SOMALILAND NATIONAL AIDS COMMISSION

Draft Strategy for Integrating HIV/AIDS into Somaliland Formal School Curriculum

December, 2020

Hargeisa, Somaliland

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2. PURPOSE OF THE DOCUMENT

While Somaliland is considered to be one of the country's with the lowest prevalence of HIV/ AIDS in the world, a turning point has not yet been reached where the country can safely say that it has completely eradicated epidemic. Renewed commitments have been made by Government,

civil society and the private sector to focus and intensify implementation of the Somaliland HIV National Strategic Plan 2021-2023.

This integrated strategy is currently being developed in the education through collaboration between SOLNAC, Ministry of Health, Ministry of Education etc in accordance with the Somaliland HIV National Strategic Plan and with new thinking globally on rolling back HIV and AIDS. The strategy relies on the framework of the NSP with prevention, treatment, care and support and research/monitoring arms together with efforts to mainstream and strengthen a systemic response to HIV and AIDS. It will also define interventions beyond the currently existing programs to respond more comprehensively to the epidemic.

This substantially widened focus implies that this strategy, once adopted, will guide the stakeholders in consultation with provinces and constituencies, towards a new national policy. Policy, in turn, will be carefully thought through by provinces and implemented in such a manner as to integrate with other provincial priorities and plans.

Given this move towards new policy, the target audience for the final strategy will include senior management within the MoE, Heads of Education Departments, regional and district coordinators, regional SOLNAC coordinators, educator unions and student organizations, supporting Non- Governmental Organizations (NGOs), SOLNAC management and its partners, and aligned UN and other international agencies.

The first draft of the draft strategy has been enhanced through consultation with senior management from the MoE, MoHD and primary and secondary school teachers in Borama to produce the current version of the draft strategy (this document). It will be presented for wider consultation with relevant constituents in the sector. The final strategy will form the basis of a planning process involving relevant stakeholders at regional, district and school levels.

3. BACKGROUND

3.1. Introduction

3.2. Imperatives for Strategy for Integrating HIV/AIDS Education into Formal School Curriculum

1. HIV/AIDS as a National Developmental Challenge

Two of the key markers of the state of development in a country are life expectancy at birth and the under-five mortality rate. There is now global recognition that the AIDS epidemic "continues to pose serious challenges, undermining broad progress in

development and in poverty reduction, threatening basic human rights and seriously affecting the prospects of attaining the MDGs and the Education for All (EFA) goals." Given the long duration of the epidemic and that individual- focused, biomedical interventions had limited impact on the epidemic, sustainable, population- level plans are required that involve every sector of society.

The United Nations General Assembly also recognizes that interventions to address HIV, given its strong social and structural underpinning, are inextricably linked to the development agenda. For example, while interventions to address HIV will make a direct contribution to MDG 6, *To reduce the burden of HIV*, instituting a comprehensive package of HIV- related interventions will have positive impacts on many of the other goals. Conversely, failure to prevent and mitigate the impact of HIV and AIDS will compromise the ability of countries to achieve the MDGs.

Education, as one of the fundamental and critical levers for overall development, must institute a comprehensive response to HIV and AIDS. Unless HIV is addressed in a fundamental way in planning and implementing an accelerated approach to achieving quality education, it has the potential to undermine all our efforts with significant consequences for schooling, and the country.

2. The Impact of HIV/AIDS on the Education Sector

The DBE has recently crafted a new sector plan to improve basic education entitled *Schooling 2025*. [9]The plan has two broad strategic areas: The improvement of learning outcomes and improved access to education. The plan recognizes the centrality of teacher and learner well- being to the achievement of educational outcomes.

The true and full impact of HIV and AIDS on the education system may never be precisely measured and attributed, and will probably not be felt for many years to come. HIV and AIDS has a long- term impact in which the first wave of infection is followed over time by the second wave of death and third wave of impacts. This will pose a new challenge to the education system, having to confront a whole generation of educationally disenfranchised children that the system has previously not been able to integrate optimally. So while dire predictions of national collapse, rising levels of crime and economic stagnation may not come to pass, the impact will be differentiated and borne most profoundly by the poorest and most vulnerable sectors of society.

The Government of Somaliland shall not wait for these impacts before they act decisively, this being in line with Government's commitment to act now and to act forcefully to avoid negative futures. Ill health, absenteeism or any other increased stress or vulnerability on the part of school- age children and youth, educators, school support staff and officials constitutes a threat to the attainment of teaching and learning education outcomes, as defined by Government and the Minister of Education.

3. Education as an Effective Response Tool
4. The Role of Schooling in the Prevention of HIV/AIDS
5. A Duty of Care in Schooling
6. Alignment with Somaliland HIV National Strategic Plan
7. Alignment with the National Development Plan
8. A sustainable Integrated Response

