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EDUCATION AND HIV/AIDS

ACCELERATING THE EDUCATION SECTOR RESPONSE TO HIV

Five Years of Experience from Sub-Saharan Africa

THE WORLD BANK

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Preface

The work described in this review shows the commitment of education teams throughout Africa to contribute to the multisectoral response to HIV/AIDS. It is also a testament to the leadership shown by Ministries of Education, in helping the new generation of children and youth grow up better able to challenge HIV, and in providing care and support for the educators who often represent more than half the public sector workforce.

Across the continent, HIV/AIDS has the ability to affect not only the supply of education, by its impact on teachers and education staff, but also the demand, by impoverishing households and creating orphans, currently estimated at some 11.4 million from AIDS alone. When added to the other major issues facing the continent, such as conflicts, political instability, food and energy shortages, and environmental shocks, the epidemic is yet a further challenge to the capacity of education sectors to attain Education for All and meet the Millennium Development Goals. But this review shows that the education sectors are rising to the challenge in ways that are increasingly effective.

The work described in this review does not suggest any single solution. Instead, the approach is based on the recognition that Africa is a diverse continent, and countries need to find their own local approaches to the epidemic. The Regional Economic Communities (RECs) of the African Union have been instrumental in encouraging locally specific responses and, recognizing that HIV knows no frontiers, in coordinating responses among neighbors. The countries of East, Central, and West Africa, working through the RECs, have created subregional networks of Ministry of Education

HIV/AIDS Focal Points; these networks have been key to sharing information and developing capacity, and so to accelerating and strengthening responses at the national level.

The review shows how, over the last five years, the leadership in Ministries of Education has been crucial in mobilizing these activities, and also emphasizes that effective implementation depends on the full participation of all stakeholders. Education staff, educators, and learners all have a role to play, as do parent-teacher associations, teachers' unions and the many civil society organizations, including faith-based organizations, that are so important in the nonformal sector. The review also demonstrates the commitment of the development partners, and their efforts to harmonize their contribution toward strengthening the education agenda.

As the review shows, a good start has been made, and much has been achieved. But much remains to be done if the education sectors across Africa are to realize their full potential to contribute to the national responses to HIV/AIDS. To this end, I call upon the leaders of countries in Africa, development partners, nongovernmental organizations, and all education partners and actors to further commit themselves to provide our children a better future.

Mr. Dzingai Mutumbuka (October 2008)
Chair
The Association for the Development of Education in Africa (ADEA)

Foreword

By the end of 2006, an estimated 39.5 million people worldwide were living with HIV infection. Globally, AIDS is the fourth leading cause of death. Within the next five years, and at the pace of access to antiretroviral therapy (ART), every seventh child in the worst affected Sub-Saharan countries will be an orphan, largely because of AIDS.

HIV treatment is an essential part of the response to this epidemic, but although treatment efforts gather pace, HIV prevention is too often being left behind. Data from 2005 showed that the rate of new HIV infections greatly exceeded the expansion of HIV treatment, making it clear that universal access to ART will only be achieved once HIV prevention becomes dramatically more successful. Many people still do not believe they are at risk, and stigma and discrimination still discourage many people from taking an HIV test to determine their HIV status.

HIV prevention and treatment are linked strategically by the formal international agreement at the United Nations General Assembly's June 2006 High Level Meeting on AIDS to "scale up towards the goal of universal access to comprehensive HIV prevention programs, treatment, care and support by 2010." The universal access commitment emphasizes the need for far greater urgency, equity, affordability, and sustainability in national AIDS responses, as well as a comprehensive and, importantly, multisectoral approach. Universal access seeks to engage countries in defining for themselves what they want to achieve and the time frame for scaling up. In developing this theme, the African Union declared 2006 the

year of accelerating access to HIV prevention, and 30 countries formally recognized the need to accelerate HIV prevention.

Against this background, the current review of the Africa program to accelerate the education sector response to HIV/AIDS is remarkably timely. This initiative by a Working Group of the UNAIDS Inter-Agency Task Team on Education has helped the education sectors of countries in Sub-Saharan Africa to play a stronger role in the national multisectoral response to AIDS since 2002. The education sector has a special place in this response, because it not only helps form the thinking of the next generation—especially in addressing stigma and prevention—but is also responsible for the care and support of some 60 percent of the public sector workforce.

The present review shows, for a critical sector, how coordinated efforts by countries, UNAIDS cosponsors, bilateral donors, and civil society can help promote sectoral leadership; strengthen prevention efforts; increase focus on the needs of women and girls, children and orphans; and reduce stigma and discrimination.

Peter Piot (May 2007)
Executive Director
UNAIDS

Acknowledgments

A program to accelerate education sector responses to HIV/AIDS in Sub-Saharan Africa was initiated with a Working Group of the UNAIDS Inter-Agency Task Team on Education in 2002. This report was prepared as a collaborative effort by the members of the networks of Ministry of Education HIV/AIDS Focal Points in Eastern, West, and Central Africa who had participated in this effort over the subsequent five years.

The first draft and analyses were completed at the 2nd Annual Meeting of the African Networks of Ministry of Education HIV/AIDS Focal Points (Nairobi 2007). Then began a process of all 37 participating countries to review the content which was then finalised at the 3rd Annual Meeting of the African Networks of Ministry of Education HIV/AIDS Focal Points (Dakar, 2008). A French version is available from www.schoolsandhealth. org.

Technical and editorial input to the review was provided by a team of Ministry of Education HIV/AIDS Focal Points: Gabrielle Bandre (Ministry of Education, Burkina Faso); Balla Camara (Ministry of Education, Republic of Guinea); Aroga Désiré (Ministry of Education, Cameroon); Maybelle A. Gamanga (Ministry of Education, Sierra Leone); Aggrey Kibenge (Ministry of Education and Sports, Uganda); Amicoleh Mbeye (Ministry of Education and Sports, The Gambia); and Malick Sembene (Ministry of Education, Senegal).

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Participating Development Partners and Organizations

United Nations

International Labour Organization (ILO); United Nations Children's Fund (UNICEF); United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO); United Nations Educational, Scientific and Cultural Organization/ International Bureau of Education (UNESCO/IBE); United Nations Educational, Scientific and Cultural Organization–International Institute for Capacity Building in Africa (UNESCO–IICBA); United Nations Educational, Scientific and Cultural Organization/International Institute for Educational

Planning (UNESCO/IIEP); United Nations Girls' Education Initiative (UNGEI); United Nations Mission in Sierra Leone (UNAMSIL); United Nations Population Fund (UNFPA); World Bank; World Food Programme (WFP); World Health Organization (WHO).

Bilateral Partners

Canadian International Development Agency (CIDA); Coopération Française; Danish International Development Assistance (DANIDA); Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ); European Union (EU); Governments of Belgium, Finland, the Royal Netherlands, and Sweden; International Organization for Migration (IOM); Irish Aid; Japan International Cooperation Agency (JICA); Norwegian Agency for Development Cooperation (NORAD); Swedish International Development Cooperation Agency (SIDA); United Kingdom Department for International Development (DFID); United States Agency for International Development (USAID).

Intergovernmental Organizations

Commonwealth Secrétariat; Communauté Économique et Monétaire de l'Afrique Centrale (CEMAC); East African Community (EAC); Economic Community of Central African States (ECCAS); Economic Community of West African States (ECOWAS); Économique des États de l'Afrique Centrale (CEEAC).

Civil Society Organizations and Institutions

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Press and Media Agencies

5FM; Baney Media; Concord Times; Connect Ghana; Daily Times; Daily Trust; Dawn of Hope; East African Standard; Ethiopian Press Agency; ETV; Feinstein International Center (FIC), Tufts University; Foundation for Research on Women's Health, Gambia; Gambia News and Report; Gambia Teachers' Union (GTU); GRTS TV; Health and Development Africa (HDA); Healthinfo–Ethiopia; Information Gambia; Kiss FM Radio; MISA Zambia; National Compendium Magazine; New Nigerian Newspapers; New Vision; Pan-African News Agency (PANA); Peep Newspaper; Punch; Radio Democrat; Radio Ethiopia; Radio FANA; Radio Q-FM; Radio UNAMSIL; Skyy Radio; Standard Times; Television ta Taifa (TVT); The Daily Observer; The Ethiopian Educational Media Agency; The Herald; The Point Newspaper; The Post; Vanguard; Yatsani Radio; Youth Media; Zambia Daily Mail; Zambia Information Service (ZIS); Zambia News Agency (ZANA).

Abbreviations and Acronyms

AAU	Association of African Universities
ACI	Africa Consultants International
ADB	African Development Bank
ADEA	Association for the Development of Education in Africa
ADPP	Ajuda de Desenvolvimento de Povo para Povo
AHI	Action Health Incorporated
AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
CAR	Central African Republic
CBO	Community-Based Organization
CCF	Christian Children's Fund
CEMAC	Communauté Économique et Monétaire l'Afrique Centrale
CfBT	Centre for British Teachers
CIDA	Canadian International Development Agency
CRS	Catholic Relief Services
DFID	United Kingdom Department for International Development
DRC	Democratic Republic of Congo
DSS	Direct Support to Schools
EAC	East African Community
ECCAS	Economic Community of Central African States
ECOWAS	Economic Community of West African States
EDC	Education Development Center
EDUCAIDS	The Global Initiative on Education and HIV/AIDS

EFA	Education for All
EI	Education International
EMIS	Education Management Information System
ERNWACA	Educational Research Network for West and Central Africa
EU	European Union
FAWE	Forum for African Women Educationalists
FBO	faith-based organization
FENAPES	Fédération Nationale des Associations de Parents d'Elèves du Sénégal
FHI	Family Health International
FLE	Family Life Education
FLHE	Family Life and HIV/AIDS Education
FRESH	Focusing Resources on Effective School Health
FTI	Fast Track Initiative
GEEP	Group for the Study and Teaching of Population Issues
GIPA	Greater Involvement of People Living with HIV/AIDS
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HDA	Health and Development Africa
HIV	human immunodeficiency virus
IATT	inter-agency task team
IBE	International Bureau of Education
ICASA	International Conference on AIDS and Sexually Transmitted Infections in Africa
IDA	International Development Association
IEC	Information, Education, and Communication
IICBA	International Institute for Capacity Building in Africa
IIEP	International Institute for Educational Planning
ILO	International Labour Organization
JICA	Japan International Cooperation Agency
KTN	Kenya Television Network
M&E	monitoring and evaluation
MAP	Multi-Country HIV/AIDS Program
MDGs	Millennium Development Goals
MoE	Ministry of Education
MoEST	Ministry of Education Science and Technology
MoH	Ministry of Health

MTEF	Medium-Term Expenditure Framework
MTT	Mobile Task Team on the Impact of HIV/AIDS on Education
NAC	National AIDS Council
NACA	National Agency for the Control of AIDS
NGO	nongovernmental organization
NIEPA	National Institute of Educational Planning and Administration
NORAD	Norwegian Agency for Development Cooperation
OVC	orphans and vulnerable children
PALOPS	Países Africanos de Língua Oficial Portuguesa
PCD	Partnership for Child Development
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PLHA	People Living with HIV/AIDS
PPASL	Planned Parenthood Association of Sierra Leone
PRSPs	Poverty Reduction Strategy Programs
PTA	Parent Teacher Association
SADC	Southern African Development Community
SCF	Save the Children Fund
SIDA	Swedish International Development Cooperation Agency
SHN	School Health and Nutrition
SPW	Students Partnership Worldwide
STDs	sexually transmitted diseases
STIs	sexually transmitted infections
SWP	Stiftung Wissenschaft und Politik
TAC	Technical AIDS Committee
U.K.	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNASO	Uganda Network of AIDS Service Organizations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGEI	United Nations Girls' Education Initiative

UNICEF	United Nations Children's Fund
USA	United States of America
USAID	United States Agency for International Development
VCT	voluntary counseling and testing
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

Overview

This review was undertaken by the Ministry of Education Focal Points for school health and HIV/AIDS from countries in Sub-Saharan Africa participating in the Accelerate Initiative, together with representatives of stakeholders and partners, using data collated during the 2007 school health and HIV/AIDS Focal Point Survey (see www.schoolsandhealth.org for more details).

In recent years, the education sector has come to play an increasingly important role in preventing HIV. Children of school age have the lowest HIV infection rates of any population sector. Even in the worst affected countries, most schoolchildren are not infected. For these children, there is a window of hope, a chance to live a life free from AIDS, if they can acquire knowledge, skills, and values that will help protect them as they grow up. Providing young people, especially girls, with the "social vaccine" of education offers them a real chance for a productive life (World Bank 2002).

Not only is education important for preventing HIV, but preventing HIV is also essential for education. The impact of the epidemic means some countries are beginning to experience a reversal of hard-won educational gains, which affects supply, demand, and quality of education. HIV/AIDS limits the capacity of education sectors to achieve Education for All (EFA), and of countries to achieve their targets toward the Millennium Development Goals (MDGs).

Accelerating the Education Sector Response

The role of the education sector in the multisectoral response to HIV/AIDS was given new impetus by some key events in Africa around the millennium, in particular the 1999 Lusaka International Congress on HIV/AIDS and STDs in Africa, the EFA regional meeting in Johannesburg, and the Dakar World Education Forum. The sector became increasingly recognized as playing a key "external" role in prevention and in reducing stigma, and as an important "internal" role in providing access to care, treatment, and support for teachers and staff—a group that in many countries represents more than 60 percent of the public sector workforce.

In 2002, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Inter-Agency Task Team (IATT) on Education established a working group—known as the Accelerate Initiative Working Group—to address these challenges and support countries in Sub-Saharan Africa as they accelerate the education sector response to HIV/AIDS. The philosophy of the Accelerate Initiative has always been to promote bottom-up planning and activism, informed by regional and national proven examples of good practice. This is intended to lead to the establishment of programs with strong local ownership, capable of accessing suitable funding and implementation at all levels of the education sector.

Since 2002, the networks of Ministry of Education HIV/AIDS Focal Points have rapidly taken ownership of the Accelerate Initiative, so that the term "Accelerate Initiative" is now taken to refer to the activities at regional, subregional, and national levels. These are initiated by Focal Points within their networks under the auspices of the Africa Union Regional Economic Communities.

Taking Action

Key partners of the Initiative include governments, United Nations (UN) agencies, bilateral partners, and civil society, as well as key stakeholders, including people living with HIV/AIDS, teachers' unions, and the media. In the 5 years following 2002, education sectors of 37 countries responsible for more than 200 million, or 85.5 percent of school-age children, and 2.6 million, or 74.3 percent of primary and secondary schoolteachers,

participated in this demand-led initiative of subregional and national processes, resulting in extensive information sharing and significant achievements.

Since 2002	
Number of African countries in the Accelerate Initiative networks	37
Average number of days between training events	60
Total number of training days to date	120
Number of education sector staff members who have participated in training events	1,350
Number of person/training days conducted	162,000
Number of agencies, NGOs, and development partners that have participated in the Accelerate process	76
Percentage of participating African governments that are using both education and AIDS-specific funds to support their school health programs	75
Number of document titles that have been distributed	95
Number of document copies distributed to education practitioners	250,000
Number of monthly hits on the Web site www.schoolsandhealth.org	85,000

The purpose of this review is to assess the extent to which the Accelerate Initiative's planned actions achieved the five objectives identified by the working group in 2002. The review explores the achievements and progress made by different countries, and examines the extent to which they might be associated with countries' participation in the Initiative.

The Key Objectives and Outcomes

The five objectives identified by the Accelerate Initiative, along with key outcomes since 2002, are as follows:

Objective 1: To promote leadership by the education sector and create sectoral demand for a response to HIV/AIDS.

Outcome: Ministries of Education of 37 governments chose to participate in subregional workshops to better understand the role of education in their national responses to HIV/AIDS. Of these, 26 Ministries of Education then went on to develop and implement actions at the national level.

Objective 2: To harmonize support among development partners, so as to better assist countries and reduce transaction costs.

Outcome: A total of 76 organizations have worked together in the Accelerate Initiative over the past five years. Twenty-four subregional and national workshops (one every two months) were supported by a consortium of representatives from 9 UNAIDS cosponsoring agencies, 15 bilateral donors, and 52 civil society organizations. All these constituencies were represented at each event, and between 5 and 21 organizations participated in each workshop.

Objective 3: To promote coordination with the national AIDS authorities, and enhance access to HIV/AIDS funds.

Outcome: All 37 participating Ministries of Education began communicating with their national AIDS authorities, and 26 subsequently received funds from their National AIDS Councils (NACs).

Objective 4: To share information on HIV/AIDS that has specific relevance to the education sector.

Outcome: A set of key documents on HIV/AIDS and education has been made available to educators in English, French, and Portuguese. A total of 250,000 printed copies has been distributed at educator training sessions, and 322,000 file copies have been downloaded from a dedicated Web site. Subregional networks of HIV/AIDS Focal Points within Ministries of Education have been created within these established regional entities: West Africa (ECOWAS), Central Africa (ECCAS), East Africa (EAC), and Lusophone Africa (PALOPS).

Objective 5: To strengthen the technical content and implementation of the education sector response to HIV/AIDS.

Outcome: A recent survey (November 2007) of the Ministry of Education HIV/AIDS Focal Points in 34 countries showed that all countries have a National HIV/AIDS Policy and 76 percent have an education sector-specific HIV/AIDS strategy and plan. Thirty-two countries now have a Ministry of Education HIV/AIDS Focal Point at the national level, and 23 also have Focal Points at subnational levels. Thirty countries are training teachers to protect themselves. All countries are providing some HIV prevention education at primary or secondary levels, or both. Thirty-one countries are providing this education before the initiation of puberty.

Overall, this review shows that the Accelerate Initiative brought changes in the sectoral responses of the participating countries. Of the 37 countries in the program, 26 met the goal of achieving acceleration, and several plan to follow suit. Not all responses improved, but for most countries the five objectives of the program were met. In those 26 countries, the education sector response to HIV/AIDS now benefits from (1) stronger sectoral leadership; (2) harmonized support from development partners; (3) more effective coordination with NACs; (4) enhanced access to information on HIV/AIDS; and (5) strengthened technical content of the sectoral response.

Key Findings of the 2007 Focal Point Survey

In 2007, a survey was carried out by Focal Points within the Western, Eastern, and Central Africa networks to inform the current situation within each region. The results of this survey provide an opportunity to compare how the situation has changed at the regional levels, as well as specific examples of how countries have taken their plans forward since their participation in Accelerate activities. The key findings of the survey are as follows:

- Percentage of countries with an Education Sector HIV/AIDS Strategy and an HIV/AIDS Plan   76
- Percentage of countries offering HIV/AIDS counseling to teachers   62
- Percentage of countries training teachers to protect themselves   91
- Percentage of countries having an HIV/AIDS Focal Point within the Ministry of Education   94
- Percentage of countries providing HIV/AIDS prevention education in some form   100
- Percentage of countries training teachers in a life skills approach   74
- Percentage of countries where orphans and vulnerable children do not have to pay school fees   71

See www.schoolsandhealth.org for further details.

