UNAIDS Inter-Agency Task Team on Education

The EFA Fast Track Initiative: An Assessment of the Responsiveness of Endorsed Education Sector Plans to HIV and AIDS

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UNAIDS IATT on Education

The IATT on Education is convened by UNESCO and brings together UNAIDS Cosponsors, bilateral agencies and civil society organizations with the purpose of accelerating and improving a coordinated and harmonised education sector response to HIV and AIDS. It has as specific objectives to promote and support good practices in the education sector in relation to HIV and AIDS and to encourage alignment and harmonisation within and across agencies to support global and country-level actions. The IATT seeks to achieve these objectives by: strengthening the evidence base and disseminating findings to inform decision-making and strategy development, encouraging information and materials exchange, and working jointly to bridge the education and AIDS communities and ensure a stronger education response to HIV and AIDS. For more information on the IATT on Education, visit http://www.unesco.org/aids/iatt.

EFA-FTI

The Education for All - Fast-Track Initiative is a global partnership between donor and developing countries to ensure accelerated progress towards the Millennium Development Goal of universal primary education by 2015. All low-income countries which demonstrate serious commitment to achieve universal primary completion can join FTI.

FTI is built on mutual accountability. Developing countries put primary education at the forefront of their domestic efforts and develop sound national education sector plans. Donors provide coordinated and increased financial and technical support in a transparent and predictable manner.

The FTI Secretariat is hosted by the World Bank in Washington, D.C., and is comprised of staff from donor partner agencies and from the Bank. It provides strategic, technical and administrative support to the overall Initiative. For more information on EFA-FTI, visit http://www.education-fast-track.org.

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List of Acronyms

ACU	AIDS Coordinating Unit
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CF	Catalytic Fund
DEMMIS	Decentralised Education Management and Monitoring Information System
ECDE	Early Childhood Development and Education
ECF	Expanded Catalytic Fund
EFA	Education for All
ESP	Education Sector Plan
EPDF	Education Program Development Fund
FRESH	Focusing Resources on Effective School Health
FTI	Fast-Track Initiative
GIPA	Greater Involvement of People living with HIV and AIDS
HIV	Human Immunodeficiency Virus
IATT	Inter-Agency Task Team
KAP	Knowledge, Attitudes and Practice
M&E	Monitoring and Evaluation
MoET	Ministry of Education and Training
MoH	Ministry of Health
OVC	Orphans and vulnerable children
PLHA	People living with HIV and AIDS
PSABH	Primary School Action for Better Health
SHN	School Health and Nutrition
STD	Sexually transmitted disease
TSF	Technical Support Facility
TTC	Teacher Training College
TOR	Terms of Reference
TTL	Technical Team Leaders
UNGEI	United Nations Girls' Education Initiative
VCT	Voluntary Counseling and Testing

Executive Summary

The FTI Appraisal Process

The technical appraisal is conducted or commissioned by the local donors in the country. It has a dual purpose: (a) to provide evidence that a positive policy environment exists for productive investments in the education sector, and that capacity constraints are being addressed to facilitate policy implementation; and (b) to guide the donors in coordinating their support and providing their endorsement that the country's sector plan is credible and sustainable. Although the focus is on primary education, the technical appraisal takes a sector-wide approach where appropriate (e.g. on the financing aspects), so that the issues relating to this level of education are put in their proper context.

Guidelines for Appraisal of the Primary Education Component of an Education Sector Plan. EFA FTI Secretariat. March 2006

1. The Education Sector has an important role in HIV prevention and control, and is a priority sector in the multi-sectoral response to HIV and AIDS. It is therefore incumbent on Ministries of Education to develop appropriate policy and strategic interventions to address HIV in accordance with the level of threat that the epidemic poses to public health, education for all and the achievement of national development goals. An appraisal of the sector-wide response to HIV provides a window on educational quality, relevance and institutional capacity, including the ability of governments to develop credible, evidence-based policy frameworks.

2. This report is the second assessment of the responsiveness to HIV of Education Sector Plans which have been appraised and endorsed by the Education for All Fast Track Initiative (EFA-FTI). The first study was completed in October 2004 and found that the initial 12 endorsed plans did not adequately address HIV; recommendations were made to strengthen FTI processes.

3. This second assessment reviews the 8 country education sector plans which were endorsed by EFA-FTI between October 2004 and November 2006. It is a collaboration between the UNAIDS Inter-Agency Task Team (IATT) on Education and the EFA-FTI. It has been taken forward by a working group of the IATT, with representatives of Ireland and Canada serving as the bridge to the FTI Partnership. The review is dealing with a specific set of FTI-related documentation and should not be interpreted as a judgement regarding a country's overall policies or capacity.

4. The 8 FTI endorsed plans considered in this study are from six countries with generalised HIV epidemics (i.e with HIV prevalence >1% of the adult population), namely, Djibouti, Ethiopia, Kenya, Lesotho, Madagascar and Moldova, and two, Tajikistan and Timor Leste, with low HIV epidemics.

HIV in the Endorsed Education Plans

5. The main findings lead to the conclusion that the FTI appraisal and endorsement process is performing unevenly with regard to HIV. In the case of three countries, the Education Sector Plans presented to the FTI have been endorsed without any HIV components. This is of particular concern since two of these countries have a generalised HIV epidemic. Two country plans have been endorsed with a limited set of HIV-related interventions. The three remaining plans are from countries that are moving towards a comprehensive response, and provide good examples of what can be achieved within the FTI processes. Only these three countries provide detailing costings of their HIV-related activities.

6. A content analysis of the endorsed plans reveals significant diversity in national responses. HIV prevention is, appropriately, the mainstay of the five plans that include HIV components, but the range of other elements shows variation which goes beyond that expected of diverse national HIV epidemics, and suggests a lack of systematic approach to HIV across the countries. For example, of the eight endorsed countries:

- Two specify the need for a specific sectoral HIV and AIDS policy.
- Three are developing HIV and AIDS management units/focal points.
- Four include HIV training programmes for teachers.
- Two provide strategies for care and support to teachers, one with access to antiretroviral therapy (ART).
- Two countries provide specific indicators for monitoring and evaluation (M&E).
- Four address the education needs of orphans and vulnerable children.
- Three address HIV-related stigma and discrimination through workplace policies.

These findings lead to the conclusion that the FTI appraisal and endorsement process has yet to apply a consistent methodology to support the development of evidence-based education responses to HIV and AIDS. This is despite guidelines having been specifically developed for this purpose by the UNAIDS Interagency Task Team on Education.

7. The 2004 (Clarke and Bundy) recommendations paid particular attention to the central importance of situating the education sector response within the National HIV and AIDS Strategy, as articulated in the "Three Ones" principle – one agreed HIV and AIDS framework; one national AIDS coordinating authority; and one country-level monitoring and evaluation system (UNAIDS 2005). None of the 8 plans reviewed here makes any reference to the National HIV and AIDS Strategy or to any consultation with the National AIDS programme. The consultation processes in developing the plans appear in general to have been limited in scope. There is no mention of civil society organizations working in the field, including national associations of people living with HIV and AIDS. The GIPA (Greater Involvement of People living with HIV and AIDS) principle is generally not being observed (see Paris Summit, 2004).

8. Three countries, including the two with the most comprehensive approaches, had received technical and financial support to develop their education responses to HIV through processes independent of those associated with the FTI. This suggests, as also reported in the 2004 review, that the timely provision of quality technical assistance is critical for the development of quality HIV responses.

FTI Appraisal and Endorsement Processes

9. Each of the sector plans was appraised and then endorsed by the national education donor team. The FTI documentation of the appraisal and endorsement processes suggests considerable variation among countries in the depth and breadth of these processes with respect to HIV and AIDS. Of the eight country plans:

- Four appraisals provided critical analysis raising concerns or providing recommendations for further action.
- Two were so slight as to seem unlikely to have added value to HIV programmes.
- Two made no reference to HIV, including the appraisal of a country plan with a relatively comprehensive approach to HIV.

How recommendations on HIV interventions, when made, would be followed up by the FTI is unclear.

Conclusions and Recommendations

1. The findings of this assessment suggest that the current FTI processes for education plan preparation, appraisal and endorsement do not yet provide a systematic approach to ensure that the key components of an HIV response for the sector are adequately addressed. The promise of FTI appraisal and endorsement processes to support the development of sound education policies and promote mutual learning is some way from being fulfilled.