4. SITUATION ANALYSIS

4.1.HIV/AIDS in Somaliland

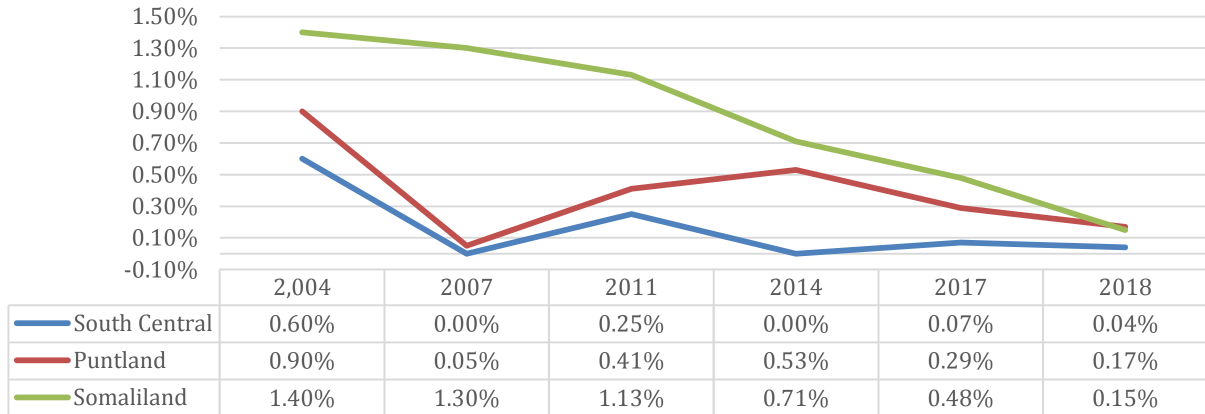
Somaliland has one of the lowest HIV infection rates in Africa and it is typical of a highly religious and culturally knitted society. The strong Muslim nature of Somali society and adherence to Islamic morals are key factors in the low prevalence and transmission of HIV. Despite the challenges, Somaliland is making significant progress in fighting the epidemic despite the lagging behind shown in the following table.

Table 1: Country Performance on the UNAIDS 90-90-90 targets		
Health Indicators	Latest data	Target
Percentage of all people living with HIV who know their HIV status	32 percent (2019)	By 2020, 90 percent of all people living with HIV will know their HIV status
Percentage of all people diagnosed with HIV that receive sustained ART	79.4 percent (2018)	By 2020, 90 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy
Percentage of all people receiving ART that have viral suppression	73.7 percent (2019)	By 2020, 90 percent of all people receiving antiretroviral therapy will have viral suppression

As clearly seen in the above table, all the three targets were not being near achievement with a need to redirect efforts in order to get closer on track.

4.2.Prevalence

HIV/AIDS epidemic in Somaliland is characterized as geographically heterogeneous: and generalized with higher prevalence rates reported in locations of significant trade-driven mobility across all zones.



	2,004	2007	2011	2014	2017	2018
South Central	0.60%	0.00%	0.25%	0.00%	0.07%	0.04%
Puntland	0.90%	0.05%	0.41%	0.53%	0.29%	0.17%
Somaliland	1.40%	1.30%	1.13%	0.71%	0.48%	0.15%

Figure 1: Median HIV prevalence rates among ANC attendees in Somaliland and Somalia 2004 – 2018.

As shown by Figure 2, the prevalence of the epidemic has been consistently declining fo rhte past several years and is predicted to be so in the coming future. However, the HIV prevalence among the key populations (KPs) is much higher than in the general population (Figure 6). The prevalence is significantly higher among vulnerable women and lowest with the truckers.

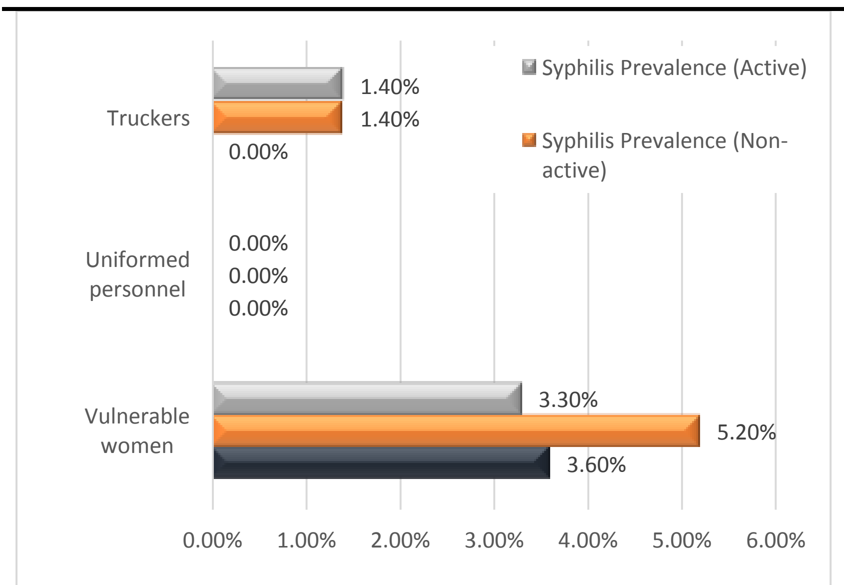


Figure 2: HIV and syphilis prevalence among key populations (Based on 2017 IBBS)[1]

There is near zero HIV prevalence among the uniformed personnel in Somaliland. The HIV prevalence is below five percent but highest among vulnerable women (3.6 percent); with a slight drop from the 4.8 percent HIV prevalence recorded in 2014 and 5.1 percent in 2008. Looking at the HIV composite knowledge, the average is 18 percent and 48.9 percent, 1.4 percent and 3.7 percent among the vulnerable women, uniformed personnel and truckers

[1] Population based estimate, Integrated HIV and Sexually Transmitted Infections (STIs) Bio-Behavioral Survey (IBBS) Amongst Key Populations in Somaliland (2017)

respectively. There is greater need to invest in the HIV prevention program in Somaliland to attain real impact.

To date, there has been no population based bio-behavioral surveillance undertaken in Somalia. Indeed much of the surveillance undertaken has focused on knowledge, behaviors and practices. It is thus not possible to link the status or outcomes of various behaviours to the impact level indicator of HIV prevalence or to triangulate the sentinel biological data.

New HIV infections have dropped significantly each year from year 2000 to 2017 with the numbers plateauing from 2012 to date (figure 7). The early decline of new infections could be attributed to the strong cultural drive as well as heightened prevention interventions.

