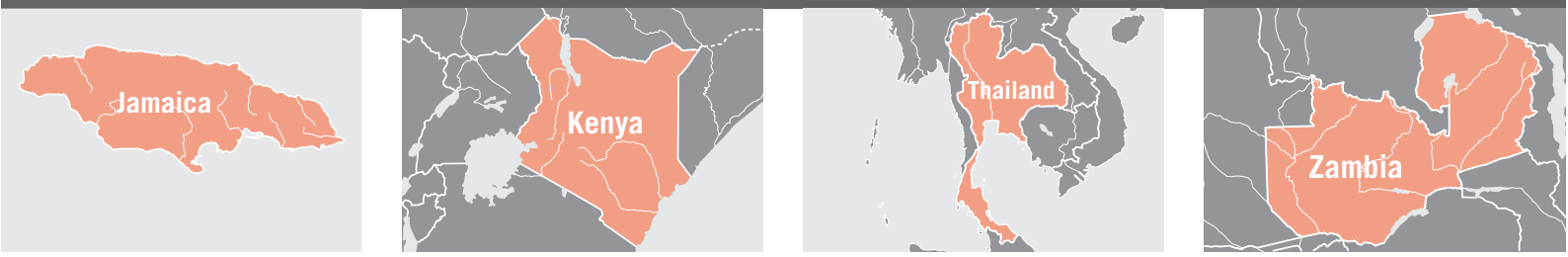
Inter-Agency Task Team (IATT) on Education

Improving the Education Response to HIV and AIDS:

Lessons of partner efforts in coordination, harmonisation, alignment, information sharing and monitoring in Jamaica, Kenya, Thailand and Zambia



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March 2008

Acknowledgements

This report synthesises case study exercises on education sector responses to HIV and AIDS conducted by the UNAIDS Inter-Agency Task Team (IATT) on Education in Jamaica, Kenya, Thailand and Zambia from March to May 2007. The lead consultant and author of this report, Muriel Visser-Valfrey, was assisted by a local consultant in each country: Dr. Carol Rose Brown in Jamaica, Dr. Okwach Abagi in Kenya, Ms. Tutiya Buabuttra in Thailand and Ms. Chilumba Nalwamba in Zambia. Gratitude is extended to the in-country consultants for their excellent input, which was critical to the work done at country level and to the final result.

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Table of contents

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
CHAT	Country Harmonization and Alignment Tool
DP	Development partner
EDCC	Education Donor Coordination Committee
EDPG	Education Development Partners Group
EMIS	Education Monitoring and Information System
GTT	Global Task Team
KESSP	Kenya Education Sector Support Programme
HAMU	HIV and AIDS Management Unit
HFLE	Health and Family Life Curriculum
HIV	Human Immunodeficiency Virus
IATT	Inter-Agency Task Team
JASZ	Joint Assistance Strategy for Zambia
JICA	Japan International Cooperation Agency
MoE	Ministry of Education
MoH	Ministry of Health
NAA	National AIDS Authority
NGO	Non-Governmental Organization
OVC	Orphans and vulnerable children
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PS	Permanent Secretary
SWAp	Sector Wide Approach
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children Fund
VCT	Voluntary Counselling and Testing

Executive Summary

This report documents the findings of a study on the quality and effectiveness of collaboration among partners involved in the HIV and AIDS response in the education sector. The study was commissioned by the United Nations Joint Programme on HIV/AIDS (UNAIDS) Inter-Agency Task Team (IATT) on Education which brings together UNAIDS Cosponsors, bilateral agencies, private donors, and civil society organizations.

The purpose of this study was to document how external partners coordinate and harmonise their efforts at the country level, to identify areas of overlap and significant gaps in country responses, and to formulate recommendations for improving synergy and alignment across IATT member agencies and other actors operating at the country level. The case studies were conducted between March and May 2007 in Jamaica, Kenya, Thailand and Zambia. These countries were selected to represent geographical, epidemiological and socio-economic diversity and because significant efforts have been undertaken in support of education sector responses to HIV and AIDS in these settings.

The study was carried out by an international consultant with the support of four local consultants. In each country, an IATT member agency hosted the study, while the IATT Secretariat, with the help of a working group of IATT members, undertook the overall supervision of the study. Data for the study were collected through a comprehensive documentation review and interviews with key stakeholders from the education sector and the overall HIV and AIDS response. To ensure maximum involvement of all parties, a draft country aide memoire was produced after the field work, circulated to those consulted and finalised based on the suggestions received.

While every attempt was made to ensure that a wide selection of stakeholders was consulted, the findings are limited by the short duration of time in-country. The study is not a comprehensive mapping exercise of country-level activity. Rather the findings reflect country stakeholder perspectives on engagements, progress and on-going challenges.

Findings

The study was guided by six research questions. The findings for each are highlighted below.

What have been critical achievements in country-level education responses to HIV and AIDS and what challenges persist?

The education responses to HIV and AIDS in Jamaica, Kenya and Zambia were found to be strong. The response in these countries was credited with having contributed to increased knowledge and awareness, as well as to enhanced visibility and to reduced stigma and discrimination. Stakeholders emphasised the key role of HIV and AIDS policy development for the sector and of support to the implementation of these policies. Stakeholders equally highlighted the importance of the integration of HIV and AIDS in curricula, the establishment of structures for implementation, the improved access to voluntary counselling and testing and to antiretroviral therapy, and the existence of good pilots and examples of best practices. In Thailand, the response has been carried almost exclusively by the health sector, and the education response was widely seen as weak.

A number of common challenges were identified, including: the lack of commitment to policy dissemination, enforcement and monitoring; an absence of clear priority agendas; continued negotiable and non-compulsory nature of curricula; the diffuse nature of prevention efforts and the existence of conflicting messages; the limited scope of teacher training and support; weak links to non-education actors, services and support; inadequate funding and resources; and the absence of accountability mechanisms.

What coordination arrangements exist, how have these evolved and how effective are they?

Most of the countries were found to have made progress around coordination. Structures are in place for the coordination of the HIV and AIDS response overall and to some extent for coordination within the education sector. The study established, however, that in most settings there are relatively few opportunities for specific thematic discussion around HIV and AIDS. Inter-sectoral coordination is weak and the role of the education sector is not always recognised. Progress has been greater in countries with Sector Wide Approaches (SWAp) (Kenya and Zambia) but challenges remain in terms of prioritisation, joint action and reporting, and monitoring of the response. Development partners are credited with having provided support to improving coordination, and with having clarified roles through the UNAIDS division of labour, but are still over-attached to their own priority agendas.

What efforts have been made in harmonisation and alignment? What remains to be done?

Across the different countries, the study found that harmonisation and alignment have been serious challenges. In countries with an education SWAp, progress has been better but this has still not resulted in increased funding or priority for HIV and AIDS. Major areas of challenge continue to be: the lack of true commitment to reviewing business as usual; the absence of agreed-upon indicators to review progress on harmonisation and alignment; the fact that key players are not part of coordination and harmonisation efforts; limited decentralisation by development partners, constraining commitment to alignment with government priorities and agendas; and insufficient staff among development partners to address the additional workload which arises from harmonisation and alignment efforts.

What arrangements for information sharing exist? What resources are critical to success?

A variety of resources and strategies for implementation were identified as being critical to the HIV and AIDS response in education. Some of these resources have been produced by IATT members and by the IATT itself. However, although resources are developed and are being used across the case study countries there is a need to work towards more structured information-sharing and dissemination of resources and to promote thematic discussion among stakeholders. Greater emphasis also needs to be put on support to the use and implementation of recommendations emerging from key studies and on developing a priority agenda at country level for resource production, dissemination and monitoring.

How are outputs, outcomes and impact being monitored and fed back to decision-making?

Monitoring and evaluation were identified as one of the weaker areas of the HIV and AIDS response. The absence of strong and comprehensive systems for monitoring and evaluation was widely seen as hampering the capacity for learning from experience and also has a negative impact on the capacity of the system as a whole to plan for an improved response.

Recommendations

The recommendations emerging from this exercise are put forward for the UNAIDS IATT on Education and development partners; country-specific suggestions for the overall education response are provided in Appendices 1-4.

The recommendations for the IATT on Education are grouped under five areas:

1. Advocacy

- Intensify **lobbying efforts** for a strong and recognised role of education within the overall AIDS response, and for increased funding to education stakeholders.

- Support the **documentation, dissemination and discussion of evidence** of the impact of the education response within the overall response.
- Disseminate and **discuss the IATT objectives and strategies** at bilateral and multilateral regional technical meetings.

2. Research, advancing the evidence base and monitoring

- Prioritise improving **monitoring and evaluation** of education responses at country level.
- Support the development of a **priority research agenda** on HIV & AIDS and education, ensure that this is funded, and disseminate results to decision-makers and implementers.
- Play a strong role in **channelling resources for research** toward emerging priorities in country and that research results are shared, disseminated and discussed.

3. Coordination, harmonisation and alignment

- Continue to **monitor the case study countries** to assess progress on coordination, harmonisation and alignment and use this to inform decision-making by the IATT and its members.
- Encourage members to further **agree on a limited number of key issues and priorities** and to ensure that these are adequately funded at country level.
- Work toward improving **harmonisation of report formats and of planning cycles** among agencies.
- Provide **responsive technical assistance** to countries in the areas of coordination, harmonisation and monitoring and evaluation of the education sector response to HIV and AIDS.

4. IATT functioning

- Establish mechanisms that enable the IATT to be periodically informed by evolving issues and constraints at country level.

5. IATT support at country level

- Promote and support **good practices** for the integration of HIV and AIDS into curricula.
- Adopt **guidelines for decision-making** on country-level action by the IATT.

Recommendations for development partners at country level include to:

- Lobby and advocate for a **multi-sectoral response to HIV and AIDS** among the leadership of the country to ensure that HIV and AIDS are not seen exclusively as health issues.
- Commit to **longer-term strategic responses** rather than to short-term interventions, and ensure that the overall support to the education sector is comprehensive.
- Address the real **constraints to harmonisation and alignment** and monitor progress in this respect.
- Ensure that the response of the education sector moves beyond policy development to **action** on the ground, in particular to assist teachers and other education staff in their role.
- Continue to strive for **greater flexibility in funding**.
- **Ground support in national strategies** on HIV & AIDS and education and agree on priority actions rather than on a long list of desirable issues.
- Support countries in **implementing and disseminating policies**, through advocacy, training and support to teachers, and involvement of parents and communities.
- Give priority to **capacity-building** so as to improve the quality of the response.
- Strive to ensure that the response in the education sector is inclusive by actively involving stakeholders.
- Consider temporarily revising **staff allocations** within agencies to make progress toward harmonisation and alignment.
- **Strengthen links** between different sectors within development agencies, support joint planning, and build capacity on elements of a comprehensive HIV and AIDS response.
- Give priority to enhanced **monitoring and evaluation** and to accountability.

1. Introduction

Between March and May 2007, the United Nations Joint Programme on HIV/AIDS (UNAIDS) Inter-Agency Task Team (IATT) on Education carried out case study exercises in four countries – Jamaica, Kenya, Thailand and Zambia. The aim was to examine the quality, effectiveness and coordination of the education sector's response to the HIV epidemic in each country. This report presents the overall findings from the study and makes recommendations for IATT and its partners to improve coordination in support of country-level and global actions. Detailed information on each of the country case studies can be found in *aide mémoires* produced for each country and included in Appendices 1 to 4 of this report.

2. Background and purpose

The UNAIDS IATT on Education was established in 2002 to support accelerated and improved education sector responses to HIV and AIDS and brings together UNAIDS Cosponsors, bilateral agencies, private donors, and civil society organizations.[1] The IATT has the dual aim of accelerating and improving the education sector response to HIV and AIDS by promoting and supporting good practices in the education sector, and encouraging alignment and harmonisation within and across agencies to support global and country-level actions.

The purpose of this study was to assess through a series of country studies the quality and effectiveness of collaboration among partners, with a view to improve coordination across agencies in support of country-level and global actions. Specifically, the case study exercise sought to:

- Document how external partners coordinate and harmonise their efforts at the country level, including how they disseminate and share information, and how this supports or hinders a comprehensive education sector response to HIV and AIDS.
- Identify areas of overlap and significant gaps in country responses.
- Produce a series of options for the IATT members to consider to improve synergy and alignment across IATT member agencies and to support coordination at the country level more broadly.

Further details on the background and purpose of the study can be found in the terms of reference in Appendix 5. It is important to note that discussion with country stakeholders regarding the terms of reference resulted in a slight shift in the emphasis of the study. The original terms of reference for the study, as identified above, focused on external partners in the country-level response to HIV and AIDS. At the request of country stakeholders,

however, the inquiry in all four countries was broadened to include the full range of partners involved in the response. The findings in the *aide mémoires* reflect this shift in focus.[2] Each *aide mémoire*, therefore, contains not only recommendations for external partners and for the IATT, but also for the overall country-level response to HIV and AIDS. The latter are made with the proviso that they should – given the short nature of the assignment and the limitations of the methodology – be seen as points which will require further discussion and reflection at the country level. In addition, and again at the request of country stakeholders, the Zambia case study exercise included a separate study to assess perceptions of impact at school level. This study involved visits to three schools and was conducted by the local consultant, Ms. Chilumba Nalwamba.

3. Methodology

The case studies were conducted between March and May 2007 in countries where significant efforts have been undertaken in support of education sector responses to HIV and AIDS – Jamaica, Kenya, Thailand and Zambia. An IATT working group provided guidance on the preparation and implementation of the study, which was carried out by an international consultant with the support of a local consultant in each of the four countries (Appendix 6).[3,4] The IATT provided overall supervision of the study in close coordination with the working group. They were also responsible for initiating contact with each country involved in the study. At the country level, an IATT member agency hosted the study[5] and in this capacity provided important organizational and logistical support.

The international consultant conducted desk research prior to carrying out the case studies to provide background for the study. The local consultant in each country supplemented this desk research with additional documentation gathered in-country. Short country briefs were then produced, outlining progress on addressing HIV and AIDS in education and containing a timeline of key country events since 2000. The country briefs and documentation lists are included in the country *aide mémoires* in Appendices 1-4.

In each country, key stakeholders in the education sector were interviewed using a semi-structured questionnaire (see Appendix 7). The interviews covered representatives of the Ministry of Education (MoE) and other relevant ministries, such as the Ministry of Health (MoH), cooperation agencies (multilateral and bilateral), the National AIDS Authorities (NAAs), civil society groups, teachers' unions, the private sector and representatives of HIV-positive networks (for the full lists of persons interviewed, see the country *aide mémoires*). In addition to interviews, the consultants also reviewed key documents and visited a selection of local educational facilities.

The work in country was guided by six key research questions, specifically:

1) **What have been the critical achievements in the response to HIV and AIDS in education? What gaps exist and how could these be overcome?**
2) **What arrangements for coordination among partners working on HIV & AIDS and education exist? How have these evolved? How effective are they?**
3) **What specific efforts have been made at harmonisation and alignment? What remains to be done?**
4) **What arrangements for information sharing on HIV and AIDS and education exist?**
5) **What resources have played a critical role in successes achieved so far and why?**
6) **How are outputs, outcomes and impact being monitored and fed back into decision-making?**

Visits to each country were organised with the full participation of local education partners and typically lasted one week. As previously mentioned, a draft *aide mémoire* for each country reflecting the preliminary findings and conclusions was produced immediately after the country visit (see Appendices 1-4). The *aide mémoire* was then circulated to all parties consulted, and to the IATT working group, and finalised based upon the suggestions and recommendations received. In this manner, the study sought to maximise the participation of all stakeholders.

The *aide mémoires* and the preliminary findings and recommendations of the overall study were presented at the IATT biannual meeting in Washington, D.C. in May 2007. Comments and suggestions from that meeting were taken into account and used during subsequent follow-up interviews, and in the finalisation of the country *aide mémoires* and this report. Since the completion of the case study exercises, country-level initiatives have also been undertaken to build on the discussions the research generated.

Every attempt was made to ensure that a wide selection of stakeholders was interviewed in each country. Nevertheless, the findings of the study are limited by the short duration of time spent in-country, which affected the extent to which the full range of country stakeholders could be adequately consulted. As a result, the findings do not constitute a comprehensive mapping exercise of what is happening at the country level.

4. Summary of findings

This section of the report provides a brief summary and critical analysis of key findings from across all four countries for each of these six questions. These findings reflect country stakeholders' perspectives on each of the issues. Where relevant, reference is made to specific country situations and issues. For a more comprehensive view of country-level findings, the reader is referred to the country *aide mémoires* in the appendices of the present report.

4.1 Achievements and gaps

The countries that participated in the study are diverse: they represent different geographic areas and different cultural contexts. They also represent different levels of prevalence, different stages in the epidemic's spread and different responses. In each country, therefore, achievements and gaps are context-specific. Nevertheless, across the four countries a number of common achievements and challenges were evident. These achievements and challenges cover both the overall HIV and AIDS response, as well as the specific response by the education sector. Stakeholders affirmed that it was necessary to consider both since the education response contributes to the overall response and vice-versa.

4.1.1 Major areas of achievement

Key research question: What have been the critical achievements in the response to HIV and AIDS in education?

In three of the four countries – Thailand being the exception – the education sector response has been very strong, surpassed only by that of the health sector. The strength of the response was often equated with issues of visibility, such as:

- Drafting of specific policies related to HIV and AIDS (Kenya and Zambia).
- Establishment of voluntary counselling and testing (VCT) facilities for education sector staff (Zambia).
- Production of posters and informational materials for distribution in schools (Jamaica).
- Training of teachers and other staff on issues related to HIV and AIDS, including teaching strategies and in some cases the management of HIV and AIDS (Jamaica, Kenya and Zambia).
- Commitment of key government leaders (Kenya and Zambia).