2. Insufficient attention is being paid to the creation of and support for an enabling environment including the formulation of appropriate sector-specific policies in plan appraisal processes. The endorsement of HIV prevention strategies for the sector generally does not appear to be taking into account the international evidence on programme effectiveness in school settings. Strategies to prevent or mitigate the impact of HIV and AIDS on education demand, supply and quality are also under-represented in this sample of plans and endorsement processes. Arrangements for implementation of HIV-related interventions too often lack detail, financial costing and monitoring indicators. Finally, it is a cause for concern that plans with no mention of HIV from countries with generalised epidemics were still able to receive FTI endorsement.

3. While it is concluded that this second group of eight endorsed plans pay greater attention to HIV than was the case in the first 12, it is not clear that this reflects an enhancement that is entirely due to improved FTI processes. It is evident that FTI guidance on HIV, as currently structured, is not being translated into coherent and consistent practice across countries, which suggests that additional or revised guidance as well as targeted technical support may be necessary. There appears to be a lack of effective quality assurance within current FTI practice on HIV within the appraisal and endorsement processes.

4. The variability in FTI-endorsed country education sector plan responses to HIV implies a need to strengthen a consistent mainstreaming approach within the FTI partnership as a means of bringing about greater consistency and coherence. A strengthening of local donor capacity and harmonisation of approach would likely be beneficial in terms of the quality of plan processes and outcomes. Mainstreaming HIV in FTI processes would help facilitate this and importantly would enable stronger collaboration with National AIDS Authorities in education plan preparation since the sector is usually a key component of the national multisectoral HIV programme.

5. The best of the plans were those that had benefited from direct technical support, apparently independent of specific FTI processes. This implies that the FTI Partnership needs to provide a stronger focus on capacity-building in the education sector to respond appropriately to HIV. This has resource implications. The provision of timely, good quality technical assistance to support policy formulation, plan development and subsequent implementation is likely to be critical to success in achieving a more robust strategic response. Finally, the FTI Partnership has apparently yet to marshal the resources to enable countries to learn from each other's experience in this field and to prepare plans on the basis of evidence of best practice.

6. A series of specific recommendations, based on these conclusions, and specifying actions and responsible actors, is outlined in section 6 of this report. These relate to:

- Preparation of the education sector plan;
- Appraisal/endorsement process;
- Resources and technical assistance;
- Inclusion of relevant stakeholders;
- UNAIDS IATT on Education Toolkit to Mainstream HIV and AIDS;
- FTI guidelines and process for quality assurance;
- External financial support of the appraisal process (Catalytic Fund/Expanded Catalytic Fund and Education Program Development Fund);
- Follow-up and monitoring;
- The FTI/IATT collaboration.

1. Background to the Study

The Education Sector has a key role to play in the national response to HIV, both because of the impact of the epidemic on sectoral supply, demand and quality and because the sector is now afforded priority in the multi-sectoral response. In 2004, the FTI Secretariat commissioned a review of the way in which the HIV response of the education sector had been addressed in the 12 country plans that had been endorsed at the time. The report (Clarke and Bundy, 2004) presented a rather bleak picture, with only one of the endorsed plans including a substantive response, suggesting that HIV was being overlooked both by the countries developing the plans and by the development partner teams appraising them. The results and recommendations of the report were considered during the November 2004 FTI Partnership Meeting in Brasilia, and led to changes in the FTI guidance notes for appraisal.

This second study represents collaboration between the UNAIDS IATT on Education and the FTI which emerged as an outcome of the EFA-FTI Partnership meeting in December 2005, with Ireland and Canada agreeing to take the lead on supporting a greater focus on HIV within the Partnership with support from the IATT. The IATT subsequently established a Working Group to support the review of newly endorsed FTI plans, which included the development of the Terms of Reference (TOR), review of, comment on and input into the draft report and support for its dissemination and use.

The following assessment reviews the 8 sector plans that have been endorsed since the Brasilia meeting and since the change in the appraisal guidance notes. The objectives of this review are twofold. First, to determine the extent to which the education sector plans of eight newly endorsed FTI countries address HIV. These plans are for Djibouti, Ethiopia, Kenya, Lesotho, Madagascar, Moldova, Tajikistan and Timor Leste. Second, on the basis of the data obtained and an analysis, to recommend how the FTI can strengthen its appraisal and endorsement process as well as support the mainstreaming of HIV in the preparation and subsequent implementation of the endorsed education plans.

Since the 2004 assessment, the international context for supporting national HIV responses has changed significantly, in particular with the move towards universal access to HIV prevention programmes, treatment, care and support. Greater access to ART, for example, has profound implications for the management of the impact of HIV and AIDS on the supply of education. While it may be too soon to see all of these changes reflected in the recently endorsed FTI plans, it signals a need for the FTI approach to be sensitive to the changing HIV response environment. It also means that the more recently prepared education sector plans were developed in a generally more supportive environment for HIV interventions and this should be reflected in terms of more comprehensive responses than those found in the 2004 study.

Finally, five of the eight countries participated in the *2004 Education Sector HIV/AIDS Global Readiness Survey* (UNAIDS Inter-Agency Task Team on Education, 2005). This self-assessment survey had the potential to be a resource for Ministries of Education to develop a more comprehensive response to HIV. The participating countries were Ethiopia, Kenya, Lesotho, Madagascar and Moldova.

1.1 Methodology

This assessment is based on a desk review of the education plans endorsed between the November 2004 and October 2006 FTI Partnership Meetings. These plans are all posted on the FTI website, http://www.education-fast-track.org. Using epidemiological data, countries are categorised in terms of the status of their HIV epidemic based on the latest UNAIDS estimates. The four stages are low-level, concentrated, generalised and hyperendemic epidemics. It is predicted that countries with a generalised or a hyperendemic HIV epidemic, i.e. ones in which HIV has entered into the general population and can be sustained there by current behaviours, should have developed a comprehensive HIV response as part of the education sector plan. The study examines whether there is an HIV response at all and if this is found, then proceeds to examine the content of the response.

The appropriateness of the various HIV responses is assessed through this content analysis of the different education sector plans. Key issues which are assessed include policy; capacity-building, gender; prevention; teacher education; treatment, care and support; impact; orphans and vulnerable children (OVC); and stigma and discrimination. These issues are derived from the literature on the education response to HIV. An attempt is also made to assess, from an HIV perspective, country ownership, sector costings and mechanisms for monitoring and evaluation. An assessment is made of the FTI appraisal and endorsement process with regard to HIV based on the most recent FTI guidelines available and their implementation at country level.

Finally, the review offers some recommendations for future action to strengthen the preparation and subsequent implementation of the sector plans, and to strengthen the appraisal and endorsement process.

The draft report was circulated by the IATT to the eight countries and structured feedback was elicited. The final report takes into account the comments that were received. Feedback was received from Ethiopia and Lesotho.

1.2 Limitations of the Methodology

The assessment is based on a desk review only. It is restricted by the quantity and quality of data available on the FTI website. Although the draft report was circulated for comment to the lead donors at the country level in the eight countries included in this assessment, input was received from only two countries (see above). As such, there has been no structured feedback or further opportunity to investigate issues in greater depth directly with key stakeholders at the country level for the other countries.

2. HIV in the 8 FTI Endorsed Countries.

UNAIDS and WHO (2003) categorise HIV epidemics as low-level, concentrated or generalised scenarios. For planning purposes, UNAIDS has recently issued guidelines (UNAIDS 2006b) for a fourth scenario, the hyperendemic scenario.

- **Low-level**: HIV has not spread to significant levels among sub-populations such as sex workers, injecting drug users and men who have sex with men. Networks of risk are either diffuse or the virus has only recently been introduced. The numerical proxy for this scenario is: HIV prevalence is below 1% in the general adult (aged 15-49) population and HIV prevalence rates have not consistently exceeded 5% in any defined sub-population;
- **Concentrated**: HIV has spread rapidly in a defined sub-population, but is not well established in the general population. The epidemic state suggests active networks of risk within the sub-population. The numerical proxy is: HIV prevalence is below 1% in the general adult (aged 15-49) population and HIV prevalence is consistently over 5% in at least one sub-population;
- **Generalised**: HIV is firmly established in the general population. Sexual networking in the general population is sufficient to sustain an epidemic independent of sub-populations at higher risk of infection. Numerical proxy: HIV prevalence is between 1-15% in pregnant women attending antenatal clinics.
- **Hyperendemic**: An exceptional epidemiological scenario in the southern African region, whereby all sexually active persons have an elevated risk of HIV infection. HIV has spread through extensive heterosexual multiple concurrent partner relations with low and inconsistent condom use. Numerical proxy: HIV prevalence is 15% or above in the adult population.