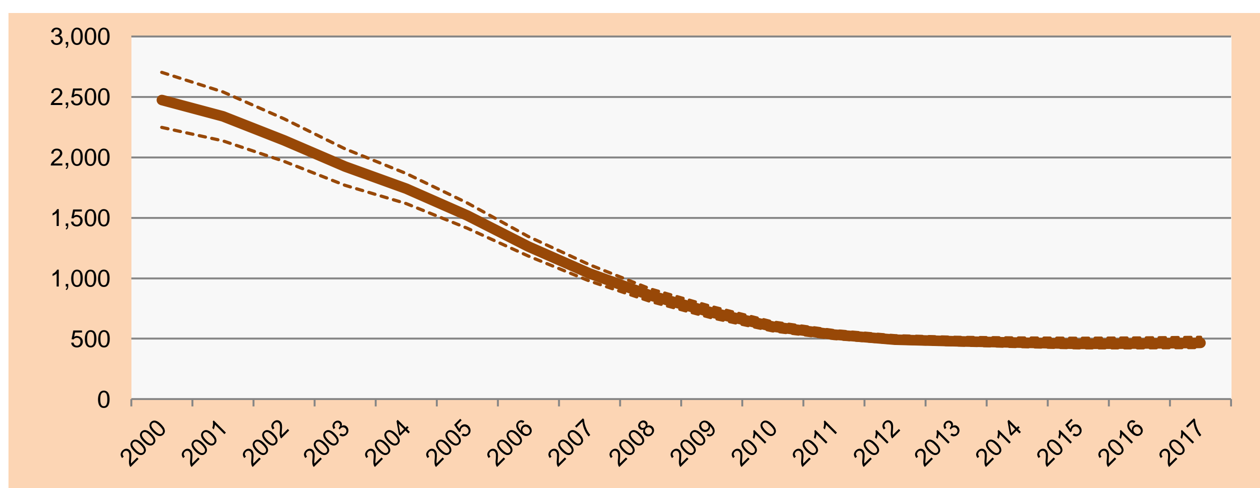


Figure 3: Trends of new HIV infections 2000 to 2017 (Spectrum modelling)

The number of people living with HIV went up from 2002 and peaked in 2005 and has steadily been on a slow decline (figure 8). This trend agrees with the trend of HIV prevalence indicated in figure 5. On the other hand, a greater number of PLHIV are now living longer due to increased coverage of ART compared to early years. The biggest gap remains to identify the missing HIV cases in the population as characterised by the significantly high gap in proportion of people who know their HIV status.

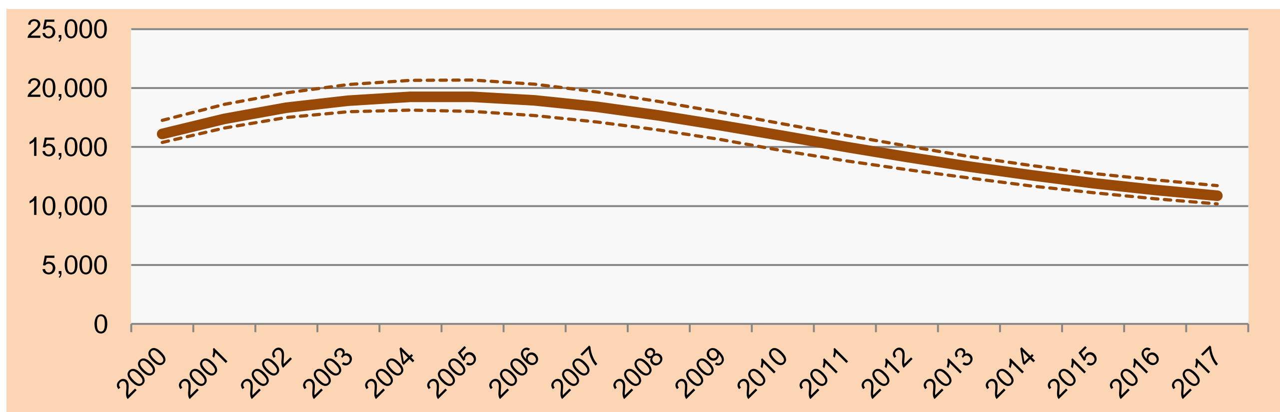


Figure 3: Number of people living with HIV[2]

The number of AIDS related deaths has shown a constant decline since 2010 (figure 9). This decline is attributed to improvement in HIV services, introduction of ART and strengthened country HIV and AIDS program. There is still a lot to be done in addressing the gap in unmet ART needs as less than all estimated HIV cases are on ART, way off the global target of 90 percent.