In contrast, Thailand's response to the epidemic has been carried out almost exclusively by the health sector and stakeholders widely acknowledged the education sector's response as weak.

A significant achievement mentioned by stakeholders in all four countries is the increasing levels of knowledge and awareness of HIV and AIDS among different population groups, and, in particular, among young people.

Persons interviewed, though, were unable to say to what extent the increase in knowledge and awareness is the direct result of the education sector's interventions.

Stakeholders also highlighted the increased visibility, especially in Kenya and Zambia, of HIV and AIDS in general, attributing this in part to specific actions undertaken by different sectors and in part to the resulting increased knowledge and awareness among the general population. While stigma and discrimination continue to exist, many stakeholders interviewed asserted that inroads into addressing this issue were being made and, as a result, many of those who are currently being diagnosed as HIV-positive are able to live more normal lives.[6] Improved access to VCT and to anti-retroviral therapy (ART), as well as the establishment of associations of people living with HIV (PLHIV), were also cited as playing a critical role. For example, in Kenya and Zambia, stakeholders highlighted the establishment of associations of teachers living with HIV and AIDS as having made an important impact on attitudes among educational staff, teachers, learners, parents and communities. The role of teachers' unions was also singled out as important in Kenya and Zambia because of the support they provide to HIV-positive teachers and their involvement in raising teachers' awareness and training.

Major areas of achievement:

- **Strengthened education sector contribution to the overall response.**
- **Increased knowledge and awareness of HIV and AIDS.**
- **Increased visibility of the disease and reduced stigma and discrimination.**
- **Development and fine-tuning of policies.**
- **Integration of HIV and AIDS in curricula.**
- **Establishment of structures for implementation.**
- **Improved access to VCT and anti-retroviral therapy (ART).**
- **Good pilots and examples of best practices.**

Within the education sector, major progress was also cited in the areas of policy development and the integration of HIV- and AIDS-related content into the curriculum. The latter has taken different forms in each of the countries studied:

- In Jamaica, HIV and AIDS have been integrated into the Health and Family Life Curriculum (HFLE) taught in the upper primary level. At the time of the exercise, it had been tested in 21 schools and from September 2007, was scheduled to be rolled out to 300 more schools.
- In Kenya, HIV and AIDS have been infused across the curriculum into different subjects.[7] Starting in the 2008/9 school year, a specific life skills and HIV and AIDS curriculum will be given one period per week, at upper primary and secondary level.
- In Thailand, a comprehensive sex education curriculum is being piloted as an extra-curricular activity in 51 schools; plans were underway to scale up the programme to 5,000 schools in 2007. HIV, AIDS and sex education also has been introduced as a compulsory subject in over half of vocational institutions.
- In Zambia, HIV and AIDS have been mainstreamed in the primary school curriculum through infusion in all subjects. The development of materials on life skills and HIV & AIDS for use in schools is on-going.

The establishment of an organizational structure at ministerial level was also highlighted as an important area of progress in all four countries, with Jamaica, Kenya and Zambia having made substantial progress in ensuring that such structures are decentralised to local levels. Jamaica stands out in this respect as the only country to have created new positions at decentralised, regional levels, with a specific, although not exclusive, responsibility for supporting HIV and AIDS activities in education. In the other countries, responsibility for HIV and AIDS was added to existing tasks of already very busy education sector staff.

Finally, in Jamaica, Kenya and Zambia, stakeholders highlighted examples of best practice and good pilot projects as areas where progress was being made that held the potential to act as catalysts for further action. A short summary of these pilot projects and best practices is provided in the respective country *aide mémoires* (Appendices 1-4).

4.1.2 On-going challenges

Key research question: What gaps exist and how could these be overcome?

Stakeholders were asked to reflect on gaps and challenges in their current context, and to focus specifically on those areas in which they felt development partners (DPs) could be playing a much bigger role. Although the context-specific nature of the case studies posed challenges to the analysis, several broad areas of similarity did emerge across the countries studied.

Those interviewed voiced concern about:

- The level of support provided to implement official policies related to HIV and AIDS in the education sector.
- Difficulties in setting a prioritised agenda.
- An absence of clear mechanisms for enforcement.
- A lack of monitoring progress.

Major challenges:

- **Policy dissemination, enforcement and monitoring.**
- **Defining a priority agenda and priority actions.**
- **Negotiable and non-compulsory nature of curricula.**
- **Prevention focus and messages.**
- **Scope of teacher training and support.**
- **Link to non-education actors, services and support.**
- **Funding and resources.**
- **Accountability.**

For example, in Jamaica, the enrolment of HIV-positive learners is negotiated with schools on a case-by-case basis, even though there is an official non-discrimination policy towards HIV-positive learners.

It was felt by many that while good policies are in place, implementation continues to be hampered by:

- Lack of commitment.
- Insufficient accountability of the partners both within the government and outside (including DPs).
- Absence of clear indicators on progress.
- Insufficient levels of funding.

In addition, stakeholders in Kenya and Zambia expressed disappointment with the lack of adequate dissemination of policies put in place to address HIV and AIDS within the sector. In Zambia, for example, despite substantial efforts, the *HIV and AIDS Workplace Policy for the Education Sector for the Management and Mitigation of HIV and AIDS* had only been distributed to only a portion of the schools and teachers in the country (Ministry of Education, 2006). In Jamaica, work on developing a policy was only starting and Thailand does not yet have a specific policy on HIV and AIDS in education.

As mentioned earlier, curriculum integration was highlighted as a key achievement in most of the case study countries. Nevertheless, some stakeholders were very critical of the nature of the curriculum integration. In Zambia, the infusion of HIV- and AIDS-related content across subjects has, according to some interviewees, led to a lack of focus. As a result, messages around HIV and AIDS have become superficial. Furthermore, the non-compulsory nature of the curriculum content – when it is taught as part of optional subjects or outside of the formal curriculum – was identified by stakeholders in Jamaica, Kenya and Thailand as problematic since it implies that both schools and teachers have the choice of opting out of addressing HIV and AIDS and/or of modifying and diluting the message.

Concern was also expressed by a number of stakeholders in Kenya, Thailand and Zambia about the nature and focus of key messages around HIV prevention. Policy documents and guidelines include a focus on issues related to sexuality and the ABC approach ('A' for abstinence or delayed sexual initiation among youth, 'B' for being faithful or reducing the number of sexual partners and 'C' for correct and consistent condom use). In practice, however, stakeholders felt the

message often gets diluted and children and young people hear a lot less about prevention, and condoms in particular, than they do about the importance of abstinence. The absence of comprehensive teacher training and support was identified as a contributing factor in this respect, together with moral and cultural concerns, the impact of the church, and the lack of involvement of parents and communities in dialogue and debate around HIV and AIDS education.

Similarly, teacher training and support were also identified as major areas of concern and areas where much more attention and funding were needed. With teachers being at the centre of the education sector's response, stakeholders across countries were adamant about the need to provide much greater levels of support to teacher training and supervision, so that they would be able to address HIV and AIDS with their students. Within the broad area of teacher training, there was particular concern with ensuring sufficient numbers of teachers received training and good pedagogical materials. In this way, they would be better able to protect themselves, while also having access to tried and tested guidelines on and examples of how to address HIV and AIDS both inside and outside of the classroom. Support to teachers needs to be placed in the broader context to ensure that the community is conducive to undertaking such activities. This broader context should include, in addition to training and support to teachers, key advocacy activities, workplace committees.

Funding and access to resources was also cited as a major issue across countries, although the exact nature varied. In Thailand, funds for prevention activities have decreased substantially. In Kenya and Zambia, the lack of availability of funds at local level for support to activities in schools and with families and communities was a concern, as well as the difficulties of ensuring adequate priority to HIV and AIDS within the context of a Sector Wide Approach (SWAp). In both Jamaica and Thailand, the HIV and AIDS response is still widely perceived as being a health concern and funds are, therefore, hard to come by. In addition, Jamaica's status as a middle-income country has affected its capacity to attract funding for HIV and AIDS from outside donors and government budgets have not been especially forthcoming in this area.

A final critical area that stood out in these case studies is the challenge of ensuring that the work on HIV prevention, care and support undertaken by the education sector, is adequately linked to key interventions by non-education actors and services. While there were positive examples of such coordination in most of the countries, there were also still significant challenges to multi-sectoral coordination at all levels. In Kenya, for example, the Federation of Kenyan Employers is targeting employees that work in companies with prevention activities, but is not coordinating this with prevention efforts being rolled out by the MoE and non-governmental organizations (NGOs) in the schools its employees' children are attending.

Across all four countries, support for orphans and vulnerable children (OVC) continues to be a major challenge. As a result, even when teachers identify particular children or families in need of clothes, food, bursaries or psychological support, they are more often than not at a loss about how to ensure they receive support. This is not necessarily because the services do not exist, but because there is not enough clarity on how to access these services. With the exception of Jamaica, links with the Ministry of Labour were not mentioned by the interviewees. And, in Zambia, where noteworthy progress has been made in expanding access to VCT and ART, there are still gaps in terms of ensuring HIV-positive individuals are given the support they need to start treatment and to stay on it.

In summary

Progress has been made in the education sector's response to HIV and AIDS in all four countries. As a result, the education sector's response in many of the countries examined is – compared to the response in other sectors – one of the strongest. This response has included the development of policies, the establishment of structures for implementation, and the integration of HIV and AIDS in the curriculum. There is also evidence of increasing levels of knowledge and awareness, of reducing levels of stigma and discrimination and of increasing accessibility to both VCT and ART. In many of the countries, there are excellent examples of best practices upon which to draw. But challenges remain. Policy dissemination, enforcement and monitoring are weak areas across the countries and there is not sufficient agreement on a priority agenda. Funding and resources, including for the critical area of teacher training, are inadequate. Finally, the link to non-education actors and services (other government ministries, NGOs, communities) is – despite some positive examples – weak and in need of strengthening.

4.2 Coordination

Key research questions: What arrangements for coordination among partners working on HIV & AIDS and education are in place? How have these evolved? How effective are these?

Funding for national responses to HIV and AIDS have increased substantially over the past several years; however, this has not always led to improved national responses and grassroots programming. In recognition of the challenges this increased funding poses, various initiatives have been undertaken recently to improve coordination among donors and partners. For example, UNAIDS has put forward a proposed division of labour to guide technical support by UN Cosponsors to assist countries in implementing their HIV and AIDS action plans (UNAIDS, 2005b). Significant efforts also have gone into establishing mechanisms for joint funding and ensuring that HIV and AIDS are part of SWAps from a policy, implementation, management and monitoring perspective. This section of the study attempts to identify to what extent changes have taken place in coordination arrangements at the country level. It will first briefly describe the nature of the coordination arrangements that are in place, highlight some of the achievements in this area, and then look at challenges which were common to some or all of the case study countries.

Progress on coordination

In the case study countries, stakeholders mentioned the following key areas of progress around coordination:

- **Establishment of HIV and AIDS units within ministries of education.**
- **More frequent dialogue around HIV and AIDS among education partners and between education partners and other sectors.**
- **Examples of joint projects and programmes exist in all countries studied.**
- **Improved joint planning and reviewing, in particular in SWAp countries.**

Experience across countries has shown that the establishment of HIV and AIDS management units (HAMU) within MoEs, and the manner in which these work with other partners internally and externally, is critical to a successful education sector response. The establishment of such units should go hand-in-hand with the creation of a broader consultative body that includes both education officials and other stakeholders (usually known as the HIV and AIDS Committee). Ideally, the HAMU should function as an operational unit, should have clear lines of communication and areas of responsibility, and should integrate dedicated and relatively senior education sector staff. The placement of the HAMU within the education sector will depend on the context, but should be sufficiently prominent and clearly defined in such a way as to allow it to have a broader role vis-à-vis the major departments within the MoE (UNESCO/IIEP, 2006a).

In this study, the placement of the HAMU within the MoE was different in each country. In Jamaica, HIV and AIDS is the responsibility of the Guidance and Counselling Unit, which in part reflects the country's focus on prevention in the curriculum. In Thailand, HIV and AIDS is addressed as part of the sex education programme which brings together various units of the MoE. In Kenya, AIDS Coordination Units (ACUs) have been established in key areas of the education sector (at the Teacher Service Commission, the MoE, and the Commission for Higher Education with separate units in each university). In Zambia, the HIV and AIDS unit was moved from the curriculum department to the human resources department due to a strong government focus on protecting the workforce. These units are, in most cases, overworked and understaffed, despite efforts by countries to progressively make more staff available. They also generally take on a strong implementation role, leaving less time for coordination and oversight. Specific terms of reference for the functioning of the HAMUs were not available at the time the country case studies were conducted. In all cases, the budgets for the units are very stretched. External funds are generally provided by donors for specific activities – including for staff positions (Jamaica and Zambia) – but do not always cover all the needs or the gaps. In countries where SWAps are in place (Kenya and Zambia) there is greater clarity on the proportion of the overall budget that is spent specifically on HIV and AIDS. Nevertheless, in all contexts, this information was not easily accessible.

The nature of coordination with key external entities such as the National AIDS Authority (NAA), the MoH, the Ministry of Labour and the Ministry of Social Welfare also varied substantially from country to country. In Jamaica, the education sector's response has benefited from excellent coordination with and support from the NAA, which is part of the MoH. In contrast, in Thailand, coordination and support has been comparatively weaker. In countries where the education sector's response has been particularly strong (such as Kenya), the NAA has found itself in a position where it does not always have sufficient in-house expertise to provide additional support and guidance to the sector. Where the response has been weaker within the education sector, the main challenges for the NAA lay in generating commitment amongst senior staff within the MoE. Links with the Ministry of Social Welfare have been sporadic in Kenya and Zambia, despite the pressing OVC problem. On the other hand, in Jamaica progress has been made in working with the Ministry of Labour on workplace issues.

Coordination mechanisms among external partners are diverse in terms of structures and approaches. In all countries, there is some kind of forum for coordinating the donor response within the education sector. However, the extent to which HIV and AIDS are on the agenda differs. HIV and AIDS is not a standing agenda point in these fora in any of the countries. In some countries, the fora are broader and more consultative than in others and in addition to the main DPs, they either directly involve – or at least consult – NGOs, PLHIV groups and civil society organizations. Table 1 provides a brief overview of some of the coordination arrangements in the education sector in each of the countries studied and a brief overview of their composition and role.

Table 1 – Overview of selected coordination arrangements in the case study countries

Jamaica	Kenya	Thailand	Zambia
The Education Donor Coordination Committee (EDCC) meets monthly and brings together the MoE and key development partners including UNESCO, the United Nations Children Fund (UNICEF), Japan International Cooperation Agency (JICA) and the NAA. It is responsible for planning the education sector's response and for ensuring that it is funded.	The Education Development Partners Group (EDPG) meets monthly. Every third meeting of the group takes place with the Permanent Secretary (PS) of the MoE. The EDPG establishes working groups on thematic issues. However, a thematic group has not been established to address HIV and AIDS.	At the national level, the UN Theme Group on HIV and AIDS coordinates the UN response under the United Nations Development Assistance Framework (UNDAF). Education is discussed in this meeting when relevant.	Coordination takes place around the MoE sector plan to which 12 multilateral and bilateral donors have subscribed. Nine of these donors have committed to providing support through the sector pool in which funds are placed to finance the MoE sector plan. Mechanisms for coordination of the MoE sector plan include monthly meetings, a joint steering committee, and a joint annual review.
The NAA – Education Sub-Committee represents a broad group of educational interests and includes representatives from NGOs, the private sector and government.	Under the education SWAp, formal coordination structures have been established. This includes joint planning and participatory annual progress reviews, during which progress with respect to HIV and AIDS is also reviewed. A formal committee to review the implementation of the HIV and AIDS sub-programme was established in September 2006.	Within the MoE, HIV and AIDS are coordinated as part of the sexuality education programme which involves a structured mechanism that brings together the various units of the ministry contributing to the response.	The PS chairs a Committee on Special Issues in Education (also known as the 'Equity' area) which is tasked with HIV and AIDS, among other issues that include gender, OVC, special education, school health and nutrition, and free basic education prerequisite. However, at the time of the study, this committee had not met for some time.
The NAA – International Development Partners HIV and AIDS sub-committee looks at the education sector's response in addition to other issues.	There is an inter-ministerial working group on OVC which involves all major partners. However, the MoE's participation in the group to date has been limited. Three AIDS Coordinating Units (ACUs) oversee the response in the education sector and link with other partners.	UNESCO is currently working on plans to assist the MoE in establishing an HIV and AIDS Education Committee with representatives from each office of the MoE.	The DPs meet in the monthly Cooperating Partners Coordination Committee where HIV and AIDS are added as an agenda point when necessary. The MoE is represented on a number of the NAA technical working groups, namely, the working groups on Information; on Education; on Care and Support; and on ART.

Regional coordination networks were mentioned by a number of partners in Jamaica and Kenya as having played an important role in advocacy and capacity-building. In both countries, stakeholders mentioned key meetings where experiences were shared and exchanged with other countries in the region, including through meetings of teachers' unions and meetings between focal points from MoEs. Stakeholders felt that the collaboration has been very important in raising the visibility of HIV and AIDS and in providing opportunities for reflection on how to improve the response.

None of the countries examined has a specific theme or working group on HIV and AIDS which brings together the full range of education partners. In Jamaica, however, there is an Education Donor Coordination Committee (EDCC) for HIV and AIDS which functions well; its membership, though, is limited to the main funders of the response.