While an education sector response to HIV is desirable in all epidemic scenarios, it is clearly of more pressing importance once HIV has entered the general population and is capable of being sustained there. In this context, HIV and AIDS education should be considered an essential intervention, and in mature generalised – and certainly in hyperendemic – epidemics there will be a need to address the impacts of HIV and AIDS on the education system itself. It would be expected that if the FTI process is functioning effectively, all countries with generalised and hyperendemic HIV epidemics would have a clearly defined, comprehensive and costed component to address HIV within the endorsed education sector plan.

An education response to HIV in a concentrated epidemic would be expected to be strongly encouraged as this is a means of averting a more serious generalised epidemic. Countries which have taken on board the lessons to date in controlling national HIV epidemics will be taking action in this regard.

Countries with low-level epidemics would want to undertake an assessment of the need for an HIV response on a case-by-case basis, setting this need against other priorities within the sector. Nevertheless, the value of education in addressing the severe stigma that often accompanies low-level epidemics argues for a strong role for education even under these circumstances.

The eight FTI countries included in this assessment are heterogeneous in terms of development, culture and governance. Five are in sub-Saharan Africa, 1 in Europe and 2 in Asia. The full list, as well as data from the latest UNAIDS (2006c) reports, is provided in Table 1. Some countries

such as Tajikistan and Timor Leste are experiencing low-level epidemics, five countries in the assessment can be categorised as experiencing generalised HIV epidemics and one country is experiencing a hyperendemic epidemic. The six countries experiencing generalised or hyperendemic epidemics would be expected to have well-defined HIV strategies as part of their education sector plans. These should pay attention to HIV prevention – the sectoral contribution to the national multi-sectoral response – and also the impact of HIV and AIDS on the education system itself, including on education supply and demand.

In the case of the countries with generalised and hyperendemic epidemics, the data in most cases show relatively large numbers of people living with HIV and AIDS (PLHIV) which suggest that significant numbers of teachers may also be living with HIV. In most countries with a generalised epidemic, there are also likely to be large numbers of children orphaned by HIV and AIDS and children made vulnerable who will need specific interventions in order to ensure that they are able to enrol in and complete their schooling. These data indicate the need to address the impact of HIV on education supply and demand within the education sector plan.

In the case of the two countries with low-level epidemics, Tajikistan and Timor Leste, an education response to HIV might be given lower priority, though it would be highly desirable to prevent the spread of the virus and to address HIV-related stigma.

Table 1. FTI Countries: Basic HIV Data, End 2005

Country	**Estimated adult (15-49) HIV prevalence**	**Epidemic Scenario**	**Estimated numbers of adults and children living with HIV**	**Estimated numbers of women (aged 15+) living with HIV**	**Estimated number of orphans (0-17) due to AIDS**
Djibouti (population: 793,000)	3.1% [0.8%-6.9%]	Generalised	15,000 [3,900 - 31,000]	8,400 [2,200 - 19,000]	5,700 [1900 - 12,000]
Ethiopia (population: 77, 431, 000)	[0.9%-3.5%]	Generalised	[420,00 - 1,300,000]	[190,000 - 730,000]	[280,000 - 870,000]
Kenya (population: 34, 256,000)	6.1% [5.2%-7.0%]	Generalised	1,300,000 [1,100,000 - 1,500,000]	740,000 [640,000 - 840,000]	1,100,000 [890,000 - 1,300,000]
Lesotho (population: 1,795,000)	23.2% [21.9%- 24.7%]	Hyperendemic	270,000 [240,000 - 260,000]	150,000 [140,000 - 160,000]	97,000 [88,000 - 110,000]
Madagascar (population: 18,606,000)	0.5% [0.2% - 1.2%]	Generalised/ Concentrated	49,000 [14,000 - 82,000]	13,000 [16,000 - 110,000]	13,000 [5,000 - 24,000]
Moldova (population: 4,206,000)	1.1% [0.6%-2.6%]	Generalised	29,000 [15,000 - 69,000]	16,000 [15,000 - 69,000]	Not available
Tajikistan (population: 6,507,000)	0.1% [0.1%- 1.7%]	Low-level	4,900 [2,400 - 16,000]	<2,000 [2,400 - 16,000]	Not available
Timor Leste (population: 947,000)	<0.2%	Low-level	Not available	Not available	Not available

Source: UNAIDS 2006c. Notes: brackets indicate [low estimate - high estimate]. At the time of publication, the data for Ethiopia were considered preliminary; as such, they are indicated as estimates.

3. HIV Responses of the 8 FTI Endorsed Countries

The sector plans of the newly endorsed countries were analysed in terms of whether their education sector plans included programmatic responses which addressed: HIV; school health and nutrition (SHN); and gender. These three aspects were included as they are seen as good practice elements of the HIV response: gender because of the importance of gender roles in the dynamics of HIV transmission resulting in many contexts in the 'feminisation' of the epidemic, and SHN because of the benefits of including the HIV prevention messages within an holistic approach to health promotion.

The results are shown in Table 2 on the next page. Analysis of the contents of Table 2 leads to the following main findings:

- Five of the eight newly endorsed countries include HIV components in their education sector plans.

- Ethiopia has had 2 strategic plans endorsed (2002 and 2005). The latter contains a more comprehensive approach to HIV and AIDS.

- Of the three countries that do not include HIV, two are experiencing generalised HIV epidemics (Djibouti and Moldova), and one a low epidemic (Timor Leste).

- Six of the eight countries include specific actions to address school health and nutrition (Ethiopia and Madagascar do not); but school health components generally appear not to be well aligned with best practice guidance provided through the Focusing Resources on School Health (FRESH) initiative (see UNESCO 2004).

- Five of the eight countries include specific actions and strategies to reduce gender disparities and one (Timor Leste) includes strategies to target girls' education (Madagascar and Moldova do not mention either approach).

- Three countries (Ethiopia, Kenya and Tajikistan) had received technical and financial support to develop their education responses to HIV and AIDS independently of FTI processes.

Table 2. FTI Countries: HIV and Education Sector Plans (ESPs)

Country	HIV in ESP	School health in ESP	Gender in ESP
Djibouti (Action Plan 2006-2008)	No mention of HIV and AIDS.	Plan to implement strategies and programmes of action for the development of health and hygiene in education.	Strategies to reduce gender disparities.
Ethiopia (1) Proposal for Education For All by 2015 Fast Track Initiative Financing. 2002	Strategy for Addressing HIV/AIDS Orphans Annex 4 of the proposal contains a more comprehensive discussion of issues.	Does not mention school health specifically.	Strategy for girls' education.
Ethiopia (2) (Education Sector Development Programme III 2005/6-2010/2011: Programme Action Plan)	HIV and AIDS a cross cutting issue. A range of strategies is proposed.	Does not mention school health specifically. Included in adult literacy programmes.	Specific sections are devoted to gender.
Kenya (Kenya Education Sector Support Programme 2005-2010)	HIV/AIDS Investment programme. A range of strategies is proposed.	School health, nutrition and feeding investment programme.	Gender and investment programme.
Lesotho (Education Sector Strategic Plan 2005-2010)	One of 9 sector objectives is to 'address the challenges posed by HIV and AIDS in education and training.' One of 6 strategic goals is to 'eliminate HIV and AIDS from the school system.'	Improve the efficiency of the school health system at basic education level. Implementation of a school health programme in all public schools.	Mainstreaming gender one of 6 strategic goals.
Madagascar (Education for All. Situation in 2005. Objectives and Strategies)	HIV and AIDS programme put in place in 2003. A range of strategies is proposed.	No mention of school health.	No substantial plan to address gender disparities in education.
Moldova (Consolidated Action Plan for the Education Sector 2006-2008)	No mention of HIV and AIDS.	School health goals include improving child health care and nutrition in preschools and providing health care offices within educational institutions.	No mention of gender.
Tajikistan (National Strategy for Education Development of the Republic of Tajikistan 2006-2015)	Strategy to formulate and implement the programme on HIV prevention.	Objective to establish child friendly, safe learning environments for child's health.	Ensure equal access to basic education.
Timor Leste (Strategic Plan for Universal Primary Completion by 2015)	No mention of HIV and AIDS.	Strategy to provide basic services targeting school health.	No explicit mention of gender. Inclusion of strategies which target girls.