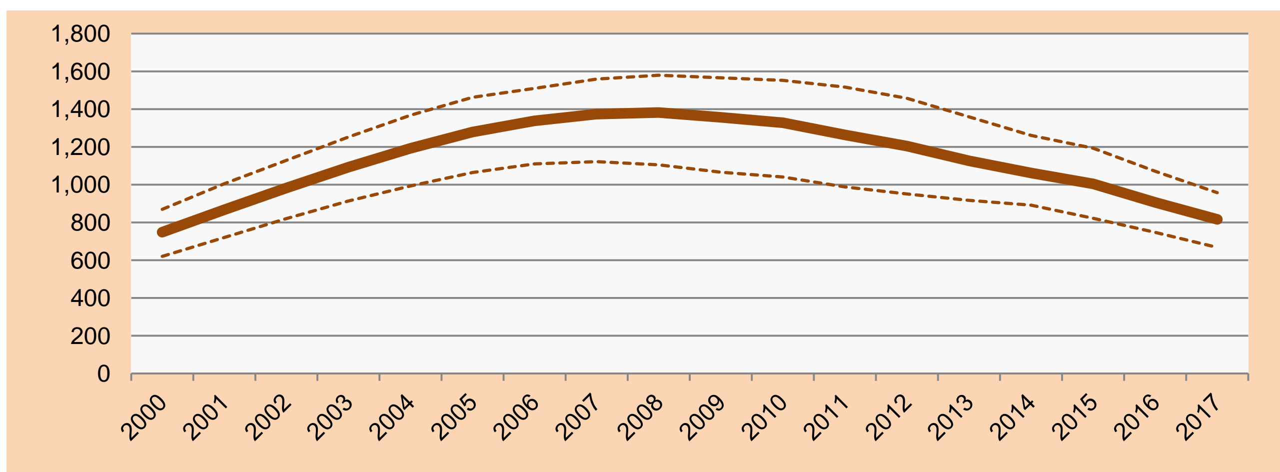


Figure 4: Number of AIDS-related Deaths[3]

4.3.Young People's Knowledge About HIV/AIDS

The 2011 Multi-Cluster Indicator survey (MICS), showed that comprehensive knowledge of HIV remains low with only 7% of young women aged 15-24 in Somaliland

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[2] Based on 2018 spectrum modelling for Somaliland, South central and Puntland. The data could not be disaggregated

[3] Based on 2018 spectrum modelling for Somaliland, South central and Puntland. The data could not be disaggregated

A study examined the respondents‟ knowledge towards HIV/AIDs transmission, prevention and control among IDP Communities in Somaliland found that:

- 110 (79.7%) of the respondents knew that HIV/AIDs is transmitted through sexual intercourse, 16(11.6%) said don‟t know while 7(5.1%) said it is transmitted through mosquito bite 3(2.2%) drinking from same bottle with a diseased, 1(0.1%) shaking hands with a diseased individuals and also 1(0.1%) said that it is transmitted through deep kissing.
- 53(38.4%) said that HIV/AIDs can be prevented and controlled by having one partner, 34(24.6%) increasing community awareness, 22(15.9%) providing Adolescent health education can contribute HIV/AIDs prevention and control, 15(10.9%) said don‟t know while 12(8.7%) said it can be prevented and controlled through abstinence from sex and 2(1.4%) said by using condom HIV/AIDs can be prevented and controlled.
- 94(68.1%) knew that HIV/AIDs is very serious and leads a death, 29(21.0%) said that HIV/AIDs is moderately serious, 6(4.3%) not serious and 9(6.5%) do not know HIV/AIDs severity. This is clear that majority of the respondents 94(68.1%) mentioned the how HIV/AIDs is severe and fatal.
- 79(57.2%) of the respondents answered yes when asked whether normal looking person can be infected with them HIV/AIDs whereas 59(42.8%) of them answered that normal looking person could not infect with them. In addition to that we know that individuals can be asymptomatic and can transmit it to another. So some individual may be sub clinical and take part the disease transmission.
- 35(25.4%) of the respondents supported that HIV/AIDs person to be discriminated, 54(39.1%) of the respondents said that HIV/AIDs person would not be discriminated while 49(35.5%) of the respondents said don‟t know
- 83(60.1%) of the respondents believe that HIV/AIDs positive person will develop psychological trauma, 36(26.1%) said that HIV/AIDs positive person would not develop psychological trauma while 19(13.8%) of the respondents did not think
- 85(61.6%) of the respondents thought that HIV/AIDs affect community health, 52(37.7%) of the respondents said that HIV/AIDs would not affect community health whereas 1(0.1%) said did not know. So majority of the respondents 85(61.6%) believed

that HIV/AIDs affect human population in different aspects socioeconomically, psychologically and etc.

- 73(52.9%) of the respondents believed that if person become HIV/AIDs positive would not be married, 47(34.1%) of the respondents thought HIV/AIDs positive persons would be married and 18(13.0%) said don‟t know. You see that 73(52.9%) of the respondents would think HIV/AIDs positive persons would not be married because of risk of transmission of the disease.
- majority of the respondents 82(59.4%) would think that HIV/AIDs affect the marital status, 35(25.4%) thought that HIV/AIDs have could not affect marital status while 21(15.2%) said that did not know whether it would affect marital status or not.
- 87(63.0%) of the respondents would like to practice measures to prevent HIV/AID while 52(37.0%) of the respondents said would not practice any measures to protect HIV/AIDs.
- in order to practice measures to protect HIV/AIDs from being infected to people 80(58.0%) of the respondents said giving awareness to the people about the problems relating HIV/AIDs, 50(36.2%) said it can be prevented to practice sexual abstinence, 6(4.3%) of the respondents said that giving health education to community in order to know it‟s transmission and prevention whereas 2(1.4%) of the respondents said using condom. Mean that Somali people dislike practicing condom use for the prevention of HIV/AIDs.
- 69(50.0%0) of the respondents took measures to know whether they were HIV/AIDs positive mean that they practiced to know their HIV/AIDs status while 69(50.0%) half of the respondents also said that they did not practice any measure to know their HIV status.
- most of the respondents answered when asked what they would do if they realized that they became HIV/AIDs positive 84(60.0%) of the study participants said would go medical facility, 37(26.8) said that if they become HIV/AIDs positive would kept silent, 15(10.9%) said having regular checkups, 2(1.4%) said took medications.
- 98(71.0%) answered when asked what they would do if they develop infection secondary to HIV/AIDS that they said would seek medical treatment, 29(21.0%) refuse care and treatment and the remaining respondents said will do nothing.