In most of the case study countries there was recognition of DP efforts to improve coordination and examples were provided of how agencies have sought to ensure joint support on issues related to HIV and AIDS. The following examples illustrate this:

- In the Caribbean, a series of annual high level regional Caribbean Consultations have been organized since 2003 aimed at accelerating the education sector's response to HIV and AIDS in the region. These consultations are supported by the UNESCO Office for the Caribbean.
- In countries, such as Jamaica and Thailand, the United Nations Development Assistance Framework (UNDAF) was cited as having helped to coordinate and rationalise planning among the United Nations (UN) agencies, although some concerns remain about overlapping agency mandates. As one of the stakeholders noted in Thailand: *'Improved coordination is not always linked to improved implementation'.*
- In Thailand, UNESCO is in the process of providing support to the MoE for the establishment of a coordination group around education and HIV & AIDS.
- In Zambia, DPs have pledged support to the MoE's sector plan and adjusted their own planning and staffing accordingly.

'Improved coordination is not always linked to improved implementation'
-Thailand

In SWAp countries (Kenya and Zambia), external stakeholders were overall more positive about the scope of their own involvement and about the strength of the coordination mechanisms. In these contexts, the SWAp process was highlighted as having enhanced donor coordination. It was also credited with having: produced more formalised structures; contributed to the clarification of priorities (although this has not always translated in practice); contributed to better mainstreaming of HIV and AIDS in education; and provided a framework for discussing activities and funding. A critical gap which was highlighted in the SWAp contexts – but which was also found in the other countries – is the lack of monitoring and evaluation of outcomes and impact and the absence of research.

Across the countries, the parties interviewed felt that coordination had improved in the past few years. However, they also cited on-going challenges including, the coordination of the education sector's response with the overall response, the coordination of the response within the education sector, and the coordination among DPs working in the education sector. Each of these areas is further highlighted in this section

4.2.1 Coordination of the education response within the overall response

- In all contexts, **education still lacks visibility** and credibility within the overall response. For example, in Kenya there is no theme group on HIV & AIDS and education in the NAA, and there is no theme group on HIV and AIDS for education DPs.

- In all countries, stakeholders felt that there is still considerable **room for improving the links** between various education committees which are in some way involved in HIV and AIDS, as well as between the national coordination mechanisms and the coordination mechanisms at sector level. There is not always sufficient clarity on the scope and mandate of such committees and, in particular, on how these are expected to relate to, support and account to one another.

- **Inter-sectoral coordination** continues to be a particular area of concern and was perceived by many stakeholders as not receiving high enough priority, both within the government and within development agencies themselves. In particular, two areas where coordination could be strengthened are: 1) issues related to children who are affected by HIV and AIDS or living with HIV; and 2) the full range of actions needed to ensure effective ART provision and complementary care and support to teachers and learners.

4.2.2 Coordination of the response within the education sector

- In spite of efforts in most countries to increase the staffing of HIV and AIDS units within the MoE, challenges persist. Most **units have insufficient in house expertise and seniority** to effectively coordinate the response among partners. DPs often play a strong advisory role to HIV and AIDS programmes and processes, but were also cited as not always having sufficient in-house expertise to effectively carry out this role.

- Coordination efforts have **focused most strongly on the mechanics of planning and implementation rather than on the substance** of what needs to be done. As a result, coordination mechanisms may be in place, but there may, for example, still be little agreement on what the key messages around HIV and AIDS should be for specific age groups. There are, in the opinion of stakeholders, far too few opportunities for thematic discussions, for critically planning and reviewing progress, for discussing recent developments and for research.

- Although HIV and AIDS come up as a topic in a variety of educational fora, none of the countries has a **specific coordination mechanism on HIV & AIDS and education with a comprehensive range of external education stakeholders** (e.g. in the form of a technical working group which would bring together the MoE, key DPs, teachers' unions, and NGOs from the education sector). In some countries, such groups have existed in the past but ownership and leadership of the groups has been weak.

- Coordination efforts at country level are **not always adequately linked to regional and global coordination efforts** so that even when progress is made at local level this does not translate into changes elsewhere. This is particularly critical in the case of DPs since policies and priorities end up 'lagging behind' events on the ground.

- Key partners, such as civil society organizations, teachers' unions, and PLHIV groups, while periodically consulted, are **not systematically part of the decision-making structures** and have little insight into the overall response in the education sector. There continues to be a risk in some countries of misusing PLHIV involvement i.e. asking PLHIV to be present in certain situations but 'excluding' them from the fora and events in which key decisions are made on HIV and AIDS.

4.2.3 Coordination of DPs in the education sector

- In general, coordination efforts among partners have still not resulted in adequate decision-making on a **priority agenda** around HIV & AIDS and education. While UNAIDS' division of labour has resulted in increased clarity on who should be doing what, there are still challenges to making it work on the ground.

- In spite of joint action among sub-groups of DPs, **lack of coordination and duplication of efforts by partners continues to be a substantial concern** in all countries. None of the countries has a comprehensive and accessible system in place for recording what contributions are coming in for HIV & AIDS and education and what the nature and outcome/impact is of the activities that have been taking place. In many contexts, organizations in need of funding at local level complain that they have no access to resources and no overview of where funds are going.

- According to a substantial number of stakeholders (including DPs themselves), DPs still **push for specific agendas** in spite of the commitments made to the 'Three Ones' and to national priorities. As one stakeholder in Kenya lamented, *'They – the development partners – are still very selective in what they will fund, when, where and how.'*

- In non-SWAp countries, **the response continues to have a short-term vision** because of short funding cycles, thus raising serious concerns about sustainability. These countries also lack mechanisms for annual stakeholder reviews of progress. In SWAp countries, annual reviews, which include a specific focus on HIV and AIDS, are being put in place. It was generally felt, though, that HIV and AIDS are not being accorded sufficient priority or funding within the overall SWAp mechanisms. Even in SWAp countries, a significant number of partners still have not adjusted funding cycles.

'They – the development partners – are still very selective in what they will fund, when, where and how'

-Kenya

In summary

In most of the countries, progress has been made in improving coordination and ensuring structures are in place for the coordination of an overall HIV and AIDS response. To some extent, structures have also been put in place for coordination within the education sector itself. In most settings, however, there are relatively few opportunities for specific thematic discussions around HIV and AIDS. Inter-sectoral coordination is weak and the role of the education sector is not always recognised. In SWAp countries, progress has been greater, but challenges remain in terms of prioritisation, joint action, joint reporting and in terms of monitoring the response. DPs are credited with having provided support to improving coordination processes, and with having clarified roles through the UNAIDS' division of labour. However, DPs are still not sufficiently letting go of their own priority agendas.

4.3 Harmonisation and alignment

Key research questions: What specific efforts have been made at harmonisation and alignment? What remains to be done?

Progress in terms of harmonisation and alignment varied substantially across the countries examined, and both were still among the weaker areas in this case study exercise. This finding confirms that of other studies (ODI, 2005; OECD, 2006). This was also the area where respondents were often hardest pressed to come up with examples of progress and achievements.

4.3.1 Key developments

Internationally, there has been increasing recognition and also action to improve coordination, harmonisation and alignment among partners involved in the provision of aid. The Rome declaration on Harmonisation (2003) and the Paris Declaration on Aid Effectiveness (2005) testify to these efforts and to the high level political commitment to these principles. In this context, harmonisation commits donors to coordinating their activities, to simplifying procedures, to establishing common arrangements and, in general, to minimising the cost of delivering aid. Alignment recognises the importance of donors basing their support on countries' development strategies and systems. In the case of HIV and AIDS, this has been further elaborated through UNAIDS' 'Three Ones' (UNAIDS, 2005a) principles.[8] Within both harmonisation and alignment, important distinctions need to be made. Harmonisation can range from sharing information to establishing common arrangements for funding. Alignment is far harder to achieve. For example, while it is relatively easy to align with a partner's agenda, a much more demanding criterion is the alignment with government systems.

4.3.2 What specific efforts have been made?

Some progress across the four countries was noted in the following areas:

In Harmonisation:

- Improved information sharing through joint reviews of progress in education, joint planning, and better coordination.
- Gradually improving coverage of funding gaps through the establishment of joint funding mechanisms – especially in the two SWAp countries (Kenya and Zambia).
- Some lesson learning and transfer by stakeholders between programmes and projects, thus increasing continuity and consistency in approaches.
- Positive country processes, such as SWAps, UNDAF, and joint reviews of progress in education. These have contributed to improved planning processes and better coordination. They also have, to some extent, clarified priorities within the education sector, and have, in certain contexts (Zambia), reduced transaction costs for the Government with less time spent in meetings and bilateral consultations.

In Alignment:

- Increasing commitment to the 'Three Ones' in general with most progress around the first two 'ones' (one plan, one coordinating authority).
- Progress in developing and garnering support among all stakeholders concerned for education strategies which include HIV and AIDS, as well as in producing specific strategies for addressing HIV and AIDS in education sectors.

For many stakeholders, areas where there have been less progress on harmonisation and alignment are a reflection of persisting weaknesses in coordination around HIV and AIDS. In Kenya and Zambia, progress towards both harmonisation and alignment within the education sector was found to be more pronounced. Stakeholders in these countries – while still critical about the limitations and challenges – highlighted key developments which have contributed to improved harmonisation and alignment with national priorities. These developments are summarised in Table 2, where examples of progress made have been organized so that activities towards the end of the table reflect compliance with the more rigorous criteria outlined earlier in this chapter.

Table 2 – Key developments in harmonisation and alignment in Kenya and Zambia

Kenya	Zambia
• Improved dialogue among partners and better coverage of critical funding gaps.	• Improved dialogue among partners and better coverage of critical funding gaps.
• Some lesson learning and transfer by DPs to new programmes so that there is continuity and some uniformity of approaches.	• Alignment by DPs with the Joint Assistance Strategy for Zambia (JASZ) and the SWAp process in the education sector. This has led to a process of decongestion whereby there are fewer donors in the sector.
• On-going work towards agreeing upon a core curriculum and implementation strategy for HIV and AIDS in the education sector.	• Identification of two lead donors. Lead donors meet with other partners periodically and coordinate the response towards the MoE. This has enhanced the coherence and consistency of support.
• Alignment by DPs with the SWAp process and the Kenya Education Sector Support Programme (KESSP).	• Establishment of a mechanism of basket/pool funding for the education sector and the development and implementation of the necessary management mechanisms.
• Joint planning and reporting on the KESSP and the HIV and AIDS programme.	• The alignment of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) indicators on HIV and AIDS with those of MoE.[9]
• Commitment to basket funding for key programmes and development of mechanisms to put this in place.	• Adjustment of programming by DPs on the basis of the revised distribution of labour under the JASZ. Some partners have moved out and/or taken the backseat in line with their new role.
	• Adjustment of staffing by DPs to reflect their roles in the sector(s) which they support

The SWAp processes that have been put in place in the education sector in Kenya and Zambia are credited with having played a major role in moving forward the harmonisation and alignment agenda. The overall purpose of the SWAp process in education is to enable development partners at country level to work with Government in reviewing national education sector plans and priorities as a basis for pooling support through sector budget or general budget support mechanisms (UNESCO, 2007). In Kenya, for example, the KESSP was singled out as an important development because it enabled the MoE to make its own decisions on priorities in education. The joint arrangements under KESSP – which include a pooled funding arrangement with common procedures and mechanisms – were credited with having brought considerable advantages. For example, they have minimised the transaction costs associated with running and overseeing a wide project portfolio for the MoE and have also resulted in less agenda-setting by external partners. A similar situation was found in Zambia with respect to the JASZ and, in particular, the pooled funding arrangement among donors.

The intervention of the NAA in both countries has been another important factor. In Zambia, the establishment of technical working groups under the NAA has helped in making progress towards harmonisation through joint planning and reporting cycles and toward the adoption of agreed upon indicators for monitoring progress in the education sector. It is important to note that both of these countries have high HIV prevalence levels and, thus, the sense of urgency and the level of political commitment – both within the sector and from the government and its partners – may be more pronounced.

While some positive advances have been made, stakeholders pointed out that progress on coordination, harmonisation and alignment within the education sector as a whole has not benefited the HIV and AIDS response in particular. Despite official commitments to alignment through the 'Three Ones', there is still a lack of clarity on how to implement HIV and AIDS policies in education, and there has been inconsistent support to areas of focus within the HIV and AIDS response, both by MoEs and their partners. This has been compounded by different agencies still pursuing their own agendas on this topic. Most partners are of the opinion that HIV and AIDS have fallen outside of the harmonisation agenda. Similarly, with exception of the pooled funding arrangements, partners continue to have their own procedures for approval and reporting, rather than having common arrangements.

In Kenya and Zambia, DPs continue to face specific challenges which were not mentioned in Jamaica and Thailand. In these countries, adhering to the SWAp process means that priority-setting is done by the educational authorities and that DPs and other stakeholders dialogue and review around major trends and developments. For many DPs, this has meant that while alignment around education in general may be improving, they find it more difficult to put HIV and AIDS specifically on the agenda. Moreover, in many cases, they feel they no longer have the opportunity to provide specific budget allocations to HIV and AIDS.

Most partners are of the opinion that HIV and AIDS have fallen outside of the harmonisation agenda

In Jamaica and Thailand, both harmonisation and alignment are still a long way from being achieved. In Jamaica, for example, the National HIV/AIDS Strategy is widely adhered to by DPs. However, alignment with government plans has been difficult because of the absence of a comprehensive HIV and AIDS strategy for the education sector. In both Jamaica and Thailand, no examples were found of joint funding mechanisms or joint formats for reporting, both of which one would expect if harmonisation was high on the agenda.

4.3.3 What remains to be done?

- Stakeholders were of the opinion that improving coordination and getting consensus around a priority agenda is a first critical step.
- Developing HIV and AIDS education plans with clear priorities and indicators of progress is essential in those countries where these are not yet in place (Jamaica and Thailand) as these are essential to alignment.[10]
- Stakeholders highlighted that progress in substantially reviewing 'business as usual' still lags behind the official commitment to harmonisation. In other words, DPs have made little progress in letting go of specific agendas and requirements. Many partners continue to invest in short-term programmes and projects which focus heavily on quantitative process indicators, such as number of participants, and to a much lesser extent on outcomes and impact.
- Some key players who come in with substantial amounts of funding for the overall response – while aligned in general with government plans– are not part of coordination and harmonisation efforts and are not aligning with government systems. It is critical that other partners find ways to engage with these big funders (at country level and in global fora).
- Development partners at country level are not always sufficiently decentralised to seriously commit to government agendas and priorities. In practice, both harmonisation and alignment continue to be held back by differences in planning and reporting cycles and by agency agendas which fragment, and according to some, even side-track the response. As a result, there is not sufficient room for decision-making at country level to allow DPs to respond effectively to emerging needs and opportunities.

- Staffing within DP agencies may need to be temporarily revised in order to make further progress. Harmonisation and alignment should mean less work for government counterparts, but will – at least for some time – require more work by DPs.

- Efforts on harmonisation and alignment remain limited to the education sector and do not deal comprehensively with critical issues which transcend the sector and require cross-sectoral coordination, such as OVC.

- Much greater progress in developing agreed-upon indicators for the education sector, in general, and for HIV and AIDS in particular, is needed and mechanisms need to be put in place to systematically and comprehensively review progress of all partners in this area. A system similar to the scorecards that UNAIDS is now piloting in a number of countries could be put in place for education systems.[11]

- The IATT and its role in improving coordination, harmonisation and alignment, as well as in disseminating best practice, is unknown to most stakeholders. For country stakeholders, the IATT could potentially be a very useful resource.

In summary

Across the different countries, harmonisation and alignment have been a challenge. In countries with an education SWAp, progress towards harmonisation and alignment around the education sector plan has been more pronounced. However, this has not resulted in increased funding or enhanced priority for HIV and AIDS.

4.4 Key resources and information sharing

Key research questions: What arrangements for information sharing on HIV & AIDS and education exist? What resources have played a critical role in success achieved so far and why?

Coordination and implementation can be supported by effective dissemination of resources, tools and best practices and this has been one of the areas that the IATT on Eduction has sought to promote. During the case study exercise, stakeholders in all countries were asked to outline how information sharing around HIV and AIDS takes place within the education sector and which resources have been important in moving forward the response.

4.4.1 Main findings

With respect to information sharing, the following was found across the different countries:

- All stakeholders interviewed provided examples of resources that they felt have been key to the response. In some cases, these resources were actually strategies and best practices in implementation rather than specific documents. These are summarised in the box on this page.

- Many of the important documents mentioned by stakeholders are resources which have been produced by IATT members. IATT publications were also among the resources mentioned, albeit less frequently. Lists of the resources that were mentioned by country stakeholders can be found in the corresponding *aide memoires* (Appendices 1-4).

- Arrangements for information sharing among partners in the different countries are mostly informal, unstructured, and restricted to sub-groups. Newly produced resources (guidebooks, research documents, toolkits, etc.) are shared over email. There is no central depository for resources. Stakeholders also felt there was too little overall thematic discussion on HIV and AIDS among partners; the focus tends to be on mechanics and structures, rather than on content. In particular, stakeholders from NGOs and other civil society groups stressed that they were not well informed of key developments.

- Dissemination and integration of information into decision-making processes is not consistent and not adequately followed through. For example, the research studies being produced which provide important indications on changes in policy and practice – including a greater focus on prevention efforts and frank and open approaches to sex education – are not feeding into processes of decision-making at national and sectoral levels. There is little by way of comprehensive fora where experiences can be shared, disseminated and debated and general information on best practices is not always consistently collected and analysed.

- A substantial number of resources have been produced in recent years on education and HIV & AIDS. However, these resources are not always available where they need to be (in schools, communities, district education offices, etc.). Resource production has been focused too heavily on producing the resource with insufficient strategising around how to promote the effective use and monitoring the impact of those resources. As a result, the consultant team literally tripped over boxes and boxes of resources at various stakeholder offices, but found far fewer resources available in schools and local level education offices.