It is particularly noteworthy and troubling that two countries with generalised HIV epidemics have been endorsed without the national education sector plans including any actions to address HIV. This suggests a lack of appreciation of the relevance of HIV by the FTI appraisal and endorsement process. These plans have effectively fallen through the FTI net, which signals an urgent need to tighten up the FTI appraisal and endorsement procedures as well as to remedy

inadequacies in the endorsed plans. It is also a concern that two countries should include little or no reference to gender in their education sector plans and that school health components generally are not well aligned with FRESH guidelines. It is important that synergies between school health and HIV education are encouraged. Failure to address the linkages will tend to undermine the effectiveness of the proposed HIV responses.

On the positive side, the fact that five of the eight assessed countries have included HIV in their education sector plans is potential evidence that the FTI approach may be working to encourage more comprehensive HIV responses. It is tempting to conclude that is at least partly as a result of the revised FTI appraisal guidelines. Some caution is warranted, however, because in the case of at least two African countries (Ethiopia and Kenya), the national multisectoral response to HIV had already included the education sector as a significant partner independently of and pre-dating any FTI processes. Thus, attribution of achievement in this field to the FTI is somewhat problematic. These two countries had received significant attention through the UNAIDS IATT on Education initiative, *Accelerate the Education Response to HIV and AIDS in Africa* (acknowledged in the Ethiopia plan), and bilateral donor support. Tajikistan had benefited from a linked regional initiative in Central Asia.

Based on the findings of the previous assessment of the FTI endorsed education sector plans (Clarke and Bundy, 2004), it is hypothesised that countries which have access to quality technical assistance and funding support are more likely to develop appropriate education sector responses to HIV and to be better prepared to implement them. The timely provision of such technical assistance is likely to be a pivotal issue for the FTI with regard to both education sector plan development and implementation.

In order to obtain a better picture of FTI processes with regard to HIV, it will be necessary to examine the national education sector plans in greater detail for what they include as well as the records of the FTI appraisal and endorsement processes. These investigations are described in the next sections of this report.

4. Content Analysis of the 8 FTI Endorsed National Education Sector Plans

The literature on the education response to HIV and AIDS (Kelly 2000, World Bank 2002, UNAIDS IATT on Education 2003) emphasises the importance of addressing HIV prevention and impact mitigation as two major themes. The former would be expected to be the mainstay of all education sector responses; the latter would be expected to be particularly significant in the case of generalised and, especially, hyperendemic HIV epidemics.

While there are currently limitations in the empirical evidence for what constitutes an effective comprehensive education sector response to HIV, there is a large measure of consensus reflected in current advocacy documents and toolkits that the following intervention areas are important:

In terms of prevention:

- **The enabling environment**, including education policy on HIV, education sector strategic plans for HIV and AIDS, workplace policies on HIV;
- **Institutional capacity to mainstream HIV**, including the establishment of HIV units, teams and focal points at all levels of the education system;
- **HIV prevention education,** including skills-based curriculum-based programmes as well as co-curricular programmes. Evidence on the characteristics of effective HIV education programmes is available and should be considered in developing programmes (see Kirby, Laris and Rolleri 2006 and Kirby, D. Obasi, A and Laris,B. 2006);
- **Teacher education.** Teachers need to be equipped to protect themselves from HIV infection and to teach learners affected or infected by HIV and AIDS. Those teaching HIV education programmes need to be trained in pedagogy appropriate to the task in pre- and in-service teacher training, as well as have adequate learning and teacher materials and other support.

In terms of impact response:

- **Care and support for teachers and staff.** Countries need to assess the current and projected impacts of HIV and AIDS on the supply and quality of education. Impact prevention and mitigation measures will need to be considered, including the provision of ART to affected staff;
- **Orphans and vulnerable children.** Assessments need to be made of the impact of HIV and AIDS on the demand for education and in particular the impact on children and their ability to enrol in and complete their education. Measures will be needed to support extremely vulnerable children to complete their education;
- **Stigma and discrimination** need to be addressed in the school setting through workplace policies and by education programmes designed to eliminate HIV-related stigma**.**

In terms of process:

- **Ownership**. The plans should be an integrated part of the national response and contribute to the "Three Ones". A key element here is the relationship with the national AIDS programme. Civil society ownership should also be assessed and reference should be made to potential partnerships with civil society organizations working in HIV and AIDS.
- **Costing.** The education budget should include specific costings of the HIV interventions;
- **Monitoring and Evaluation**. Specific indicators for impact and mitigation should be reflected in the EMIS to assist ongoing planning, and should contribute to the national M&E strategy, as with the "Three Ones" principles.

This set of key issues does not constitute a fully comprehensive list of intervention areas, but is appropriate for the overview required for the present study. The tables below set out what individual country Education Sector Plans specify in each of these key areas, exploring, firstly, the enabling environment and HIV prevention (Table 3); secondly, the impact of HIV and AIDS (Table 4); and thirdly, the processes of implementation (Table 5).

4.1 The Enabling Environment and HIV Prevention

The table below presents a content analysis of the newly endorsed education sector plans in terms of: 1) the policy and strategic elements that define the enabling environment; the management structures that support institutional capacity; the specific HIV prevention interventions; and the actions in support of teacher education.

Table 3. The Enabling Environment and HIV Prevention

Country	Enabling environment	Institutional capacity	HIV prevention education	Teacher education
Djibouti	Not included	Not included	Not included	Not included
Ethiopia (1)	Not included	HIV/AIDS Task Force to be set up	• HIV/AIDS issues incorporated in appropriate subjects i.e. the natural sciences, social sciences, the languages and physical education., in the curricula of primary and secondary schools; • Anti-HIV/AIDS Clubs are established in about 400 secondary schools; • Supplementary materials, source books, posters, leaflets, etc. to be produced in the different nationality languages and distributed to schools.	HIV/AIDS issues incorporated in appropriate subjects i.e. the natural sciences, social sciences, the languages and physical education in the curricula of Teacher Training Institutes.
Ethiopia (2)	Policies on HIV mainstreaming and HIV in the workplace.	HIV/AIDS Task Force; HIV focal points to be established at all levels.	• HIV integrated into newly developed curricula; • Life skills-based HIV prevention education to be introduced at all levels; Anti-AIDS clubs being established and to be strengthened.	• Source book for teachers on HIV/AIDS; • All pre- and in-service education to include HIV prevention messages and measures.
Kenya	Sector Policy on HIV/AIDS 2004. HIV/AIDS Investment Programme	• AIDS Co-ordinating Units (ACUs) to be strengthened; • Decentralised Education Management and Monitoring Information System (DEMMIS) to take account of HIV and AIDS data needs; • Provincial and District level staff, Education Officers and Headteachers to be trained to implement HIV/AIDS policy.	School-based HIV education: Primary School Action for Better Health (PSABH) being extended to 5,000 schools after successful pilot project.	• Teacher Training Colleges (TTCs) involved through PSABH; • In-service training for primary and secondary teachers; • Peer Support initiatives in 28 TTCs. • In-service training for Early Childhood Development and Education (ECDE) teachers on life skills and HIV & AIDS, gender and psycho-social care of orphans and those with special needs.

Lesotho	• National AIDS Policy and Strategic Plan. • HIV and AIDS to be mainstreamed in education sector; • Promote workplace interventions; • Policy to be developed on HIV and AIDS and Technical and Vocational Education and for Higher Education. • Policy on HIV and AIDS for the education sector to be developed.	• Establish structures for the effective co-ordination of HIV and AIDS activities within the sector; • Review sector's institutional needs and strengthen them; • Welfare Department to be established in the Ministry of Education and Training (MoET) to provide services on HIV and AIDS.	• HIV and AIDS awareness campaigns to be based on Knowledge Attitudes and Practice (KAP) surveys and impact assessments; • Life skills and HIV & AIDS education to become part of education programmes; • HIV and AIDS to be mainstreamed into early childhood programmes; • HIV and AIDS education to be incorporated into school curriculum.	• Conduct training programmes for teachers, principals and school boards on addressing HIV and AIDS and its impact in the school environment; • Incorporate HIV and AIDS issues in teacher training curricula; • Voluntary Counseling and Testing (VCT) facilities to be established in all teacher training institutions.
Madagascar	Sector strategy to be put in place.	Not included	• Integration of HIV and AIDS in the curricula; • Peer education in Anti-AIDS Clubs.	Integration of HIV and AIDS in teacher training programmes.
Moldova	Not included	Not included	Not included	Not included
Tajikistan	National Programme of prevention and combat against HIV/AIDS and Sexually Transmitted Diseases (STDs)	Not included	Formulate and implement programme of HIV prevention.	Not included
Timor Leste	Not included	Not included	Not included	Not included

An analysis of the contents of Table 3 by country leads to the following conclusions:

- The different countries are at different stages in responding to HIV, and this is reflected in the endorsed plans: Ethiopia and Kenya plans are much more systematic, clearly defined and comprehensive than for the other 6 countries; the Lesotho response also is comprehensive, but at an early stage of implementation; the plans for programmes in Madagascar and Tajikistan are indicated but not specified in any detail; and there is no mention of HIV in the endorsed plans of Djibouti, Moldova and Timor Leste. It may be that the priority sub-sector for the education response to HIV in the latter countries is secondary education, in which case mention should be made.