Another study that focused on the nomadic communities in Somaliland found that the majority of respondents (91 %) had heard of AIDS. Most respondents demonstrated a low to moderate

understanding of HIV transmission. Less than half of the respondents (n = 61; 43.6 %) were able to identify 4 means of transmission correctly out of 6 possibilities. Degree of knowledge was unrelated to age or gender. There was a significant positive correlation between an accepting attitude of HIV and knowledge concerning HIV transmission. Stigma against HIV was found among the participants. More than half (58 %) of respondents expressed a desire to be tested, most of whom were deemed to have a high level of knowledge. Knowledge is a significant factor in the prevention of HIV infection. Therefore, information about AIDS and its prevention needs to be disseminated among the rural population immediately. Radio campaigns should focus on increasing public knowledge concerning HIV transmission and reducing stigma against HIV. It is also vital that HIV tests be made available to the remote population.[4]

4.4.Achievements and Challenges in the Somaliland HIV Response

Achievements

- Prevention
- Treatment and care
- HIV/AIDS and TB con-infection
- Enabling environment

Key Challenges

- Integrated prevention, treatment and care services
- Human resources
- Program coordination and management
- Monitoring and evaluation

5. HIV/AIDS IN THE EDUCATION SECTOR IN SOMALILAND

[4] Abdi, I. A. 2013. Knowledge and attitudes about AIDS/HIV in a semi-nomadic population in Somaliland. Community Health. **38(2):246-9**

1.

5.1. Overview

AIDS epidemic "continues to pose serious challenges, undermining broad progress in development and in poverty reduction, threatening basic human rights and seriously affecting the prospects of attaining the MDGs and the EFA goals." [99]A number of gains have been made in prevention, treatment and care around the world and countries are moving towards the MDGs and EFA goals of universal enrolment in primary schools yet progress has been uneven. The extent to which this may be attributed to HIV and AIDS is not clear. However, what is clear is that access to quality education – even without HIV interventions – is a key determinant in reducing the impact of HIV and AIDS on society.

The specific impact of HIV and AIDS on the South African school system since 1999 has been difficult to monitor, partly because collecting HIV and AIDS specific data is extremely costly and often controversial, and partly because even with appropriate data it is difficult to disaggregate the impact of the pandemic from other socio- economic factors.

5.2. Response to the Epidemic in Somaliland

Somaliland HIV National Strategic Plan

The Somaliland HIV National Strategic Plan and M&E Framework 2021 to 2023 has been developed to support a coordinated, evidence-based and contextualized national response to the epidemic. This Somaliland HIV NSP serves to: (i) Articulate a strategic framework for the implementation of the multi–sectoral HIV and AIDS response guided by one NSP and one Monitoring and Evaluation (M&E) framework; (ii) Identify and articulate priorities and results for the multi – sectoral HIV and AIDS response; (iii) Enable decentralized planning and implementation framework where communities identify their strategic priorities, and design and implement appropriate evidence-based and results-focused interventions that contribute to results (targets); and (iv) Provide a resource mobilisation tool for the HIV and AIDS response. This NSP was developed through a highly consultative, participatory and evidence-driven process over a period of several months under leadership of the Somaliland National AIDS Commission (SOLNAC) with multiple stakeholders' consultation activities. The NSP articulates a strategic direction that builds on the understanding of the epidemiology and the existing structural, legal and other barriers required, to accelerate an end to the HIV epidemics in Somaliland, a complex operating environment.

Strategic Framework of the NSP

This NSP identifies two goals and three strategic objectives (pillars) for an enhanced national response. The two goals and three pillars with their strategies are illustrated in figure below.

The 2021 – 2023 NSP is framed around three objectives, considering the important inter-relationship and cross cutting nature of coordination, management, M&E, strategic information and rights protections.

The NSP aims to reduce HIV infections and HIV related mortality and morbidity among Somalis based on the 2018 baselines by:

(i) Reducing new infections by 30% by 2023

(ii) Reducing HIV related deaths by 30 percent by 2023

These will be achieved through a total of nine key strategies and by ensuring:

1. Prevention of new HIV infections especially among key populations such as women most vulnerable to HIV and their partners through a combination of HIV prevention interventions

2. Increased access to and utilisation of quality integrated prevention, treatment, care and support; and
3. A strengthened enabling environment focused on coordinated leadership and management, rights protections for people living with and at risk of HIV, improved strategic information and response monitoring.

Implementation arrangement

This NSP shall be a guiding document with a multi-sectoral dimension coordinated by SOLNAC that will also be responsible for the effective monitoring, evaluation and reporting. The NSP shall strengthen coordination platforms and other mechanisms to ensure accountability for results, linkage of the response to the situation and environment, use of local evidence to improve programming, and a country-led integrated national response.

Resources need for the NSP

This NSP was costed using costings developed to support the Somali HIV NSP 2015-2019. Budgets for activities included in this NSP have however been increased to match increased testing and treatment targets included in this NSP. The total resources needed to implement this NSP is estimated at USD 25,116,703.74. The yearly costs are USD 6,933,191.78, USD 8,161,829.12 and USD 10,021,682.84 for 2021, 2022 and 2023, respectively. During the implementation period, the SOLNAC, MoHD and partners shall undertake to mobilise resources from different partners to support the implementation of this NSP.