- There continues to be duplication of efforts in terms of resource production. In Zambia, for example, various teacher training guides exist for HIV and AIDS education with little clarity on the rationale behind them. In Jamaica, the consultant team came across two organizations working in parallel – and without consultation – on the production of resources for HIV and AIDS education for disabled children.

- There is a need for greater reflection and discussion at country level around priority research and priority resources. This could provide a guideline for stakeholders (both in country and outside) as to what areas to focus attention. There is also little locally generated research. Most of the research taking place is being designed, funded, disseminated and discussed outside of the direct (country) context concerned. There is, therefore, still too little evidence of what works and what does not work in HIV and AIDS education and a persisting belief that curriculum integration is the main solution.

Important 'non-print' resources for the education response to HIV and AIDS

- **Study visits**
- **Thematic discussion – especially around research**
- **The involvement/visibility of HIV-positive teachers**
- **Asking communities to participate in the development of strategies for addressing stigma and discrimination**
- **Mass media, especially radio**
- **Involvement of leaders at various levels**
- **Condoms, including the female condom**
- **Technical working groups**
- **District AIDS task forces**
- **VCT**
- **The Red Ribbon Initiative**
- **World AIDS Day**

- There is a need to develop dissemination strategies for HIV and AIDS education resources for particular target groups which take into account their profile and needs. Some teachers, for example, mentioned the importance

of community involvement in decisions around and support to HIV and AIDS education activities in schools. However, there is very little information that is packaged to promote the involvement of communities which can be used by such a target group. Another area mentioned by stakeholders is material which highlights the role of education within the overall response. Such material exists, but does not appear to be reaching the groups that need it such as senior and middle level education managers in charge of the response, other partners from other sectors who need to be convinced about the role education can play, and development partners, in particular those colleagues who are not in the education sector themselves, but who still play an important role in determining whether the response moves forward (i.e. policy-makers within agencies and heads of field offices).

- Despite the relatively large number of resources currently available, there are areas where resources appear to still be lacking. The following areas were mentioned by stakeholders during the case study exercise:

  – Moving beyond knowledge and attitudes to behaviour change i.e. what is needed to achieve the change that is being targeted?
  – Effectiveness of different prevention approaches and strategies, especially with respect to sex education.
  – Reports on strategies and progress in addressing HIV and AIDS within the education sector.

In summary

In summary: A variety of resources and strategies for implementation were identified as being critical to the HIV and AIDS response in education. Some of these resources have been produced by IATT members and by the IATT itself. However, although resources have been developed and are being used across the case study countries, there is a need to work towards more structured information sharing and dissemination of resources. There is also a need to promote thematic discussion among stakeholders. Greater focus should be paid to supporting partners to use and implement recommendations emerging from key studies and to developing a priority agenda at country level for resource production, dissemination and monitoring relevance and use.

4.5 Monitoring, evaluation and feedback into decision-making

Key research question: How are outputs, outcomes and impact being monitored and fed back into decision-making processes?

Monitoring, evaluation and feedback into decision-making was without doubt the weakest area in all of the countries. While in a few of the countries, some progress has been made on improving monitoring of the national response, monitoring of the education sector's response was seen by most stakeholders as weak and inconsistently carried out. The establishment of a functional monitoring and evaluation system to capture results, outcomes and impact on HIV & AIDS and education thus remains a big challenge for sector responses across the four case study countries. The consensus from the persons interviewed during the study was that overall this area has not been given sufficient priority. In practice, monitoring and evaluation often appears as an afterthought; baselines, therefore, are rare. This makes it difficult to assess whether interventions being hailed as critical are really producing an impact. It is also likely the changes that are taking place are not being captured and capitalised on.

Critical challenges for monitoring and evaluation include that they:

- **Continue to be project-focused rather than programme-wide.**
- **Are a separate rather than integrated process.**
- **Are often an afterthought (without baselines).**
- **Remain under-funded.**
- **Are rarely based on agreed upon indicators for measuring outcomes and impact.**
- **Do not receive sufficient support/attention by DPs.**
- **Do not generate sufficient data or evidence which can be used to advocate for an expanded role for the education sector in the national response.**
- **Are not sufficiently linked to HIV and AIDS reporting and coordination and decision-making mechanisms.**

At the level of specific projects, monitoring is in some cases very rigorous and progress against agreed upon indicators is often a requirement for reporting and subsequent disbursement of funds. However, the systems for collecting this information – although consultative and involving MoE staff – do not appear to have directly contributed to enhancing the monitoring and evaluation capacity of the various MoEs. Project experience could be used, however, to inform decisions around strengthening education management information systems (EMIS) because good examples exist, as shown by the example of Kenyatta University in the box on this page.

HIV prevention at Kenyatta University (Nairobi, Kenya)

The AIDS Control Unit at Kenyatta University has conducted a baseline in 2003 and a follow-up study in 2006 of students' knowledge, attitudes and behaviour. The results of the 2006 survey show important changes, including increased condom use and reduced number of sexual partners. Conducting the study cost as little as US$3,000 and has provided the University and its AIDS Control Unit with valuable insights into areas of the response that need to be improved.

The study found little evidence of consistent sharing of information from monitoring and evaluation exercises among the partners involved in the sector. As a result, there is still not enough understanding of outcomes, of the costs and benefits of various approaches, and of the impact of those approaches. This is an important barrier to moving the response forward.

The study also found that a major constraint to improvements in monitoring and evaluation is that partners involved in the response do not recognise its importance. As a result, monitoring and evaluation continue to be under-funded and insufficiently staffed, both in government institutions, such as the MoE, and among other stakeholders (DPs, NGOs, etc.). Partners outside the sector do not always recognise the important role of education and, therefore, play a less important role in monitoring than would otherwise be the case. For example, in Kenya, the Kenya AIDS Watch Institute does not monitor the education sector response to HIV and AIDS.

Although there has been progress in aligning the UNGASS indicators with those of the education sector (for example, in Zambia), more specific indicators with respect to HIV & AIDS and education have yet to be agreed upon (UNGASS, 2006). There also appear to be no specific indicators on HIV and AIDS against which partners are held accountable in countries where education SWAps are in place. This makes it difficult to get a sense of progress on HIV & AIDS and education across the sector. There are similarly no indicators in use to measure progress on process issues such as harmonisation, alignment and mainstreaming of HIV and AIDS within the sector.

Monitoring and evaluation mechanisms are perceived by many partners to be a difficult and complex undertaking. There is a general need to focus on developing procedures and systems which can capture key developments and progress, yet be simple enough as to allow for staff to implement them without the need for overly specialist training and inputs.

In summary

Monitoring and evaluation was identified as one of the weaker areas of the HIV and AIDS response. The absence of strong and comprehensive systems for monitoring and evaluation is hampering the capacity for learning from pilot experiences and also has a negative impact on the capacity of the system as a whole to plan for an improved response moving forward.

5. Recommendations

In this section of the overall report, recommendations are formulated for the UNAIDS IATT on Education. In addition, a number of recommendations are put forward for DPs specifically. The country *aide mémoires* contained in Appendices 1-4 contain country-specific suggestions for the overall education response with the proviso that these are based on the views of the stakeholders consulted in each setting over a relatively short period of time in each country. These recommendations should, therefore, be seen as tentative and be used as points for further reflection around possible country action.

5.1 For the UNAIDS IATT on Education

In view of the findings of this country case study exercise, recommendations are formulated under five broad headings: a) advocacy; b) research, monitoring and advancing the evidence base; c) coordination, harmonisation and alignment; d) improving IATT functioning; and e) IATT support at country level.

5.1.1 Advocacy

1. Lobby even more strongly in international fora for the role of education within the overall HIV and AIDS response, and for increased funding to education stakeholders. This includes making a much greater and more consistent effort to engage with the big players that are setting agendas, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the US President's Emergency Plan for AIDS Relief (PEPFAR). It also includes ensuring that evidence of the impact of the education sector's response within the overall response is clearly documented, disseminated and discussed at relevant fora.

2. Target bilateral and multilateral regional technical meetings for dissemination of information and discussion about IATT objectives and strategies. Advocacy sessions at these meetings would aim to promote the IATT endorsed model of a systems approach. Member agencies of the IATT would need to take responsibility for identifying such events.

5.1.2 Research, monitoring and advancing the evidence base

1. Give priority to improving monitoring and evaluation of education responses at country level by supporting, examining and documenting, among others, important issues, such as:
   a. The impact of educational interventions on behavioural intentions and outcomes.
   b. The development of strategies to move from education and information to behaviour change.

c. The quality and the effectiveness of curricula in contributing to prevention and in getting across key messages.
d. Examples of successful initiatives in general.

2. Support the development of a priority research agenda on HIV & AIDS and education and put in place the mechanisms and funding to ensure that such research is carried out and effectively disseminated at decision-making and implementation levels. It is critical that research studies be driven and led by country-level/regional priorities and that local and regional expertise in this area be enhanced through the process. An additional goal should be to improve collaboration between the education and the health sectors, as well as other relevant partners (for example the NAA), on research studies for impact assessment and monitoring and evaluation.

3. Play a strong role in ensuring that resources for research are channelled toward emerging priorities in country and that research results are shared, disseminated and discussed. This would require support for the development of country and/or region specific research agendas and support for the development and rolling out of strategies for supporting and disseminating such research.

5.1.3 Coordination, harmonisation and alignment

1. Continue to monitor the four case study countries that are part of this review as pilots for assessing progress on issues related to coordination, harmonisation and alignment, as well as assessing progress in related areas such as capacity-building, curriculum response, research and monitoring and evaluation. Furthermore, the IATT could develop a simple format to 'map' at each meeting what is being done by agencies in each of these countries and use this as a basis for discussion. The lessons from these countries should inform decision-making by the IATT and member agencies.

2. Encourage members to further agree on a limited number of key issues and priorities and to ensure that these are adequately funded at country level (for example, teachers, OVC, monitoring and evaluation, and integration of HIV and AIDS in the curriculum). Currently, partners have carved out specific niches in the response, preventing the development of a comprehensive agenda.

3. Work toward improving harmonisation of report formats and planning cycles among agencies. The IATT needs to identify bottlenecks to harmonisation and alignment in terms of policies and procedures at the level of headquarters and develop an agenda for comprehensively addressing them.

4. Provide, either through the IATT or through individual member agencies, responsive technical assistance to countries in the areas of coordination, harmonisation, and monitoring and evaluation of the education sector response to HIV and AIDS. Feedback following this country case study exercise has made it clear that the study was timely and useful not only for the IATT, but also for the countries concerned.

5.1.5 IATT functioning

1. Put in place mechanisms that allow the IATT to be periodically informed about evolving issues and constraints at country level, so as to enhance the relevance of its deliberations and its activities which impact at the country level. Suggestions in this respect include:

a. Actively identifying ways to enhance its visibility so that stakeholders at country and regional level can engage with the IATT and actively pinpoint priority areas that need to be addressed. This should not take the form of another player at the table, but rather ensure that stakeholders at country level are aware that

the IATT exists and that they can draw on its expertise and resources. This would also enhance the level of accountability of the IATT vis-à-vis external stakeholders. Enhancing visibility would have to include better marketing of the IATT goals and objectives so that country-level stakeholders can use the IATT as a resource for advice, support and for channelling concerns. Organizing more of its biannual meetings at country level and ensuring that this includes interaction with country stakeholders could help accomplish this.

b. Broadening its membership to include a number of country-level representatives/advisors with specific responsibility for providing suggestions and support to enhance the pertinence and relevance of the IATT activities.
c. Developing periodic and more formal mechanisms for obtaining inputs from countries through reviews such as this one and possibly also through participation – from an observer perspective – at selected country-level activities of interest, such as reviews of progress on HIV and AIDS within the context of SWAps.

5.1.5 IATT support at country level

1. Given that a key weakness of the current curricula response is its negotiability and non-compulsory nature, IATT should promote and support good practices for the integration of HIV and AIDS into curricula. In this context, the IATT could consider developing practical guidelines which contain not only relevant content but also provide insight into 'tried and tested' processes and methodologies for use by MoEs.

2. The IATT may have – as an external and somewhat neutral body representing a diverse array of partners – an added value in supporting country-level processes. As one stakeholder remarked, *'It is unlikely the study would have been perceived and received in the same way if it had been carried out by just one of the agencies (in country).'* This raises the issue of IATT interventions at country level, particularly in light of the fact that the IATT mandate is not one of country-level implementation and given that there may be requests from countries to provide support to similar activities. It may, therefore, be useful for the IATT to adopt some guidelines on country-level action. The following are put forward to add to this discussion.

   IATT support at country level should:
   a. Be the result of an explicit request from a representative group of stakeholders, preferably through the local education coordination group.
   b. Have the explicit backing and involvement of the MoE.
   c. Be seen as a short-term input into a process at country level. Requests for support should thus make clear how the intervention fits within overall plans and developments in the country or region concerned.
   d. Should contribute to capacity-building at country level.
   e. Should only be provided if the intervention of the IATT has an added value over and above that which would come from local stakeholders organizing this themselves e.g. in terms of providing greater legitimacy, of ensuring a degree of neutrality, and of facilitating feedback and links into international fora and discussions.
   f. Be consistent with the overall priorities of the IATT and in line with the work plan and budget.
   g. Should not conflict with the goals and mandate of EDUCAIDS, the UNAIDS Global Initiative on Education and HIV & AIDS, and other IATT members' initiatives.

5.2 For IATT members and development partners in general at country level

1. Lobby and advocate for a multi-sectoral response to HIV and AIDS among the leadership of the country. This is crucial because HIV and AIDS continue to be frequently viewed as a health problem, thus constraining support to and the intervention of other key sectors, such as education.

2. Commit to longer-term strategic responses rather than to short-term interventions, and ensure that the overall support to the education sector is comprehensive. Key components of a comprehensive approach to school-level issues should include: a) a school environment free of stigma, discrimination, gender inequity, sexual harassment and violence; b) a curriculum that uses participatory learning strategies to translate knowledge into healthy behaviours, implemented by adequately trained educators; c) provision of or links to services such as VCT, psycho-social health, nutrition, treatment, care and support; and d) workplace policies that protect workers, including affected and infected individuals.

3. Be more pro-active in addressing real constraints to harmonisation and alignment and monitor progress in this respect. To this end, a framework of action could be developed which would commit partners to certain principles, and which would be monitored annually, with the involvement of MoEs, as well as other key partners.

4. Ensure that the response of the education sector moves beyond policy development to action on the ground, in particular to assist teachers and other education staff (school directors, inspectors, etc.) in effectively implementing their role.

5. Continue to strive for greater flexibility in funding.

6. Strive to provide support on the basis of priorities which are clearly established in a national strategy on HIV and AIDS and education. Agree on priority actions rather than on a long list of desirable issues.

7. Support countries in implementing and disseminating policies, through advocacy, training and support to teachers, and involvement of parents and communities.

8. Give priority to capacity-building so as to improve the quality of the response, including by addressing HIV and AIDS technical capacity-building within development agencies at central and local level since agency staff play such a strong role in determining priorities at country level.

9. Strive to ensure the response of education sector is inclusive by actively seeking out opportunities for, and encouraging the involvement of, other government departments, NGOs, communities, teachers' unions, teachers in general, religious leaders, and others in discussion and action.

10. Consider temporarily revising staff allocations within agencies (this may also include pooling of expertise among agencies in this area) in order to make further progress on harmonisation and alignment. Harmonisation and alignment should mean less work for government counterparts, but will, at least for some time, require more work by DPs.

11. Strengthen links between different sectors within development agencies themselves – for example, between health and education – through joint planning and the development of a comprehensive HIV and AIDS response which includes an appropriate role for education.

12. Give priority to enhanced monitoring and evaluation, and to accountability.

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7. Notes

1. Further information on the IATT on Education, including a full list of members, can be found at http://www.unesco.org/aids/iatt
2. The shift in focus is also reflected in the six research questions which are outlined in Section 3 of the report.
3. Chris Castle (UNESCO), Margherita Licata (ILO), Máire Matthews (Irish Aid), Kara Mitchell (CIDA), Frank Beadle de Palomo (AED), Justine Sass (UNESCO), Brad Strickland (AIR), and Cheryl Vince Whitman (EDC) served on this working group. In addition, comments and input on the terms of reference for the study and the initial phase of the research were received from Maysa Jalbout (CIDA), Claire Mulanga (ILO) and Mary Joy Pigozzi (AED).
4. Dr. Muriel Visser-Valfrey was the international consultant for the assignment. The local consultants were Dr. Carol Rose Brown in Jamaica, Dr. Okwach Abagi in Kenya, Ms. Tutiya Buabuttra in Thailand and Ms. Chilumba Nalwamba in Zambia.
5. As a result of this arrangement, in Jamaica, Kenya and Thailand the study was hosted by UNESCO and in Zambia by UNICEF.
6. In Jamaica, stakeholders noted that stigma and discrimination continue to be persistent challenges, although it was not clear from interviews why.
7. Curriculum infusion or integration is the process of fitting specific content into subjects and curricula that are already being offered. In this case, content on HIV and AIDS was added to all subjects. Critics of the approach argue that subject programmes are often already overloaded, that it increases the number of teachers that need training and that behavioural skill development and internalization of values are often hard to teach (UNESCO IIEP, 2006b).
8. The Three Ones refers to the commitment by key donors in 2005 to strengthening national AIDS responses led by the affected countries themselves by supporting the principle of one agreed HIV and AIDS action framework, one National AIDS Coordinating Authority, and one agreed country-level monitoring and evaluation system. For more see http://www.unaids.org/en/Coordination/Initiatives/three_ones.asp
9. The agreed upon indicators are: a) number of staff trained in HIV and AIDS; and b) the ratio of orphans to non-orphans in schools.
10. In Jamaica UNESCO is providing support to the development of an education sector plan on HIV and AIDS.
11. In order to enhance accountability on harmonisation the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT) recommended the development of a scorecard system – also known as the Country Harmonisation and Alignment Tool (CHAT) – to examine performance of national partners in creating a strong AIDS response and of international partners in providing support according to the GTT recommendations. The tool is being piloted in Botswana, Brazil, the Democratic Republic of the Congo, Guyana, Indonesia Mozambique, Nigeria, Somalia and Zambia (UNAIDS, 2006b).

