal, South Africa. The 16-hour curriculum was taught at least once a week. Twenty-two schools participated in the evaluation, with eleven schools in the intervention group and eleven in the control group. The study used quasi-experimental research design and followed teachers and students over time using surveys, i.e., at baseline, immediately after the course, and four months later. There were numerous positive results such as: 1) the program did not increase sexual activity; 2) the intention to have sex did not increase among those in the

intervention; 3) approval of abstinence increased; and 4) young men reduced their number of partners. It was also found that male and female students had different needs and different outcomes; therefore, programs should develop activities based on these differences.

Available online at: <http://www.popcouncil.org/pdfs/horizons/saschlfnl.pdf>

Tools and Curricula

The following samples of curriculum approaches for distinct populations do not constitute an exhaustive list of curricula, but rather a representative sample.

[Guidelines for Mainstreaming HIV and AIDS in the Education Sector—Toolkit for Mainstreaming HIV and AIDS in the Education Sector: Guidelines for Development Cooperation Agencies](#)

UNAIDS LATT on Education (2008).

This toolkit provides guidance to mainstream HIV and AIDS into education sector planning and implementation, and identifies entry points and opportunities to establish priorities for advocacy and action. It can be used as a reference tool or as a resource for training and discussion.

Available online at: http://portal.unesco.org/en/ev.php-URL_ID=41670&URL_DO=DO_TOPIC&URL_SECTION=201.html

Our Future: Sexuality and Life Skills Education for Young People. [Grades 4-5](#), [Grades 6-7](#), and [Grades 8-9](#).

International HIV/AIDS Alliance (2007).

This toolkit represents a compilation of experience on life skills education accrued in various HIV and AIDS Alliance projects since 2003. The series of three books was developed in collaboration with teachers and learners in fourth to ninth grades from 14 schools in Zambia. Along with a teacher's guide, the toolkit provides lessons for implementing successful life skills education for young people, and it is specifically aimed at curriculum planners, education specialists, program managers, and educators.

Available online at: http://www.aidsalliance.org/graphics/secretariat/publications/Our_Future_Grades_4-5.pdf, grades 6–7 at http://www.aidsalliance.org/graphics/secretariat/publications/Our_Future_Grades_6-7.pdf, and grades 8–9 at http://www.aidsalliance.org/graphics/secretariat/publications/Our_Future_Grades_8-9.pdf

UNESCO IBE: Programme for HIV and AIDS Education, Version 3. CD-ROM

(2007).

The United Nations Educational, Scientific and Cultural Organization (UNESCO) International Bureau of Education (IBE) has published the third version of the CD-ROM, "Programme for HIV and AIDS Education." This interactive resource contains curriculum documents, teaching and learning materials, teaching aids, case studies of good practices, and studies and research on curriculum development, implementation, and evaluation. It also contains the most recent version of the *Manual for Integrating HIV and AIDS Education in School Curricula* [http://www.ibe.unesco.org/AIDS/Manual/Manual_home.htm]. The

manual is a practical toolbox to support effective integration of HIV and AIDS education in schools. It also includes a searchable web-based database for HIV and AIDS curriculum.

Available online at: <http://www.ibe.unesco.org/en/hiv-aids/ibe-publications.html>

Tuko Pamoja (We are Together), Adolescent Reproductive Health and Life Skills Curriculum

PATH (2006).

Behague, S., Christenson, K., Martin, S., Wysong, M., & Kibusu, K.

This curriculum helps build communications between adults and youth on various issues such as HIV and AIDS knowledge, understanding and skills about reproductive health, adolescence, sexuality, relationships, sexually transmitted infections (STIs), and other topics. The curriculum is designed to positively impact youths' sexual health (10 to 14 year olds and 15 to 19 year olds) by increasing knowledge, awareness, skills, and dialogue around topics such as gender violence, abstinence, STIs, decision-making, and risky sexual behaviors.

Available online at: http://www.path.org/files/CP_kenya_KARHP_curric_3-06.pdf

Tuko Pamoja (We Are Together), A Guide for Talking with Young People about their Reproductive Health

PATH (2005).

Martin, S., Madiang', O., Muthuuri, E., Trangsrud, R., & Kaplan, J.