6. WHY SCHOOLING IS KEY TO THE ERADICATION OF THE EPIDEMIC

6.1. The Importance of Education: Lessons from Global Perspective

The UNAIDS A Strategic Approach: HIV & AIDS and Education [108]stresses the centrality of education provision in combating the impact of HIV and AIDS:

> *"We now have evidence of the important role that education plays in offering protection against HIV. School- going children and young people are less likely to become infected than those who do not attend school, even if HIV and AIDS are not included in the curriculum. Education reduces the vulnerability of girls, and each year of schooling offers greater protective benefits. Where*

offered, well- planned and well- implemented education on life skills or sex and HIV has increased knowledge, developed skills, generated positive attitudes and reduced or modified sexual behaviour. The first line of the response should therefore be to provide more and better schooling. A second and complementary line of response can then be to introduce specifications tailored to the epidemic, such as providing HIV and sexuality education. In highly- affected settings, educating parents and learners about HIV treatment, care and support should also be prioritised."

UNAIDS has recognized that education has the following impacts on HIV and AIDS:

- ► Access to quality education protects against HIV;
- ► Education can reach large numbers of children and young people;
- ► Education reduces the vulnerability of girls;
- ► Education can reach those who are not in school;
- ► HIV and AIDS education impacts on HIV- related knowledge, skills and behaviour;
- ► The higher the level of education, the greater the protection against HIV infection;
- ► Education can reduce stigma and discrimination; and

Education provides a cost- effective means of HIV prevention.

It is widely recognized that education systems have several comparative advantages over other services when it comes to the care and support of children. In addition, there are a number of factors that make schools a strategic place for children to access a range of services:

- ► Schools are relatively accessible and they often provide a physical infrastructure in communities where other crucial infrastructure is absent.
- ► Schools represent an existing network of many components, including school staff, learners, their caregivers, SGBs and the broader school community.
- ► The way schools are currently clustered creates opportunities for further collaboration and provides educators and middle management with more support.
- ► The school environment is an inclusive environment, which focuses on children and is committed to children's development.
- ► The school can also reach the younger and most vulnerable age group through school- going children and their families, for example, through child- to- child programmes.

- Educators see children every day for five days of the week and are therefore ideally placed to track their well- being, to recognise change in children's lives, and to identify vulnerable children.

7. RESPONSE OVERVIEW: GENERAL MILESTONES IN THE EDUCATION SECTOR

7.1.National Education Policy

Purpose of NEP

- Finally, the NEP preparation is propelled by the need to support the country's preventive actions against the spread of HIV/AIDS and other STDs. Despite the seemingly low prevalence of HIV/AIDS in Somaliland, as in other parts of Somalia, it is clear that targeted and pre-emptive action is the only option if an acute crisis, as seen in most sub-Saharan countries, is to be avoided . Since the highly mobile population within Somaliland and porous borders with Kenya , Somalia, Djibouti and Ethiopia create the risk and possibility of the eventual spread of HIV/AIDS into the country , Somalilanders need to be equipped with correct information, good health services and the skills needed to stay virus free. Clearly, schools and other educational avenues should provide the necessary information and behaviour change strategies and skills that are needed to break the chain of infection and overcome the devastation caused by HIV/AIDS witnessed in other parts of Africa.

Life Skills Education

- Life skills will focus on knowledge about moral education skills in Islam, reproductive health, interpersonal skills, negotiation, peace building, conflict resolution and to reduce risks in HIV/AIDS.
- A key audience for this training is the young people in school. One of the greatest challenges with which Somaliland must grapple is how to design culturally sensitive and targeted behaviour change and communication concepts and messages that will equip the youth in schools with skills to enable them to live effectively in society and deal effectively with life's challenges, one of the greatest of which is prevention of the spread of HIV/AIDS.

Objectives of primary education

- ► To raise awareness among pupils about life skills and issues including reproductive health and HIV/AIDS.

Table 2.1 Subjects Taught in Somaliland's Primary Schools

Lower Primary	Upper Primary	Content Area to include
Islamic Education	Islamic Education	Peace Education
Somali	Somali	
Arabic	Arabic	
Math Education	Math Education	Business Education
Science Education	Science Education	Environmental, Agriculture, Health Education
Social Education	Social studies	History, Civic, Geography, Economics, Social relations
English	English	
PE, Art/Craft	PE, Art/Craft	
Life-skills and HIV/AIDS education	Life-skills and HIV/AIDS Education	

- ► The educational needs of children of coastal, pastorals and agro-pastoralist communities will also be met through a series of targeted interventions and strategies.
- ► Infusion of life skills in health and HIV/AIDS education into the primary school curriculum
- ► Institution of school health programmes which include lessons of basic hygiene, reproductive health and HIV/AIDS education.
- ► Life-skills training, health and HIV/AIDS education using appropriate messages and examples will constitute an essential feature of the primary school curriculum

Objectives of Secondary Education

- ► Equip students with life skills based on instructions on morals, health education and HIV/AIDS pandemic, for the development of a socially acceptable character in accordance with Islamic principles.

Curriculum in Secondary Schools

- The curriculum should have the following common core subjects: Islamic Studies; Somali; English; Arabic; Mathematics; Physical Science (Physics, Chemistry); Biological Science; History; Geography; Physical Education, Life-skills and health education including HIV/AIDS

VET Education

- As with other levels of education, the Government will include strategies for the infusion of life-skills training, health and HIV/AIDS education in the TVET school curriculum.