Appendix 1: IATT Case Study Review – JAMAICA

Country Visit *Aide-Mémoire* – March 2007

1. Introduction

This *aide mémoire* presents the results of a country case study of Jamaica which took place in the context of a four-country exercise commissioned by the UNAIDS Inter-Agency Task Team (IATT) on Education. This is an interim document, the purpose of which is to provide the stakeholders interviewed in Jamaica, as well as the IATT on Education, with a preliminary summary of findings. This report will serve as a basis for further discussion and correction of any errors of interpretation and fact. The results of this discussion will then be incorporated into an overall report on the four countries.

The assignment was carried out in March 2007 by Dr. Muriel Visser-Valfrey (international consultant) and Dr. Carol Rose Brown (local consultant based in Jamaica). During the one week review period, the consultants met with representatives from government, development agencies and civil society, all of whom are involved in the response to HIV and AIDS in the education sector. The one week programme also included a visit to a school in Kingston where the team had the opportunity to observe a guidance and counselling class with 6th grade students and to talk to various other students and teachers. Section 6 provides a list of persons interviewed.

The consultants would like to express their deep appreciation to all the partners involved for the time they spent with the case study team and, in particular, for the open and constructive manner in which all participated in the dialogue. The consultants would also like to thank the UNESCO office in Jamaica for its invaluable support, and the IATT Secretariat in Paris for its engagement and commitment to the overall organization of the study.

2. Background and purpose

The UNAIDS IATT on Education was established in 2002 to support accelerated and improved education sector responses to HIV and AIDS. The IATT brings together UNAIDS Cosponsors, bilateral agencies, private donors, and civil society organizations with the dual aims of:

- Accelerating and improving the education sector response to HIV and AIDS by promoting and supporting good practices in the education sector, *and*
- Encouraging alignment and harmonisation within and across agencies to support global and country-level actions.

The purpose of the overall study is to assess the quality and effectiveness of collaboration among partners based upon case studies from Jamaica, Kenya, Thailand and Zambia, with a view to improve coordination across agencies to support country-level and global actions. Specifically, the case study exercise seeks to:

- Document how external partners coordinate and harmonise their efforts at the country level, including how they disseminate and share information, and how this supports or hinders a comprehensive education sector response to HIV and AIDS.
- Identify areas of overlap and significant gaps in country response.
- Propose options to improve synergy and alignment as well as support coordination at the country level among IATT member agencies.

3. Methodology and limitations

The case studies are being conducted in countries where significant efforts have been undertaken in support of education sector responses to HIV and AIDS. In each country, the aim is to interview stakeholders from the Ministry of Education (MoE) and other relevant ministries, development agencies (multilateral and bilateral), the National AIDS Authorities (NAAs), civil society groups, teachers' unions, private sector and representatives of HIV-positive networks. The findings of the study are limited by the short duration of time in country which affected the extent to which the full range of country stakeholders could be adequately consulted.

To guide the work, six key research questions were formulated (see box) which directed semi-structured interviews with partners. In addition, the consultants reviewed key documents and visited local education facilities.

Key questions:

- What have been the critical achievements in the response to HIV and AIDS in education? What gaps exist and how could these be overcome?
- What arrangements for coordination among partners working on HIV & AIDS and education exist? How have these evolved? How effective are they?
- What specific efforts have been made at harmonisation and alignment? What remains to be done?
- What arrangements for information sharing on HIV & AIDS and education exist?
- What resources have played a critical role in successes achieved so far and why?
- How are outputs, outcomes and impact being monitored and fed back into decision-making?

4. Brief outline of the country and sector

After sub-Saharan Africa, the Caribbean has the second highest incidence of HIV in the world. Though the overall prevalence in Jamaica is estimated at 1.5%, analysis indicates that because of delayed diagnosis and treatment, the AIDS-related mortality rate is very high – at 61%. Though there are currently more men than women infected with HIV in Jamaica, the number of women living with HIV is rapidly rising. Young people age 15-19 have the highest HIV prevalence at 2.5%, followed by the 25-29 age group with a rate of 2.0% (UNAIDS, 2005).

Jamaica has been working on HIV prevention since 1988 and is currently implementing its fourth National Strategic Plan. This plan is implemented by the National HIV/STI Control Program (NAP) with participation from the government, non-governmental organizations (NGOs) and the National Planning Council. The NAP is located at the Ministry of Health, posing challenges for its work with other sectors and its ability to serve in an overall coordinating role vis-à-vis other sectors, including the Ministry of Health itself.

In the education sector, efforts to address HIV and AIDS started around 2000 and have focused on policy development, curriculum and material development, staffing a special team in the Guidance and Counselling Unit and conducting sensitisation workshops throughout the Ministry's six regions.

5. Findings and conclusions

This section presents the findings and emerging conclusions for the main areas of this case study.

5.1 Achievements and gaps

Key questions: What have been the critical achievements in the response to HIV and AIDS in education? What gaps exist and how could these be overcome?

The responses from stakeholders confirm what also emerges from the documentary evidence reviewed, namely that Jamaica has made notable progress, both in the overall response to HIV and AIDS, and in the work being done in the education sector.

Various factors have contributed to the success of the education sector's response to HIV and AIDS. Stakeholders interviewed highlighted the instrumental role of the NAP, NGOs, and the work of the Ministry of Education and Youth's (MoEY) Guidance and Counselling Unit.[1] Development partners (DPs) were also frequently mentioned and credited with providing critical resources, as well as, the technical expertise essential to a more focused agenda.

Below is a summary of achievements and gaps:

ACHIEVEMENTS

- The development of the National Policy for Managing HIV and AIDS in Schools.
- Establishment of a HIV and AIDS Response Team within the Guidance and Counselling Unit of the MoEY.
- The development of a pilot Health and Family Life Education (HFLE) curriculum which, at the time of the study, had been in 21 schools and was scheduled to be rolled out to 300 schools by September 2007.
- The establishment of a formal structure for the implementation of the HFLE curriculum.
- The establishment of staff positions for HIV and AIDS at the MoEY both in Kingston and in each of the Ministry's six regional offices.
- At school level, the newly revised HFLE was scheduled to be rolled out in 2007 and will be delivered by specially trained teachers.
- NGOs in collaboration with the MoEY use *edutainment*, a form of entertainment designed to educate at the same time, to deliver HIV and AIDS awareness and training to teachers and students, as well as to facilitate the delivery of voluntary counselling services to youth in communities.
- Considerable efforts to develop locally appropriate materials (posters, guidebooks, etc.) are visibly displayed in many education establishments.
- Rising levels of knowledge and awareness of HIV and AIDS.
- Reduced levels of stigma and discrimination with positive changes in the attitudes of teachers, students and communities.
- Improved access to antiretrovirals (ARVs).

1. Although the NAP is located in the Ministry of Health, stakeholders highlighted that it has sought to expand the response beyond the health sector by providing support and financing (with Global Fund and World Bank money) to the Ministry of Education and Youth.

GAPS

- The absence of a comprehensive sector strategy on Education and HIV and AIDS.[2]
- The concentration of activities in urban areas - Kingston and Montego Bay.
- The response to HIV and AIDS continues to be health driven.
- There are no sanctions for those who do not comply with policies that are in place; compliance continues to be on a negotiated basis. For example, schools are asked to accept students who are HIV-positive, rather than sanctioned if they do not.
- In the MoEY, the institutional response is mainly driven by the Guidance and Counselling Unit. Though there is buy-in by senior management, there is room for improvement.
- Better coordination among stakeholders is still required and funding remains a huge limitation. Funds for education are coming from a variety of partners with changing agendas. There is not sufficient continuity, sustainability or 'gap-filling funding' to support the partners on the ground.
- Monitoring and evaluation is not systematic, and, *as such,* management decisions are not evidence based.[3]
- Though HFLE has been regarded as a weak vehicle for family life education, with the advent of the CARICOM standards and core outcomes, things have changed. HIV and AIDS content is part of the HFLE programme.[4] HFLE is now accepted as a part of the formal curriculum.
- HFLE is only now being introduced as a formal part of teacher training curricula.
- HFLE and the HIV and AIDS response is limited to the public sector schools, as private and religious institutions are not obliged to adhere to the policy.
- Issues like overcrowding, teacher/pupil ratios, etc., are affecting the delivery of the education sector response to HIV and AIDS.

A number of persons interviewed referred to the current process of transformation which has started in the MoEY. The intended outcome of the transformation process is the modernisation of the MoEY. On their agenda is the decentralisation of the Ministry, which will result in six independent regional education organizations, independently financed and managed. This will also include changes in the regulatory framework, changes in the way school boards and principals are appointed and managed, and the way in which teachers are appointed and evaluated. The transformation process is seen as a positive opportunity because decentralisation places responsibility and funding at the regional level; however, it is also viewed as a threat because it may undermine the fragile gains and structures that have been put in place for the HIV and AIDS sector response. Stakeholders from within the MoEY and beyond have stressed the importance of examining carefully the implications of this transformation process on the future of the HIV and AIDS response.

In summary

Progress has been made in HIV & AIDS and education in key areas, such as policy development, awareness, institutional improvements, curriculum development, teaching methodologies and materials development. Gaps, however, remain, in particular with respect to commitment from key ministry departments, enforcement of policy, and coordination of the response (including the involvement of civil society and stakeholders including people living with HIV). Recent activities to develop a national strategic plan for the education sector and to reinforce the monitoring and evaluation capacity of the MoE are promising developments.

5.2 Coordination

Key questions: What arrangements for coordination among partners working on HIV & AIDS and education exist? How have these evolved? How effective are they?

The case study looked at coordination of the response within the education sector and how this is linked to the national response. In Jamaica, the response is coordinated through various structures, including:

- The **Education Donor Coordination Committee** (EDCC) is also known as the Policy Review Steering Committee Meeting. This Committee meets monthly and is chaired by the Deputy Chief Education Officer, Curriculum and Support Services of the MoEY. Also at the meetings are representatives from the key development partners – UNESCO, UNICEF, JICA and the NAP. It holds responsibility for planning the education sector's response and for ensuring that it is funded. Stakeholders indicated that it functions well.
- The **UN Theme Group on HIV and AIDS** brings together UN agencies and coordinates the response on their behalf. It has functioned reasonably well in streamlining the UN response. UNESCO chairs the group for 2007-2008.
- The **NAC - Education Sub-Committee** represents a broad group of education interests (including, for example, the private sector) and includes representation from NGOs, the private sector, and government. There was no clear indication as to how this Sub-Committee has specifically improved the response.
- The **NAC - International Development Partners HIV and AIDS Sub-Committee** looks at the education sector's response, as well as a number of other issues.

The overall consensus of the parties interviewed is that although coordination within the sector has improved in the last two years, it is still very weak. The aforementioned coordination structures have increased

2. Work to develop a strategy was planned by the MOEY with support from UNESCO (Stakeholders workshop held May 7-9, 2007).
3. UNESCO was planning, at the time of the study, to hire an M&E expert to work with the MoEY for 18 months in order to begin to address this gap.
4. The HFLE curriculum is optional in schools. Schools are free to decide on whether to schedule time for this subject. The Guidance and Counselling Unit of the MoEY has focused a substantial part of its efforts on generating awareness among school directors and managers around the importance of making time available for HFLE.

the profile of the education sector and ensured the response includes an increasing number of stakeholders.

Various examples were given of how agencies have sought to ensure a joint approach on issues. For example, UNESCO has been instrumental in supporting better coordination through a series of annual regional Caribbean Consultations which started in 2003 and which aim to accelerate the education sector's response to HIV and AIDS in the Caribbean. UNICEF has provided key support to prevention activities in schools and communities, and JICA has been instrumental in making volunteer expertise available to support the staff in the regions and schools that are implementing the HFLE curriculum. This 'coming together' of key inputs has been essential to the successful piloting and now scale up of the HFLE curriculum. The United Nations Development Assistance Framework (UNDAF) was also cited as having helped to coordinate and rationalise planning among UN agencies, although concerns remain about overlapping agency mandates.

A number of clear weaknesses in coordination, though, became evident from the discussions:

- There are no formalised or clear linkages and procedures for information exchange among the various coordination groups even if some groups share the same members.
- Coordination is limited to key donors and the MoEY. It does not include civil society organizations, private educational institutions, tertiary establishments nor People Living with HIV (PLHIV)
- The roles and responsibilities of the various groups are not clear, as rules to guide the functioning of these groups have not been formally laid down.
- There is no mechanism for an annual stakeholder wide review of progress.
- Despite more talk about joint action, donors continue to be constrained on funding certain issues and budget lines. There is a marked disconnect between the international dialogue and commitment to improving coordination and the reality on the ground. Donors are still coming with their own mandates and specific agendas. They, therefore, have a significant say in what gets funded.
- The response continues to have a short-term vision because of short funding cycles, which raise real concerns about sustainability.
- The current education sector response is fragmented because of different workplans which do not feed into one main plan. As a result, resources are not necessarily being pooled together efficiently, and duplication continues to exist.

5.3 Harmonisation and alignment

Key questions: What specific efforts have been made at harmonisation and alignment? What remains to be done?

While progress has been made towards better coordination, including more joint programming and information sharing among partners, little evidence was found of improved harmonisation and alignment. As one stakeholder interviewed said, *'There needs to be a more consultative process, better coordination, and a common vision, as well as strong ownership, for harmonisation and alignment to become a reality.'*

The National HIV and AIDS Strategy is widely adhered to by development agencies. However, alignment with government plans has been difficult because of the absence of a comprehensive HIV and AIDS Strategy for the education sector. No examples were found of joint funding mechanisms or of joint formats for reporting.

'There needs to be a more consultative process, better coordination, and a common vision, as well as strong ownership, for harmonisation and alignment to become a reality'

There has also been progress in terms of joint planning, where various stakeholders meet together to discuss new projects, funding and other issues, especially in the context of the Education Donor Coordination Committee (EDCC). Asked whether they could provide examples of specific efforts of alignment and harmonisation, most stakeholders were hard pressed to come up with any.

The following were, however, mentioned:

- Important work has been done on reducing the number of UNGASS indicators.
- Dialogue among donors has improved and critical funding gaps are better covered.
- There is increasing dialogue about harmonisation and the 'Three Ones', but, overall, substantial results are not yet felt on the ground.
- The UNDAF process at country level has generated a clearer understanding of what needs to be done and detailed plans for 2007 through 2009 are in place.
- Since 2003, there have been annual consultation meetings on education and HIV & AIDS regionally for Caribbean International Development Partners which aim to accelerate the education sector's response to HIV and AIDS in the Caribbean. In 2006, this resulted in a special meeting of CARICOM Ministers of Education to discuss HIV and AIDS.

In summary

Harmonisation and alignment are considered important by most stakeholders; however, while there have been some important developments, there is still not sufficient progress towards either. The absence of a specific education HIV and AIDS strategy is cited as a limitation and development agencies do not have the power to make significant changes at country level.

5.4 Key resources and information sharing

Key questions: What arrangements for information sharing on HIV and AIDS and Education exist? What resources have played a critical role in success achieved so far and why?

Key resources for the response ...

- The Bashy Bus materials.
- The ASHE edutainment approach
- The ILO guidelines for Workplace Policy.
- The MoEY National Policy on Managing HIV and AIDS in Schools.
- The Red Ribbon Initiative
- 'Skills for Life for Disabled People,' a toolkit developed by UNICEF.
- The posters on HIV and AIDS developed for Jamaica with UNICEF support.
- UNAIDS Voluntary Counselling and Testing (VCT) Guidelines
- UNAIDS tool on monitoring and evaluation in resource poor environments.
- UNESCO guidelines on language use.
- The Education International (EI) workbook for teachers
- Hope World Wide DVD on Sexuality
- UNESCO's Regional Electronic Newsletter and Resource Book on 'Education and HIV/AIDS in the Caribbean'

Information sharing on HIV and AIDS takes place informally, but is generally weak and limited to a few stakeholders. Civil society organizations, for example, are not consistently kept up-to-date on new development and progress. There is a lack of information relevant and pertinent to the Jamaican context. Similarly, there is little consolidated information on experience from other countries. An interesting exception has been the work on collecting and assessing teaching and learning resources, which has provided the Guidance and Counselling Unit with key resources for its HIV and AIDS response.

The Bashy Bus

One of the more interesting tools that was mentioned was the Bashy Bus, which takes its name from a popular slang. For example, a good party is a 'bashment'. The idea to put a bus on the road that provides information about healthy living came out of media reports of young people involved in inappropriate sexual behavior on buses. The Bashy Bus is run by an NGO in St. Catherine called Children First. In 2006 Bashy Bus was commissioned into service with a mandate to work with youth up to 24 years in the urban centers of St. Catherine, St. Ann and St. James.

The Bashy Bus project is jointly financed by the Global Fund, UNICEF and Johnson & Johnson. It is staffed by persons trained by the MOH. On board, there is generally a doctor, counsellors, peer educators and VCT counsellors who use music, drama and discussion to transmit information on HIV and AIDS and other healthy living choices. The Bashy Bus uses music to attract the attention of the young people and takes the opportunity to deliver services to youth who are not in school or attached to workplaces or churches. The Bashy Bus has served over 20,000 youth and since November 2006 administered over 2,000 HIV tests.