- Only Kenya appears to have developed a specific education sector policy on HIV and AIDS; it is also the only country with a sector-specific HIV and AIDS investment programme.

Lesotho has signalled its intention to develop an education sector-specific HIV and AIDS policy**.**

- Only Madagascar explicitly mentions the development of a specific sector strategy for HIV and AIDS and this has yet to be developed. The HIV/AIDS investment programme in Kenya is akin to a sector strategy.

- Kenya appears to be ahead of the other countries in this group in implementing school-based HIV education based on successful piloting, while other countries are mostly still developing the HIV curriculum.

- Ethiopia and Madagascar are investing in Anti-AIDS Clubs which are an unproven intervention in terms of international research evidence. There is a need for effective monitoring and evaluation arrangements to prove the value of these.

- Only three countries (Ethiopia, Kenya and Lesotho) pay attention to building institutional capacity to address HIV and AIDS in the education sector. Of these, Kenya is making the most significant investments in institutionalising the HIV response.

- Only four countries (Ethiopia, Kenya, Lesotho and Madagascar) include reference to investment in teacher training/education on HIV, which is a critical component of any education response to HIV.

- There is a need to provide evidence-based benchmarks for the following areas to assist countries in developing an appropriately comprehensive plan and to support FTI appraisal processes: HIV education sector policy; institutional capacity for HIV mainstreaming, HIV prevention education and teacher education. These could be derived from existing FTI endorsed plans and available guidelines/evidence on effective practices in the education sector.

Compared with the 2004 review, the country plans show a greater level of detail and understanding of the elements of an effective HIV prevention response. In the cases of Ethiopia and Kenya, in particular, the plans accord with good practice. However, the quality and quantity of the responses in the other countries is very uneven. Given the apparent advantage exhibited by countries which have had prior or parallel support for their HIV responses, it is important that attention is paid in the FTI appraisal and endorsement process to mapping this and to identifying existing gaps in support. In the case of countries that have little or no previous technical or financial support for the HIV response, the FTI appraisal and endorsement process should highlight the need and possibly identify potential sources of support.

It is likely that technical assistance to support countries to develop specific sector policies and strategies for HIV is most likely to result in a more coherent, comprehensive and evidence-based response. Support to develop costed strategic plans to implement the HIV policies is a necessary adjunct and essential for effective policy implementation, scaling-up of activity and monitoring. The quality of the Kenya HIV component provides evidence of the importance of investing in both policy and strategy development.

The newly endorsed FTI countries will, in almost all cases, require further technical assistance and support. In particular, Djibouti, Lesotho, Madagascar, Moldova, Tajikistan and Timor Leste would likely benefit from additional technical assistance to develop the enabling environment (policy, strategy and capacity) for the education sector response to HIV and to strengthen implementation of HIV prevention programmes, including for teachers. It would be helpful if the FTI appraisal and endorsement process could help countries identify potential sources of such support for plan implementation.

The acknowledged positive role played in Ethiopia and Kenya by the UNAIDS IATT on Education initiative*, Accelerate the Education Response to HIV and AIDS in Africa*, suggests that this sort of initiative, and other efforts to provide technical support to the government teams, should be more closely linked to countries which are scheduled to have their education sector plans appraised and endorsed by the FTI.

There is no mention of the UNAIDS IATT on Education's *Education Sector HIV/AIDS Global Readiness Survey* (2005) in the Education Sector Plans of the five countries that participated in this survey. This suggests an unexploited link between the survey and the development of country plans.

4.2 Preventing and Mitigating the Impact of HIV and AIDS on Education.

The impact of HIV and AIDS on education and the extent to which it is included in education sector plans is summarised in Table 4 below. It looks at whether the impact of HIV and AIDS on educational supply (teachers and administrative staff) and demand (OVC) is being addressed, as well as HIV-related stigma and discrimination.

Table 4. The Impact of HIV and AIDS on Education

Country	Care and support of teachers	OVC	Stigma and discrimination/sexual abuse
Djibouti	Not included	Not included	Not included
Ethiopia (1)	A study on the impact of HIV and AIDS on the education sector is to be undertaken. Until the findings are known, temporary/ ad hoc measures will be used to address teacher absenteeism and mortality. These include assigning and giving heavier teaching loads to other teachers and/or distributing students to the different sections in situations where there is shortage of teachers.	The impact study is expected to respond to OVC issues and determine the strategy for future intervention programmes.	Stigma and discrimination are mentioned in discussion but no strategic interventions are included to address these issues.
Ethiopia (2)	Study conducted on the impact of HIV and AIDS. Teacher recruitment and training to be adjusted; Data collection on impact to be strengthened.	Situation analysis to be undertaken.	Workplace policy; Anti-AIDS Clubs.
Kenya	Locally based networks for teacher information, counseling, support and care established. 1,250 groups for teachers living with HIV and AIDS to be established.	Financial support to orphans and other vulnerable children; mentoring for big brother/sister; apprenticeship scheme of heads of child-headed households; OVC needs met in early childhood	Network established of Teachers Living with HIV and AIDS; workplace policy. Mechanism in place to identify, report and respond to cases of stigma and discrimination, harassment,

Country	Care and support of teachers	OVC	Stigma and discrimination/sexual abuse
		programmes; removal of barriers to education of OVC in 16 Districts; OVC sub-committees to be established in 16 Districts.	sexual abuse and exploitation of all learners.
Lesotho	Sustaining adequate levels of teachers against a high attrition rate due to factors that include unattractive conditions of service for teachers and the HIV pandemic; conduct/commission regular studies on the impact of HIV and AIDS on the basic education sub-sector. Impact assessment study undertaken in 2003, including HIV prevalence projections in high and low scenarios. ART and micro-nutrient supplements to be provided to those that need them.	Provide educational bursaries to OVC within the education system. Mobilise CBOs and FBOs to provide assistance to OVCs. Early childhood programme to include all children especially those orphaned by HIV/AIDS; establish support systems in schools for children affected by HIV and AIDS.	Improved HIV and AIDS workplace intervention guidelines in all schools. Introduce firm regulations against sexual assault/harassment directed toward the girl child within the school system.
Madagascar	Support for teachers affected by HIV and AIDS	Support for children affected by HIV and AIDS	
Moldova	Not included	Not included	Not included
Tajikistan	Not included	Not included	Not included
Timor Leste	Not included	Not included	Not included

The following findings are based on analysis of the information in Table 4:

- Only two countries (Ethiopia and Lesotho) mention that they have conducted a study on the impact of HIV and AIDS on education.

- Only two countries (Ethiopia and Kenya) mention specific strategies to address the impact of HIV on teachers and administrative staff. Two others express the intention of developing interventions (Lesotho and Madagascar). Only Lesotho explicitly mentions the need for ART for education sector staff.

- Only two countries (Kenya and Lesotho) mention specific interventions aimed at supporting the educational needs of OVC. Only one country (Ethiopia) mentions that it intends to undertake a situation analysis regarding OVC. (Lesotho and Kenya have, in fact, undertaken rapid assessments of OVC with support from UNICEF but these are not mentioned within the respective Education Sector Plans).

- Only Ethiopia and Kenya mention investment in strategies to address HIV-related stigma and discrimination. The establishment of a network of teachers living with HIV and AIDS in Kenya is noteworthy.

- Only Kenya and Lesotho express a need to protect children from sexual harassment and abuse.

- There is a need to provide benchmarks for the following areas to assist countries in developing an appropriately comprehensive plan and to support FTI appraisal processes:

impact on educational supply and demand; OVC; stigma and discrimination; and safe schools. These could be derived from existing FTI endorsed plans and available guidelines/evidence on effective practices in the education sector.

The implications of the analysis in Table Four are very similar to those in the previous Table. With the exception of Ethiopia and Kenya, there would appear to be a significant benefit in providing technical assistance to strengthen the HIV and AIDS impact-related strategies in the education sector plans, especially in generalised epidemics.