The countries included in the survey are Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic (CAR), Chad, Côte d'Ivoire, Democratic Republic of Congo (DRC), Eritrea, Ethiopia, Gabon, Ghana, Guinea-Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, the Republic of Congo, Republic of Guinea, Rwanda, São Tomé & Príncipe, Senegal, Sierra Leone, The Gambia, Togo, Uganda, Tanzania (mainland and Zanzibar), and Zambia.

Working in a Broader Context

In interpreting these correlations it should of course be recognized that the Accelerate Initiative was one of several potential influences. Only part of the work in this area by the most influential partners—including UNAIDS, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Children's Fund (UNICEF), the United States Agency for International Development (USAID)/Mobile Task Team, and the World Bank Multi-Country HIV/AIDS Program (MAP) AIDS Campaign for Africa—was focused within the Initiative, and the sovereign governments made their own independent decisions, on their own timetable, as to whether to develop an education response. That said, there is a persuasive case that the Initiative spurred national efforts, catalyzed some elements of the response, and contributed to accelerating the processes of change.

Experience from the past five years shows progress toward the goal of acceleration, and toward the main process objectives. One area in which progress has been slow is the establishment of effective monitoring and evaluation (M&E) procedures and the incorporation of appropriate indicators in the Education Management Information System (EMIS). This in turn makes it difficult to evaluate the programs in terms of school-based, child-focused results. In moving forward, the development of effective M&E systems is an important priority, since in their absence investments are likely to be made in what is thought to be effective rather than what has been shown to be effective. In a recent move, supported by technical inputs from the Accelerate Working Group, five countries in the Eastern Africa Network of Ministry of Education HIV/AIDS Focal Points have begun to develop a common education sector M&E framework under the auspices of the East African Community (EAC). The regional value of this approach will be explored by the networks in developing the way forward for the Accelerate Initiative.

Evolution and The Way Forward

The landscape has also changed over the last five years. Most countries have developed or have begun to develop education sector responses. The issue has shifted from focus on advocacy at the regional and subregional

levels to emphasis on effective implementation at the country level, where Ministries of Education across Africa are now playing an increasingly active role in the national multisectoral response to HIV/AIDS. The challenge in moving forward is to measure the extent to which these actions bring about beneficial results for teachers, learners, and the broader education sector.

At least as important, decisions and actions by the participating countries have completely changed the political economy of the sectoral response to HIV/AIDS in Sub-Saharan Africa. The networks established within the subregional communities of the African Union have become not only conduits for sharing information, but also political structures that now determine the subregional sectoral agenda. Over the past five years these locally owned networks have taken full ownership of the Accelerate Initiative and have emerged as the drivers of regional level and national level change. Dialogue between the networks and the development partners is emerging as an important determinant of the way forward.

In carrying out this review, HIV/AIDS technical experts, representing more than 30 countries, gathered during the network meeting in Nairobi in 2007, and developed a number of positive conclusions:

- Education sectors have accelerated their responses to HIV/AIDS.

- Education sector responses to HIV are now being implemented by most countries.

- More effective links with development partners have emerged.

- More and better-quality information is available to education sectors on HIV/AIDS.

In addition, the countries participating in the Accelerate Initiative also identified the following challenges in moving forward into the next phase of the Initiative:

- Not all sectors are implementing the kinds of HIV/AIDS responses that are mainstream activities.

- Effective M&E remain a major challenge.

- Investment in regional coordination and knowledge sharing show benefits at the country level, but are difficult to sustain without external inputs.

- Education for All-Fast Track Initiative (EFA-FTI) processes are strengthening HIV/AIDS responses within education sectors, but development of the technical capacity to enable effective development of plans is necessary.

- The hyperendemic countries of the Southern Cone of Africa have yet to engage in the Accelerate Initiative.

Introduction

In recent years, the education sector has come to play an increasingly important role in preventing HIV. Children of school age have the lowest HIV infection rates of any population sector. Even in the worst affected countries, most schoolchildren are not infected. For these children, there is a "window of hope," a chance to live a life free from AIDS, if they can acquire knowledge, skills, and values that will help to protect them as they grow up. Providing young people, especially girls, with the "social vaccine" of education offers them a real chance of a productive life (World Bank 2002).

Young people, particularly girls, who fail to complete a basic education are more than twice as likely to become infected with HIV, and the Global Campaign for Education has estimated that some 7 million cases of HIV could be avoided by the achievement of Education for All (EFA) (GCE 2004). Studies in South Africa (Hargreaves et al. 2007; Bärnighausen et al. 2007) and Uganda (de Walque 2002; de Walque et al. 2005) have shown that one additional year of schooling can lead to a 7 percent and 6.7 percent reduction in the risk of infection respectively. In Uganda this reduction in risk was particularly evident among young women. Evidence of systematic reviews has shown that this is an evolutionary process, and that education now provides better protection against infection than it did in the earlier

stages of the epidemic. Enabling all children to complete a full cycle of primary education and ensuring that HIV prevention programs are highly targeted and evidence based have been shown to reduce their risk of contracting HIV and to lessen stigma and discrimination (Jukes et al. 2008).

But adolescents and young people are still not receiving enough information; simply supplying facts about sex and HIV is not enough to alter risky behavior. Information must be supplemented with training in life skills, such as critical and creative thinking, decision making and self-awareness, and with the knowledge, attitudes, and values needed to make sound health-related decisions.

Furthermore, education will not change the course of the epidemic unless it empowers young girls and promotes positive masculinity amongst young boys. Gender disparities are a significant factor placing women at increased risk of HIV infection and causing them to bear the greatest burden of the disease (Jukes et al. 2008). The type of education and school environment matters—education can reproduce social imbalances and inequities, or it can transform societies.

At the same time, the HIV/AIDS epidemic is damaging the education systems that can provide this social vaccine by killing teachers, increasing rates of teacher absenteeism, and creating orphans and vulnerable children who may be less likely to attend school and more likely to drop out. Because of the impact of the epidemic, some countries are beginning to experience reversal of their hard-won educational gains, while others are being further set back (Kelly 2008; EDUCAIDS 2008). Affecting supply, demand, and quality of education, HIV/AIDS limit the capacity of education sectors to achieve EFA, and of countries to achieve their targets toward the Millennium Development Goals (MDGs) (Risley and Bundy 2007).

The education sector has a central role in the multisectoral response to HIV/AIDS. But the response by stakeholders in countries has often been slow and inadequate. This does not appear to reflect a simple lack of resources, since even the available resources have been underused by the education sector. Indeed, even in 2002 few education systems were addressing HIV systematically, and many countries had yet to develop a formal strategy for an education sector response to the epidemic (Bakilana et al. 2004).

Background to the Accelerate Initiative

The education sector has been slow to occupy its critical position as one of the main partners in the multisectoral response to HIV/AIDS. Some key events in Africa around the millennium, and in particular the advocacy by Michael Kelly of Zambia at the 1999 Lusaka International Congress on HIV/AIDS and STDs in Africa, the EFA regional meeting in Johannesburg, and the Dakar World Education Forum in 2000, helped highlight the need for a systemic HIV/AIDS response from the education sector (Kelly 2008). As a result, it has become increasingly recognized that the education sector has a key "external" role in prevention and in reducing stigma, and an important "internal" role in providing access to care, treatment, and support for teachers and staff, a group that in many countries represents more than 60 percent of the public sector workforce.

But these roles were only beginning to be understood when in 2002, at the request of countries affected by HIV/AIDS in Sub-Saharan Africa, the UNAIDS Inter-Agency Task Team (IATT) on Education (a network of UNAIDS cosponsors, bilateral donors, and civil society organizations supporting coordinated and comprehensive education sector responses to HIV/AIDS) established the Accelerate Initiative Working Group to "accelerate the education sector response to HIV/AIDS in Sub-Saharan Africa" (see box 1). In consultation with governments in Sub-Saharan Africa, the Working Group undertook a preliminary problem analysis. It showed that effective education sector responses occurred in countries where there was strong sectoral leadership; good sectoral coordination with national AIDS authorities; and appropriate technical support for program design and implementation (Bakilana et al. 2004). It further showed that, as in other areas of the aid field, support among development partners was often uncoordinated, leading to increased transaction costs for the governments—a particularly significant issue in the area of HIV/AIDS activities because of the size of donor support and multiplicity of donors. The Accelerate Initiative, in support of the "Three Ones" principles[1]—of one national AIDS action framework, one national AIDS coordinating authority, and one country-level system for monitoring and evaluation (M&E)—aims to harmonize plans, funding, and M&E frameworks.

BOX 1: THE UNAIDS INTER-AGENCY TASK TEAM (IATT) ON EDUCATION

The UNAIDS Inter-Agency Task Team (IATT) on Education was created in 2002 with the goal to accelerate and improve the education sector response to HIV/AIDS. Convened by UNESCO, it is a strategic clustering of the UNAIDS cosponsoring agencies, bilateral agencies, private donors, and civil society agencies, committed to working for congruence in policy dialogue at the international, regional, and national levels.

The IATT seeks to achieve its aim by the following means:

- Promoting and supporting good practices in the education sector related to HIV/AIDS

- Encouraging alignment and harmonization within and across agencies to support global and country level actions

Specific activities undertaken by the IATT include the following:

- Strengthening the evidence base and disseminating findings to inform decision making and strategy development

- Encouraging information and materials exchange

- Working jointly to bridge education and AIDS communities

- Ensuring stronger education sector responses to HIV/AIDS

See www.unesco.org/aids/iatt or contact info-iatt@unesco.org for further information on the IATT and its activities.

Goals and Objectives of the Accelerate Initiative

The goal of the Accelerate Initiative Working Group is to help countries in Sub-Saharan Africa to accelerate their education sector responses to HIV/AIDS. "Accelerate" means both to quicken something that is already in motion and to hasten into motion something that is initially stationary. In support of this goal, the Accelerate Initiative Working Group identified the following five objectives:

1. To promote leadership by the education sector and create sectoral demand for a response to HIV/AIDS

2. To harmonize support among development partners, so as to better assist countries and reduce transaction costs

3. To promote coordination with the national AIDS authorities, and enhance access to AIDS funds

4. To share information on HIV/AIDS that has specific relevance to the education sector

5. To strengthen the technical content and implementation of the education sector response to HIV/AIDS

Implementation of the Accelerate Initiative

To address these five objectives, the Accelerate Initiative developed a plan of action that began with participation in subregional workshops of teams representative of the education sector, including key formal and nonformal subsectors, and teacher associations. These workshops were intended to lead to common understanding of the role the education sector could play in responding to HIV/AIDS, and thus to the emergence of sectoral leadership and action at the country level. Effective leadership at the country level, combined with appropriate technical input, is intended to result in more effective sectoral policies, strategies, and implementation plans, and better harmonized support from country-level education donor teams. The philosophy of the Accelerate Initiative has always been to promote bottom-up planning and activism, informed by regional and national proven examples of good practice. This is intended to lead to the establishment of programs with strong local ownership, capable of accessing suitable funding and implementation at all levels of the education sector.

The Accelerate Initiative, in recognition of the fact that any external program can only hope to spur on, and contribute to, existing education sector initiatives, aims to build on and strengthen these. It does so through the provision and dissemination of information on new and effective technical solutions, combined with the stimulation of political will to further develop appropriate responses.

Workshops at subregional and national levels build on past workshops and are coordinated with other, similar activities being organized by development partners. The Initiative is a "work in progress," and in addition to working closely with development partners active at national and

regional levels, plans are discussed at the UNAIDS IATT at education biannual meetings with the global representatives of the UNAIDS cosponsors, bilateral and intergovernmental organizations, and civil society. During these meetings, plans are modified and consolidated in moving the Initiative forward.

The Evolution of the Accelerate Initiative

The Accelerate Initiative began in November 2002; by November 2006 the education sectors of 37 countries in Sub-Saharan Africa had participated, namely: Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic (CAR), Chad, Côte d'Ivoire, Democratic Republic of Congo (DRC), Equatorial Guinea, Eritrea, Ethiopia, Gabon, Ghana, Guinea-Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Republic of Guinea, Rwanda, São Tomé & Príncipe, Senegal, Sierra Leone, The Gambia, the Republic of Congo, Togo, Uganda, Tanzania (mainland and Zanzibar), and Zambia.

These countries are responsible for 200.2 million school-age children and 2.6 million teachers. If effective, the Accelerate efforts to date have the potential to benefit 85.5 percent of school-age children and 74.3 percent of primary and secondary school teachers in Sub-Saharan Africa.

From the first workshop it became clear that there was strong demand from the education teams of the countries in Sub-Saharan Africa for better understanding of how to develop and implement an effective sectoral response. The Initiative rapidly evolved into a locally owned and driven activity of the countries themselves. This was most strongly reflected in the development of subregional networks created by the Ministers of Education around the African Union Regional Economic Communities. By 2004, there were networks developing within the Economic Community of West African States (ECOWAS) and the Portuguese-speaking African Countries (PALOPS), by 2005 within the East African Community (EAC), and by 2006 within the Economic Community of Central African States (ECCAS). In 2007, the networks began meeting across the region, and decided that the time had come to take stock of where the initiative had arrived.

Since 2002, the networks of Ministry of Education HIV/AIDS Focal Points have increasingly taken ownership of the Accelerate Initiative so

that the term "Accelerate Initiative" is now taken to refer to the activities at regional, subregional, and national levels. These are initiated by Focal Points within their networks under the auspices of the Africa Union Regional Economic Communities.

Review of the Accelerate Initiative: Five Years On

The purpose of the present review is to assess the extent to which the Accelerate Initiative's planned actions have led to the achievement of its five objectives, as identified in 2002. It also explores the achievements and progress made by the education sectors of different countries, and the extent to which this might be associated with their participation in the Accelerate Initiative. To achieve this purpose, the review will present each objective in turn, along with summaries of key outcomes. In-depth analysis of specific topics is still ongoing.

Note

1. On 25 April 2004, UNAIDS, its cosponsors and other key donors endorsed the "Three Ones" principles, to achieve the most efficient use of resources, and to ensure rapid action and results-based management of country-led HIV/AIDS activities. These are: one agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system.

Promoting Leadership by the Education Sector and Creating Sectoral Demand for a Response to HIV/AIDS

The Accelerate team has held 24 workshops since November 2002, equivalent to an average of one every 2 months. Participation at the subregional level has increased steadily, and is now reaching a plateau as the total number of Sub-Saharan African countries is approached (see figure 1 below).

The key outcome sought by the subregional workshops is the subsequent development of national-level education sector efforts, which would indicate sectoral leadership (see boxes 2 and 3 for an example of sectoral leadership). Figure 1 shows a consistent correlation, over time, between the numbers of countries participating in subregional activities and the numbers going on to launch activities at the national level (see appendixes A and B for further details).

An important aspect of this approach is that it is demand driven. The development partners contributing to the Accelerate Initiative have provided technical assistance, documentation, and other technical input, but the participating government teams are responsible for identifying resources to cover most of their own participation costs. In many cases, education teams have sought these resources from national AIDS authorities, with positive consequences reviewed under Objective 3.

Figure 1 Country Participation in the Accelerate Initiative Since 2002
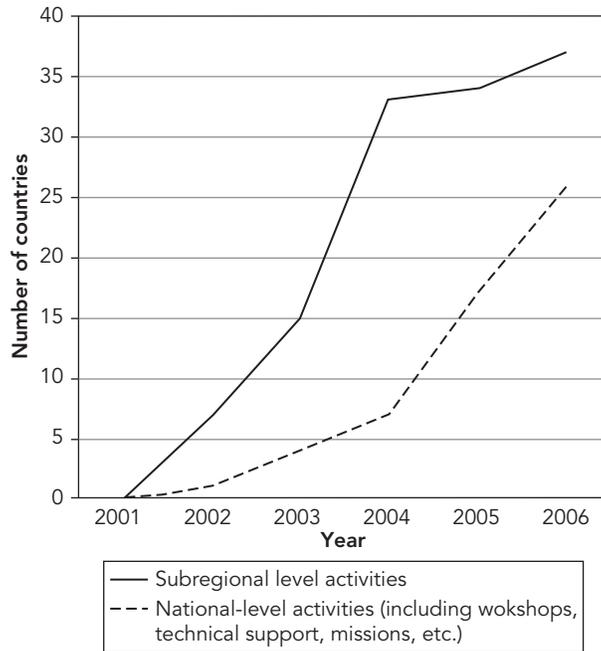
Source: Figure based on participant lists at subregional and national-level workshops within the Accelerate Initiative, 2002–07.

BOX 2: LEADERSHIP BY THE EDUCATION SECTOR WITHIN A FEDERAL SYSTEM: THE CASE OF NIGERIA

The Government of Nigeria, faced with the most highly populated country in Africa and the need to implement programs in its 36 semiautonomous states, established a national center of excellence for training government education teams. With support from the Multi-Country HIV/AIDS Program (MAP), the Federal Ministry of Education HIV/AIDS Unit developed the training capacity of the National Institute of Educational Planning and Administration (NIEPA). Within 3 years, 33 out of 36 states had established education responses to HIV/AIDS.

(Continued)

BOX 2: (Continued)

At the federal level, actions included the following:

- Developing a national policy and strategy, including a workplace policy
- Creating an agreed national curriculum
- Creating a "center of excellence" (at NIEPA) for state-level training
- Providing education and NACA funds at the state level

At the state level, actions included implementing the education sector response to HIV/AIDS.

See "Accelerating the Education Sector Response in the Federal Republic of Nigeria: A Review," and www.schoolsandhealth.org for further details.

BOX 3: LEADERSHIP BY THE EDUCATION SECTOR WITHIN A SMALL STATE: THE REPUBLIC OF BURUNDI

Leadership by the education sector in the Republic of Burundi is clearly demonstrated through the multitude of activities occurring at all levels of the sector. This includes the establishment of an HIV/AIDS unit in the Ministry of Education to take forward the national multisectoral response.

Since 1988–89, the Ministry of Education has been delivering primary-level HIV prevention education initiated by rural education offices. Education sector-led responses are now taking place at the primary, secondary, and tertiary levels of the formal sector, as well as through the nonformal sector. Around 75 percent of secondary schools also have peer education groups. Most primary schools and vocational training centers also have peer educators. At the tertiary level, self-initiated student organizations are particularly active. All these activities are clearly guided by a five-year sectoral plan (2002–07).

See www.schoolsandhealth.org for further details.

Mainstreaming HIV/AIDS in the Education Sector

Mainstreaming HIV/AIDS responses has been identified as the main path toward ensuring comprehensive realization of the country plans and subsequent actions. There is an identified need for education sectors to undertake both "external mainstreaming"—that is, interventions geared

to preventing HIV infection and mitigating the impact of HIV/AIDS on the education sector), and "internal mainstreaming"; that is, interventions responding to the impact of HIV/AIDS on teachers and educational staff. Such interventions must be planned and implemented across all units, departments, and institutions in the education sector.