Coordination and implementation can be supported by effective dissemination of resources, tools and best practices and this has been one of the areas that the IATT has focused on. Thus, one of the purposes of the case study is to identify resources (tools, guidebooks and methodologies) which in the opinion of stakeholders have been valuable to improvement of the HIV and AIDS response, and to assess to what extent these are used by the different partners.

All stakeholders interviewed provided examples of resources that they felt were key to the response. No one mentioned an IATT tool, although a number of the tools that were mentioned have been produced by agencies that are IATT members.

Many stakeholders were of the opinion that while there is a wealth of toolkits and manuals around, there is no central depository for resources. As a result, materials are not readily available. There is no formal system for information sharing among partners. This was evidenced by the team identifying at least one major example of duplication of efforts during the short period of research.[5] It was also felt that there is need for information specifically packaged for different groups. For example, a special packet of information for business people was suggested. Finally, stakeholders remarked that material distribution only very rarely goes hand-in-hand with strategies and resources for dissemination and follow-up. As a result, key partners remain unaware of important materials and uptake and effectiveness are reduced.

In summary

Formal arrangements for sharing of information and resources are weak. While many examples were provided of useful resources, none of these were specific IATT tools, although a number of them are produced by IATT members. Resource use and uptake is weak in the absence of a central depository for resources and strategies for dissemination and follow-up.

5. JICA is working on developing methodologies and approaches for prevention among disabled children without, being aware of similar work that was done by UNICEF.

5.5 Monitoring, evaluation and feed back into decision-making

Key question: How are outputs, outcomes and impact being monitored and fed back into decision-making processes?

The absence of monitoring and evaluation protocols was mentioned by all stakeholders. This is a serious concern and, in spite of efforts by individual agencies, the consensus of people interviewed is that, overall, this area has not been given sufficient priority. As a result, there is little or no data collection on what is being done, and the existing information is not comprehensive. In other words, direct evidence of the impact of the HIV and AIDS response in the education sector does not exist. Thus, there is no annual review of progress and comprehensive management decisions are not sufficiently evidence-based.

Plans are in place, however, for the recruitment of an individual to provide technical support to strengthen the monitoring and evaluation capacity of the MoEY. The individual was expected to begin in 2007. This is to be financed by UNESCO, with assistance from the Government of Japan.

6. Observations and emerging recommendations

The analysis above has pointed to both strengths and weaknesses in the response. The consultants are making a number of observations and tentative recommendations for the education sector response in general, for development partners and the IATT in particular. These are put forward to encourage discussion and further reflection. Suggestions and recommendations for the education sector's response in general were not part of the original terms of reference for the Country Case Study Exercise. However, in all four countries, these were included at the specific request of country stakeholders to enhance the relevance of the exercise to local needs. However, given the short nature of the assignment it is important that these be seen as suggestions which will require further examination and discussion at country level. The final report contains consolidated recommendations from all four countries.

6.1 For the education response in general

The education sector's response to HIV and AIDS is about to change in significant ways. We support these efforts and encourage stakeholders to:

1. Give priority to the implementation of a National Strategy on Education and HIV and AIDS which is currently being developed and that provides a framework for a more comprehensive sector response.
2. Identify means of ensuring that HIV and AIDS are discussed, reported and monitored at critical senior management meetings in the MoEY.
3. Institutionalise a coordination mechanism that has clear links with the national coordination system and establish clear and shared mechanisms for information exchange and feedback.
4. Embrace a more comprehensive whole school approach to education and HIV and AIDS, rather than one that is focused mostly on curriculum development.
5. Broaden the consultative mechanism in the education sector to include NGOs and PLHV, and establish clear roles and responsibilities for each.
6. Document best practices.
7. Prioritise research and evidence based decision-making.

6.2 For development partners

On the basis of the information gathered during the case study we are proposing that heads of missions and heads of agencies focus more on the specific gaps in response to HIV and AIDS in country. These include the need to:

1. Lobby and advocate for a multi-sectoral response to HIV and AIDS among the leadership of the country. This is crucial because HIV and AIDS continues to be viewed as a health problem, which constrains support to and the intervention of other key sectors, such as education.
2. Discuss more critically the situation of the NAC, especially its funding and location.
3. Continue to strive for greater flexibility in funding.
4. Strive for longer term support, once priorities are clearly established in a national strategy on HIV & AIDS and education.
5. Give priority to capacity-building so as to improve the quality of the response.
6. Address HIV and AIDS technical capacity-building within development agencies, as agency staff play a strong role in deciding priorities at country level.
7. Commit to longer-term strategic responses rather than to short-term interventions.
8. Agree on priority actions rather than on a long list of desirable issues.

6.3 For the UNAIDS IATT on Education

In view of the findings of this country case study, we make the following preliminary recommendations to UNAIDS IATT on Education:

1. The IATT should lobby more strongly in international fora for the role of education within the overall response, and for increased funding.
2. The IATT needs to find ways to be more in touch with evolving issues at country level, so priorities are made clear and more appropriate responses are considered.
3. The IATT needs to make a much greater and more consistent effort to engage with the big players that are setting agendas, such as the Global Fund.

4. Rather than commissioning its own research, the IATT could play a role in ensuring that resources for research are channelled towards emerging priorities in country and that research results are shared, disseminated, and discussed.
5. The IATT could work toward improving harmonisation of report formats and planning cycles among agencies.

7. List of persons contacted in Jamaica

Barbara Allen, Director of Planning, Ministry of Education and Youth

Jenelle Babb, UNESCO

Wendell Bailey, Health Promotion Officer- Region I, Guidance and Counseling Unit, Ministry of Education and Youth

Dr. Brenden Bain, Coordinator, University of the West Indies, HIV/AIDS Response Programme (HARP)

Lovette Byfield, Global Fund Jamaica Project, Ministry of Health/ National HIV/STI Prevention Programme

Dr. Adolph Cameron, General Secretary, Jamaica Teachers Association

Dr. Janice Chang, Short Term Professional, Disease Prevention and Control, PAHO/WHO

Salomie Evering Deputy Chief Education Officer, Curriculum and Support Services, Ministry of Education and Youth

Dr. Peter Figueroa, Chief- Epidemiology & AIDS, Ministry of Health/ National HIV/STI Prevention Programme

Christopher Graham, National Coordinator, HIV/AIDS Response Team, MoEY

Vivian Gray, Executive Director, National AIDS Committee

Grace Green, Snr. Education Officer-Programmes and Monitoring & Evaluation, MoEY

Jody Grizzle, Global Fund Jamaica Project Ministry of Health/ National HIV/STI Prevention Programme

Tony Hron, Advocacy Officer, Jamaica Network of Seropositives (JN+)

Nasolo Jacobs, National Project Coordinator, ILO

Hopeton Henry, President, Jamaica Teachers Association

Janice Ho-Lung, Joint Board of Teacher Education/UWI HIV/AIDS Response Programme

Monica Holness, Assistant Chief Education Officer, Guidance and Counseling Unit, MoEY

Anna-kay Magnus-Watson, HIV/AIDS Programme Officer, Guidance and Counseling Unit, MoEY

Nada Marasovic, Programme Coordinators, UNICEF

Miriam Maluwa, Director, UNAIDS

Raymond Munroe, Principal, Calabar Primary & Junior High School

Kathy Francis McClure, Country Director-Jamaica, The POLICY Project, Futures Group

Akihito Motegi , Volunteer Coordinator, JICA

Ricky Pascoe, President, Jamaica Network of Seropositives (JN+)

Dr. Ernest Pate, Representative, PAHO/WHO

Claudette Pious, Director, Children First

Mrs. Maxine Ruddock-Small, HIV/AIDS Response Programme (HARP), University of the West Indies

Yasushi Sato, Field Volunteer, JICA

Dr. Leigh Shambling, USAID

Emiko Sugiyama, Field Coordinator of HIV/AIDS Control Programme, JICA

Sannia Sutherland, Global Fund Jamaica Project, Ministry of Health/ National AIDS Programme

Stephanie Watson-Grant, Project Management Specialist HIV/AIDS, USAID

Conroy Wilson, Executive Director, ASHE Caribbean Performing Arts Ensemble

Dotlyn Young, Guidance Counselor, Calabar Primary & Junior High School

Appendix 2: IATT Case Study Review - KENYA

Country Visit *Aide-Mémoire* – April 2007

1. Introduction

This *aide mémoire* presents the results of a country case study of Kenya which took place in the context of a four country exercise commissioned by the UNAIDS Inter-Agency Task Team (IATT) on Education. This is an interim document, the purpose of which is to provide the stakeholders interviewed in Kenya, as well as the IATT on Education, with a preliminary summary of findings. The results of this discussion will then be incorporated into an overall report on the four countries.

The assignment was carried out by Dr. Muriel Visser-Valfrey (international consultant) and by Dr. Okwach Abagi (local consultant based in Kenya) in March 2007. During the one-week review period, the consultants met with representatives from government, development agencies, the private sector and civil society involved in the response to HIV and AIDS in the education sector. The programme also included visits to a primary and a secondary school in Nairobi, where the team had the opportunity to meet with teachers. (Section 6 provides a list of people interviewed.)

The consultants would like to express their deep appreciation to all the partners involved for the time they spent with the case study team and, in particular, for the open and constructive manner in which all participated in the dialogue. The consultants would also like to thank the UNESCO Office in Kenya for its invaluable and tireless support and the IATT Secretariat in Paris for its help with the overall organization of the study.

2. Background and purpose

The UNAIDS Inter-Agency Task Team (IATT) on Education was established in 2002 to support accelerated and improved education sector responses to HIV and AIDS. The IATT brings together UNAIDS Cosponsors, bilateral agencies, private donors, and civil society organizations, with the dual aim of:

- Accelerating and improving the education sector response to HIV and AIDS by promoting and supporting good practices in the education sector, *and*
- Encouraging alignment and harmonisation within and across agencies to support global and country-level actions.

This purpose of the overall study is to assess the quality and effectiveness of collaboration among partners based on case studies in Jamaica, Kenya, Thailand and Zambia, with a view to improve coordination across agencies to support country-level and global actions. Specifically, the case study exercise seeks to:

- Document how external partners coordinate and harmonise their efforts at the country level, including how they disseminate and share information, and how this supports or hinders a comprehensive education sector response to HIV and AIDS.
- Identify areas of overlap and significant gaps in country responses.
- Produce a series of options for the IATT members to consider to improve synergy and alignment across IATT member agencies and to support coordination at the country level more broadly.

3. Methodology

The case studies are being conducted in countries where significant efforts have been undertaken in support of education sector responses to HIV and AIDS. In each country, the study seeks to interview stakeholders from the Ministry of Education (MoE) and other relevant ministries, development agencies (multilateral and bilateral), the National AIDS Authorities (NAAs), civil society groups, teachers' unions, the private sector and representatives of HIV-positive networks. The findings of the study are limited by the short duration of time in country, which affected the extent to which the full range of country stakeholders could be adequately consulted.

To guide the work, six key research questions were formulated (see box, next page) which directed semi-structured interviews with partners. In addition, the consultants reviewed key documents and visited local education facilities.

Key questions:

- What have been the critical achievements in the response to HIV and AIDS in education? What gaps exist and how could these be overcome?
- What arrangements for coordination among partners working on HIV & AIDS and education exist? How have these evolved? How effective are they?
- What specific efforts have been made at harmonisation and alignment? What remains to be done?
- What arrangements for information sharing on HIV & AIDS and education exist?
- What resources have played a critical role in successes achieved so far and why?
- How are outputs, outcomes and impact being monitored and fed back into decision-making?

4 Brief outline of the country and sector

The HIV infection rates in Kenya rose steadily in the 1990s, reaching a peak in 2000 of 13.4%, up from 6.1% in 1990. Since then, declining rates of infection have been observed, both in rural and in urban areas. The decline is also present in the 15-24 year age group, which is significant given this is usually the population where most new infections occur. In 2006, the prevalence rate was estimated at 5.9% by NASCOP/National Aids Control Council (NACC). Just over one quarter of those who are infected are on anti-retroviral therapy (ART). High prevalence rates in previous years means Kenya is currently experiencing a high number of deaths. According to the above resource, over 2.3 million children are orphans, of whom more than half have been orphaned by the epidemic.

The Government of Kenya (GoK) declared 'total war' against HIV and AIDS in 1999. In 2003, it established a Cabinet Committee on HIV and AIDS, which is chaired by the President of the Republic. The government has committed itself to a multi-sectoral national response to HIV and AIDS and has mandated the NACC, as the national co-ordinating authority to provide the required leadership within the 'Three Ones' principles. The Kenya National HIV/AIDS Strategic Plan (KNASP) 2005/06 to 2009/10 provides the action framework for HIV and AIDS and the context within which all stakeholders develop their activities.

The latest statistics published by NACC with respect to the education sector highlight some startling trends, among which is the fact that HIV prevalence is lower among those who have no education (3.9%) than those who have incomplete primary education (6.4%) which is again lower than those who have completed primary education (8.5%).[1] Also, although young people in school (ages 15-24 years) score better on measures of knowledge in general, those who are not in school, and in the same age group, are much more likely to be aware of important prevention measures (abstinence, faithfulness, and condom use) than their peers who are in school. This highlights the importance of doing more detailed research and analysis with respect to the education sector and the targeting and content of key messages.

5 Findings and conclusions

This section presents the findings and emerging conclusions with respect to the main areas covered by this case study.

5.1 Achievements and gaps

Key questions: What have been the critical achievements in the response to HIV and AIDS in education? What gaps exist and how could these be overcome?

The responses from stakeholders confirm that Kenya has made important progress in the overall response to HIV and AIDS. Among sector ministries, stakeholders in general emphasised that the MoE stands out because of its early commitment to accelerating the response. Various factors have contributed to the success so far. Stakeholders interviewed highlighted the: (i) importance of high-level commitment and leadership by government; (ii) establishment (and more recently the re-organization) of the NACC which is located in the Office of the President; (iii) establishment of HIV and AIDS coordination structures down to community level (both for the overall response and in the education sector); (iv) development and dissemination of policies; and (v) active participation of stakeholders from the government, civil society and private sector in dialogue and action around HIV and AIDS.

A summary of some of the key achievements and gaps can be found on the next page.

1. With secondary education or more the HIV prevalence goes down slightly to 6.6%.

ACHIEVEMENTS

- HIV and AIDS have been mainstreamed into the Kenya Education Sector Support Programme (KESSP) with a specific budget as one of 23 priority programmes. The GoK finances 45% of the budget for the HIV and AIDS programme.
- The Education Sector Policy on HIV and AIDS, as well as specific workplace policy guidelines on HIV and AIDS for the Teacher Service Commission (TSC), the Kenyan National Union of Teachers (KNUT), and for Kenyatta University have been developed and at least partially disseminated.
- AIDS Control Units (ACUs) have been established and staffed in the Ministry of Education (MoE), TSC, KNUT and at university level (each university has an ACU).
- The Kenyan Network of Positive Teachers (KENEPOTE) has been established and has acquired a membership of some 4,000 members since 2005.
- TSC, in recognition of the Greater Involvement of People with HIV and AIDS (GIPA) principle, has redeployed an HIV-positive teacher who is also the National Treasurer of KENEPOTE to work in the ACU at the Commission's headquarters.
- District psycho-social support groups for HIV-positive teachers have been established by TSC and supported by KENEPOTE.
- Sensitisation and capacity-building of senior and middle-level *education managers has taken place,* as well as training of some primary and secondary school teachers.
- HIV and AIDS have been infused into the curriculum, although it is not clear to what extent it is being addressed at the school level. Recent consensus has been built around a specific life skills and HIV & AIDS curriculum which will be given one period per week from next school term.
- A monitoring and evaluation system has been set up for the National HIV and AIDS strategic plan and for the education ministry through the Education Management and Information System (EMIS) and District Education Management and Information System (DEMIS). Both are currently being rolled out.
- Since the introduction of free primary education in Kenya in January 2003, school fees have been abolished, thus reducing the burden on orphans and vulnerable children (OVC). Despite this achievement, there is an urgent need for more support to this group.
- There is evidence of greater levels of knowledge and awareness on HIV and AIDS among children, young people and adults and some reduction in stigma and discrimination.
- Availability of Voluntary Counselling and Testing (VCT) has increased, including at the MoE Headquarters.
- Adoption of the HIV and AIDS Prevention and Control Act in 2006.

GAPS

- The Education Sector Policy on HIV and AIDS has been disseminated to all public secondary schools and a portion of the primary schools, but it is not sufficiently known to and understood by teachers and has not been translated into administrative practices at sub-national level. There are no mechanisms in place to update the policy. Sharing of such policy documentation should also not be confined to schools and teachers, but include other relevant sectors as well.
- Coordination of the education sector response could be improved, in particular, between the different ACUs and among development partners and other actors.
- The KESSP HIV and AIDS investment programme needs to be more clearly translated into actions and priorities and has faced some funding gaps.
- The MoE involvement in the multi-sectoral response is markedly weaker than the work done in the sector itself (for example on OVC).
- MoE staff turnover, retrenchment and retirement, as well as a stop on new recruitments, has affected staff availability and continuity, including in HIV and AIDS areas.
- Most teachers and staff remain fearful of accessing VCT because of stigma and discrimination.
- Comprehensive support to teachers, especially those who are infected and affected (including orphans of staff) is still lacking and most staff remain unsure of their rights.
- The proportion of teachers who have been trained on HIV and AIDS is still small compared to the overall need.
- Funding is not sufficiently decentralised and accessible where it is really needed.
- There is little understanding and evidence of the outcome and impact of education on the national response to HIV and AIDS.
- Conducting operational research and using evidence to inform policy, decision-making and planning (sector specific studies) are still limited.
- Although the establishment and acceptance of KENEPOTE by TSC is of unique importance to an enhanced response, the network lacks comprehensive support from donors (in institutional strengthening, strategic planning, and sustainability). The current risk is that PLHIV get 'used' and misused rather than comprehensively involved in agenda-setting, decision-making and monitoring.