Teacher Education

- Integrating life skills, Health Education and HIV/AIDS in the teacher education curricula

Formal School Curriculum

- Primary Curriculum
    - No mention of HIV/AIDS
- Secondary School Curriculum
    - Form IV Slyllabus: Sub-section of Chapter One 'Micro-organisims and Humans'
    - One objective: describe the causes of cholera, malaria, AIDS and TB and explain how these diseases are transmitted

7.2.Shortcomings of HIV/AIDS Education

- Minimal
- Not aligned with NEP
- Curriculum already crowded
- Learning of facts is generally emphasized over acquiring skills
- No specific or relevant assessment of learning outcome
- Teachers are generally not adequately trained

7.3.SOLNAC HIV/AIDS and Life Skills Education

SOLNAC with the help of UNFPA has prepared some training materials for the teachers and subsequently the school students, focusing reproductive health, sex education, sexuality and

HIV/AIDS and related issues. The document is intended to use for the teachers of the intermediate and secondary school to incorporate the biology lessons of their students. Before teachers can teach their pupils about HIV, sexuality, gender and life skills, they need an opportunity to explore their own values, hopes and fears, knowledge and skills related to this area of life. STI in general and HIV and AIDS in particular, affect us all and our personal and professional lives affect each other.

The objectives of this curriculum are to:

- Increase adolescents' knowledge of reproductive health and sexuality.
- Reinforce and promote attitudes and behaviours that will lead to a better quality of life for adolescents.
- Instill skills among adolescents to enable them to overcome the challenges of growing up and become responsible adults including communication skills, decision-making, assertiveness, setting goals, and resisting peer pressure.

Content of the Curriculum

1. Values
2. Life Cycle
3. Communication
4. Adolescence and Puberty
5. Sexual Development
6. Healthy Relationships
7. Friendships
8. Managing Stress, Anger and Conflict
9. Introduction to Gender
10. Sexuality and Behavior
11. Being Assertive
12. Decision-making
13. Abstinence
14. Resisting Peer Pressure
15. Drug Abuse
16. Sexual Violence and Rape
17. Teenage Pregnancy and Early Marriage

18. HIV/AIDS
19. Voluntary Counseling and Testing
20. Myths and Facts on STIs
21. Stigma and Discrimination
22. Care and Support for People with HIV
23.

7.4.UNFP Interventions

In Somaliland, UNFPA supported clubs of secondary school in programming adolescent sexual and reproductive health through Y-PEER approaches like HIV and STI prevention, drug abuse and conflict resolution. UNFPA supported the construction and equipment of the new Youth Center Hargeisa. This center will be developed to be a center of excellence for youth sexual education and HIV prevention. In Somaliland, community conversations were held for male youth. In Somaliland 127 youth at risk (M:78; F: 49) attended Basic HIV training. In South Central Somalia, 191 (F:81, M: 110) youth at risk received training on HIV. Through Y-PEER Clubs, four Secondary Schools and two Universities, UNFPA reached 60 beneficiaries directly and an estimated 10,766 indirectly on sexual education and HIV prevention In Somaliland, a training manual on sexual education was prepared for the purpose of using it as a text for the training of school teachers on sex education. This newly designed curriculum with be institutionalized in training schools. In Somaliland, 200 teachers from local schools were trained on sexuality education with the aim of equipping teachers with adequate knowledge on HIV and sexuality so that they would share with their students. Teachers were mainly social and science instructors. This competency transfer activity has been instrumental in reaching more young people, including adolescent girls in schools.

8. INTEGRATION OF HIV AND AIDS EDUCATION INTO AN ALREADY CROWDED CURRICULUM

8.1.Approaches to Curriculum Integration

The existing curricula are often already crowded. In order to increase their relevance and adapt their contents to new needs, there is often pressure to add new learning areas or enhance existing ones. Potential new areas include HIV and AIDS, human rights, sustainable development, foreign and national languages, etc. The introduction of new subject areas requires the removal of some other subject areas or a reduction in the allocation of time to existing subjects.

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

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

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

8.2.Advantages and drawbacks of the different options

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

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

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

In order to address the problem of fragmentation and lack of cohesion, teachers should make an effort to collaborate. This would ensure a coherent and comprehensive teaching of the programme. This effort is rarely made. It is even often impossible because of the teacher's

allocation of time. (See UNESCO Bangkok & IBE Geneva. 2005. *Leading and facilitating curriculum change: A resource pack for capacity building*).

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

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

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

8.3.Factors affecting the integration

1. The stage of curricular reform:
2. The structure or framework of the curriculum:
3. Centralized or decentralized curriculum design

8.4.Issues to consider when implementing an integration strategy:

1. How does one identify and integrate HIV and AIDS education into the curriculum?
2. Links with overall educational goals
3. Time allocation and creating space for new contents in existing curriculum
4. Organization of learning per cycle
5. Adapting pedagogical approaches
6. Implications for assessment
7. Implications for teacher training and support
8. Implications for material development

8.5.Lessons from Neighboring Countries

Our Recommendation for Implementing the Strategy in Somaliland

- ► HIV and AIDS, integrated in **one already existing main carrier-subject** containing most of core aspects of HIV and AIDS education.
    - ► Science/Somali for primary schools
    - ► Biology/Somali for Secondary Schools

9. IMPLEMENTATION OF THE STRATEGY

9.1.Principles of the Strategy

The implementation of the this strategy is rooted in the following key principles:

1. All interventions focused on combating HIV and AIDS in support of the SNSP will be designed to have simultaneous positive effects on the goals attached to the broad strategic objectives of NEP
2. Comprehensiveness will ensure that the strategy constructs interventions to address the range of individual and structural key drivers of HIV and AIDS amongst school- going youth, educators, school support staff and MoE officials in Somaliland
3. An outcomes- based approach aligns the strategy with the National Development Plan and ensures that all efforts are focused on achieving measurable success.
4. Interventions will be evidence- based and will rigorously scale- up proven effective responses.
5. A caring and supportive school environment will be developed, not just in response to HIV but as part of Somaliland's commitment to enhance care and support for teaching and learning.
6. Schools will be utilized as centers for enhancing access of young people to services for sexual and reproductive health, including HIV.
7. Programs and interventions aimed at supporting various constituencies will be constituency- focused and will include consultation with and participation by the constituency.
8. Interventions will build on existing programmes and services and never duplicate or waste resources.
9. Regional offices and officials will play a critical support role to schools in developing and implementing HIV and AIDS programmes. Their capacity to do so will be enhanced.
10. Parents and communities will be involved and their support and resources will be harnessed.