The education sectors in Kenya and the United Republic of Tanzania (mainland and Zanzibar) provide examples of implementing sectorwide mainstreaming of HIV/AIDS responses.

In the United Republic of Tanzania, in addition to the fully staffed AIDS coordinating units, all units, departments, and institutions in the education sector (and through their participation in the well-established Technical AIDS Committees [TACs]), plan, budget, and monitor implementation of the HIV/AIDS responses. Mainstreaming the responses has also been included in the Government's Medium Term Expenditure Framework

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BOX 4: MAINSTREAMING: THE GENDER PERSPECTIVE

Gender inequality continues to drive "feminization" of the epidemic. The dynamics of such feminization are changing with increased numbers of married women, in addition to girls and young women, who are becoming infected. In many regions, more young women aged 15 years and older are now living with HIV than ever before. Globally, women now comprise 48 percent of people living with HIV. Young people aged 15 years and older are at particular risk, accounting for 40 percent of new infections in 2006.

United Nations Girls' Education Initiative (UNGEI)
Launched in 2000 at the World Education Forum in Dakar, the United Nations Girls' Education Initiative (UNGEI) is a partnership of organizations committed to the goals of narrowing the gender gap in primary and secondary education and ensuring that, by 2015, all children complete primary schooling, with girls and boys having equal access to free, high-quality education. As the flagship of the EFA movement that focuses on girls' education, UNGEI embraces the United Nations system, governments, donor countries, nongovernmental organizations (NGOs), civil society, the private sector, communities, and families.

The UNGEI framework has provided the gender context for the Accelerate Initiative. It promotes the mainstreaming of gender into the HIV/AIDS responses by the education sector and strategies that give priority to the needs of the most disadvantaged, especially girls and women, as well as orphans and other children made vulnerable to AIDS.

For more information visit www.ungei.org.

(MTEF), a national budgetary allocation and expenditure framework within the Poverty Reduction Strategy Programs (PRSPs). At the district level, education offices have been mandated to oversee the implementation of HIV/AIDS in the education sector.

In Kenya, the Ministry of Education has put HIV/AIDS Focal Points in all 75 District Education Offices (2008 data), out of which 15 already plan, budget, and monitor education responses to HIV/AIDS. These offices are demonstrating vertical mainstreaming through current decentralized reforms in the education sector.

Evaluating the Accelerate Initiative Process

Each Accelerate workshop was evaluated by a two-part questionnaire administered to participants at the end of the workshop. The questionnaire required participants to rate the activity of the workshop on 7 objectives on a progressive scale of 1 (low) to 5 (high). Figure 2 shows the average response, rated by participants from 24 workshops, on the 7 objectives of the questionnaire. The participant feedback shown in figure 2 suggests that the Accelerate workshops are addressing countries' specific needs (complete results of the feedback questionnaires for each workshop can be

Figure 2 Evaluation of the Accelerate Initiative Workshops
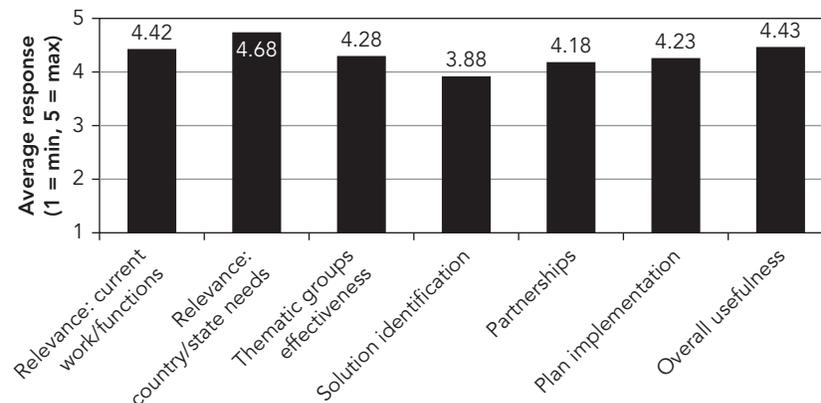
Source: Figure based on data collected using a standardized participant feedback questionnaire completed anonymously at the end of all subregional and national-level workshops within the Accelerate Initiative, 2002–07.

found at www.schoolsandhealth.org). The Accelerate Initiative aims to be as responsive as possible to the needs and priorities of participating countries; consequently, activities are constantly modified in line with suggestions and recommendations made by government participants in these feedback questionnaires. While carrying out activities, relevance and responsiveness are ensured through the establishment of a semiformal feedback mechanism between participants and the facilitation team at each event.

Harmonizing Support among Development Partners to Better Assist Countries and Reduce Transaction Costs

One of the key features of the Accelerate Initiative is participation, as well as financial and technical support from a variety of development partners, including UNAIDS cosponsors, bilateral donors, and national and international civil society organizations (see box 5 for the role of civil society). The Accelerate Initiative identified the need to harmonize development partner support with repeated feedback from countries that too many workshops and meetings covered the same issues, occupying too much staff time.

Donor-level planning for subregional-level and national-level activities began through discussions with education sector development partner thematic groups. In this collaboration the Accelerate Initiative sought to help align the activities of different agencies engaged in HIV/AIDS responses. Wherever possible the Initiative has sought to substitute one activity for potential separate activities by different agencies. This approach was intended to reduce transaction costs, especially for government participants. A key element to this approach for national-level events was for their planning and implementation to be the responsibility of the education sector development partner thematic group in the participating country. This meant that the policy direction of all the workshops was aligned with

BOX 5: CIVIL SOCIETY'S ROLE IN ACCELERATING THE EDUCATION SECTOR RESPONSE TO HIV/AIDS

Civil society can support the education sector response to HIV by the following means:

- Providing a useful communication link between community and schools, as well as informing policy development through their knowledge of the situation in schools and the community

- Using combined knowledge from linkages between teachers' unions and education and health groups to inform policy decisions and monitor government action, campaigning for the rights of the vulnerable

- Providing program implementation and design expertise to the education sector, under the auspices of Ministries of Education.

The Global Campaign for Education and the Partnership for Child Development are examples of civil society organizations coordinating actions of partners at the international level, as well as the actions of numerous country-level civil society organizations.

See www.schoolsandhealth.org for further details.

national priorities set out by the country and local development partners. It also contributed to ongoing national efforts to harmonize actions.

Figure 3 shows the participation of some development partners in the 24 workshops held to date. For the UNAIDS cosponsors, participation reflects a variety of areas of commitment: for example, for UNESCO, UNICEF, and the World Bank—education and HIV/AIDS; for the United Nations Population Fund (UNFPA)—reproductive health issues; for the International Labour Organization (ILO)—workplace policy for HIV/AIDS; and for the World Food Programme (WFP)—school feeding.

Participation by bilateral donors may reflect relationships with specific countries. Some donors concentrate resources in a few countries, whereas others spread their support more widely, so the number of countries need not reflect the scale of the contribution. The same is true for country variations in civil society focus. Note that the workshop format specifically proposed the inclusion of teachers' associations and associations of people living with HIV in every case. The Partnership for Child Development (PCD) participated in all events because it supports the Network providing

Figure 3 Development Partners Involved in Each of the Subregional and National Workshops Held since 2002
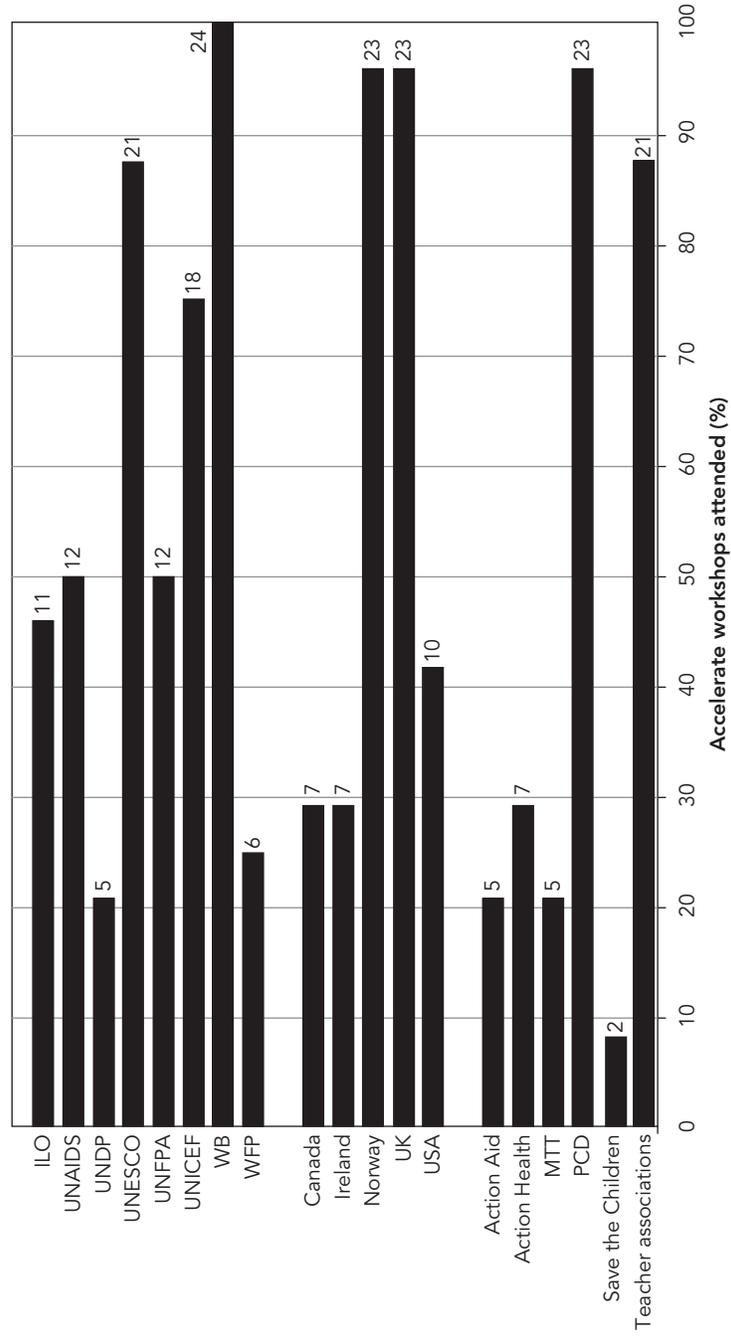
Accelerate workshops attended (%)

Partner	Value
ILO	11
UNAIDS	12
UNDP	5
UNESCO	21
UNFPA	12
UNICEF	18
WB	24
WFP	6
Canada	7
Ireland	7
Norway	23
UK	23
USA	10
Action Aid	5
Action Health	7
MTT	5
PCD	23
Save the Children	2
Teacher associations	21

Source: Figure based on participant lists at subregional and national-level workshops within the Accelerate Initiative, 2002–07.

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BOX 6: HIV/AIDS AS A WORKPLACE ISSUE

As lead agency on issues of policy, the ILO's "Code of Practice on HIV/AIDS and the World of Work" is used to guide deliberations on policy. HIV/AIDS are workplace issues, and should be treated like any other serious illness or condition in the workplace. The development of an HIV/AIDS policy (through consultation with all stakeholders) that responds to the needs of employers and employees is significant because it provides a framework for an accelerated education sector response. Moreover, policies backed by commitment at the highest level can offer an example to other organizations, institutions, and communities in general as to how to manage HIV/AIDS.

As shown in figure 3, ILO staff participated in nearly half the Initiative events. The ILO Code of Practice was used as guidance material in all the events, as have been the ILO and UNESCO joint publications "An HIV/AIDS Workplace Policy for the Education Sector in the Caribbean" and "HIV/AIDS Workplace Policy for the Education Sector in Southern Africa."

See www.ilo.org for further details.

In 2006, the EFAIDS Program was launched by Education International (EI), the World Health Organization (WHO), and the Education Development Center (EDC). It has three goals:

1. To prevent new HIV infections among teachers and learners
2. To mitigate the negative effect of AIDS on achieving EFA goals
3. To increase the number of learners completing basic education.

To achieve its goals, EFAIDS combines the efforts of teachers' unions in advocating for EFA at the national level with their commitment to HIV/AIDS prevention in schools locally. By engaging teachers and their unions in discussions around policy and advocacy, EFAIDS seeks to promote leadership of the education sector in addressing HIV/AIDS. A toolkit entitled "Leadership in the HIV and AIDS Response: A Toolkit for Teachers' Unions to Promote Health and Improve Education" has been developed by EFAIDS partners to facilitate this process.

See www.ei-ie.org/efaids/en/index.php for further details.

technical assistance to the Accelerate Initiative. Full details of the participating organizations are provided in appendix B.

Figure 4 shows the participation of some of the development partners in the 24 workshops held to date by UNAIDS cosponsors, bilateral donors, and civil society organizations. The large and high-profile subregional workshops attracted the greatest number and variety of development partners, but in every case there were multiple development partners present.

Figure 4 Level of Representation of UN Agencies, Bilateral Donors, and Civil Society Organizations at the Subregional and National Workshops and Network Meetings Held since 2002
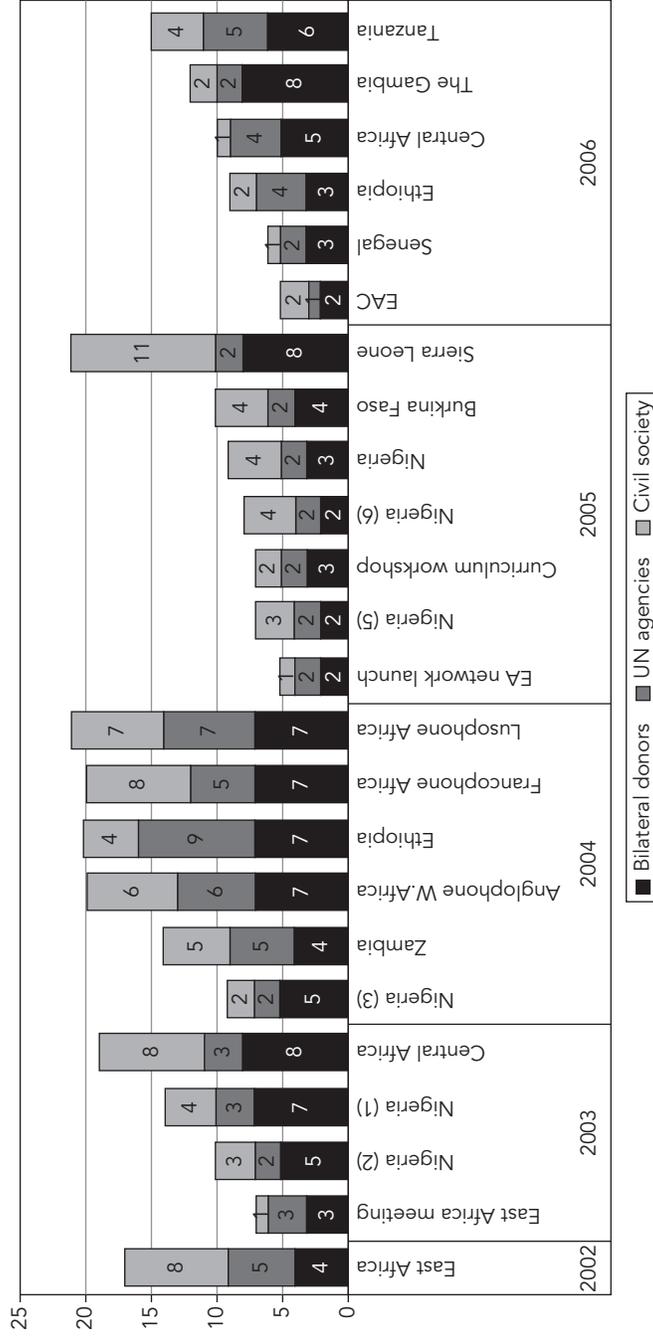
Legend: ■ Bilateral donors ■ UN agencies ■ Civil society

Source: Figure based on participant lists at subregional and national-level workshops within the Accelerate Initiative, 2002–07.

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BOX 7: FOSTERING "GREATER INVOLVEMENT OF PEOPLE LIVING WITH HIV/AIDS (GIPA)" IN THE ACCELERATE INITIATIVE

In line with the GIPA principles, the Accelerate Initiative seeks to actively involve teachers and education staff living with HIV/AIDS. Teachers living with HIV/AIDS have been a key part of the Accelerate Initiative. They have been active participants in Cameroon, Ghana, and the United Republic of Tanzania, and their personal experiences have been particularly valuable in helping to shape effective sectoral responses to HIV/AIDS, in terms of policy, planning, and implementation.

The West and Eastern Africa networks have recently produced a book titled *Courage and Hope: Stories from Teachers Living with HIV/AIDS in Sub-Saharan Africa* documenting the real-life experiences of HIV-positive teachers within the education sector, with the aim to use it as an advocacy tool toward mitigating the impact of HIV/AIDS on teachers.

See www.unaids.org/en/PolicyAndPractice/GIPA/default.asp and www.schools andhealth.org for further details.

Through this extensive partner collaboration, activities at subregional and national levels are more harmonized, leading to a significant reduction of transaction costs and an increase in cost-effectiveness for both Ministries of Education and development partners.

Promoting Coordination with the National AIDS Authorities and Enhancing Access to AIDS Funds

In this part of the review, the chronological relationship between Accelerate input and evidence of increased access to resources is examined. Where outcome follows input, the Accelerate input is assumed to have been, at least in part, responsible.

One of the key objectives of the Initiative has been to help Ministries of Education to access AIDS funds. For all the countries involved in the program, the national AIDS authorities—in the form of councils, commissions, and secretariats—were responsible for managing substantial funds, primarily from the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the World Bank program MAP, a component of which focuses on line ministries. The component includes education (see box 8 for examples of how education sectors have been able to access funds for HIV/AIDS activities). The outcome measure used in this review was therefore the initiation of flow of funds from the National AIDS Councils (NACs) to the education sector.

The Accelerate Initiative used two approaches to encourage this outcome. The first approach catalyzed interactions between the education sector and NACs. In many cases, the first substantive interaction between the two occurred in the context of their joint participation in a subregional workshop and the subsequent request from the sector to

BOX 8: ACCESSING NAC FUNDING IN THE WEST AFRICA NETWORK

The Gambia

Since 2003, the National AIDS Secretariat (NAS) has had a memorandum of understanding with the Gambian Department of State Education (DOSE). The NAS/DOSE program uses the World Bank HIV/AIDS Rapid Response Project funds to support a comprehensive education sector response to HIV/AIDS at all levels and in all departments. The program includes both internal and external HIV/AIDS prevention, care, and support activities.

The program has been further consolidated by the inclusion of fully costed HIV/AIDS-related activities in all DOSE Action Plans since 2003–04. The DOSE still faces problems and delays in the disbursement of funds due to because of staffing issues within the NAS. The absence of an effective M&E system has also been highlighted as an issue for program management and planning. Nonetheless, the formal agreement between the NAS and the education sector provides sustainability and ensures funding for HIV/AIDS education sector-related activities.