4.3 Contributing to the Processes of Implementation: Ownership, Costing and M&E

The following key issues are assessed in this section: whether national HIV and AIDS authorities have been consulted as a key dimension of national ownership; whether the education sector plan includes costings for HIV interventions; and whether indicators for HIV have been included in the arrangements for monitoring and evaluation. The findings are presented in Table 5 (next page).

The main findings are the following:

- None of the 8 endorsed National Education Sector Plans included in this assessment mention any consultation with the National AIDS Authority in the preparation of the plan. This may be a documentary lapse, but it is perhaps indicative of a lack of a truly multi-sectoral perspective. Also conspicuously lacking is any reference to civil society organizations that are working in the field of HIV, including National Associations of People living with HIV and AIDS. This is suggestive of limited civil society engagement in education sector plan preparation.

- Only three countries (Kenya, Lesotho and Madagascar) include specific costings for HIV and AIDS interventions. The most detailed costings are provided by Kenya, which has in effect developed a separate costed strategic plan for HIV and AIDS in the education sector, the so-called HIV/AIDS Investment Programme. The lack of costing for HIV in the Ethiopia Education Sector Plan is a striking omission. Djibouti, Moldova, Tajikistan and Timor Leste also fail to include any HIV costings. Moldova, however, includes costing for health education.

- With regard to monitoring and evaluation, only 2 countries (Kenya and Lesotho) include any specific HIV and AIDS indicators or targets. There are concerns in the case of Lesotho about the quality of the indicators. Once again, the Kenya plan is more systematic on account of its HIV/AIDS Investment Programme.

It is particularly striking that none of the countries mention any type of liaison with the National AIDS Authority. This too was the case with the 12 country plans examined in the 2004 review, and resulted in a specific change in the guidance notes to request this information. As presented, it is unclear how the education responses is intended to support the multi-sectoral response nationally, or whether any coordination mechanism have been put in place to ensure consistency (e.g. of messages) and to avoid duplication.

For most of the plans, greater attention needs to be paid to developing detailed costings on HIV and AIDS. The approach taken by Kenya in developing its own HIV and AIDS investment programme is identified as promising practice in this regard.

The weakness of HIV monitoring and evaluation arrangements should be cause for concern for the FTI Partnership, since without specification of appropriate indicators, it will be highly problematic to monitor progress in this field and ensure the effectiveness of interventions. There is scope for additional guidance on indicators and monitoring and evaluation arrangements to be provided to countries that are developing their education sector plans.

Table 5. Other Key Issues

Country	Country Ownership (HIV and AIDS organizations)	Sector Costing for HIV and AIDS	M&E on HIV and AIDS
Djibouti	No mention	No costing for HIV and AIDS interventions. Costing provided for school health and hygiene.	• No HIV- and AIDS-related indicators; • Indicators provided for school health and hygiene (e.g. School Health Bureau operational; Strategy for support to school health and hygiene elaborated and approved).
Ethiopia (1)	No mention	Budget line for HIV- and AIDS-related costs.	No HIV- and AIDS-related indicators.
Ethiopia (2)	*Country feedback on the draft report*: Following the 2004 seminar on "Accelerating the Education Sector's response to HIV/AIDS in Ethiopia" a national mapping was conducted that fed into a national workshop, which launched the process of education sector HIV/AIDS policy development in October 2006. Regional consultations were conducted in May-June 2007 to feed into the process of developing the education sector national policy, strategy and the implementation and monitoring frameworks for responding to HIV at different levels in the regions. This would position the education sector in the regions, as the backbone of the overarching regional strategies for preventing the spread of HIV.	No costing for HIV and AIDS interventions.	No HIV- and AIDS-related indicators.
Kenya	No mention	Detailed costing for HIV and AIDS included in HIV/AIDS Investment Programme; also school feeding/health/de-worming.	Indicators for school health. Multiple HIV- and AIDS-related indicators given in logical framework for HIV/AIDS Investment Programme (on prevention, care and support, workplace

Country	Country Ownership (HIV and AIDS organizations)	Sector Costing for HIV and AIDS	M&E on HIV and AIDS
			interventions, management of the response and advocacy).
Lesotho	*Country feedback on the draft report*: In the Introductory sections, there is clear articulation of the interactive and consultative nature of the development of the Education Sector Strategic Plan. The section on HIV draws heavily from the National Strategy on HIV and AIDS.	Costing given for HIV and AIDS activities in basic, secondary education, Technical and Vocational Education, Higher Education, Teacher Education and Special Programmes Budget.	Indicator on OVC access to Integrated Early Childhood Care and Development programme. 'Significantly reduced HIV and AIDS prevalence levels by 2015' in basic education. Structures for the effective co-ordination of HIV and AIDS within the secondary sub-sector well established and operational by 2015. 'HIV and AIDS prevalence levels among teachers to be reduced significantly by 2015. Well functioning HIV and AIDS institutional and policy framework in place by 2015.'
Madagascar	No mention	Costing for HIV/AIDS strategy, health and well-being	No HIV and AIDS indicators
Moldova	No mention	Costing for health education and healthy lifestyle promotion in all schools.	• Students' health status indicators; • Proportion of students enrolling in health strengthening and health education promotion programmes; • Knowledge and abilities of students in health strengthening to lead to a healthy lifestyle; • No HIV and AIDS indicators.
Tajikistan	No mention	No costing for HIV and AIDS	No HIV and AIDS indicators
Timor Leste	No mention	No costing for HIV and AIDS	No HIV and AIDS indicators

5. Analysis of FTI Appraisal and Endorsement Processes

The comments in the report so far have focused on the content of the plans prepared by the eight countries, and reflect the decisions and actions of the government teams. However, before these plans are formally endorsed for FTI support they are subject to an in-country appraisal process that is the responsibility of the respective national development partner teams. This appraisal process is the main opportunity for the FTI partners to assess the credibility of the Education Sector Plan and to ensure that there is 'an appropriate strategy for HIV/AIDS' (FTI, 2004). It provides an important opportunity for policy dialogue on the current HIV situation and the response in the education sector.

It is therefore a crucial second part of the current review to examine the coverage of HIV issues in the various FTI appraisal and endorsement documents prepared by the country-level development partner teams. The relevant text is included in Table 6 (next page). Analysis of the content of Table 6 leads to the following findings:

- Six of the endorsement processes included an assessment of the HIV and AIDS strategy. The two that did not are Ethiopia and Tajikistan, both of whose country plans themselves include references to HIV**.** The omission from the Ethiopia appraisal is especially remarkable given the substantial attention paid to HIV in the National Sector Plan (2005). Ethiopia has apparently had two sector plans endorsed, but only one appraisal process is documented. It is unclear what mechanism the FTI should use to appraise and endorse subsequent follow-on sector plans once the original plan period has been completed.

- In general, the sections of FTI appraisal documentation that deal with HIV appear to be unsystematic in the coverage of key issues and at times conspicuously lacking in technical depth. The impression is that while the Partnership is doing the best it can with current human resources available to it, it could and should employ a more structured and evidence-based approach in appraising sector plans for HIV on the basis of evidence-based best practice. New user-friendly guidance is urgently required. This also applies to appraising school health policies and programmes.

- Some appraisals provide a critical analysis with recommendations for further action that could help strengthen the sector plan. This is documentary evidence of the ability of the FTI to facilitate policy dialogue on HIV. For example, the Lesotho appraisal documentation focuses on the impact of HIV and AIDS on the education system and makes recommendations for future actions. The Madagascar appraisal and endorsement process resulted in the recommendation that the Ministry of Education continue to work on establishing strategies to deal with HIV. The appraisal of the Moldova Education Sector Plan mentions HIV interventions which are not included in the Plan itself, and recommends specific strategies for inclusion. In the case of Timor Leste, the reason for a lack of HIV interventions is attributed by the FTI appraisal team to low HIV prevalence and a lack of Ministry of Education readiness to address the issue. It is recommended that the development of a strategy to address HIV should be kept under review.

- In other cases, the appraisal process lacked critical analysis and seems unlikely to have contributed to strengthened strategic action going forward as a result of the endorsed plan.

For example, the Djibouti appraisal and endorsement process comments favourably on the HIV activities of the Ministry of Education in general but, as we have seen above, there is no mention of these activities in the sectoral plan.

- How FTI appraisal and endorsement recommendations on HIV are to be followed up is unclear from the available documentation and from the fact that all the education sector plans have been endorsed irrespective of any critical appraisal comments on HIV.