This manual was developed for programmers working with the Kenyan Ministry of Health as part of the Kenya Adolescent Reproductive Health Project to increase their ability, comfort level, and skills in talking to young people about their sexual health. The manual covers a range of topics from values, talking to young people, puberty, sexuality, HIV and AIDS, voluntary counseling and testing, drug use, and sexual violence.

Available online at: http://www.path.org/files/CP_kenya_pht_manual.pdf

Youth Participation Guide: Assessment, Planning, and Implementation

Family Health International/YouthNet (2005).

Marx, M., Finger, W., & Mahler, H.

The goal of the youth participation guide is to increase the level of youth involvement in reproductive and HIV and AIDS programming at both the programmatic and institutional levels. There are four sections to the guide: 1) a conceptual overview; 2) background handouts; 3) an institutional assessment and planning tool; and 4) the youth–adult partnership training curriculum. Additionally, it includes facilitator resources and participant handouts for Sections III and IV. A bibliography of 52 publications and an annotated guide to 35 organizations working in the field are listed in the “Resources” section. The training curriculum is available in both printed and electronic PowerPoint slides.

Available online at: <http://www.fhi.org/en/youth/youthnet/rhtrainmat/ypguide.htm>

Reducing HIV/AIDS Vulnerability among Students in the School Setting: A Teacher Training Manual

UNESCO (2005).

This classroom-based teaching manual provides information and methods for teaching about HIV and AIDS and related topics. The group-based set of student-centered activities includes few lectures, and instead focuses on strengthening basic life skills that can help reduce young people's vulnerability to HIV and AIDS. This teacher-training manual has been rigorously evaluated for use in Asia's Southern and Southeastern regions.

Available online at: <http://unesdoc.unesco.org/images/0013/001389/138910e.pdf>

Street Children, Drugs and HIV/AIDS: The Response of Preventative Education

This publication highlights the problems faced by street children in six sub-Saharan African countries (Benin, Cote d'Ivoire, Guinea, Mali, Senegal, and Togo), including the risks of HIV infection and drug abuse. The second part of the document concerns preventive education and how it can be applied to reduce risk among street children. Following the presentation of two possible approaches, one aiming to reduce risk factors and the other emphasizing protective factors, two strategies are put forward.

Available online at: <http://ovcsupport.net/graphics/OVC/documents/cp/0000894e00.pdf>

Youth Peer Education Toolkit

YouthNet.

Peer education targeted towards youth uses various curricula to implement programs. This toolkit includes five tools that will help improve the quality of peer education programs. These tools consist of:

The Training of Trainers Manual

[<http://www.fhi.org/NR/rdonlyres/etxv6fdjhg3ok6dalzsndcq6eftwrntfcohbvgzu4xzinaoqc2n6uz42n6vuc5v2dxso3dn54o7b2a/YPeerTOTfull1enyt.pdf>]

Standards for Peer Education Programs

[<http://www.fhi.org/NR/rdonlyres/ela4kfwnkxyflhfxw74a5rp6pvxpnfttjsw7wtg5tvu7l5xsxp2w7uoo774qlpsqtuvf6ck7nwedl/standardsbook1enyt.pdf>]

Theatre-Based Techniques for Youth Peer Education: A Training Manual

[<http://www.fhi.org/NR/rdonlyres/ephz233yvpsqhojn67zfov5wzkg65q3ozwwgq3vkuvqcqmkntapgzwy64jahjkor2vpgwh4rhlaa/theatrefull1enyt.pdf>]

Performance Improvement: A Resource for Youth Peer Education Managers

[<http://www.fhi.org/NR/rdonlyres/eegzejwh556pyosky4ofygr5movetmchc5hggfuu0567yensje6gjbydtu5cd7iqwoex3etjnucl/Performanceenyt1.pdf>]

Assessing the Quality of Youth Peer Education Programs

[<http://www.fhi.org/NR/rdonlyres/e6tz746qad3w44cmjqux57mi5sdq6hictb5ex7cy3bi2fvtkhxfgw6kdpfsgnktqumqydp15sjko/peerassessmentenyt1.pdf>]

Learn More:

Related Prevention Articles

HIV/AIDS and Education: A Strategic Approach. 2nd Edition

UNAIDS LATT on Education (2008).