Mauritania

In 2003, the Mauritanian Ministry of Education became actively involved in the national multisectoral response to HIV/AIDS. Within this national response, education has been identified as a priority sector. This was reflected in 2003 when the CNLS (the National AIDS Committee) Secretariat apportioned the largest share of the annual budget to the Ministry of Education. As a result of this funding, the Ministry was able to appoint a coordinator of HIV/AIDS-related activities.

In 2004, the role of the Ministry of Education in the national multisectoral response was further strengthened by a formal agreement between the Ministry and the CNLS in which an education sector budget was agreed for 2004–08. This funding was to cover costs related to activities as well as core Ministry costs associated with running the program.

Since 2004, the Ministry has been able to train and sensitize more than 41,000 ministry staff and students.

These examples from The Gambia and Mauritania demonstrate that developing a strong relationship with the NAC and gaining its formal support for education sector activities ensures sustainability. Furthermore, in these two cases of good practice, it shows how advocacy can result in the education sector having a priority role to play in the multisectoral response.

See www.schoolsandhealth.org for more details.

the NAC to support a national workshop. In most countries, these small beginnings led to substantial increases in interaction and funding. The second approach was to help the education sector to develop time-bound, realistic, and comprehensive plans that NACs considered worth

funding. Evidence from an earlier Accelerate evaluation (Bakilana et al. 2004) showed that the poor quality of nonhealth sector plans was a major deterrent in attracting NAC funds. The Accelerate Initiative provided support to education sectors in mainstreaming HIV/AIDS in their EFA-FTI sector programs in a number of countries.

Figure 5 shows the increase, over time, in the number of countries where the Ministries of Education participated in subregional and national activities. It also shows the increase in the number of Ministries of Education beginning to access funds from their NACs. (The details of which countries have implemented which actions are given in tabular form at www.schoolsandhealth.org.)

The graph in figure 5 shows a clear positive trend between the number of countries beginning to access funds from their NACs and participation in subregional and national activities. Of the 37 countries that have participated in the Accelerate Initiative thus far, 27 have gone on to initiate access of funds from their NACs.

Figure 5 Chronology of Ministries of Education First Accessing Funds from Their National AIDS Councils (NACs)
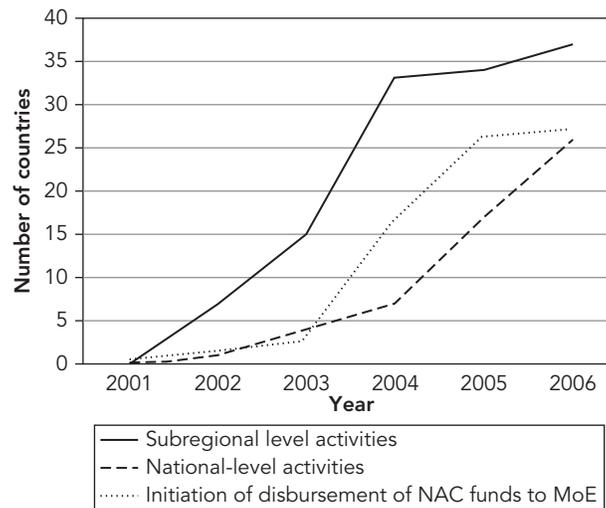
Source: Figure based on information presented by participants at subregional and national-level workshops within the Accelerate Initiative, 2002–07, as well as data collated during the 2007 Ministry of Education Focal Point Survey (see www.schoolsandhealth.org).

Though the Accelerate Initiative has facilitated the Ministries of Education to access funds from their NACs, most of the Education Ministries complained of the procedures required to obtain this funding. Furthermore, unlike the Ministries of Education, which have national coverage, MAP-funded projects in some countries are not always countrywide, making it difficult for the Ministries of Education to obtain sufficient funding from their NACs to ensure a fully scaled response.

Typically, MAP funds disbursed through the NACs have been used to catalyze efforts that can then be supported sustainably through established mainstream education sector mechanisms. In Kenya, for example, support for education sector AIDS coordinating units led to mainstreaming responses in appropriate subsectors, including in the Teacher Service Commission. In Malawi, Uganda, and the United Republic of Tanzania, MAP funds have supported the printing of AIDS teaching and learning materials and the development of strategic plans. In Ghana, Guinea, Niger, and Senegal, MAP resources have been used to revise curricula and associated teaching aids that have then been implemented through established sectoral mechanisms, such as pre- and in-service teacher training, whereas in Ethiopia and Sierra Leone, MAP supported the development of national sector policies that led to national programs. In Kenya, Uganda, the United Republic of Tanzania, and Zambia, the Ministries of Education now have a line item in their annual budgets for AIDS activities (including special issues such as orphans and vulnerable children, and children with disabilities).

Sharing Information on HIV/AIDS with Specific Relevance to the Education Sector

Early regional analysis revealed a demand for information about HIV/AIDS presented in an accessible format relevant to the education sector. The demand was for the following:

1. New documentation that addressed education issues from an HIV/AIDS perspective. This included information on (a) ensuring access to, and the role of, education for orphans and vulnerable children; (b) how to project the impact of HIV/AIDS on education systems; and (c) critical evaluations of the process and effectiveness of education sector responses to HIV/AIDS

2. Improved access to a critical subset of existing information on education and HIV/AIDS

3. Greater opportunities for sharing information among countries facing common operational challenges

The following sections review how the Accelerate Initiative has sought to respond to these three demands.

BOX 9: A CHECKLIST OF GOOD PRACTICE

The Good Practice HIV/AIDS Checklist is a tool that Ministries of Education can use to analyze their sector's response to the HIV/AIDS epidemic. The checklist was compiled in collaboration with Ministries of Education and is based on experience from Ministries of Education, especially in Africa. The checklist will be refined regularly as more experience from Ministries of Education becomes available. There are four main components:

- Education sector policy for HIV/AIDS
- Education sector management and planning to mitigate the impact of HIV/AIDS
- Prevention of HIV/AIDS by education systems
- Ensuring access to and completion of education for orphans and vulnerable children

See appendix D for the Good Practice HIV/AIDS Checklist and the Web site www.schoolsandhealth.org for further details.

Production of New Documentation Addressing Education Issues from an HIV/AIDS Perspective

A key component of the Accelerate Initiative has been the development of documents specific to the education sector. Over the last five years, these have included an award-winning documentary on HIV/AIDS (see box 10), as well as the following titles available in English, French, and Portuguese:

- *Education and HIV/AIDS: A Window of Hope. 2*002. The World Bank: Washington, DC. (See box 10.)

- *Education and HIV/AIDS: Modeling the Impact of HIV/AIDS on Education Systems: How to Use the Ed-SIDA Model for Education HIV/AIDS Forecasting.* The World Bank, first edition 2001, second edition 2006.

- *Education and HIV/AIDS: Ensuring Education Access for Orphans and Vulnerable Children: A Planners' Handbook.* The World Bank, first edition 2002, second edition 2006.

- *Education and HIV/AIDS: A Sourcebook of HIV/AIDS Prevention Programs*. The World Bank 2003.

- *Education and HIV/AIDS: A Sourcebook of HIV/AIDS Prevention Activities in the Education Sector, Volume II*. The World Bank 2008.

- *Education and HIV/AIDS: Enabling Access to Education for Orphans and Vulnerable Children: A Sourcebook*. UNICEF and the World Bank 2009.

BOX 10: THE "WINDOW OF HOPE" DOCUMENTARY

Education and HIV/AIDS: "A Window of Hope," the World Bank 2002 (also published as an Executive Summary), was the basis of a documentary on the role of teachers in the response to HIV/AIDS, developed in collaboration with the Ministries of Education of Kenya and Ghana, and with support from Irish Aid. It was reviewed during the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) meeting in Abuja in December 2005. The film is the winner of a number of awards, including the CINE Golden Eagle, and has been distributed as follows:

- African Heads of State Conference in Nigeria, June 2006: 1,000 DVD and broadcast copies distributed to the press in all three languages through the UNAIDS representative in Nigeria. The film was also broadcast on Nigerian Public Broadcasting in April 2006

- UN High-Level Meeting in New York, May 2006: 1,500 DVD and 10 broadcast copies distributed

- XVI International AIDS Conference, Toronto, August 2006: More than 5,000 DVD copies distributed, with an additional 1,000 DVD copies distributed at the Global Village

- Africa Regional Workshops: 500 DVD copies distributed in eight countries

- More than 1,500 DVD copies distributed to interested NGOs and civil society groups, including teachers' unions

- Marketed to internal broadcasting outlets

See www.schoolsandhealth.org to Webstream a copy.

Promoting Greater Access to a Critical Subset of Existing Information on AIDS and Education

Working with development partners, the available literature on HIV/AIDS and education was reviewed and a subset of some 30 titles identified for wider distribution. Over the past five years this list has evolved, with some titles being added as they became available, and others being dropped as they were superseded, so that some 95 titles have now been distributed. All documents are made available in English, French, and Portuguese, and in several cases the Accelerate Initiative has arranged for and supported the translation of seminal documents.

To date, approximately 250,000 copies of the 95 titles have been distributed in at least the three languages noted above. Appendix C contains a list of the names and quantities of the top 20 distributed documents. These documents are also made available through www.schoolsandhealth.org, a Web site that was established with the support of multiple development partners in 2002.

The site serves as a source of information and updates on all school health, nutrition, and HIV education issues, and provides a transparent and easily accessible record of all the Accelerate Initiative activities. This site, among the most active for AIDS and education, currently receives approximately 85,000 hits per month. Figure 6 shows how the demand for the site has grown from January 2003 to December 2006.

The site also provides access to a wide range of documents, and supplements the dissemination of printed copies. Since 2003, some 322,000 document files have been downloaded; with a current average of 8,300 download requests each month (see figure 7). However, no estimates are available of the number of file downloads that have been used to print multiple copies of a document. One of the most downloaded documents in the field on education and HIV/AIDS is *A Sourcebook of HIV/AIDS Prevention Programs* (see box 11).

The Accelerate Initiative also promotes access to other Web sites from participating countries hosting relevant information, such as UNESCO–International Institute for Educational Planning (IIEP), and the HIV/AIDS Impact on Education Clearinghouse.

Figure 6 Monthly Web Site Hits, January 2003–December 2006
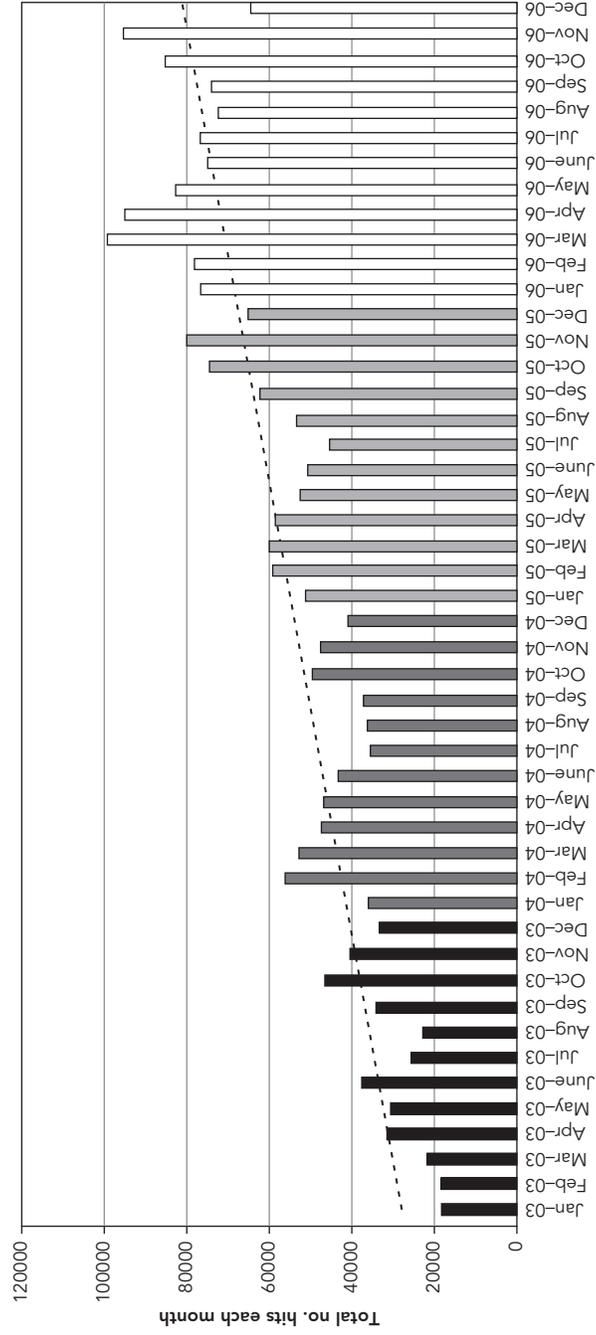
BOX 11: A SOURCEBOOK OF HIV/AIDS PREVENTION ACTIVITIES IN THE EDUCATION SECTOR, VOLUME II

The first sourcebook, documenting 13 nonformal HIV/AIDS prevention programs associated with schools (for example, after-school, anti-AIDS clubs), remains one of the most downloaded and widely disseminated documents in the field on education and HIV/AIDS. Following its success, it was argued that, since the school system reaches large numbers of young people and offers a ready-made infrastructure for the delivery of HIV/AIDS prevention education, it would be advantageous, in this second phase, to document school- and curriculum-based programs led by either the Ministry of Education (MoE) or the private sector. It was also argued that, since some non-African countries have different experiences in tackling HIV/AIDS, documenting well-established programs from these countries could be of benefit to Africa. Equally, lessons learned in Africa can benefit other non-African countries.

In response to feedback by users, a second sourcebook has now been produced that documents 10 programs as examples of good practice (identified through consultation with development partners and governments) from 8 countries in Africa, 1 in the Middle East and North Africa, and 1 in Latin America and the Caribbean. These focus on school- and curriculum-based programs, led by either the Ministry of Education or by the private sector, which are appropriate in cost and scope for implementation by the public sector. The programs demonstrate the key roles Ministries of Education can play in successful HIV/AIDS prevention activities.

See www.schoolsandhealth.org for further information.

Figure 7 Mean Number of Monthly Download File Requests
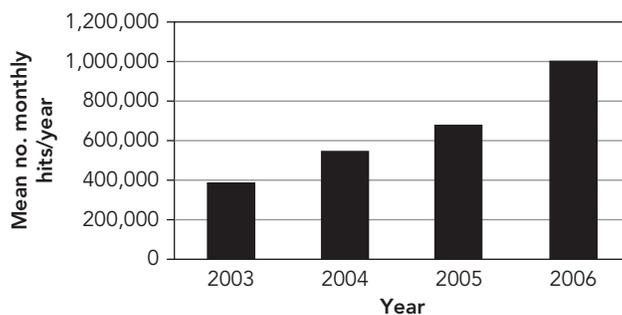
Source: Figure based on data collected from the www.schoolsandhealth.org website and analyzed using surfstats

Sharing Information Among Countries Facing Common Operational Challenges

In response to an expressed demand at the national and regional levels for the establishment of concrete mechanisms for exchanging information and experiences among neighboring countries facing similar operational challenges, the Accelerate Initiative has facilitated the formation of regional networks for HIV/AIDS Focal Points. The networks are made up of members who have been officially appointed by the different Ministers of Education to serve as HIV/AIDS Focal Points. They provide a framework for consultation, exchange, and sharing of experiences and expertise among actors in the field of HIV/AIDS.

Over the past five years, four networks for HIV/AIDS Focal Points have been successfully formed throughout Sub-Saharan Africa. Over this same period, the networks have successfully taken on responsibility and ownership of "Accelerate activities" at regional and national levels. The networks meet and communicate regularly to discuss how best to work together to develop more effective regional, subregional, and national education sector responses to HIV/AIDS. The ultimate aim is to enable stronger and better quality actions at the school level.

Network of Ministry of Education HIV/AIDS Focal Points for the Economic Community of West African States and Mauritania

The countries of the ECOWAS, together with Mauritania, have shown political leadership in responding to HIV/AIDS in the West Africa region. ECOWAS adopted a control strategy on HIV/AIDS in West Africa in December 2000 and have subsequently recognized the importance of tackling HIV through education. At the Second Conference of ECOWAS Ministers of Education held in Accra in January 2004, a strategic approach was adopted through the priority project "Support to HIV/AIDS preventive education in ECOWAS countries." To support implementation, a network of HIV/AIDS Focal Points in Ministries of Education was established and launched in December 2004. ECOWAS serves as the political umbrella for the network.

The countries that make up the network include Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo.

Since December 2004, the network has developed an action plan centered on the following:

- Creation of a framework to share information and experiences and proposition of guidelines

- Promotion of good practices

- Technical guidance and progress updates to the Ministers of Education

(Continued)

- Monitoring of progress
- Development of Focal Points' capacity

In September 2008, the ECOWAS Commission organized the first meeting of ECOWAS Ministry of Education focal points, in preparation for the third Conference of ECOWAS Education Ministers, which took place in Abuja, Nigeria, on March 20, 2009. The Conference of Ministers recommended that member states should foster the establishment of a regional HIV/AIDS program and reinforce support for the ECOWAS HIV/AIDS network.

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Network of Ministry of Education HIV/AIDS Focal Points for Central Africa
The Network of the Central African Ministry of Education HIV/AIDS Focal Points was established and launched in October 2006. The countries that make up the network include Cameroon, CAR, Chad, Democratic Republic of Congo (DRC), Equatorial Guinea, Gabon, the Republic of Congo, and São Tomé and Príncipe. The political umbrella for the network is the ECCAS.

Since October 2006, the network has developed an action plan to address the following:

- Promotion of good practices
- Technical guidance and progress updates to their respective Ministers of Education
- Monitoring of progress
- Development of Focal Points' capacity

In 2008, all the Ministers of Education signed a written agreement to integrate HIV/AIDS in all the curricula. However, nearly all the countries in the network have integrated HIV/AIDS in the curricula at the early child development, primary, and secondary levels as well as teacher training schools/colleges.

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Network of Ministry of Education HIV/AIDS Focal Points for Eastern Africa
Out of the 25.5 million persons living with HIV/AIDS in Sub-Saharan Africa, 17 million are in Eastern and Southern Africa. Recognizing the need to accelerate the education sector response to HIV/AIDS in the region, through stronger and better quality actions at the national level, Ministries of Education in Eastern and

Southern Africa have formed Network of Ministry of Education HIV/AIDS Focal Points for Eastern Africa.

The network operates within subregional economic frameworks such as the East African Community (EAC) and the Southern African Development Community (SADC). The network has grown in coverage and scope and has recently added to its constitution a regional "think tank" on mainstreaming and a Resource Support Team on policy development.

Since December 2005 the network has developed an action plan to achieve the following:

- Enhanced management systems for promoting and disseminating reliable, accurate, and timely information
- An enabling environment for HIV/AIDS strategic planning, policy development, and institutional support
- Enhanced capacities of the national and subregional coordinators
- A broad-based and functional partnership
- Accessible, informative, and functional M&E of national and subregional systems

The countries that make up the network include Burundi, Eritrea, Ethiopia, Kenya, Malawi, Madagascar, Mozambique, Rwanda, Uganda, Tanzania, and Zambia.