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The assessment finds a very mixed set of appraisal documentation. On the positive side, six of the eight donor groups engage with HIV issues but two do not, despite the presence of HIV responses in the plans and the FTI guidance to follow up on HIV specifically. Four of the eight appraisal processes result in recommendations for further action on HIV, but there appears to be no explicit and accountable process to follow-up on these recommendations and the plans were endorsed in any event. In three cases, the HIV appraisals by the FTI partners appear to be rather light and unsystematic and appear to add little value to the Plans themselves or to their implementation processes.

Seemingly relevant is the number of donor partners that countries have to engage with during the appraisal and endorsement processes. The FTI website highlights the point that most countries with endorsed sector plans have four or fewer bilateral donors in country. In this case, 7 of the 8 countries fall into this category. Ethiopia, by contrast, has more than 10. It may be that the local FTI donor group is, in many cases, too small to manage the various appraisal demands of the FTI process. HIV and education is a technical area that requires specific knowledge and skills that may not be available to all local donor groups. In that case, it may be preferable for the FTI partnership to identify other sources of expertise to support the local appraisal and endorsement process. This would have the merit of improving the quality of technical guidance both to countries and development partners.

It is concluded that while the FTI appraisal and endorsement process has attempted to address HIV and AIDS, it is not yet performing sufficiently well in all cases to provide confidence that countries are obtaining the optimum support to develop and implement appropriate HIV strategies for the Education Sector.

Table 6. FTI Endorsement Report Comments on HIV

Country	Endorsement Report Comments
Djibouti (November 2005)	**Specific strategies and high priority problems**. MENUSAP's action plan includes a significant component devoted to establishing a sustainable policy for the development of health and hygiene in the schools in partnership with the Ministry of Health (MoH). This programme includes aspects associated with HIV/AIDS in relation with the National AIDS Prevention Programme with which there is already a strong level of co-operation that has resulted in recent years in outreach and information programmes for teachers, parents and students, as well as the insertion of HIV/AIDS related issues into teacher training programmes and health education curricula.
Ethiopia (27 January 2005/ 1 July 2002)	No mention of HIV and AIDS. Endorsement comments relate to 2002 Plan and it is unclear if any additional assessment was undertaken for the 2005 Plan.
Kenya (7 July 2005)	**Quality of Primary Education Plans.** A comprehensive set of strategies have been identified for improving access to primary education for vulnerable and disadvantaged groups. These include… a large number of AIDS orphans many of whom are excluded from school. School feeding has been identified as key measure to attract and retain

Country	Endorsement Report Comments
	poor and malnourished children to school.
Lesotho (2005)	**School Feeding**. Impact of HIV/AIDS is more pronounced on orphans and vulnerable children, estimated at 100,000 about 25% of children under 18 are either single or double orphaned. **Quality of basic education plan**. Plan includes policies to focus on OVC and disadvantaged groups. **Concerns**. The development partners believe that more could be done to explicitly address the impact of HIV/AIDS on the education system. A sample of teachers tested revealed a 22% infection rate. Plans for teacher education may need to be modified to account for additional attrition of teachers. **Monitoring**. Cross-cutting issues such as gender and HIV/AIDS have been mainstreamed throughout the plan. **Critical Knowledge and data gaps**. Information on OVC and children with special needs is limited. **Implementation Readiness**. The strategy may face challenges from the impact of HIV/AIDS on the ministry personnel and the loss of experience resulting from this. **Notes on cost items**. HIV/AIDS activities: HIV awareness campaigns, ARV treatment for teachers.
Madagascar (12 May 2005)	**On HIV/AIDS and other relevant concerns**. The plan informs on a first exercise to systematise interventions from different partners from preventing HIV/AIDS within the education sector and recognise the need for a more consistent strategy. It is planned to improve synergies through coordination, to increase commitments through communication campaigns and to include specific modules on HIV/AIDS prevention and appropriate behaviour with persons living with HIV/AIDS within all teacher training. **Recommendations**. In the short term, we recommend that the Government continue to work on establishing strategies to deal with HIV, gender and the environment.
Moldova (2005)	**General Assessment**. Access to basic education includes the following objectives: develop health programmes and promote health education, especially prevention of STDs, HIV/AIDS adolescent pregnancy and draining health awareness. **Strengths**. The Consolidated strategy and Consolidated Action Plan systematise the contributions in the education sector by partners in the field of HIV/AIDS prevention and acknowledge the need to develop and implement a more consistent curriculum including lifeskills-based education. Extended co-operation is planned in implementing specific training modules based on HIV/AIDS prevention and appropriate attitudes towards infected persons. The trainings are designed to be age appropriate and culturally competent, balancing both educational objectives and parental concerns. **Conclusions and Recommendations**. The Government is recommended to continue developing strategies in the field of HIV/AIDS prevention targeting adolescence and young people, taking into account the cultural traditions of the population of the Republic of Moldova and age appropriate activities.
Tajikistan (undated 2005)	No mention of HIV and AIDS.
Timor Leste (November 18, 2005)	**The Preparation of the SP-UPC. HIV/AIDS**. We note that the Ministry has elected not to include in the SPC-UPC a strategy to address HIV/AIDS at the primary school level. This we understand is due to low prevalence rate in the country, the absence of national policy that could guide the Ministry and the fact that the Ministry has not yet held related discussions on this topic with key concerned stakeholders. The Development Partners recommend that the development of a strategy to address HIV/AIDS should be kept under review.

6. Conclusions and Recommendations

6.1 Conclusions

1. The findings of this assessment suggest that the current FTI processes for education sector plan preparation, appraisal and endorsement do not yet provide a systematic approach to ensure that the key components of an HIV response for the sector are adequately and appropriately addressed.

2. Insufficient attention is being paid to the enabling environment including the formulation of appropriate sector-specific policies and strategies. HIV prevention strategies for the sector generally do not appear to be taking into account the international evidence on programme effectiveness in school settings. Strategies to prevent or mitigate the impact of HIV and AIDS on education demand, supply and quality are under-represented in this sample of plans. Arrangements for implementation of HIV-related interventions too often lack detail, financial costings and monitoring indicators. Finally, it is a cause for concern that plans with no mention of HIV from countries with a generalised HIV epidemic were still able to receive endorsement.

3. While it is concluded that this group of eight endorsed plans pays greater attention to HIV than was the case in the first 12, it is not clear that this reflects an enhancement due to improved FTI processes. FTI guidance on HIV, as currently structured, is not being translated into coherent and consistent practice across countries, which suggests that additional or revised guidance as well as targeted technical support may be necessary. There appears to be a lack of effective quality assurance within current FTI practice on HIV.

4. The variability in endorsed country education plan responses to HIV implies a need to strengthen a consistent mainstreaming approach within the FTI partnership as a means of bringing about greater consistency and coherence in the appraisal and endorsement process. A strengthening of local donor capacity and harmonisation of approaches would likely be beneficial in terms of the quality of FTI plan processes and outcomes. Mainstreaming HIV in FTI processes would help facilitate this and importantly would enable stronger collaboration with National AIDS Authorities in education plan preparation since the sector is often a key component of the national multi-sectoral HIV and AIDS programme.

5. The best of the plans were those that benefited from direct technical support, apparently independent of specific FTI processes. This implies that the FTI Partnership needs to provide a stronger focus on capacity-building in the education sector to respond appropriately to HIV. This has resource implications. The provision of timely, good quality technical assistance to support policy formulation, plan development and subsequent implementation is likely to be critical to success in achieving a more robust strategic response. Finally, the FTI Partnership has apparently yet to marshal resources to enable countries to learn from each other's experience in this field and to prepare plans on the basis of evidence of best practice.

6.2 Recommendations

1. Just as HIV needs to be mainstreamed into education sector plans, so must HIV be mainstreamed into EFA-FTI processes. This entails developing procedural sensitivity to HIV issues at every step of the FTI country process from plan preparation, through appraisal and endorsement to implementation and review. Mainstreaming here is taken to mean including HIV in the core business of the FTI procedures and not integrating it at the margins of practice, or worse, not at all. It means building on existing systems and not creating new parallel processes.

2. The main critical junctures for HIV mainstreaming within the FTI at country-level are:

- Education sector plan preparation;
- Appraisal and endorsement by the local donor group;
- Financial support through the Catalytic Fund;
- Plan monitoring and review.