9.2.Strategy Intended Impacts

1. Improved learner and educator retention within the education system through HIV- related interventions.
2. A contribution to decreased HIV incidence among 15- 19 year olds and among educators, school support staff and officials
3. Increased sexual and reproductive health among learners, educators, school support staff and officials.
4. Increased physical and psychological safety in all Somaliland schools.

9.3.Strategy Goals

1. Enhanced protective factor of schools and the basic education sector with regard to HIV prevention, support and mitigation.
2. Increased knowledge, skills and confidence among learners, educators, school support staff and officials to take self- appropriate sexual and reproductive decisions.
3. Increased access to sexual and reproductive health services including HIV services by learners, educators, school support staff and officials.

9.4.Strategy Objectives

1. To support Somaliland's HIV prevention strategy by increasing **sexual and reproductive knowledge, skills and appropriate decision- making** among learners, educators, school support staff and officials.
2. To mitigate the impact of HIV by providing a **caring, supportive and enabling environment** for learners, educators, school support staff and officials in all Somaliland schools and in the country's education departments.
3. To **transparently monitor and evaluate** all goals, objectives and outcomes in line with Government's monitoring and evaluation (M&E) framework and to **research** all components of this strategy.
4. To ensure the provision of a **safe, rights- based environment in schools and in the country's education departments**, including zero tolerance of discrimination, stigma and any form of sexual harassment/abuse.

9.5.Strategy Outcomes

1. The MoE and all regions have integrated all components of this HIV strategy and its subsequent policy into their core work, evaluation and reporting systems.

2. Sexual and reproductive health education including HIV is a mandatory, timetabled and assessed subject delivered in all Somaliland schools.
3. Age appropriate sexual and reproductive health and HIV- related life skills are delivered through co- curricular means in all Somaliland schools.
4. Educators receive pre- service and in- service training on sexual and reproductive health including HIV.
5. Every school and education department in Somaliland has a communicated plan in place to increase access to sexual and reproductive health and HIV services for learners, educators, school support staff and officials.
6. Barriers to retention and achievement in school for learners who are HIV affected or infected are mitigated by implementation of pro- poor policies.

9.6.Log-frame: Strategy Outputs, Performance Measures and Activities

The table below summarizes the key performance measures and activities to achieve the strategy outputs:

Strategy Outcomes	**Outputs**	**Activities**
The MoE, at national and regional levels, shall have integrated all components of this strategy and its subsequent policy into their core work, evaluation and reporting systems	● A revised national policy on integrating HIV/AIDS education in Somaliland formal school curriculum ● A comprehensive national policy on responding to HIV/AIDS in the education sector ● Appropriate structures for coordinating the response at national and regional levels ● Appropriate planning frameworks, including strategic and operational planning templates for guiding activity at provincial level ● Appropriate reporting frameworks, including quarterly and annual reporting templates for reporting to provincial and national oversight bodies ● Resources commensurate with the HIV and AIDS challenge at national and regional levels, including guideline allocations in the equitable share formula ● Improved M&E of strategy implementation	● Consultation w at national, reg levels to valida final draft of th ● Review of the Policy (NEP) t is sufficiently i prioritized at al education secto ● Research on th attitudes and be students, teache players of the e regarding HIV/ ● Appointment o point person ba ● Regular monthl meeting on the this strategy
HIV/AIDS education, including sexual and reproductive health education, is a mandatory, timetabled and assessed subject delivered in all Somaliland schools	● Revised and improved national curriculum and supporting teaching modes and materials	● A review task team education curriculum good practice and re enhancements- whe curriculum, to teachi materials. This team processes in MoE to ● Current weaknesses guidelines and mate be enhanced.
Age appropriate sexual and reproductive health and HIV-related life skills are delivered through co-curricular means in all Somaliland schools	● A database of evaluated support programs including peer education is available ● Trained and evaluated 'life skills' support personnel attached to targeted schools and tested through pilot programs	● Create a databas programs, including ● Pilot programs to personnel to targete
Educators receive pre-service and in-service training on sexual and reproductive health including HIV	● Enhanced curriculum for teacher training in personal sexual and reproductive health decision-making and the teaching of sexual and reproductive health education to learners	● Liaise with the Depa Training and relevan current curriculum fo service and in-servic ● Consult with the Dir Education and the h institutions to impro curriculum and mate

Every school and education Department in Somaliland has a communicated plan in place to increase access to sexual and reproductive health and HIV services for learners, educators, school support staff and officials	● Enhanced plans across all departments to include socio-psychological support of teachers, school support staff and officials due to their dealing with HIV, other health-related matters as well as stressful issues in their careers ● Template and materials in support of school plans for access to sexual and reproductive health services ● Capacity plans for districts to support schools in developing Plans ● School plans for enhancing access to sexual and reproductive health services	● Implementation of th learners, school sup ● Analyze current and support initiatives im learners and educat reproductive health services for synergie
Barriers to retention and achievement in school for learners who are HIV affected or infected are mitigated by implementation of pro-poor policies	● Mapping of relevant policies currently implemented in the schooling system and relationship with educational outcomes ● Inclusion of HIV and AIDS as a source of vulnerability that relevant policies aim to address and measurement of impact	● Map policies linked t implemented and as strategy outputs and ● Take steps to integr and support and pro