In 2008, the Focal Points took part in a situational analysis study, the results of which will be presented during the second quarter of 2009 to a technical committee convened by the EAC Secretariat.

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Network of Ministry of Education HIV/AIDS Focal Points for
Lusophone Africa
The political umbrella of the network is the Community of Portuguese Speaking Countries Organization (CPLP). The network was created in 2003 and is made up of the Ministry of Education Focal Points from Angola, Cape Verde, Guinea-Bissau, Mozambique, and São Tomé and Príncipe.

The composition of this network is based on language rather than geographical location, as is the case with the Western, Eastern, and Central African networks. These countries are members of Países Africanos de Língua Oficial Portuguesa, the Portuguese-speaking African Countries (PALOPS) and also belong to other

(Continued)

networks based on their geographical locations. For example, Cape Verde and Guinea-Bissau also belong to the ECOWAS and Mauritania Network, while Angola and Mozambique belong to the Eastern Africa Network, and São Tomé and Príncipe to the Central Africa Network.

A meeting of the CPLP Education Advisory Committee was held in Praia, Cape Verde, in March 2006. The committee agreed to bring together the Ministry of Education HIV/AIDS Focal Points of these Lusophone countries to prepare an Action Plan to accelerate the education sector response to the HIV/AIDS pandemic. The CPLP had planned to organize a similar two-day meeting of the HIV/AIDS Focal Points of the Lusophone countries to further develop the Action Plan in Lisbon in 2008. Unfortunately, the meeting did not take place and progress had been slow, partly because of institutional changes within the CPLP organization.

Activities and Achievements of the Networks

The networks are active entities. Formal intranetwork meetings occur biannually, and the Central, West, and Eastern Africa networks meet annually. Between meetings the Focal Points use various communication forms, including sharing information through the network pages hosted on the "school health and nutrition" Web site www.schoolsandhealth.org, mailing list postings, and study tours to neighboring countries.

These consultations and activities take place within each subregional network and between the networks, and have been identified by participating countries as being an extremely valuable way of sharing good practices in the field. In 2005, The Gambia, Liberia, and Sierra Leone met to examine the feasibility and usefulness of harmonizing aspects of their HIV/AIDS curriculum. Template documents, including student readers, teachers' guides, peer education, and teacher trainer handbooks were produced by country team experts. Some documents are now being used to train teachers (supported by UNESCO's EFA Capacity Building Program). In February 2006, the Zambian Focal Point traveled to Tanzania to share experiences on the provision of voluntary counseling and testing (VCT) to teachers. In October 2006, the Kenya, Nigeria, and Uganda Focal Points traveled to Ethiopia to share experiences on lessons learned during their policy development process. The Kenyan and Tanzanian Ministries of Education have recently visited Malawi to share experiences. In October 2007, the Nigeria, Ghana, and Sierra Leone Focal Points traveled to Liberia to assist the Liberia Focal Point in the organization of his national HIV/AIDS and Education national workshop.

Strengthening the Technical Content and Implementation of the Education Sector Response to HIV/AIDS

The most readily attributable outcomes of the Accelerate Initiative activities are the changes noted between the situation analyses presented by participating countries during the beginning of the workshop planning process, and the sector plans produced during and directly after the workshops by the participating countries. The value of the workshops in contributing to strengthened sector plans was specifically acknowledged by some countries (for example, Ethiopia) in their submissions to the EFA-FTI (Clarke and Bundy 2004).

Implementation of the sector plans is, of course, entirely attributable to the actions of the countries themselves. Information gathered during a 2007 survey carried out by Focal Points within the West, Eastern, and Central Africa networks has been used to inform the current situation within each region. The results of the 2007 survey provide an opportunity to compare how the situation has changed at the regional level, but also provide specific examples of how countries have taken their sector plans forward since their participation in the Accelerate activities.

The countries included in the 2007 survey are Benin, Burkina Faso, Côte d'Ivoire, Republic of Guinea, Mali, Mauritania, Nigeria, Niger, Togo, Senegal, The Gambia, Ghana, Sierra Leone, Liberia, Cape Verde, Guinea Bissau, Central African Republic, Gabon, Cameroon, Democratic Republic of

BOX 12: COUNTRIES EMERGING FROM CONFLICT AND FRAGILE STATES

The Accelerate Initiative is now active in several fragile states emerging from conflict, including Eritrea, Guinea, Liberia, and Sierra Leone. Although significant progress has been made in some of these countries, activities in Guinea have not progressed as planned because of country legislation.

Sierra Leone is a country emerging from war. Notwithstanding this fact, the Ministry of Education, Science and Technology (MoEST) recognized HIV/AIDS as a problem and acknowledged the dangers that HIV/AIDS poses for the education sector. In an effort to protect its teachers and pupils, Sierra Leone elaborated and launched an "Education Sector HIV/AIDS Policy" and has developed its implementation guidelines. In the area of prevention, the Ministry has integrated HIV/AIDS, along with life skills education, into the curricula at the primary and secondary levels and in teacher training schools. Teachers' guides for implementation of the curricula have also been produced.

See www.schoolsandhealth.org for further details.

BOX 13: TAKING ACTIVITIES TO SCALE: TEACHER TRAINING IN GHANA

The Ministry of Education in Ghana, recognizing the need for the education sector to respond to the HIV epidemic (both internally and externally) initiated a nationwide teacher training scheme. The project, called "Teachers—Agents of Dissemination and Change" (TAD) is aimed at informing and equipping teachers with life skills.

The program was implemented in three phases to ensure national level coverage. In total, more than 150,000 teachers (84 percent) were trained at primary and secondary levels.

Training was conducted through existing government structures and staff, leading to sustainability of the program. The internal aspect and participatory approach of the program has led to the empowerment of teachers and other stakeholders, including Parent Teacher Associations (PTAs). However, attrition of teachers continues to be a problem for sustainability of the program.

Regular monitoring and evaluation of the program (including a baseline from which to monitor progress) has ensured that positive outcomes can be acknowledged and problems can be addressed. Monitoring and evaluation is not as regular as the Ministry had planned because of logistical limitations.

See www.schoolsandhealth.org for further details.

the Congo, Equatorial Guinea, São Tomé & Príncipe, Chad, Burundi, Eritrea, Ethiopia, Uganda, Madagascar, Mozambique, Rwanda, Tanzania, Zanzibar, Kenya, Zambia, and Malawi.

Sector Policy (Including Workplace Policy)

Since the start of the Accelerate Initiative in 2002, most countries involved have made progress in policy and strategic plan development. This includes both national and education sector policies and strategic plans (see boxes 14 and 15 for examples of how education sector policies can encompass a broad range of HIV-related issues). More specifically, 79 percent of countries surveyed in 2007 have an education sector- specific HIV/AIDS strategy, of which 83 percent and 80 percent of countries in the Eastern Africa and West Africa networks, respectively, have an education sector HIV/AIDS strategy. A marginally smaller 71 percent of countries in the Central Africa Network have an HIV/AIDS strategy in place.

On average, 65 percent of the countries surveyed have a national SHN policy. However, among the countries of the Central Africa Network (with the lowest participation in the Accelerate Initiative) only 43 percent have a national SHN policy.

BOX 14: THE SENEGALESE EXPERIENCE: SCHOOL HEALTH, NUTRITION, AND HIV/AIDS PROGRAMMING

In Senegal the Ministry of Education has successfully developed a national-level SHNP based on the framework, "Focusing Resources on Effective School Health" (FRESH), which includes HIV/AIDS prevention education as a key component and involves all levels of the formal and nonformal education sector. To ensure maximum collaboration with all relevant stakeholders and ministries (including, for example, the Ministry of Youth and the Ministry of Environment and Public Sanitation), a clear decentralized organizational structure is being implemented. More significantly, the program is rooted in a national-level SHNP policy. An HIV/AIDS Strategic Plan (2002–06 and 2007–09) was developed in harmony with this SHNP policy, and provides clear guidance on actions for all the departments involved on the delivery of HIV/AIDS and reproductive health education through schools.

See the Web site www.schoolsandhealth.org for details.

BOX 15: PROVIDING TEACHERS WITH ACCESS TO FREE VCT AND ART: A SUCCESS STORY FROM ZAMBIA

The education sector offers a ready-made infrastructure for the delivery of HIV prevention efforts to large numbers of the uninfected population—schoolchildren—as well as young people who, in many countries, are the age group most at risk. This infrastructure also extends to teachers and staff who, in many countries, represent more than 60 percent of the public sector workforce. The education sector is ideally placed to provide access to care, treatment, and support for those infected and affected by HIV/AIDS.

The Zambian MoE VCT Program for Teachers
In Zambia, where AIDS has severely affected the ranks of schoolteachers (estimates in 2006 were that the country was losing approximately 800 teachers each year due to AIDS-related illness), the Ministry of Education has made access to antiretroviral treatment (ART) a priority for school staff, working through teachers' unions to help reduce the fear that teachers experience when revealing their HIV-positive status.

In 2001 the Ministry of Education developed a five-year strategic plan intended to mitigate the impact of HIV/AIDS on the education sector, which was later harmonized with the broader Ministry Strategic Plan.

In 2005 a nationwide campaign called "Mobilization and Sensitization on Voluntary Counseling and Testing (VCT)" was launched to promote VCT uptake, particularly among teachers. The Ministry of Education engaged two partners in the campaign who used mobile units to move from school to school, thereby providing access to VCT for teachers. In parallel, the Ministry launched teacher health days called "A Healthy Teacher for Quality Education," with the intention of promoting VCT uptake through provision of general health services to teachers.

Key to the success of the program was the engagement of teachers' unions. The unions received a budget from the Ministry to conduct their mobilization and sensitization campaigns, and some union leaders were trained as peer educators and counselors. Although there are NAC funds available to the Ministry of Education, the issue of sustainability continues to be of concern.

To date, 40,000 teachers have been sensitized and some 23,000 have accessed VCT services. Since the program began, the number of teachers receiving free ART through government hospitals has risen from 40 to around 3,000.

See the Web site www.schoolsandhealth.org for details.

Over the last two decades, countries and agencies have renewed their efforts to develop more effective and comprehensive SHN programs to address the broader health and nutrition issues that affect school-age children. A growing body of evidence has clearly demonstrated the impact of SHN programs on achievement of EFA and the MDGs (Bundy et al. 2006).

HIV prevention education is a "perfect fit" for integration into SHN programs. A national or education sector-specific SHN policy can provide a method of safe positioning on the sometimes controversial issues associated with HIV prevention education.

Figure 8 shows the progress made by countries in implementing activities over time compared to the number of subregional and national activities. (The details of which countries have implemented which actions are given in tabular form at www.schoolsandhealth.org.)

As the internal role of the education sector in mitigating the impact of HIV/AIDS on its staff becomes ever more recognized in the countries participating in the Accelerate Initiative, advances have been made in workplace-related issues. Lack of national-level workplace policies is still

Figure 8 Progress in Implementing Policy Activities before and after the Accelerate Initiative
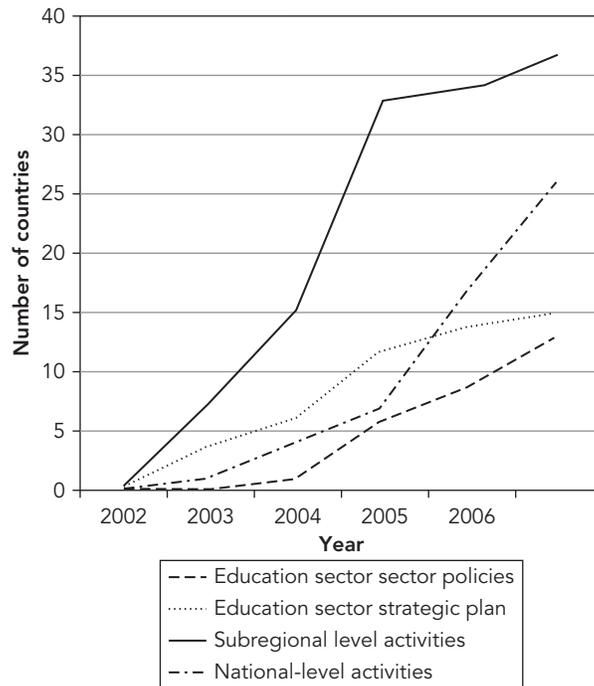
Source: Figure based on information presented by participants at subregional and national-level workshops within the Accelerate Initiative, 2002–07, as well as data collated during the 2007 Ministry of Education Focal Point Survey (see www.schoolsandhealth.org).

an issue, with only an average of 47 percent of countries surveyed saying they have such a policy in place. Even in these countries, it is not yet clear if the policy includes HIV/AIDS-related issues.

In 31 of the countries surveyed, teachers are also taught to protect themselves from HIV infection—more commonly during in-service training (30 countries) rather than pre-service (20 countries). In 62 percent of countries surveyed, teachers have access to HIV/AIDS-related counseling services, although coverage and effectiveness of these services are not yet clear. Similarly, it is not known where workplace policies exist, if the policies encompass HIV/AIDS-related counseling services. Interestingly, the highest proportion of countries providing HIV/AIDS-related services was found within the Eastern Africa Network (83 percent), where only Zambia provided free ART to their HIV-positive teachers (see box 15).

Specific examples of countries implementing sector plans developed during workshops follow:

- In Ethiopia, the need for an education sector-specific policy was identified in the 2004 workshop. A mapping exercise was carried out as a first step (2005), the results of which fed into subsequent discussions in 2005–06 to develop an education sector strategic plan and policy.

- In Nigeria, the draft education sector policy was finalized during the series of state-level workshops in 2004/2005, so that input could be secured from all states of the Federation.

Planning and Mitigation

Of the 34 countries surveyed, 32 have established HIV/AIDS Focal Points (although, particularly in West and Central Africa, not all are full-time), or have established HIV/AIDS units in the Ministry of Education, or both. In 25 of the countries involved in the survey, an interdepartmental committee exists in the Ministry of Education for SHN or HIV/AIDS (mostly in the Eastern and Central Africa networks).

Thirteen countries collect data on health-related teacher attrition and absenteeism at various levels (that is, national, provincial, district, school, and so on). In terms of demand on education, only 12 countries collect

data on numbers of orphans and vulnerable children at various levels. Fourteen countries in the networks have now undertaken an impact assessment of HIV on the supply and demand of education and the attainment of EFA. Box 16 describes the indicators significant to accelerating the response to HIV/AIDS, as well as some countries' efforts to conduct impact assessments and implement M&E strategies. (The details of which countries have implemented which actions are given in tabular form at www.schoolsandhealth.org.)

BOX 16: AGREEING ON INDICATORS AND EFFECTIVE M&E STRATEGIES

None of the countries participating in the Accelerate Initiative initially had an M&E framework or process in place. Following participation in workshops, all countries now have plans to develop such a framework and have identified the following indicators as being significant in accelerating their responses to HIV/AIDS:

- Teacher mortality rates
- Numbers of children receiving HIV prevention education
- Numbers of orphans and vulnerable children

In addition, the five current members of the EAC (of which the Eastern Africa Network is an activity) have requested technical support for the development of their indicators for HIV/AIDS and the education sector, and are in discussions to harmonize them.

See www.schoolsandhealth.org for further details.

Although impact assessment was not part of the initial vision of the Accelerate Initiative in 2002, some countries involved in the Initiative did conduct impact assessment of national or subnational programs.

An Example of an M&E and Impact Assessment from Eritrea
The government of Eritrea is implementing a sectorwide national program, which includes early childhood development at primary and secondary school levels. The government has moved forward on integrating and decentralizing age-appropriate HIV/AIDS education sector responses. The education sector has taken leadership in cascading the program through the zobas (district) down to the community and school levels.

(Continued)

BOX 16: (Continued)

After the national level Ed-SIDA training carried out in Eritrea in early 2006, the Ministry of Education has made great strides in M&E. At the district, school or community levels, the government has made progress on effectively monitoring and evaluating strategies through its Education Management Information System (EMIS). Education and health workers work collaboratively to monitor children's

health and nutrition status, identifying cases for referral and collecting data on HIV/AIDS responses, coverage, and scope for further planning of programs.

In 2007, the Ministry of Education conducted a five-year evaluation of the impact of the SHN program on the health, knowledge, and reported behavior of schoolchildren.

An Example of Impact Assessment from Kenya

The MoEST and the International Child Support (ICS) collaborated on the implementation of four approaches aimed at reducing risky behavior among adolescents in Kenya's Western Province between 2003 and 2005. Schools were selected at random and offered participation in different approaches, creating a unique opportunity to rigorously evaluate the impact of each approach used.

The 2005 evaluation of the program used teenage childbearing rates as the primary measure of impact. Other key outcomes included knowledge, attitudes, and self-reported behavior. Three of the interventions employed (for example, debates and essays for improved engagement of young people with HIV/AIDS issues, sugar daddy talk for improved understanding of the dangers of cross-generational sex, and reducing the cost of education through the provision of uniforms) showed clear impacts on the outcomes selected. For example, increased student knowledge; increased likelihood of boys reporting having used a condom; reduced teenage pregnancy through reduced numbers of girls involved in unprotected sexual relations with older partners; increased likelihood that girls who had started childbearing were married to the fathers of their children; and increased school retention rates. As a result of this, the long-term sustainability of the delivery of the interventions and the likelihood of these interventions being expanded at scale across Kenya has been significantly increased.

See www.schoolsandhealth.org for further details.

An important resource on the use of EMIS and the incorporation of AIDS indicators is the toolkit "Educational planning and management in a world with AIDS" jointly developed by UNESCO/IIEP and USAID/MTT.

See www.unesco.org/iiep/eng/focus/hiv/hiv_4.htm for further details.

BOX 17: THE MINISTRY OF EDUCATION HIV/AIDS FOCAL POINT SURVEY: A TOOL FOR MONITORING PROCESS

In preparation for the November 2007 meeting of the networks of Ministry of Education HIV/AIDS Focal Points in Nairobi, a questionnaire about school health and nutrition that included HIV/AIDS was developed in consultation with Focal Points and completed by the Focal Points of 34 countries involved in the Accelerate Initiative.

The purpose of the survey was to present a regional overview of the current SHN and HIV/AIDS response and a comparative review of the current situation in the individual countries comprising the networks.

The survey would do the following:

• Allow participating countries to compare their response against objectives set forth in the Accelerate Initiative, the Checklist of Good Practice, and use of the FRESH framework

• Identify priority areas in SHN, including HIV/AIDS, in each country, enabling government officials to concentrate resources and programming in these areas

• Aid in future planning, both within each country and collectively across the region

The questionnaire developed from the survey provides a useful tool that countries can use to monitor their progress against key indicators. Moreover, the results of the survey provide a baseline from which countries and networks can measure their progress in coming years.

See appendix E for a copy of the survey and www.schoolsandhealth.org for further details.