5.2 Coordination

Key questions: What arrangements for coordination among partners working on HIV & AIDS and education are in place? How have these evolved? How effective are these?

The review examined the coordination of the HIV and AIDS response within the education sector and how it is linked to the national response. The following arrangements were highlighted by the stakeholders interviewed in the course of this study:

- The overall HIV and AIDS response is coordinated by a Cabinet Committee under the Office of the President. The MoE is one of the five key ministries involved in the response to HIV and AIDS.
- The Education Development Partners Group (EDPG) meets every month in a formal coordination arrangement. Every third meeting of the group takes place with the Permanent Secretary of the MoE. The EDPG establishes working groups on thematic issues. However, there is no specific thematic group on HIV and AIDS and the issue has not been systematically on the agenda. Nevertheless, Development Partners (DPs) were recognised during the review as having played an important role in ensuring that HIV and AIDS are part of KESSP.
- KESSP has resulted in the establishment of formal coordination structures. This includes joint planning mechanisms and a participatory annual review of progress, during which progress with respect to HIV and AIDS is also reviewed. A formal committee to review the implementation of the KESSP HIV and AIDS sub-programme was established in September 2006, but had met between then and the time the study was conducted.
- There is an inter-ministerial working group on OVC involving all major partners. However, the MoE participation in the group has not been very active so far.
- The NACC has a contact person for HIV and AIDS, and technical working groups on specific topics, but no technical persons or specific group on HIV & AIDS and education. The NACC also coordinates the annual review of the overall HIV and AIDS response which includes the education sector response.
- The IATT and its role in improving coordination, harmonisation and alignment, as well as disseminating 'good practices', is unknown to most stakeholders.

Stakeholders almost unanimously underscored that coordination has improved over the past few years. The SWAp process was cited as having enhanced donor coordination in general. It has also resulted in more formalised structures, in clarification of priorities, in better mainstreaming of HIV and AIDS in education, and has provided a framework for discussing activities and funding. The development of KESSP was widely seen as an important achievement because of DP commitments to basket funding and ultimately to sector budget support, which should, in principle, make it easier to ensure that the priority areas of the education response to HIV and AIDS are covered.

Examples of better coordination (in a practical and project sense) among DPs are hardly visible. However, there were examples given where DPs are collaborating better, either by building on each others' experience (which is a direct result of better information sharing), or by deliberately seeking to work together on key aspects of the education sector response, for example, in developing and publishing the Education Sector Policy on HIV and AIDS.

Challenges in the area of coordination include:

- Inter-sectoral coordination needs to get more priority, both within the government and within development agencies themselves. Education still lacks visibility and credibility within the overall response (e.g. the Kenya AIDS Watch Institute does not monitor the education response to HIV and AIDS, there is no theme group on HIV & AIDS and education in NACC, and there is no theme group on HIV and AIDS for education DPs).
- Certain key partners such as civil society organizations and PLHIV groups, although consulted on the SWAp process, are not systematically part of the decision-making structures and have little insight into the overall response in the education sector.
- Duplication of efforts by partners continues to be a major concern. There is no comprehensive system for recording what contributions are coming in on HIV & AIDS and education and where activities are taking place. Organizations in need of funding at local level complain that they have no access to resources.
- Coordination between the three ACUs (at MoE, TSC, and Commission for Higher Education) continues to be fragmented and is not governed by a clear, decision-making structure.
- Despite increased information sharing among partners, dissemination still remains limited to a small group of partners. At the implementation level, actions are not sufficiently guided by evidence.
- The NACC has no in-house expertise to specifically support issues related to the HIV and AIDS response in the education sector.
- DPs still push for specific agendas in spite of the commitments made to the national priorities in KESSP. As one stakeholder lamented *'They – the development partners – are still very selective in what they will fund, when, where and how.'*
- The EDPG is helpful in working towards joint positions on key issues. However, from the perspective of other stakeholders this at times leaves little room for a truly open debate and discussion on issues and makes re-negotiating positions taken by the EDPG very difficult.

In summary

It was very clear during this review that the education response has been much better coordinated, and moved faster, than in other key sectors. The clarity and precision with which the challenges were identified is evidence of an enhanced understanding of those areas that will need priority attention in the future. The MoE, TSC, KNUT, NACC, DPs, the private sector and civil society all indicated that the education response to HIV and AIDS needs to be better and more effectively coordinated. The MoE, through the support of NACC, needs to have strengthened structures and provide even stronger leadership in the coordination of the sector response.

5.3 Harmonisation and alignment

Key question: What specific efforts have been made at harmonisation and alignment and what remains to be done?

Kenya has made progress towards harmonisation and alignment although there is still substantial room for improvement. Partners interviewed highlighted that the preparation of the national and education sector strategic plans has been critical to ensuring agreement and buy-in on priorities. The establishment and recent restructuring of the NACC have ensured that the response is better coordinated, as has the development of a nationally agreed upon monitoring framework and plan for the overall HIV and AIDS response. At the time of the study, a monitoring tool (known by its acronym COBPAR) is being piloted. An anticipated result is that DP priorities will be better aligned with the national priorities.

In the education sector specifically, key developments with respect to harmonisation include:

- Improved dialogue among partners and better coverage of critical funding gaps.
- Alignment by DPs with the SWAp process and the KESSP.
- Some lesson learning and transfer by DPs to new programmes (e.g. the approach in prevention education from DfID/CfBT to USAID/AFT) so that there is continuity and some uniformity of approaches.
- Commitment to basket funding for key programmes and development of mechanisms to put this in place.
- Joint planning and reporting on KESSP and the HIV and AIDS programme.
- On-going work towards agreeing upon a core curriculum and approach for HIV and AIDS in education.

Challenges:

Commitment to the 'Three Ones' has gone some way in Kenya. The joint planning was cited as particularly important in ensuring all priority areas are adequately covered and funded. However, in some respects, progress towards the 'Three Ones' has added a layer to an already very complex and fragmented system. Stakeholders emphasised that progress in substantially reviewing 'business as usual' still lags behind the official commitment to harmonisation and alignment. In other words, DPs have made little progress in letting go of specific agendas and requirements, especially with respect to reporting. Many partners continue to invest in short-term programmes and projects which focus heavily on quantitative process indicators (such as number of participants) and not on outcomes and impact.

Other issues include:

- Some key players who come in with substantial amounts of funding for the overall response are not part of coordination and harmonisation efforts.
- Funding of KESSP is still not proceeding smoothly and this has affected its implementation (including on HIV and AIDS). This is due in part to differing planning and funding cycles among partners and varying demands about what checks and balances need to be in place before providing funding.
- Some major DPs – at the request of the MoE – keep funding outside of KESSP. This has allowed some projects to continue, but has reduced the incentive for complying with the SWAp mechanism.
- Efforts on harmonisation and alignment remain limited to the education sector and do not deal comprehensively with critical issues which transcend the sector and require cross-sectoral coordination, such as OVC.
- There has been little progress on developing agreed-upon indicators for the education sector.
- Development partners at country level are not sufficiently decentralised to buy into government agendas and priorities when these contrast with their own.
- Some partners do not recognise the TSC and thus fund HIV and AIDS projects targeting teachers without TSC knowledge or involvement. This leads to fragmentation in the response, lack of clarity on roles and responsibilities, and duplication.

In summary

The SWAp within the MoE and the development of KESSP are cited by stakeholders as 'good examples' of harmonisation in the country. This has created an enabling environment in which harmonisation of the education sector's response can take place. The commitment of development partners needs to be translated into practice – in terms of pooling resources and developing common frameworks for monitoring and evaluation. Building partnerships and synergies to give the education sector a boost and place in the national response is necessary.

5.4 Key resources and information sharing

Key questions: What arrangements for information sharing on HIV & AIDS and education exist? What resources have played a critical role in success achieved so far and why?

Information-sharing takes place in a number of ways:

- DP share information in the EDPG, especially through emails and circulation of key reports.
- The Joint Annual Program Review (JAPR) of the national response and of KESSP provides a useful forum for sharing information.
- Thematic groups created under the overall coordination structures share information.
- Thematic meetings are organized on occasion to discuss specific issues.

Key resources for the response …

- **Study visits.**
- **Thematic discussions – especially around research.**
- **The involvement/visibility of HIV-positive teachers.**
- **The involvement of key people from the region.**
- **Listening to community proposals for addressing stigma and discrimination.**
- **Mass media (should be used more to compliment efforts in the education sector).**
- **Visual materials (videos, etc).**
- **Condoms, with more attention needed to promoting the female condom.**
- **The MoE policy on HIV and AIDS.**
- **The Education Sector HIV/AIDS Global Readiness Survey.**
- **The "HIV/AIDS participant handbook" developed with USAID as a practical resource for teachers.**
- **The EI Workbook for Teachers.**
- **The ILO workplace policy.**
- **The HEARD resources for teachers**

Persons interviewed during the case study exercise expressed a concern that while a substantial amount of information is being produced:

- Dissemination and integration of information into decision-making processes is not regular or consistent.
- Dissemination tends to be limited to a select group of stakeholders.
- It continues to be difficult to identify priority information, and there is too little emphasis on producing information in formats that are targeted at those who work at implementation level (e.g. in communities).
- Information-sharing is not decentralised enough, especially not to educational training institutions (and other implementers) which still lack printed materials. The secondary school visited by the review team had a special cabinet on the wall for HIV and AIDS, but there were no materials inside it.
- Some key resources, such as the Education Sector Policy on HIV and AIDS policy, have not been sufficiently disseminated and their implementation is not being monitored.

All stakeholders interviewed were asked to provide examples of resources that they felt were key to the response. A number of tools which have been produced by IATT members were mentioned. Interestingly, stakeholders also included under resources general approaches or 'good practices', such as well-targeted study visits in the region, the inclusion of HIV-positive teachers in meetings and discussions, and the use of mass media to supplement efforts within the education system.

In summary

Although there are key resources (policy and behaviour change communication (BCC)/information, education and communication (IEC) materials) on education and HIV & AIDS that have been developed and launched in the country, there are no formal actionable plans for dissemination and sharing of such information. This also applies to research that has been funded by DPs and which often takes place outside of the MoE coordination framework. Documentation of what works and under what conditions in the education sector's response has not been an area of focus.

5.5 Monitoring, evaluation and feedback into decision-making

Key question: How are outputs, outcomes and impact being monitored and fed back into decision-making processes?

Establishment of a functional monitoring and evaluation system remains a big challenge for the sector response. Up until now, outputs and outcome indicators with respect to HIV and AIDS seem not to have been developed. Process indicators continue to be measured mostly at project level. Little evidence was found of consistent sharing of this information among the partners involved in the sector. There is still not enough understanding of impact and of what approaches work best. Finally, there has been little progress towards identifying education specific indicators on HIV and AIDS.

HIV prevention at Kenyatta University

The AIDS Control Unit at Kenyatta University has conducted a baseline in 2003 and a follow-up study in 2006 of students' knowledge, attitudes and behaviour. The results of the 2006 survey show important changes, including increased condom use and reduced number of sexual partners. Conducting the study cost around US$3,000 and has provided the University and its AIDS Control Unit with valuable insights into areas of the response that need to be improved.

A major constraint in the area of monitoring and evaluation is that partners involved still do not recognise the importance of this area, and, as a result, it continues to be under-funded and not sufficiently staffed. The limited staff the MoE has available are statisticians rather than monitoring and evaluation specialists. In many cases, baselines are not being established, making it is difficult to assess whether interventions that are hailed as being critical are really producing an impact. The experience of Kenyatta University (see box) stands out in this respect.

Recent developments, however, are expected to go some way to correcting this issue and are indicative of increasing commitment to this area. Within the education sector, work is on-going to establish an EMIS and DEMIS which will provide critical information on the implementation of KESSP, including progress in the area of HIV & AIDS and education. As mentioned above, in the context of the national response and the restructuring/strengthening of NACC, a national framework for HIV and AIDS monitoring has been set up (COBPAR). As these developments are still new, it is not possible to say to what extent the information generated through these frameworks will feed into decision-making.

6 Observations and emerging recommendations

The analysis above has pointed to both strengths and weaknesses in the response. The consultants are making a number of observations and tentative recommendations for the education sector response in general, for development partners and the IATT in particular. These are put forward to encourage discussion and further reflection. Suggestions and recommendations for the education sector's response in general were not part of the original terms of reference for the Country Case Study Exercise. However, in all four countries, these were included at the specific request of country stakeholders to enhance the relevance of the exercise to local needs. However, given the short nature of the assignment it is important that these be seen as suggestions which will require further examination and discussion at country level. The final report contains consolidated recommendations from all four countries.

6.1 For the education response in general

The education sector's response to HIV and AIDS stands out because of its early and significant commitment. Work is on-going to improve the response further. In that light, we suggest stakeholders in the sector:

1. Conduct an impact assessment on HIV and AIDS in the education sector in terms of staff implications, OVC support and care, and financial scenarios. This should help to further fine-tune the HIV and AIDS programme and provide indications of priorities for coming years.
2. Establish clear coordination, harmonisation and reporting structures for the ACUs within the sector and placing them higher in the overall MoE structure.
3. Strengthen the MoE ACU with additional staff with specific responsibility for leading the coordination of the sector response to HIV and AIDS.
4. Conduct needs assessments and launching capacity-building interventions within the sector in view of improving coordination, management, monitoring and evaluation of HIV and AIDS.
5. Develop an agenda of key operational studies and ensuring that this is funded under KESSP.
6. Take stronger leadership in effective inter-sectoral coordination on issues which are impacting on the sector, for example, with respect to OVC and the business and private sector response.
7. Further disseminate the policy and legal frameworks and monitor their compliance and implementation. It would be worthwhile ensuring that there is a system for reporting publicly on what MoE is doing in key areas, for example, teachers' support, orphans, etc, so that these groups are aware of what their rights are and where they may seek support.
8. Establish an education sector HIV and AIDS monitoring and evaluation plan, building consensus on core indicators, developing workplans and making sure that data flows from the decentralised level to the MoE headquarters. Such data should be used for decision-making, planning and for programming.

6.2 For development partners

On the basis of the information gathered during the case study, we are proposing that heads of mission and agencies, as well as education sector managers within these agencies, focus on the more specific gaps in the response to HIV and AIDS. This includes the need to:

1. Establish a thematic group on HIV & AIDS and education within the EDPG and to provide support to strengthening the roll-out of the HIV & AIDS and education programme under KESSP.
2. Develop clear mechanisms for translating the HIV and AIDS programme under KESSP into priorities and joint annual plans and implementation strategies.
3. Ensure programmes and projects on HIV & AIDS and education have clear indicators for monitoring outputs and outcomes, as well as the necessary resources to do this.
4. Ensure the development of a functional monitoring and evaluation system for the education sector response to HIV and AIDS, with clear plans, responsive technical assistance and adequate financial resources.
5. Strengthen the NACC capacity to provide support on HIV & AIDS and education by ensuring that it has specialist staff that can provide the necessary inputs and guidance.
6. Strengthen links between different sectors within development agencies themselves – for example, between health and education - in order to have joint planning and a comprehensive HIV and AIDS response which includes an appropriate role for education.
7. In consultation/collaboration with TSC, provide long-term institutional development support to KENEPOTE, a very powerful agent of change that is in serious need of appropriate, well thought through, long-term support to build capacity, develop institutional and governance structures, and create mechanisms for sustainability.

6.3 For other stakeholders

A number of non-education sector stakeholders were consulted during the review. These have an important complementary role to play. We suggest this include:

1. Taking on a more active role in monitoring and supporting the education sector response to HIV and AIDS.
2. Identifying and pursuing opportunities for engaging with the education sector in the context of a multi-sectoral response.
3. Taking proactive action to promote sharing and dissemination of information on their HIV and AIDS interventions as well as of best practices which are relevant to the education sector.

6.4 For the UNAIDS IATT on Education

In view of the findings of this country case study, we make the following preliminary recommendations to UNAIDS IATT on Education.

1. IATT members need to agree on a limited number of key issues and priorities and to ensure that these are adequately funded (for example, teachers, OVC, monitoring and evaluation, and

operational research). The current situation is that partners have carved out specific niches in the response and this is not adding up to a comprehensive agenda.

2. The IATT needs to actively identify ways to enhance its visibility so that stakeholders at country and regional levels can engage with the IATT and actively pinpoint priority areas that need addressing. In this context, the IATT should consider having a small number of MoE country representatives at its bi-annual meetings.
3. The IATT should consider comprehensively piloting the four case study countries that are part of this review on issues related to coordination and harmonisation, including capacity-building, and monitoring and evaluation, and then annually review progress that is being made in these key areas. These countries could then yield lessons to be applied in other contexts.
4. The IATT needs to continue to lobby for a more prominent role for education within the overall response, in particular in international fora.
5. The IATT needs to engage with non-IATT partners internationally (and, therefore, often also at country level) who play a prominent role in the overall HIV and AIDS response, such as the Global Fund and PEPFAR.
6. The IATT should be more pro-active in addressing real constraints to harmonisation and alignment and monitor progress in this respect. A code of practice could be developed which would commit partners to certain principles, and which would be monitored annually.
7. The IATT needs to provide responsive technical assistance to countries in the areas of coordination, harmonisation and monitoring & evaluation of the education sector.

Examples of best practices

1. KNUT study circles among teachers.

This project targeted over 600 schools (primary, secondary and tertiary institutions) in 14 districts. In each school, the school head and a teacher was trained in HIV and AIDS. The trained teacher then became the convener of a study circle which organized discussions at school level. In these peer education sessions, teachers discussed, among others, facts about HIV and AIDS, the role of teachers in fighting the epidemic, the implementation of the workplace policy, establishment and management of HIV and AIDS clubs and/or health clubs at school level; and enhancement of school/community sensitivity to OVC.