3. It is recommended that the FTI Secretariat and the UNAIDS IATT on Education work together to strengthen their partnership in order to put in place more robust mainstreaming of HIV in the core FTI country processes. In particular, there needs to be:

- Technical assistance for preparing the costed strategic HIV components of the education sector plan;
- Improved evidence-based guidance for the local donor group on how to appraise HIV mainstreaming in a range of epidemiological scenarios;
- Evidence-based guidance for the local donor group on how to appraise school health and HIV mainstreaming in a range of epidemiological scenarios;
- Greater emphasis on quality assurance in the FTI appraisal and endorsement process, including the preparation of HIV guidelines for a 'light touch' review from the FTI Secretariat;
- Technical support to countries to strengthen the HIV components in FTI endorsed plans which did not include adequate HIV interventions;
- Specific guidance on HIV mainstreaming for the Catalytic Fund and Expanded Catalytic Fund;
- Guidelines for the monitoring and review of endorsed sector plans from an HIV perspective, including the preparation of a set of core indicators;
- Funding for lesson learning, the exchange of experience and the documentation of best practices;
- Upgrading the FTI web page on HIV, which is currently lacking quality information.

4. The full set of recommendations are set out in the Table on the next page.

Table: Recommendations

	Objective	Actions	Actors
Actions at the Country Level			
Preparation of Education Sector Plan	Strengthen the capacity of relevant section in ministries of education	Provide funding for technical support for the preparation of policies and strategies to address HIV and AIDS specifically within National Education Sector Plans	Local donors
Appraisal/Endorsement Process	Strengthen the capacity of the donor group to appraise the plan from the perspective of HIV and AIDS	Support the overall FTI endorsement and reappraisal process through assessment and planning exercises including training around the IATT Toolkit for Mainstreaming HIV and AIDS in the Education Sector (2008) Provide structured guidance for the FTI appraisal process tailored to different epidemiological scenarios. Evidence-based guidance for the local donor group on how to appraise school health and HIV mainstreaming in a range of epidemiological scenarios Existing HIV strategies must be identified and integrated into Education Sector Plans, with a particular effort to ensure broad ownership if such does not already exist	IATT on Education, FTI Secretariat, development partners at local and central levels
Resources and Technical Assistance	Ensure access and availability of local, regional and international technical service providers to countries	Identify and make available list of local, regional and international technical service providers in HIV education for reference	National AIDS authorities, local donors, IATT on Education, UNAIDS (through Technical Support Facilities (TSFs)
Inclusion of Relevant Stakeholders	Ensure inclusion of the National AIDS Authorities in the appraisal process	Engage National AIDS Authorities in the appraisal process	Lead donor agency facilitate the engagement of the National AIDS Authorities
Toolkit	Support the overall FTI endorsement and reappraisal process through assessment and planning exercises including training around the IATT Toolkit	Offer workshops using the IATT Toolkit for Mainstreaming HIV and AIDS in the Education Sector to support a comprehensive approach to the integration of HIV & AIDS in the education sector plans	IATT on Education, local donors
		Make available a set of best practices for the mainstreaming of HIV & AIDS in education sector plans that can be used as reference guides for countries currently developing plans	IATT on Education

Actions to be led by FTI Secretariat			
FTI Guidelines and Process for Quality Assurance	Ensure ongoing support and access to the FTI appraisal process for Partner countries and countries working towards endorsed education sector plans	Provide countries and donor groups additional user-friendly guidance on the key components of an education policy framework and education sector strategy on HIV and AIDS; Review guidelines to assess extent to which current references to HIV and AIDS are sufficient and revise if necessary; Strengthen reference to inclusion of civil society, PLHIV, consultation with National AIDS Authorities, etc Include an HIV review in the FTI Secretariat's new 'light touch' review function to strengthen quality assurance	IATT and FTI Secretariat
External Financial Support of the Appraisal Process : Catalytic Fund/Expanded Catalytic Fund	Support access to available donor resources	Revise Catalytic Fund (CF)/ Expanded Catalytic Fund (ECF) country information template to include reference to HIV and AIDS	FTI Secretariat with support from IATT on Education
		Integrate a review of the education sector response to HIV and AIDS within the appraisal process for the second round funding within ECF; Proposals for renewed funding should demonstrate progress towards established benchmarks in order to qualify for financing	Local donors with support from central level donors and FTI
		Develop benchmarks for institutional capacity, HIV and AIDS Policy, HIV and AIDS strategy in education sector plan to support the FTI appraisal process; proposed benchmarks should be consistent with and complementary to the revised guidelines	IATT on Education, FTI Secretariat
External Financial Support of the Appraisal Process: EPDF	Support access to available donor resources	Revise regional guidelines and proposals for funding through the EPDF to ensure that the issues of HIV and AIDS (and gender) are appropriately mainstreamed in all proposals for analysis, planning and capacity building; Sector Managers should include HIV/AIDS in the list of areas that could potentially receive EPDF funding on standard documents used by Technical Team Leaders (TTLs)	World Bank with support from IATT or consultant
		Revise EPDF guidelines to facilitate access to funds to address capacity development needs in the area of HIV and AIDS	EPDF
		Develop a communication strategy to heighten awareness of the EPDF within the Partnership with specific reference to financing for technical assistance in the area of HIV and AIDS in the education sector	EPDF

Follow up and Monitoring	Support successful implementation, monitoring and evaluation processes	Continue current process of audit and review of endorsed sector plans on a bi-annual basis. Selection should include sector plans endorsed in the early years and newly endorsed plans. A joint working group to lead the audit/review process should include representatives from the United Nations Girls Education Initiative (UNGEI), IATT, the FTI Secretariat and an appropriate FTI Partner country There is a need to retrofit Education Sector Plans for HIV as part of the ongoing supervision process. The FTI Secretariat should work with IATT to develop specific guidelines for monitoring / supervision of implementation of HIV components, Develop a set of core indicators for monitoring the education response to HIV.	FTI Secretariat and IATT
		Incorporate education strategies and plans for HIV and AIDS as a standing component of the FTI Status Report presented at the bi-annual FTI Partnership meetings and reported at the EFA High Level Group Meeting	FTI Secretariat
		Discuss planning for HIV and AIDS at annual regional FTI meetings; share best practices, address common challenges, report on progress	FTI regional groups with support from FTI Secretariat
FTI/IATT collaboration	Implement mechanisms to support actualisation of recommendations included in the FTI/IATT draft report to countries	Further develop and maintain the partnership between IATT and FTI	FTI Secretariat and IATT
		Invite the FTI Secretariat to nominate a staff member to participate in a joint IATT/FTI working group	IATT
		Establish clear TORs and an action plan based on the recommendations expressed here, including the development of user friendly guidelines/checklist for countries/information on sources and types of technical assistance for both ministries and in country donor groups	FTI Secretariat and IATT
		Cost the action plan and explore possible financing options	FTI Secretariat and IATT

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Appendix One: Summary of FTI Guidelines relevant to HIV and AIDS

The revised FTI guidelines (March 2006) make multiple references to HIV and AIDS. These are reproduced below for ease of reference. They are summarised below (with HIV and AIDS entries in bold).

- **Step 1.** List the main documents available for the appraisal. (***including the HIV/AIDS and gender strategy for the sector***)
- **Step 2.** Distil baseline education indicators from the available documents.
- **Step 3.** Evaluate the proposed long-term strategic direction for Sector Development; ***What policies are being adopted to meet challenges such as HIV/AIDS***?
- **Step 4.** Assess the 3-5 year Action Plan and identify capacity constraints. ***Includes children affected by AIDS, action to compensate for the impact of AIDS on the teaching force***.
- **Step 5.** Assess the consultation process. ***This should include the national AIDS authority***.
- **Step 6.** Consolidate and Summarize the Appraisal Results. (10 tables are provided to assist this process.)

Table 1. Catalogue of main documents for the Technical Appraisal. (No HIV)

Table 2A. Population and Education Indicators: ***HIV prevalence rates among adults/females; % orphans among children 7-14 /females***.

Table 2B. Education Indicators for disadvantaged groups as relevant.

Table 3. Overall Sector Priority Objectives (UPE and Gender).

Table 3B. Selected Cost and Financing Simulation Results for assessing Strategic Directions; c) ***Additional costs of HIV and AIDS response (prevention; teachers, children affected by HIV/AIDS).***

Table 4. Selected quantitative targets in the 3-5 Year Action Plan. (no HIV)

Table 4B. Performance and disbursement of externally funded primary projects/programmes.

Table 4C. Capacity constraints and Plans to overcome them. ***Managing the impact of HIV/AIDS on the teaching force; curriculum development including HIV/AIDS and gender, demand side financing interventions including children orphaned by AIDS; enactment of laws on discrimination (gender, HIV etc).***

Table 5. Consultation with Stakeholders. ***NGOs including HIV***.

Table 6. Summary of Technical Appraisal. (no HIV)