Prevention (Including Teacher Training and Life Skills)

Activities in prevention, including life skills, whether formal or nonformal, curriculum-based education or peer education, vary considerably from country to country (see box 11 for some examples of variations in formal and nonformal education).

Since 2002, all countries involved in the Accelerate Initiative have made some progress in prevention—whether in terms of curriculum reform, the introduction of life skills, strengthened teacher training, or peer education. Box 19 gives an example of a prevention program targeting both teachers and pupils in Senegal. Figure 9 shows the progress made by countries in

BOX 18: DEVELOPING HIV/AIDS PREVENTION CURRICULA IN CENTRAL AFRICA

In 2005 the Economic and Monetary Community of Central Africa (CEMAC) Council of Ministers adopted a subregional program to support the education sector in its efforts to prevent HIV and mitigate the impact of HIV/AIDS. A subregional project for Preventive HIV/AIDS Education in the member states of CEMAC and the Democratic Republic of Congo was initiated in 2006, with the aim of delivering knowledge and fostering improved behaviors using a life skills approach through the education sector.

Since 2006, with the support of development partners, the countries of Central Africa have done the following:

- Analyzed the strengths, weaknesses, opportunities, and challenges of their existing curricula

- Identified the key themes within their curricula

- Adopted a time quota per school year for the delivery of HIV prevention education

- Integrated HIV/AIDS transversally into their curricula (integration into several subjects—five to six subjects, depending on the identified sociocultural contexts of each country)

Under the auspices of an interministerial decree, Cameroon completed the integration of HIV/AIDS into the curriculum in January 2007.

In May 2007, the Central African Republic developed programs and pedagogic support strategies for the delivery of HIV/AIDS education at the primary level and in teacher training.

In the Republic of Congo and Chad, HIV/AIDS teaching materials using the life skills approach were developed and harmonized with the curriculum in September 2007.

In September and October 2007, Gabon and Equatorial Guinea prepared guides for the integration of HIV/AIDS into the school syllabus at the primary and secondary levels, as well as in basic teacher training.

The process of integrating HIV/AIDS into the curricula is in progress in the Democratic Republic of Congo.

In addition to the curricular activities, all the Member States of CEMAC and the Democratic Republic of Congo have introduced some key HIV/AIDS modules into peer education to facilitate a synergy between school-based and extracurricular activities of young people.

The countries of Central Africa are also committed to enabling teachers to effectively deliver HIV/AIDS education by developing culturally relevant teaching guides and information kits for teachers, as well as manuals for students.

BOX 19: DIRECT SUPPORT TO SCHOOLS (DSS) IN MOZAMBIQUE

Mozambique made significant progress in developing a national education and HIV/AIDS policy, with an accompanying communication strategy in 2003–04. Focal Points were put in place across the central Ministry and at the provincial level. Key prevention programs were developed with bilateral project support and a "sectorwide approach to health" working group on HIV/AIDS was established. Development of a workplace policy was initiated. HIV/AIDS has been integrated into the education sector plan and into key sector indicators. The education sector plan includes an indicative allocation of the budget (that is, state budget and pooled donor funds).

Important innovations were piloted in school health and in support to orphans and vulnerable children, within the national Direct Support to Schools (DSS) program that channels a small finance grant to every single primary school in Mozambique. Financed by an International Development Association (IDA) credit for education and fully administered by the Ministry of Education and Culture, DSS already reaches 10,000 schools serving about 3.5 million children. The annual cost of the national DSS program is around US$6 million and around US$1.5 million is earmarked for the school health program. The funds released in June 2004 were used to provide a school health manual, addressed to teachers, with information, guidance, and specific activities to discuss HIV/AIDS prevention.

implementing prevention and teacher training activities over time, compared to the number of subregional and national activities. (The details of which countries have implemented which actions are given in tabular form at www.schoolsandhealth.org.)

Twenty countries now have a national health education curriculum. Other countries teach health education that is not included in a national curriculum (notably nutrition education, hygiene education, and malaria prevention). Most countries surveyed (88 percent) have a peer education program within the education sector (56 percent at primary level and 68 percent at secondary level).

In terms of HIV-related education, all countries surveyed now deliver some form of HIV prevention education. Thirty countries offer HIV prevention education in primary schools and 31 countries offer it in secondary schools. Seventeen countries also offer nonformal HIV prevention education. In 32 of the countries in the survey, HIV is taught within a wider subject. In 68 percent of the countries, HIV is taught by using a life skills approach.

Figure 9 Progress in Implementing Prevention Activities before and after the Accelerate Initiative
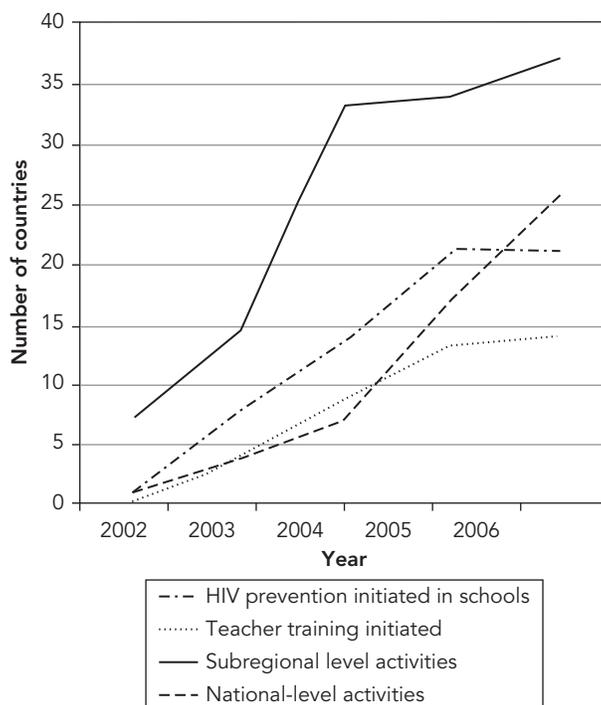
Source: Figure based on information presented by participants at subregional and national-level workshops within the Accelerate Initiative, 2002–07, as well as data collated during the 2007 Ministry of Education Focal Point Survey (see www.schoolsandhealth.org).

Twenty-five countries surveyed provide teachers with specific training in life skills- based education. In 19 countries this is delivered in preservice training and in 24 countries delivered during in-service training. In 26 countries, teachers are provided with materials for delivering some form of life skills-based education in schools.

Ensuring Access to Education for Orphans and Vulnerable Children

Ensuring access to education for orphans and vulnerable children is one of the areas to which the education sector has paid the least attention. Efforts have tended to be nonformal and usually have had very little input from

BOX 20: THE GROUP FOR THE STUDY AND TEACHING OF POPULATION ISSUES (GEEP): AN EXPERIMENT TO PREVENT THE SPREAD OF HIV/AIDS AMONG SCHOOLCHILDREN

"Accelerate" means both to quicken something that is already in motion and to hasten into motion something that is initially stationary. The Accelerate Initiative helped give impetus to existing organizations, such as the Group for the Study and Teaching of Population Issues (GEEP) a multidisciplinary, not-for-profit NGO created in May 1989 in Dakar (Senegal). In November 1994, GEEP launched the "Promotion of Family Life Education" (FLE) program in middle and secondary schools in Senegal. The program targets teachers and 12- to 19-year old pupils, and aims to promote responsible sexual behavior through training activities, peer education, social mobilization and the provision of support materials and equipment (for example, audiovisual and information technology). There are now more than 200 FLE clubs established in Senegal.

See www.geep.org for further details.

the formal education sector. This is largely due to orphans and vulnerable children usually being the responsibility of line ministries other than education ministries. However, after the workshops, awareness has been created within the education sector about its role in ensuring that all children, including orphans and vulnerable children, particularly girls, have access to education. Many in the education sector are now acting on strengthened plans to collaborate with other ministries to ensure access to education for orphans and vulnerable children. In recognition of the general move toward focusing on the most vulnerable children, particularly girls and out-of-school children, the Accelerate Initiative has also adopted this phraseology where relevant to the country context. (The details of which countries have implemented which actions are given in tabular form at www.schoolsandhealth.org.)

In most countries in the Eastern Africa Network (83 percent), and the West Africa Network (67 percent), orphans and vulnerable children do not have to pay school fees. It is unclear whether the hidden costs of education (for example, school uniforms and textbooks) remain as barriers to accessing education. In countries of the Central Africa Network, only three countries provide free access to education for orphans and vulnerable children. The Ministries of Education in only 12 countries in total were found to have kept data on orphans and vulnerable children.

BOX 21: KEY FINDINGS OF THE 2007 FOCAL POINT SURVEY

In 2007 a survey was carried out by Focal Points within the West, Eastern, and Central Africa networks to inform the current situation within each region. The results of this survey provide an opportunity to compare how the situation has changed at the regional level, and also provides specific examples of how countries have taken their plans forward since their participation in Accelerate activities. The key findings of the survey are as follows:

- Percentage of countries with a national HIV/AIDS strategy 100
- Percentage of countries with an education sector HIV/AIDS strategy 79
- Percentage of countries with an education sector HIV/AIDS strategy and an HIV/AIDS plan 76
- Percentage of countries offering HIV/AIDS counseling to teachers 62
- Percentage of countries training teachers to protect themselves 91
- Percentage of countries having an HIV/AIDS Focal Point within the Ministry of Education 94
- Percentage of countries having an interdepartmental committee within the Ministry of Education 74
- Percentage of countries having a health education curriculum 59
- Percentage of countries providing HIV prevention education in some form 100
- Percentage of countries initiating HIV prevention activities before puberty 82
- Percentage of countries training teachers in a life skills approach 74
- Percentage of countries where orphans and vulnerable children do not have to pay school fees 71

The countries included in the survey are Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Côte d'Ivoire, the Democratic Republic of the Congo, Eritrea, Ethiopia, Gabon, Ghana, Guinea-Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, the Republic of Congo, Republic of Guinea, Rwanda, São Tomé & Príncipe, Senegal, Sierra Leone, The Gambia, Togo, Uganda, Tanzania (mainland and Zanzibar) and Zambia.

See www.schoolsandhealth.org for further details.

CHAPTER 6

Conclusions and the Way Forward

This review was undertaken by the Ministry of Education Focal Points for school health and HIV/AIDS from countries in Sub-Saharan Africa participating in the Accelerate Initiative, together with representatives of all stakeholders and partners.

The results from this review suggest that the education sectors of a majority of countries in Sub-Saharan Africa have accelerated their responses to HIV/AIDS and are showing leadership in the national multisectoral response. In particular, the formalization of the networks of HIV/AIDS Education Focal Points has demonstrated how countries have taken ownership of this Initiative and gone on to conduct activities at regional and national levels under the auspices of the African Union Regional Economic Communities.

The landscape has changed over the last five years. Most countries have developed or have begun to develop education sector responses. The issue has shifted from a focus on advocacy at the regional and subregional levels to an emphasis on effective implementation at the country level, where Ministries of Education across Africa are now playing an increasingly active role in the national multisectoral response to HIV/AIDS.

In carrying out this review, HIV/AIDS technical experts representing more than 30 countries gathered during the network meeting in Nairobi

in 2007. As part of their review process they have since developed a number of positive conclusions, as well as identified some challenges that need addressing to move forward into the next phase of the Initiative.

Education Sector Responses Have Accelerated

Most definitions of "accelerate" suggest that it means both to quicken something that is already in motion and to hasten into motion something that is initially stationary. Both situations were met within the countries participating in this Initiative. In some countries, the education sector was already taking leadership in contributing to the national multisectoral response to HIV/AIDS, and often sought technical guidance to develop policy and move to implementation. Other countries, however, were less aware of their potential role in the national response. For them, learning what their neighbors were doing was often the critical catalyst leading to policy change and implementing a sectoral response. By this definition, and recognizing that at least 2 mechanisms were involved to date, the goal of "Acceleration" has been met by 26 of the 37 countries participating in the Initiative. Of the remaining countries, several plan to follow suit.

In seeking to explore these correlations, it should be recognized that the Accelerate Initiative was one of a number of potential influences. At the time the Initiative was launched in 2002, and in the period since, several key development partners (notably EDUCAIDS, UNAIDS, UNESCO, UNICEF, USAID/Mobile Task Team, and the World Bank MAP AIDS Campaign for Africa) have addressed the issue of HIV with education sectors in Sub-Saharan Africa. Only part of their work in this area has been focused within the Initiative. Furthermore, the sovereign governments participating in this Initiative made their own independent decisions, on their own timetable, whether and how to develop an education response. That said, there is a persuasive case that the Initiative spurred national efforts, catalyzed some elements of the response, and contributed to accelerating the processes of change.

More Effective Links with Development Partners Are Emerging

Development partners have worked effectively together throughout the Accelerate Initiative to better assist countries and reduce transaction costs. Some 76 organizations—UNAIDS cosponsors, bilateral and multilateral

donors, intergovernmental organizations and civil society organizations—have participated over the past five years, with no fewer than 5 organizations and as many as 21 organizations at a single event. Some participating organizations brought specific areas of expertise, such as Education International on teachers; ILO on workplace policy; UNESCO on curriculum; UNICEF on orphans and vulnerable children; and the World Bank on financing, but the combination of multiple partners helped ensure that topics could be advanced comprehensively and holistically at each event. A key factor in the success of the approach taken by the Accelerate Initiative has been the consistent effort to maintain links between country-level coordination processes of development partners.

National AIDS authorities are increasingly fulfilling their role as supporters of a multisectoral response that includes education as a priority sector. Funding through the World Bank program MAP, the USA President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria contributes to a multisectoral national response to HIV/AIDS that includes the education sector. All 37 education teams participating in the Accelerate Initiative entered into dialogue with their NACs on this topic, and 26 received funding from this nontraditional source.

More and Better Quality Information Is Available

Sector-specific information on the education response to HIV/AIDS is now widely available in technical documents, produced and distributed by many agencies and organizations, and countries have developed subregional mechanisms to sustain the sharing of information. In the Initiative, more than half a million printed copies and electronic copies of technical documents in English, French, and Portuguese were distributed to educators. In line with the aims of the program, this information focused primarily on policy and content issues, although there remains a need for locality-specific documentation in local languages. Throughout the subregions of Africa, countries are using well-established subregional political entities to create mechanisms for sharing information and promoting effective responses—namely the networks of Ministry of Education HIV/AIDS Focal Points that report to the councils of Ministries of Education established within the subregional communities of the African Union.

Education Sector Responses to HIV Are Now Being Implemented by a Majority of Countries

The recent 2007 survey of the Ministry of Education HIV/AIDS Focal Points in 34 countries showed that all countries have a national HIV/AIDS policy and 76 percent have an education sector-specific HIV/AIDS strategy and plan. Thirty-two countries now have a Ministry of Education HIV/AIDS Focal Point at the national level and 23 also have Focal Points at subnational levels. Thirty countries are training teachers to protect themselves. All countries are providing some HIV prevention education at primary or secondary levels, or both. Thirty-one countries are providing this education before the initiation of puberty.

Overall, the Initiative to "accelerate" has brought with it many changes in the sectoral responses of the participating countries. Not all responses improved, but for most countries the 5 objectives of the program were met. In 26 countries, the education sector response to HIV/AIDS now benefits from the following:

- Stronger sectoral leadership

- Harmonized support from development partners

- More effective coordination with NACs

- Enhanced access to information on HIV/AIDS

- Strengthened technical content of the sectoral response

Not All Sectoral HIV Responses Are Mainstream Activities

Some countries have demonstrated that the response to HIV can become a fully incorporated part of the business of the Ministry of Education. But these are the exceptions, and for most, the HIV response is an additional or parallel activity to what is perceived as the primary role of the sector. Evidence suggests that although HIV prevalence is declining in some parts of Sub-Saharan Africa, the likely prospect is that HIV will remain a major issue for generations to come. Maintaining a cost-effective, long-term response to HIV implies the need to mainstream this activity within the education sector. The regional networks are seeking to identify good

practice in mainstreaming and to develop toolkits to help direct implementation. The IATT Toolkit for mainstreaming HIV/AIDS in the education sector, *Guidelines for Development Cooperation Agencies* (UNAIDS IATT on Education, 2008), provides valuable insight on how HIV can be mainstreamed into the education sector response. See http://portal.unesco.org.

Effective Monitoring and Evaluation Remain a Major Challenge

One key area in which progress has been slow is the establishment of effective M&E procedures. Only 13 countries are collecting health-related data on education supply (teacher attrition and absenteeism), and 12 on education demand (numbers of orphans and vulnerable children). Fourteen have completed an impact assessment of HIV/AIDS on the education sector. Few have adopted a results-based approach to evaluation. This in turn makes it impossible to evaluate the programs in terms of school-level results for children.

Measuring impact was not part of the vision of the Accelerate Initiative when it began in 2002; the focus then was on strengthening plans and accelerating their implementation. Hence, while countries have enriched the content of their sector plans, few have carried out any impact assessments (see box 16, chapter 5) to establish to what extent this has resulted in enhanced benefits for children and teachers. The questionnaire developed by the Focal Points and used in the 2007 network survey has provided a key tool for monitoring process indicators. Moreover, the results of the survey provide a baseline from which countries and the networks are able to monitor progress in subsequent years.

Further incorporation of effective M&E strategies into the next phase of the Accelerate Initiative is an important priority for the networks, since in their absence investments are likely to be made in what is thought to be effective, rather than what has been shown to be effective. In a recent move, supported by technical inputs from partners in the Accelerate working group, five countries in the HIV/AIDS Education Network in the East African Community (Burundi, Kenya, Rwanda, Tanzania, and Uganda) have begun to develop a common education sector M&E framework for HIV. The regional value of this approach is being explored by the other networks,

and the possibility of agreeing on a core set of regional indicators is being examined as a consensual way forward.

Investment in Regional Coordination and Knowledge Sharing Shows Benefits But Can Be Difficult to Sustain

An important finding in the present review is that regional workshops and regional networks have underpinned the success of countries in implementing programs at the national level. This largely reflects the sharing of experiences in addressing common but new challenges. These decisions and actions by the participating countries have completely changed the political economy of the education response to HIV/AIDS in Sub-Saharan Africa. The networks established within the RECs of the African Union have become not only conduits for sharing information, but also key agents for change. In a donor environment where the focus is on the country level, a key challenge in moving forward would be to develop sustainable ways of supporting these regional entities.

EFA-FTI Processes Are Strengthening HIV/AIDS Responses within the Education Sector Plans

FTI funding depends on review of the national education plan by development partners. This review and previous analyses have shown that HIV may be overlooked in sector plans: only 2 out of 12 sectors included HIV in their plans in 2004 and only 4 out of 8 sectors included HIV in their plans in 2006. However, the evidence suggests that, increasingly, such omission of HIV/AIDS is becoming less common.

There is also evidence that countries have benefited from technical assistance being provided to support the EFA-FTI process, including assistance through the Accelerate Initiative (see box 16, chapter 5). There is, therefore, an increasing demand for technical assistance and guidance on how to include HIV and SHN responses within education sector plans. In response to this, the EFA-FTI Guidelines for Appraisal Document (EFA-FTI 2006) now provides specific guidance on how HIV can be included in education-sector plans. The EFA-FTI Partnership has also produced a set of guidelines for education-sector capacity building and assessment and

priority setting, called Guidelines for Capacity Development in the Education Sector within the Education for All-Fast Track Initiative Framework (EFA-FTI 2008).