This publication, prepared for distribution at the 2008 International AIDS Conference, provides a strategic vision for policymakers in education and related fields of the critically important role that education must play in addressing HIV and AIDS. The document identifies key priorities for responding to HIV and AIDS through education; puts forward two central objectives for education responses; outlines how the response should be tailored to the local epidemiological situation and other factors; and provides advocacy tools relating to the role of education in the HIV and AIDS response and multi-sectorial partnerships for implementation.

Available online at <http://unesdoc.unesco.org/images/0016/001627/162723e.pdf>

Improving the Education Response to HIV and AIDS: Lessons of Partner Efforts in Coordination, Harmonization, Alignment, Information Sharing and Monitoring in Jamaica, Kenya, Thailand and Zambia

UNAIDS LATT on Education (2008).

This report synthesizes case studies that examine the quality, effectiveness, and coordination of the education sector's response to the HIV epidemic in four countries: Jamaica, Kenya, Thailand, and Zambia. The country case studies analyze critical achievements and gaps in the education sector's response to HIV and AIDS; the evolution and effectiveness of coordination mechanisms and structures; progress toward harmonization and alignment; information-sharing on HIV and AIDS and education; key resources; and monitoring and evaluation. The report also defines recommendations for UNAIDS Inter-Agency Task Team (IATT) on Education and its partners.

Available online at: <http://unesdoc.unesco.org/images/0015/001586/158683E.pdf>

HIV and AIDS Treatment Education: A Critical Component of Efforts to Ensure Universal Access to Prevention, Treatment and Care

UNAIDS, Inter-Agency Task Team on Education (2006).

This report signals ways that the education sector, along with other partners, can play a role in achieving universal access to prevention, treatment, and care. The paper considers some key strategies, including how to effectively engage and prepare communities and how to involve key constituencies, in particular people with HIV and those on treatment. The paper elaborates on the link between prevention and treatment; reexamines the harmful effects of stigma and discrimination; and explores how these factors impede progress in prevention and expanding treatment access. In addition, the paper suggests some possible future directions, underscoring areas of particular priority.

Available online at: <http://unesdoc.unesco.org/images/0014/001461/146114e.pdf>

Links

EFAIDS, an EI/WHO/EDC Programme

<http://www.eiie.org/ef aids/en/index.php>

Focusing Resources on Effective School Health (FRESH)

http://portal.unesco.org/education/admin/ev.php?URL_ID=34993&URL_DO=DO_TOPIC&URL_SECTION=201

International Bureau of Education

<http://www.ibe.unesco.org/en.html>

International Clearinghouse on Curriculum for HIV/AIDS Education

http://portal.unesco.org/education/en/ev.phpURL_ID=3375&URL_DO=DO_TOPIC&URL_SECTION=201.html

International Bureau of Education (2004).

The clearinghouse is an interactive resource tool to be used by professionals who work in the design, implementation, and evaluation of HIV and AIDS in the area of education. Available resource materials, available through the clearinghouse, include curriculum documents, teaching materials and aids, studies and research related to curriculum, and case studies of good practices.

School and Health

<http://www.schoolsandhealth.org/Pages/default.aspx>

Sexuality Information and Education Council of the United States

<http://www.siecus.org/>

The ICC. 2009. International Perspectives on the ABC of Sex and Relationships Education, 7th–9th September, Birmingham, UK

<http://www.sre2009.org/>

UNAIDS Inter-Agency Task Team on Education

Convened by UNESCO, the IATT on education was created in 2002 to support accelerated and improved education sector responses to HIV and AIDS. The website contains general information on HIV and AIDS education.

<http://www.unesco.org/aids/iatt>

UNESCO HIV and AIDS Education Clearinghouse

<http://hivaidsclearinghouse.unesco.org>

UNESCO Institute for Educational Planning

<http://www.iiep.unesco.org/>

UNICEF—Life-Skills

<http://www.unicef.org/lifeskills/index.html>

WHO/School Health and Youth Health Promotion

http://www.who.int/school_youth_health/en/

Youth Incentives: International Programme on Sexuality

<http://www.youthincentives.org/>