The critical issue remaining is how to ensure education sectors are best able to access appropriate technical assistance to develop HIV and SHN components within their plans. The networks are specifically exploring how to build capacity within the region toward this. Although many Focal Points are full time, for one-third of countries this is not the case. It is noteworthy that all successful programs have had full-time Focal Points and several have had more than one Focal Point, scaling back as they have made progress. Identifying a good practice "terms of reference" for the Focal Points is a key part of the network strategy in moving forward.

Countries of the Southern Cone have Yet to Engage in the Accelerate Initiative

In 2002, the Initiative targeted the poorest countries in Africa (that is, those in Eastern, Central, and Western Africa) having identified these as being most in need of technical assistance. Since then, it has emerged that the middle-income countries of the region are in more need of technical assistance than originally predicted. These countries, focused within the Southern Cone of Africa, are now witnessing a hyperendemic epidemic of HIV and are a major cause of concern. In these countries, there is now a clear need to provide technical assistance toward strengthening education sector plans and accelerating implementation of these plans.

The Future of the Accelerate Initiative

This review clearly shows the evolution of the Initiative from focusing on advocacy (with a large external component being driven by the UNAIDS IATT Accelerate Working Group) to focusing on national-level activities, particularly the development of national programs with the support of the regional networks within the Africa Union RECs. This change in focus has been assisted by development partner coordination processes at the country level (particularly in the area of EFA-FTI), providing an opportunity for more effective and increased technical support to education sectors for the development of HIV and SHN responses.

There remain, however, important challenges in those countries that have remained behind, or even been overlooked in these processes (including those countries in the Southern Cone), and there is a strong need to focus greater efforts on these countries. There are also new challenges in (1) responding systematically to the needs of regional institutions, and (2) ensuring the generation of new technical capacity, as well as strengthening that which already exists within the region, in response to the growing demand.

Appendixes*

APPENDIX A

Chronology of Accelerate Workshops

Year	Workshop	Participating countries
2002	Accelerating the education sector response to HIV/AIDS in Africa in the context of EFA. *Mombasa, Kenya*	Eritrea, Ethiopia, Kenya, Uganda, Tanzania, and Zambia (Nigeria as observer)
2003	Effective responses to the HIV/AIDS pandemic in the education sector: from analysis to action. *Libreville, Gabon*	Burundi, Cameroon, Congo, Rep. of, and Gabon (Chad, Congo, Dem. Rep. of, Nigeria, Rwanda and São Tomé and Príncipe as observers)
2003	Accelerating the education sector response to HIV/AIDS in Nigeria: Federal Government workshop. *Abuja, Nigeria*	Nigeria Federal Ministry of Education
2003	Accelerating the education sector response to HIV/AIDS in Nigeria: State Government Workshop. *Ondo, Nigeria*	Participating States: Enugu, Kaduna, Oyo, Taraba
2003	High-level meeting on education and HIV/AIDS in Eastern Africa: Progress since Mombasa. *Nairobi, Kenya*	Eritrea, Ethiopia, Kenya, Uganda, Tanzania, and Zambia
2004	Accelerating the education sector response to HIV/AIDS in Mozambique. *Maputo, Mozambique*	Mozambique (Angola, Cape Verde, and Guinea-Bissau as observers)
2004	Accelerating the education sector response to HIV/AIDS in Ethiopia. *Addis Ababa, Ethiopia*	Ethiopia

(*Continued*)

Year	Workshop	Participating countries
2004	Accelerating the education sector response to HIV/AIDS in Nigeria: State Government Workshop. *Ondo, Nigeria*	Participating states: Akwa Ibom, Bayelsa, Cross River, Ebonyi, Ekiti, the Federal Capital Territory, Kaduna, Kano, Katsina, Nasarawa, and Ondo
2004	Accelerating the education sector response to HIV/AIDS in Anglophone West Africa. *Accra, Ghana*	Ghana, Liberia, Sierra Leone, and The Gambia (Nigeria and Senegal as observers)
2004	Accelerating the education sector response by mainstreaming HIV/AIDS; equity and gender; special education needs; and school health and nutrition in decentralized planning in Zambia. *Lusaka, Zambia*	Zambia
2004	Accelerating the response of the Education sector to the fight against HIV/AIDS in Francophone West Africa. *Mbour, Sénégal,*	Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo (Madagascar as observer)
2005	Accelerating the education sector response to HIV/AIDS in Nigeria: State Government Workshop. *Ondo, Nigeria*	Participating states: Adamawa, Anambra, Benue, Edo, Lagos, and Plateau
2005	Technical assistance to accelerate the response of the education sector to the HIV/AIDS epidemic in Burkina Faso. *Ouagadougou, Burkina Faso*	Burkina Faso
2005	National workshop to accelerate the education sector response to HIV/AIDS in Sierra Leone. *Freetown, Sierra Leone*	Sierra Leone (The Gambia, Guinea, and Liberia as observers)
2005	Accelerating the education sector response to HIV/AIDS in Nigeria: State Government Workshop. *Ondo, Nigeria*	Participating states: Abia, Bayelsa, Benue, Gombe, Imo, Kogi, Kwara, Ogun, Niger, Sokoto, and Zamfara
2005	Accelerating the education sector response to HIV/AIDS in Nigeria: State Government Workshop. *Ondo, Nigeria*	Participating states: Bauchi, Delata, Enugu, Jigawa, Kogi, Ogun, Osun, Plateau, Rivers, and Sokoto
2005	Regional curriculum harmonization workshop for HIV/AIDS preventive education. *Banjul, The Gambia*	The Gambia, Liberia, and Sierra Leone
2005	The Eastern African Ministries of Education HIV/AIDS Focal Points meeting. *Abuja, Nigeria*	Ethiopia, Kenya, Mozambique, Uganda, Tanzania, and Zambia

Year	Workshop	Participating countries
2006	Accelerating the education sector response to HIV/AIDS in the United Republic of Tanzania (mainland and Zanzibar). *Arusha, Tanzania*	Tanzania
2006	National workshop to accelerate the education sector response to HIV/AIDS in Senegal. *Senegal*	Senegal
2006	Meeting of the East African Community technical working group on accelerating the HIV/AIDS response in the education sector, to consolidate the Eastern Africa Network within the EAC. *Arusha, Tanzania*	Kenya, Uganda, Tanzania
2006	National workshop to accelerate the education sector response to HIV/AIDS in The Gambia. *Banjul, The Gambia*	The Gambia
2006	Accelerating the education sector response to HIV/AIDS: Subregional workshop for Central Africa. *Douala, Cameroon*	Cameroon, Central African Republic, Chad, Congo, Rep. of, Congo, Dem. Rep. of, and Gabon
2006	Toward a national education sector strategy for responding to HIV/AIDS challenges in Ethiopia. *Nazareth, Ethiopia*	Ethiopia

Development Partners Involved in Subregional and National Workshops Held since 2002

Year	Workshops	UN agencies	Bilateral donors and intergovernmental organizations	Civil society
2002	Eastern Africa (Kenya)	**UNAIDS,** UNESCO, **UNICEF, World Bank**	CIDA, DFID, Irish Aid, NORAD	ADEA, Aga Khan Foundation, CfBT, KTN, **MTT, PCD,** teacher unions, UNASO
2003	Central Africa (Gabon)	**ILO,** UNAIDS, UNDP, **UNESCO (inc IBE and IIEP),** UNFPA, **UNICEF,** WFP, **World Bank**	Coopération Francaise, DFID, NORAD, USAID, CEMAC	AAU, ADEA, PCD, MTT, teachers' associations, FAWE, COMED
2003	Nigeria (1)	ILO, UNAIDS, **UNESCO,** UNFPA, **UNICEF,** WFP, **World Bank**	DFID, NORAD, USAID	AHI, **PCD,** PLHA associations, teachers' associations
2003	Nigeria (2)	**ILO, UNESCO (inc IIEP),** UNFPA, **UNICEF, World Bank**	DFID, NORAD	AHI, Commonwealth of Love, **PCD**
2003	East Africa Meeting (Kenya)	UNAIDS, UNFPA, **World Bank**	DFID, NORAD, USAID	**PCD**
2004	Lusophone Africa (Mozambique)	**ILO,** UNAIDS,UNESCO (inc **IBE),** UNFPA, UNICEF, WFP, **World Bank**	CIDA, DANIDA, DFID, GTZ, NORAD SIDA, USAID	ActionAid International, ADPP-Mozambique, Concern World-wide, MTT, **PCD,** Pathfinder International, SCF
2004	Ethiopia	**ILO,** UNDP, UNESCO (inc IICBA & IIEP), UNFPA, **UNICEF,** WFP, **World Bank**	**DFID,** Embassy of: Belgium, Finland, Netherlands, and Sweden, IOM* , Irish Aid NORAD, USAID	HDA, **MTT, PCD, SCF-USA**
2004	Nigeria (3)	**ILO, UNESCO (incl. IIEP),** UNFPA, UNICEF, **World Bank**	DFID, NORAD	AHI, **PCD**
2004	Anglophone West Africa (Ghana)	**ILO,** UNAIDS, **UNESCO,** UNFPA, **UNICEF, World Bank**	DFID, EU, GTZ, JICA, NORAD, USAID	AAU, ERNWACA, Harcourt Education, **PCD,** Pro-link, teacher unions

2004	Zambia	ILO, UNFPA, UNICEF, **World Bank**	DFID, Embassies of Netherlands and Sweden, Irish Aid, NORAD, USAID	FAWE, FHI, **PCD**, SPW, Trendsetters
2004	Francophone Africa (Senegal)	ILO, UNAIDS, PAM, **UNESCO,** UNICEF, WHO, **World Bank**	CIDA, DFID, JICA, NORAD, USAID	ACI, CRS, EI, GEEP, MTT, **PCD,** Population Council, teacher unions
2005	Nigeria (4)	**UNESCO,** UNICEF, **World Bank**	DFID, NORAD	ActionAid International, AHI, British Council, **PCD**
2005	Burkina Faso	UNAIDS, UNFPA, UNICEF, World Bank	DFID, NORAD	**PCD,** Plan, RASJ/BF, SCF
2005	Sierra Leone	**ILO,** UNAIDS, UNDP,**UNESCO,** UNFPA, **UNICEF,** WFP, **World Bank**	DFID, NORAD	AAU, ActionAid International; CARE, CCF, Concern World-wide, FAWE, **PCD,** Plan, PPASL, SWP, World Vision
2005	Nigeria (5)	**UNESCO, World Bank**	DFID, NORAD	ActionAid International, AHI, **PCD**
2005	Nigeria (6)	**UNESCO, World Bank**	DFID, NORAD	ActionAid International, AHI, **PCD,** British Council
2005	Curriculum Workshop for The Gambia, Liberia, and Sierra Leone (The Gambia)	**UNESCO** (incl. IBE), **UNICEF, World Bank**	DFID, NORAD	**PCD,** Classiques Africains
2005	Eastern Africa Network Launch (ICASA)	UNESCO, **World Bank**	DFID, NORAD	**PCD**
2006	United Republic of Tanzania	**ILO,** UNAIDS, UNESCO, UNICEF, WHO, **World Bank**	CIDA, DFID, GTZ, NORAD, SIDA	**PCD, SPW,** teachers' unions

(Continued)

Year	Workshops	UN agencies	Bilateral donors and intergovernmental organizations	Civil society
2006	Senegal	**UNESCO, UNICEF, WHO, World Bank**	**ADB**	CNLS, ERNWACA, FENAPES, teachers' unions, line Ministries, malaria program, women's associations
2006	EAC (United Republic of Tanzania)	**UNESCO**, UNICEF, **World Bank**	DFID, NORAD	**PCD**
2006	The Gambia	**UNAIDS**, UNDP, **UNESCO**, UNFPA, UNICEF, WFP, WHO, **World Bank**	DFID, NORAD	ActionAid International, **PCD**
2006	Central Africa (Cameroon)	UNAIDS, **UNESCO** (incl. IBE), UNICEF, WHO, **World Bank**	DFID, GTZ, NORAD, ECCAS	**PCD**
2006	Ethiopia	UNDP, **UNESCO, World Bank**	DFID, Irish Aid, NORAD, USAID	**AHI, PCD**

Note: Organizations in **bold** = key organizations that supported the Accelerate Initiative activities.

Top 20 Distributed Documents to Date

Rank	Title	Total
1	Focusing Resources on Effective School Health: A FRESH approach to achieving EFA. 2001.	12,4070
2	Education and HIV/AIDS: A window of hope—Executive Summary. The World Bank, 2002.	4,879
3	Education and HIV/AIDS: Modeling the impact of HIV/AIDS on education systems: A training manual. The World Bank, and UNAIDS, 2002.	4,565
4	Focusing Resources on Effective School Health: A FRESH start to enhancing HIV/AIDS prevention. Gillespie et al., 2002.	4,369
5	Focusing Resources on Effective School Health: A FRESH start to enhancing the quality and equity of education. The FRESH Partnership, 2000.	4,351
6	Education and HIV/AIDS: A Sourcebook of HIV/AIDS prevention programs.	4,194
7	Education and HIV/AIDS: Ensuring education access for orphans and vulnerable children: A training module. The World Bank, and UNICEF, 2002.	4,041
8	HIV/AIDS and education: A strategic approach. UNAIDS Inter-Agency Task Team (IATT) on Education, 2002	3,947
9	An ILO Code of Practice on HIV/AIDS and the world of work. ILO, 2001.	3,941
10	School health at a glance. World Bank, 2000.	3,864
11	Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual. ILO, 2002.	3,370
12	UNAIDS benchmarks, for effective HIV/AIDS prevention programs in schools.	3,220
13	Deworming at a glance. World Bank, 2000.	3,040

(*Continued*)

Rank	Title	Total
14	UNESCO advocacy poster.	2,970
15	Clearinghouse brochure. IIEP/UNESCO.	2,815
16	HIV/AIDS and youth at a glance. World Bank, 2000.	2,800
17	Learning to survive: How Education for All would save millions of young people from HIV/AIDS. Global Campaign for Education, 2004.	2,720
18	Country impact projection profiles. PCD (various).	2,682
19	Nutrition at a glance. World Bank, 2001.	2,295
20	Children on the brink. UNICEF, 2002.	2,170

(see <www.schoolsandhealth.org> for information on other publications)

Accelerating the Education Sector Response to HIV/AIDS in Africa: A Checklist of Good Practice

This checklist is based on experiences with education sector teams from 37 countries in Africa from November 2002 to June 2006. It reflects dialogue during workshops and country missions that formed part of the multiagency effort to "Accelerate the education sector response to HIV/AIDS in Africa," led by a working group of the UNAIDS Inter-Agency Task Team (IATT) on Education.

The checklist is not intended as a guide to a minimum or ideal package, but rather to provide an Aide Memoire of the four issues that have consistently emerged as central to an effective education sector response and that might be considered in preparing an effective education sector response to HIV/AIDS. Each country response will be different, and the relevance of the items listed here will vary depending on local needs and circumstances.

The checklist addresses four issues that have consistently emerged as central to an effective education sector response:

- Education sector policy for HIV/AIDS

- Education sector management and planning to mitigate the impact of HIV/AIDS

- Prevention of HIV/AIDS by education systems

- Ensuring access to *and completion of* education for orphans and vulnerable children

The checklist is a work in progress and was developed by a team from the World Bank (Don Bundy, Seung-hee Francis Lee, Alexandria Valerio, Stella Manda, and Andy Tembon); UNICEF (Amaya Gillespie, and Marcel Ouatara); UNESCO (Bachir Sarr and Christine Panchaud); DFID (David Clarke), and the Partnership for Child Development (Lesley Drake, Anthi Patrikios, and Matthew Jukes).

Sector Policy Checklist

Check item	Comments
National HIV/AIDS strategy • Adopted by the government • Includes education in a multisectoral approach	Demonstrates the government's commitment to responding to HIV/AIDS. The inclusion of the education sector shows the recognition of the role of the sector in the response.
National education sector HIV/AIDS strategy • Sectorwide (addresses all subsectors) • Adopted by the Ministry of Education • Incorporated in the national sector plan • Budgeted plans of action • Addresses gender specifically	Shows how the sector plans contribute to the response to HIV/AIDS nationally. Costing its plan of action and inclusion in the education plan (and EFA) indicates how this strategy will be implemented. Gender is a crucial element of the strategy, because girls are more vulnerable to infection and are more likely to be excluded from education.
Education sector policy for HIV/AIDS • Sectorwide (addresses all subsectors) • Adopted by the Ministry of Education • Shared with all stakeholders and disseminated • Addresses gender, curriculum content, planning issues, and education needs of orphans and vulnerable children • Includes workplace policy	Addresses sector-specific HIV/AIDS issues. Establishing policy is the essential first step in an effective sectoral response. The policy will only be effective if it is owned by the relevant stakeholders, especially the teachers' unions, and if it is widely known and understood. Addressing curriculum at this stage can facilitate dialogue and agreement with the community on sensitive issues that can otherwise slow progress in implementation. HIV/AIDS present major new issues in the workplace (that is, the school, the office).
Workplace policy • Addresses stigma and discrimination in recruitment and career advancement • Addresses sick leave and absenteeism • Includes enforcement of codes of practice, especially with respect to the role of teachers in protecting children • Addresses care, support and treatment of staff, and access to VCT	Recruitment, career progression are constrained by stigma and discrimination; sick leave policies rarely cope with long-term disease, and encourage undisclosed absenteeism; codes of practice that forbid sexual abuse of pupils are rarely enforced. Teachers need to receive appropriate psychosocial support and ready access to VCT. The public sector can often learn from the private sector in developing a workplace response. Autonomous tertiary-level institutions should be encouraged to develop individual HIV/AIDS polices.

Management and Planning Checklist

Check item	Comments
Management of the sector response requires: • An interdepartmental or subsectoral committee • Department Focal Points who have HIV/AIDS activities as a specific component of their job description • A secretariat or unit that supports the mainstreaming of the response, and has clear political support • Understanding of new sources of financial support and effective dialogue with the national AIDS authority • Monitoring and evaluation of the response built into the EMIS	Mainstreaming the HIV/AIDS response requires, at least initially, mechanisms for involving all subsectors (the committee) and for implementation (the unit). Keys to success are ensuring that Focal Points have space in their work program to allocate time to HIV/AIDS; that the unit reports to the highest level; that the unit is led at the department director level. Through national AIDS authorities the sector now has access to new financial resources (for example, MAP, and the Global Fund to Fight AIDS, Tuberculosis and Malaria).
For short- to medium-term planning, the EMIS or school survey data should be used to assess the following at both national and district levels: • HIV/AIDS specific indicators • Teacher mortality and attrition data • Teacher attendance data • Children's attendance by orphans and vulnerable children or nonorphans and vulnerable children status • Proportion of children receiving prevention education	Even where an effective EMIS is unavailable, school and institutional survey data can be used to assess the impact of HIV/AIDS on the education system. This should relate district-level education data to the geographical pattern of the epidemic, using epidemiological data from the health service.
For long-term planning: • Computer model projection of the impact of HIV/AIDS on education supply and demand • Assessment of the implications of changes in supply for teacher recruitment and training • Assessment of the implications for demand of changes in the size of the school-age population and the proportion of orphans and vulnerable children • Completion rates by orphans and vulnerable children or nonorphans and vulnerable children	The effects of the epidemic have a time scale of decades, and impacts only slowly become apparent. Long-term planning similarly requires projection of impact over decades. This can be achieved using computer projection models that combine epidemiological and education data. Projection allows for the planning of future teacher supply needs, and where necessary, the reform of teacher training schedules, and for future demand.

Prevention Checklist

Check item	Comments
Achieve education for All (EFA)	Completing a quality basic education is a "social vaccine" against HIV/AIDS.
The national curriculum uses a life skills approach, including: • Formal and nonformal components • Grade- and age-specific content, beginning before the onset of sexual activity • Participatory teaching methods • Based in a carrier subject • Teach in the context of school health (for example, FRESH) • Ownership by and support of the community	Key issues: Teaching needs to start before risky behaviors have become established, and the content needs to be matched to the development stage of the child. Teaching methods that establish knowledge, values, and skills that support positive behaviors should be used. A single carrier subject (for example, social studies) is simpler and avoids spreading messages thinly across subjects (for example, integration/ infusion). Failure to involve the community in this sensitive area is one of the major causes of delay in implementation.
HIV/AIDS prevention requires that teachers develop skills in participatory methods through: • Preservice training and materials • In-service training and materials • Messages and approaches that help teachers to protect themselves	Preventive education is more frequently taught as part of in-service training than preservice. Whereas both are necessary, new teachers may be more readily trained in the participatory methods that are required to teach the subject. Teacher training institutions frequently overlook the benefits of helping teachers to protect themselves.
Complementary approaches: • Peer education • MoE has input to community Information, Education and Communication (IEC) strategies • MoE coordinates with NGO, FBO, and CBO prevention and mitigation programs • MoE assists MoH in promoting youth-friendly clinics for VCT, the treatment of Sexually Transmitted Infections (STIs) and condom distribution	A holistic approach is essential for effective prevention. Peer education can reinforce active learning by youths. IEC strategies ensure consistent messages in the school, home, and community. Building on existing programs speeds up the response. Early and effective treatment of STIs is effective in reducing HIV transmission, youths need access to VCT and condoms to translate learned behaviors into practice.

Orphans and Vulnerable Children Checklist

Check item	Comments
Financial barriers to education are eliminated: • Achieve EFA • Abolish school fees • Develop a mitigation strategy to avoid informal and illegal levies • Subsidize payment of informal levies	Achieving EFA enhances access for all children, including orphans and vulnerable children. School fees in particular may prevent orphans and vulnerable children from accessing education. Abolition provides partial relief, but fees are often substituted by levies (for example, for textbooks, PTAs, uniforms) which must be addressed in financing plans for fee abolition. Social funds offering subsidies through schools, PTAs or the community can help overcome these barriers.
The education system helps maintain attendance: • Offer conditional cash (or food) transfers • Provide school health programs to support children (for example, FRESH), including psychosocial counseling	Ensuring that orphans and vulnerable children are able to attend school is only the beginning: they also require support to remain in school. One effective method is to offer caregivers cash (or food) transfers that are conditional upon attendance. Orphans and vulnerable children may require special care because of their experiences, and benefit from school health programs based on the FRESH framework, including psychosocial counseling.
The education sector works with other agencies providing care, support, and protection: • MoE coordinates with NGOs, FBOs, and CBOs • MoE coordinates with Ministries of Welfare or Social Affairs	In practice, civil society and FBOs are often most directly involved in these programs, and offer an immediate point of entry. The MoE can ensure that education system programs are complementary with these activities. Long-term care, support, and protection of orphans and vulnerable children are typically the mandate of social programs under Ministries of Welfare or Social Affairs.

Materials available from <eservice@worldbank.org> or <www.schools andhealth.org> for supporting the development of the key components of the education sector response to HIV/AIDS.

Sector policy

- An ILO Code of Practice on HIV/AIDS and the world of work (ILO, 2001)

- Implementing the ILO Code of Practice on HIV/AIDS and the world of work: An education and training manual (ILO, 2002)

- The Namibia Ministry of Education National Policy on HIV/AIDS and education

- HIV/AIDS and Education: A strategic approach (UNAIDS Inter-Agency Task Team (IATT) on Education, 2002).

- Education and HIV/AIDS: A window of hope (World Bank, 2002)

Management and planning

- Education and HIV/AIDS: Modeling the impact of HIV/AIDS on education systems: A training manual (The World Bank and UNAIDS, 2002)

- Using school survey data to project the impact of HIV/AIDS on the education sector in Mozambique, as a component of the planning for the FTI response (Valerio and Desai, 2002)

Prevention

- Education and HIV/AIDS: A sourcebook of HIV/AIDS prevention program (World Bank and Irish Aid, 2003)

- UNAIDS benchmarks for effective HIV/AIDS prevention programs in schools (UNAIDS IATT Working Group, 2002)

- Focusing Resources on Effective School Health: A FRESH start to enhancing the quality and equity of education (The FRESH Partnership, 2000)

- Focusing Resources on Effective School Health: A FRESH approach to achieving EFA (The FRESH Partnership, 2001)

- Focusing Resources on Effective School Health: A FRESH start to enhancing HIV/AIDS prevention (The FRESH Partnership, 2002)

Orphans and vulnerable children

- Education and HIV/AIDS: Ensuring education access for orphans and vulnerable children—A training module (The World Bank and UNICEF, 2002)

- Children on the brink (UNICEF, 2002)

- The role of education in supporting and caring for orphans and other children made vulnerable by HIV/AIDS (UNAIDS Inter-Agency Task Team (IATT) on Education, 2003)

2007 Survey Questionnaire

School Health and Nutrition and HIV/AIDS in Africa Questionnaire

Please respond to all the questions and return this form electronically to Fahman Nur *at* Fnur@worldbank.org, *specifying "Questionnaire Response" in the subject line of the email, not later than* 4 October 2007. You may also fax your response to Fahma at +001 (202) 522-3233. *Please continue questions on the last page or a new sheet if necessary. Thank you.*

A. IDENTIFICATION:

1. Your Name: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

2. Title/Affiliation: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

3. Name of Country:⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

4. Highest administrative divisions of country: No. of Regions: ⎯⎯⎯ (*specify the number*)

   These are known as: Provinces / Zones / Districts / other (please circle or specify)

5. Next highest administrative divisions of country: No. of Regions: ⎯⎯⎯ (*specify the number*)

   These are known as: Provinces / Zones / Districts / other (please circle or specify)

B. POLICY PLANNING AND MANAGEMENT

Please indicate 'Yes' or 'No' for each of the following. In some cases you will be asked to fill in a blank with additional information.	Yes		No	
1. Has your country been endorsed for funding through the FTI? (If yes, please provide policy document.)				
2. Does the Ministry of Education (MoE) implement a Sector-Wide Approach (SWAP)? (If yes, please provide policy document.)				
3. Does the MoE have an education sector policy? (If yes, please provide a copy.)				
4. Does the MoE have an education sector strategy? (If yes, please provide a copy.)				
5. Is there a national School Health & Nutrition (SHN) policy? (If yes, please provide a copy)				
If yes, is it implemented by the Ministry of Health (MoH)?				
If yes, is it implemented by the MoE?				
If yes, which schools are involved? (primary, secondary, and private, public) …………………………………………………				
If yes, when was it implemented/accepted? …………………………………………………				
6. Is there a SHN unit in the MoE?				
If yes, is there a full time coordinator/manager of the unit?				
Is the unit free-standing?				
If not freestanding, is the unit a part of a directorate?				
If yes, which directorate? …………………………………................				
7. Does your SHN program involve a number of donors?				
If yes, which ones? (Please attach a list)				
8. Are there SHN and/or HIV/AIDS coordinators/focal points at the sub-national level of the education delivery system? (Nomenclatures may vary from country to country)	SHN	HIV/ AIDS	SHN	HIV/ AIDS
Zonal?				
Provincial/Regional?				

Please indicate 'Yes' or 'No' for each of the following. In some cases you will be asked to fill in a blank with additional information.	Yes		No	
District?				
Sub-District?				
Learning Facility?				
9. Is HIV/AIDS a part of the School Health and Nutrition unit in the MoE?				
If no, is there an HIV/AIDS unit in the MoE?				
10. Is there an officially appointed HIV/AIDS coordinator/focal point in the MoE?				
If yes, are the coordinators/focal points full time or part time?				
Does the coordinator /focal point have an official job description?				
(If yes please provide a copy.)				
11. Within the MoE, is there an SHN and/or HIV/AIDS interdepartmental committee?				
If no, how is information shared between MoE staff involved in HIV?				
If yes, does the committee have clear Terms of Reference?				
(If yes, please provide a copy of TOR.)				
12. Do you have a National HIV/AIDS strategy?				
(If yes, please provide a copy.)				
13. Do you have an Education Sector HIV/AIDS strategy?				
(If yes, please provide a copy.)				
14. Do you have an Education sector HIV/AIDS action plan?				
(If yes, please provide a copy.)				
15. Is the MoE contracting NGOs to assist in the implementation of its HIV/AIDS educational program?				
16. Is there a national work place policy? (If yes, please provide a copy.)				
If yes, are HIV/AIDS issues addressed?				

Please indicate 'Yes' or 'No' for each of the following. In some cases you will be asked to fill in a blank with additional information.	Yes	No
If no, do you have an Education Sector HIV/AIDS policy that includes workplace regulations? (If yes, please provide a copy.)		
17. Is there a national policy of free primary school Education For All (EFA)?		
18. Has the MoE or any other authorized agency undertaken any impact projections/assessment of school health and nutrition initiatives on supply and demand in terms of attaining their EFA goals? (If yes, please provide a copy of the report.)		
19. Does the MoE collect data at least annually on health-related attrition and absences of teachers?		
If yes, at which levels are data collected?		
Zonal?		
Provincial/Regional?		
District?		
Sub-District?		
School?		
20. Does the MoE keep data on orphans and vulnerable children?		
If yes, at which levels are data collected?		
Zonal?		
Provincial/Regional?		
District?		
Sub-District?		
School?		
21. Do orphans and vulnerable children have to pay school tuition/fees?		
What other fees do orphans and vulnerable children have to pay? ……………………………………………..……		

Please indicate 'Yes' or 'No' for each of the following. In some cases you will be asked to fill in a blank with additional information.	Yes	No
22. Is there any program of conditional transfer of funds?		
If yes, is it to:		
Relatives or Caregivers?		
Schools?		
23. Are there any affirmative action programs to boost the enrolment or attendance of school-age/school girls?		

C. SCHOOL ENVIRONMENT

Please indicate 'Yes' or 'No' for each of the following. In some cases you will be asked to fill in a blank with additional information.	Yes	No
1. Is there a national policy that promotes a safe, child-friendly school environment?		
2. Is there a national policy requiring that schools provide psychosocial support for students?		
3. Is there a national policy requiring that schools provide safe, potable drinking water?		
4. Is there a national policy requiring that schools provide hand washing facilities?		
If yes, does this include provision of soap?		
5. Is there a national policy requiring that schools provide separate latrines for boys and girls?		
6. Is there a national policy requiring that schools provide separate latrines for students and teachers?		
7. Is there an annual sanitation survey conducted in all schools?		
8. Is there an established school hygiene and cleaning regimen that includes:		
Scheduled rubbish removal?		
Maintenance of school buildings and facilities in all schools?		

D. HEALTH EDUCATION AND CURRICULUM

Please indicate 'Yes' or 'No' for each of the following. In some cases you will be asked to fill in a blank with additional information.	Yes	No
1. Is there a national health education curriculum?		
If yes, can it be adapted to individual districts/regions/provinces?		
2. Is health education taught as a separate subject (i.e. not embedded in another subject)?		
If yes, what is the name of the subject (i.e. health, life-skills..etc)? ………………………………………………………		
If no, what is the carrier subject? …………………...		
3. Is nutrition education taught in schools in any form?		
If yes, is it taught in primary schools?		
If yes, is it taught in secondary schools?		
If yes, at what age is nutrition education introduced into schools? ………………………………………………………		
Is nutrition education offered in non-formal education?		
4. Is hygiene education taught in schools in any form?		
If yes, is it taught in primary schools?		
If yes, is it taught in secondary schools?		
If yes, at what age is it introduced into schools? ………………………………………………………		
Is hygiene education offered in non-formal education?		
5. Is malaria prevention education taught in schools in any form (i.e. knowledge based, life skills, peer education, etc.)?		
If yes, is it taught in primary schools?		
If yes, is it taught in secondary schools?		
If yes, at what age is malaria prevention education introduced into schools? ……………………..		
If yes, is malaria education taught in non-formal education and in out-of-school settings?		

Please indicate 'Yes' or 'No' for each of the following. In some cases you will be asked to fill in a blank with additional information.	Yes	No
6. Is there a program of peer education within the education sector?		
(If yes, provide some manuals, guidelines, etc. that are used for this.)		
If yes, is it operational in primary schools?		
If yes, is it operational in secondary schools?		
7. How many tertiary institutions (universities) exist in the country?		
………………………….. (Number)		
Of this number, how many have institutional HIV/AIDS policies?		
………………………….. (Number) (Please provide copies)		
8. Are there training materials for tertiary (university) level HIV/AIDS education?		
If yes, has there been an impact assessment?		
9. Is HIV/AIDS prevention education offered in schools in any form (i.e. knowledge based, life-skills, peer education, etc.)?		
IF NO, LEAVE QUESTIONS 9-12 BLANK AND SKIP TO QUESTION 13.		
If yes, is it offered in primary schools?		
If yes, is it offered in secondary schools?		
If yes, at what age is HIV/AIDS prevention education introduced into schools? …………………..		
If yes, is HIV/AIDS prevention education taught in non-formal education and in out-of-school settings?		
10. If HIV/AIDS prevention education is taught in schools, is it embedded in another subject (a "carrier" subject)?		
If yes, which subject/s? …………………..		
11. If HIV/AIDS prevention education is taught in schools, have you adopted a life skills approach at the:		
Primary level?		
Secondary level?		
Within non-formal education?		

(*Continued*)

Please indicate 'Yes' or 'No' for each of the following. In some cases you will be asked to fill in a blank with additional information.	Yes	No
12. If HIV/AIDS prevention education is taught in schools, is the HIV/AIDS educational program linked to other related topics such as reproductive health, substance abuse, domestic violence, etc? (If it is not taught in schools, leave blank.)		
If yes, which topics?		
The following questions refer to teachers and teacher training. Please indicate 'Yes' or 'No' for each question.	**Yes**	**No**
13. Does the teacher training curriculum include school health and nutrition?		
14. Are teachers given health education training?		
If yes, is this done during preservice training?		
If yes, is this done during in-service training?		
15. Are teachers trained in the approach of delivering effective life skills education to children?		
If yes, is this done during preservice training?		
If yes, is this done during in-service training?		
16. Are teachers given HIV/AIDS training?		
If yes, is this done during preservice training?		
If yes, is this done during in-service training?		
17. Are teachers taught to protect themselves from HIV?		
If yes, is this done during preservice training?		
If yes, is this done during in-service training?		
18. Do teachers have access to counseling concerning HIV/AIDS?		
19. Are there training materials about HIV/AIDS for the:		
Primary level?		
Secondary level?		
20. Are data collected on the number of teachers trained and the quantity of training material received by learning institutions?		
If yes, at which levels are data kept:		
Zonal?		
Provincial/Regional?		
District?		
Sub-District?		
School?		

E. HEALTH AND NUTRITION SERVICES

Are these services provided for school-aged children? (Tick 'Yes' or 'No' and, if Yes, indicate the number of regions within which the service is offered.) Also indicate if the services are administered by teachers or MoH staff* and whether indicators of service provision are collected and, if yes, where these are retained.	Yes	No	Administered by*: Teachers	MoH Staff	No. of Regions	Are data collected annually indicating numbers of students receiving service? Yes	No	Where are data held? (Zone/ Province /District etc.)
1. Vaccinations								
2. School feeding								
3. Hearing and sight examinations								
4. General medical examinations								
5. Deworming program (i.e. providing deworming tablets)								
6. Reproductive health (i.e. pregnancy, STIs)								
7. Malaria control (i.e. promoting/providing bednets, providing treatment)								
8. Iron supplementation program (i.e. providing iron tablets)								
9. Micronutrient (providing Vitamin A capsules)								

* Note that if teachers conduct the examinations (with or without supervision by MoH staff) then tick the 'Administered by Teachers' column. The aim is to identify which programs are teacher-led, even though it is often normal practice for MoH staff to be nominally responsible for the activity and of course for the referrals to MoH facilities.

F. FINANCES

Give amounts in local currency only: $1 = _____ (date_____)	This year	Last year
1. What is the MoE budget? (local currency)		
2. What is the budget of the MoE allocated to School Health and Nutrition?		
3. What is the budget of the MoE allocated to HIV/AIDS?		
4. What is the proportion of national versus external financing of SHN and HIV/AIDS activities? (in percent)		

G). Does your ministry participate in regional or subregional activities regarding SHN and/or HIV/AIDS? Please attach a list naming the institutions and the activities.

H). Below, please elaborate further about anything that is not covered in the questions above. Add additional pages if needed.

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EDUCATION AND HIV/AIDS

ACCELERATING THE EDUCATION SECTOR RESPONSE TO HIV
Five Years of Experience from Sub-Saharan Africa

The education sector plays a key "external" role in preventing and reducing the stigma surrounding HIV/AIDS. It also plays an important "internal" role in providing access to care, treatment, and support for teachers and education staff, a group that in many countries represents more than 60 percent of the public sector workforce. The education sector can also have a critically important positive effect on the future: Even in the worst-affected countries, most schoolchildren are not infected. For these children, there is a chance to live lives free from AIDS if they can be educated on the knowledge and values that can protect them as they grow up.

The authors of *Accelerating the Education Sector Response to HIV* explore the experiences of education sectors across Sub-Saharan Africa as they scale up their responses to HIV/AIDS within the Accelerate Initiative Working Group, established in 2002 by the Joint United Nations Programme on HIV/AIDS (UNAIDS) Inter-Agency Task Team on Education. This book demonstrates that leadership by the ministries of education and commitment from key development partners are crucial for mobilizing activities and that full participation of all stakeholders is required for effective implementation.

This book summarizes the experiences of technical Focal Points from the 37 ministries of education in Sub-Saharan Africa, which are represented on the sub-regional networks for HIV and Education. These experiences prove that the education sector response can play a crucially important role in the multisectoral national responses to this epidemic.

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