Anecdotal evidence indicates that in schools where the programme has run there is less stigma and discrimination, teachers are more likely to have been tested for HIV and that support to OVC is more holistic. This two year education prevention intervention was funded by USAID under PEPFAR, managed by the America Federation of Teachers, and implemented by Kenya National Union of Teachers.

2. Education Sector Policy on HIV and AIDS (2005)

The development of the Education Sector Policy on HIV and AIDS was initiated and steered by the MoE. A participatory approach and consultations of various stakeholders were the pillars in the policy development. Several stakeholders were involved during the development of this policy, including representatives from NACC, TSC, KNUT and the Ministry of Home Affairs with technical assistance from South Africa. The policy was discussed in a validation workshop, which brought together various stakeholders. The policy was launched by the Minister of Education and has been distributed widely to all secondary schools and a number of primary schools in the country. The majority of the development partners are aware of this policy but dissemination to schools and teachers could still be strengthened. The policy development and printing of the policy document was funded by UNESCO with support from USAID.

3. Deployment of Teachers Leaving Positively with HIV and AIDS

The Teachers Service Commission (TSC) AIDS Control Unit has set a good example in actively implementing the GIPA principle by deploying a teacher living positively with HIV and AIDS to work at the Commission's AIDS Control Unit (at the headquarters) as Senior Administrative Officer. This teacher is at the same time the National Treasurer of KENEPOTE. This deployment has strengthened the HIV and AIDS response from a number of important perspectives:

- **Decision-making processes of the TSC now benefit from the contributions of a staff member living with HIV.**
- **The presence of an HIV-positive teacher has enhanced visibility of this issue and is contributing to reducing stigma and discrimination.**
- **Other Teachers who are HIV see the officer at TSC as a role model and this seems to have contributed to more teachers coming out to declare their status and to seek assistance.**
- **The deployment helps in bridging gaps between the TSC management, ACU staff and the infected employees.**
- **The counselling process is now strengthened with the input of a staff member living with HIV.**

7 List of persons contacted in Kenya

Dr. Laban Ayiro, Senior Deputy Director, Ministry of Education

Ms. Louise Banham - Education Adviser, DFID Kenya

Ms. Lucy Barimbui, HIV/AIDS Coordinator, Kenya National Union of Teachers (KNUT)

Dr. Draus Bukenya, Director HIV/AIDS /STI Programme, Afircan Medical and Research Foundation (AMFREF)

Dr. Peter Cherotich – Counseling and Testing Manager, National AIDS/STD, TB and Leprosy Control Programme (NASCOP)

Dr. Wambui Gathenya- Education Project Management Specialist, USAID Kenya

Mr. Francis Gitonga – Project Management Specialist HIV/AIDS – Education, USAID Kenya

Mr. Mitsugu Hamai – Programme Officer HIV/AIDS unit, WFP

Mr. Mbogoli Kaburu- Headteacher, Highlands Secondary School

Ms. Angela Kageni -Programmes Coordinator, Kenya Aids Watch Institute (KAWI)

Ms. Elizabeth Kaloki – Senior Administrative Officer, Aids Control Unit, Ministry of Education

Mr. John Kamigwi – Deputy Director Policy Strategy and Communication, National Aids Control Council (NACC)

Mr. William Kilelu – Administrator of the Aids Control Unit, Ministry of Education

Mr. Mwihaki Kimura- HIV/AIDS Programme Manager, African Medical and Research Foundation (AMFREF)

Dr. Karusa Kiragu- Behavior Change Specialist, Population Council, Horizons, Nairobi

Mr. Kipkogei Kutol – Chief Administrative Officer, Aids Control Unit, Ministry of Education

Mr. Pascal Mailu- Project Manager Local Links Programme, CARE Kenya

Ms. Stella Manda – HIV/AIDS Programme Manager, World Bank Regional Office

Ms. Samson Mbuthia – Economist Planning Strategy, National Aids Control Council (NACC)

Mr. Ongoro Ali Mohammed – Teacher and Counselor, Highlands Secondary School

Mr. Sebastian K Mulwonko - Chief Administrative Officer, Aids Control Unit, Ministry of Education

Mr. Oliver Munguti – Senior Principal Administrative Officer, Aids Control Unit, Ministry of Education

Ms. Roselyn Mutemi - HIV/AIDS Programme Officer, UNICEF Kenya

Ms. Magdalone Mwele – Chief Administrative Officer, Aids Control Unit, Ministry of Education

Ms. Jemimah Nindo - Senior Administrative Officer and Counselor, Aids Control Unit, Ministry of Education

Dr. Susan Nkinyangi - Senior Education Adviser, UNESCO Kenya

Mr. Charles Nyangute – Senior Management Consultant, Kenya Federation of Employers

Ms. Margaret Odera, ACU, KNUT

Ms. Regina Ombam – Head Strategy, National Aids Control Council (NACC)

Ms. Elsa Ayugi Ouko - Executive Director, Kenya Network of Positive Teachers (KENPOTE)

Ms. Sabina Onyango – Headmistress, Our Lady of Mercy Primary School

Ms. Geoffrey O. Orero – Head Operations, Kenya AIDS Watch Institute (KAWI)

Dr. Philip Owino – Director, Aids Control Unit, Kenyatta University

Ms. Prisca Wariri Ringoma – Teacher and Convener HIV/AIDS, Our Lady of Mercy Primary School

Ms. Angeline Siparo – Country Director, Futures Group

Ms. Nancy Wanjiru – Teacher and Convener on HIV/AIDS, Highlands Secondary School

Appendix 3: IATT Case Study Review – THAILAND

Country Visit *Aide-Mémoire* – May 2007

1 Introduction

This *aide mémoire* presents the results of a country case study of Thailand which took place in the context of a four-country exercise commissioned by the UNAIDS Inter-Agency Task Team (IATT) on Education. This is an interim document, the purpose of which is to provide the stakeholders interviewed in Thailand, as well as the IATT on Education, with a preliminary summary of findings. This report will serve as a basis for further discussion and the finalization of the '*aide mémoire*'. The results of this discussion will then be incorporated into the final overall report on the four countries.

The assignment was carried out by Dr. Muriel Visser-Valfrey (international consultant) and by Ms. Tutiya Buabuttra (local consultant based in Bangkok) between April 29th and May 4th, 2007. During the one-week review period, the consultants met with representatives from government, development agencies, the private sector and civil society who are involved in the response to HIV and AIDS in the education sector. A planned visit to a school in Bangkok for discussions with teachers and students could not take place because of school holidays. Section 6 provides a list of persons interviewed

The consultants would like to express their deep appreciation to all the partners involved for the time they spent with the case study team and, in particular, for the open and constructive manner in which all participated in the dialogue. The consultants would also like to thank the UNESCO office in Thailand for its support to the preparation and implementation of the study and the IATT Secretariat in Paris for its help with the overall organization of this exercise.

2 Background and purpose

The UNAIDS IATT on Education was established in 2002 to support accelerated and improved education sector responses to HIV and AIDS. The IATT brings together UNAIDS Cosponsors, bilateral agencies, private donors, and civil society organizations with the dual aims of:

- Accelerating and improving the education sector response to HIV and AIDS by promoting and supporting good practices in the education sector, *and*
- Encouraging alignment and harmonisation within and across agencies to support global and country-level actions.

The purpose of the overall study is to assess the quality and effectiveness of collaboration among partners based on case studies in Jamaica, Kenya, Thailand and Zambia, with a view to improve coordination across agencies to support country-level and global actions. Specifically, the case study exercise seeks to:

- Document how external partners coordinate and harmonise their efforts at the country level, including how they disseminate and share information, and how this supports or hinders a comprehensive education sector response to HIV and AIDS.
- Identify areas of overlap and significant gaps in country responses.
- Produce a series of options for the IATT members to consider to improve synergy and alignment across IATT member agencies and to support coordination at the country level more broadly.

3 Methodology and limitations

The case studies are being conducted in countries where significant efforts have been undertaken in support of education sector responses to HIV and AIDS. In each country the study seeks to interview stakeholders from the Ministry of Education (MoE) and other relevant ministries, cooperation agencies (multilateral and bilateral), the National AIDS Authorities (NAAs), civil society groups, teachers' unions, private sector and representatives of HIV-positive networks. The findings of the study are limited by the short duration of time in country, which affected the extent to which the full range of country stakeholders could be adequately consulted.

To guide the work, six key research questions were formulated (see box) which directed semi-structured interviews with partners. In addition, the consultants reviewed key documents and visited local education facilities.

Key questions:

- **What have been the critical achievements in the response to HIV and AIDS in education? What gaps exist and how could these be overcome?**
- **What arrangements for coordination among partners working on HIV & AIDS and education exist? How have these evolved? How effective are they?**
- **What specific efforts have been made at harmonisation and alignment? What remains to be done?**
- **What arrangements for information sharing on HIV & AIDS and education exist?**
- **What resources have played a critical role in successes achieved so far and why?**
- **How are outputs, outcomes and impact being monitored and fed back into decision-making?**

4 Brief outline of the country and sector

Thailand made important progress in addressing HIV through an early and massive public effort which focused on promoting condom use, on reducing STIs and on working with populations at risk. As a result, the infection rate dropped from 143,000 in 1994 to 19,500 in 2004.[1] Cumulatively, there have been over one million HIV cases in Thailand since the early 1990s, under half of whom have died. Today, the estimated adult HIV prevalence is 1.4%, with HIV still affecting twice as many men as women.[2]

The case of Thailand highlights, however, that policy and commitment need to be sustained, closely monitored and innovated over time to match the changing patterns and to ensure achievements are not put at risk. There are worrying indications that the epidemic is spreading again, with a large percentage of new HIV infections occurring in people formerly considered to be at low risk. Thus, approximately one-third of new infections in 2005 were among married women who were most likely infected by their spouses, and, in recent years, HIV has spread the fastest among young people – prevalence among those aged 22 and younger has increased from 11% in 2002 to 17% in 2003.[3] Other challenges for Thailand include the decrease in condom use (also among sex workers), patchy prevention efforts due to insufficient and inconsistent funding, continued high risk of HIV infection among men who have sex with men (where prevalence levels have increased from 17% in 2003 to 28% in 2005), and a lack of focus and of strong political commitment to prevention. Overall, in spite of progress, with more than one in every hundred adults infected with HIV, AIDS is fast becoming a leading cause of death.

The education sector's response in Thailand is widely quoted as lagging behind the overall response. Various studies show that, despite the introduction of sex education in schools over twenty years ago, many teachers find it difficult to talk to students about sex. Denial of the importance of HIV continues to be an issue among middle to senior level policy makers and affects the response within the non-health sectors. Many teachers and managers in the education system believe that talking about sex to young people will incite them to become sexually active. There are, however, a number of promising pilot projects on-going at present which could provide a break-through if replicated on a national scale. Similarly, there are tentative indications that at some levels of the education system selected managers are becoming more committed to scaling up the response.

Government funding – which increased from 1.44 to 1.6 billion baht per year between 1999 to 2005 – has been impressive and has clearly contributed to the gains. However, by far the largest share of the budget (75%) goes to the financing of treatment and care, with only 15% of the budget allocated to prevention activities such as public information, condom promotion, prevention of mother-to-child transmission (excluding anti-retrovirals, ARVs) and other community activities. In the education sector, a recent study of financing for HIV and AIDS found there has been a decrease in funding for HIV prevention through education between 2004 and 2006. The study also confirmed findings by the National AIDS Account (NAA) that Thailand has substantially lower levels of spending on prevention compared with similar countries in Africa and Central America. The changing nature of the epidemic in Thailand, and the substantial burden of providing AIDS medication to those who are HIV-positive, underscore the importance of ensuring that funding is channelled to prevention efforts in the coming years.

5 Findings and conclusions

This section presents the findings and emerging conclusions with respect to the main areas covered by this case study.

5.1 Achievements and gaps

Key questions: What have been the critical achievements in the response to HIV and AIDS in education? What gaps exist and how could these be overcome?

The responses from stakeholders underscore that Thailand made significant and internationally recognised progress in addressing HIV and AIDS early on in the epidemic. Stakeholders interviewed in the context of this case study highlighted the important high level commitment through the establishment of National AIDS Council, the creation of provincial and sub-district level committees, the leadership of the Ministry of Public Health (MoPH), and the involvement of both local and international NGOs.

The education sector has been less active in its response and has concentrated mainly around the strengthening of the existing (non-compulsory) sexuality education curriculum. However, there are a number of recent developments which may be indicative of an emerging commitment to move further. These developments are highlighted below. 2007 is also the first year in which – under the decentralisation process – funds are available directly to the districts for implementation, although it has been hard to ensure that at local level HIV prevention gets priority funding as political pressure is to use the funding for more immediately visible results.

1. Thailand Ministry of Public Health (MOPH). 2004. Analysis of National Budget on AIDS Prevention, Treatment and Control 1996 - 2004. Bangkok, Thailand: Bureau of AIDS, TB and STI, MOPH.
2. UNAIDS. 2006. 2006 Report on the Global AIDS Epidemic. Geneva: UNAIDS.
3. Thailand Ministry of Public Health (MOPH). 2004. Analysis of National Budget on AIDS Prevention, Treatment and Control 1996 - 2004. Bangkok, Thailand: Bureau of AIDS, TB and STI, MOPH.

Thailand's achievements and gaps are detailed below:

ACHIEVEMENTS

- Early public response to HIV and AIDS, which was mostly driven by the health sector, but also involved key sectors such as tourism, labour and the private sector.
- Increased and high levels of access to ARVs, with very high adherence rates.
- Generally high levels of knowledge about HIV and AIDS among young people, although misconceptions continue to exist and not all young people are aware of the main prevention methods.
- Existence within the MoE of a key group of education specialists for guidance and counselling who are, among other issues, responsible for HIV and AIDS.
- Encouragement of schools and institutes by the MoE to apply a comprehensive sexuality education curriculum as an extra-curricular activity. At the time of the study, this curriculum has been introduced in 51 pilot schools since 2005 and was planned to be scaled up to 5,000 schools in 2007. The curriculum aims to equip students with life skills, and to develop students' ability, values and moral framework to guide their decisions, behaviours, and judgments in healthy and safe ways. The MoE also supports an advising and counselling system for all schools.
- Extensive revision by the MoE of HIV & AIDS and sex education manuals for teachers from grades 1 through to 12 (four manuals in total covering different grade levels) with age-appropriate focus and content.
- Development of other locally appropriate materials for training and support of teachers by a variety of NGOs and other partners, and a generally high level of involvement of NGOs in education and community prevention activities.
- Introduction of HIV & AIDS and sex education as a compulsory subject in over half of the vocational education institutions.
- Selective training of teachers in sex education, including HIV and AIDS.

GAPS/CHALLENGES

- Prevention in general has lost its significance within the response. There is a need for advocacy for behaviour change and preventive action to accelerate funding. Current practice shows only around 15% of the total HIV and AIDS budget is allocated to HIV prevention, which is insufficient for national implementation.
- In spite of reductions in HIV prevalence, substantial levels of stigma and discrimination continue to exist.
- There is not sufficient recognition or support by other sectors of the role for education in HIV prevention.
- The MoE in-principle policy commitment to sex education (which includes HIV and AIDS) is not supported by all, and resistance persists among some middle- and senior-level administrators in giving priority to these topics.
- HIV and AIDS have the status of a special project and the issue is not mainstreamed in the overall education response.
- Students do not gain any credit or take examinations related to HIV & AIDS and sex education. Teachers do not get specific credit for taking on this difficult topic. The MoE does not have dedicated staff for HIV and AIDS.
- There is no specific strategy or workplace *policy on HIV and AIDS for the education sector.* The response, where recognised, is largely limited to a curriculum response focusing on young people and does not take into account the need for a comprehensive framework which offers both protection and support for young people and employees. Teachers and other employees are largely believed to be not at risk even though in the coming years the system will take in a large number of younger teachers as the older cohort retires.
- Coordination on issues of HIV & AIDS and education is still weak both within the MoE and among the partners providing support. It is mostly informal in nature and there is a substantial amount of duplication, for example, in the development of multiple training resources and methodologies for teachers.
- The limited capacity/authority and the lack of clear roles and responsibilities of human resources at provincial level lead to a lack of readiness for HIV and AIDS implementation. Frequent changes in key policy makers/ministers have interrupted activities in key areas including development of learning materials, teacher training, and monitoring and evaluation.
- The content of school curriculum is mainly on human reproductive development and hygiene and care, but not on the specific sexual practices and wider social issues that students are interested in. The curriculum does not equip students with analytical skills for self-protection from HIV infection. Participatory approaches through child-centred learning have not been fully drawn into practice in Thailand.
- Activities, curriculum and handbooks are developed based on different positions and attitudes ranging from a focus on promoting abstinence and monogamous marriage to a more liberal and pragmatic approaches of respecting individuals' freedom by providing detailed information and choices for safer sex. Coupled with the lack of good understanding and training among teachers due to the complexity of HIV and AIDS education, the resulting implementation is confusing and largely ineffective.
- Large numbers of teachers have not yet been trained and are not receiving support in the implementation of the sexuality education curriculum, and many lack supplementary information, education and communication (IEC) materials. Many teachers feel uncomfortable delivering sex education and curricula/content end up being modified.
- Research related to HIV and AIDS education especially for Thailand has not been emphasised. There is a lack of evidence for further study (including gender sensitive data) and planning. Systematic needs assessments and baseline studies are not carried out and monitoring and evaluation systems are largely absent. This makes it difficult to assess effectiveness of the programmes and initiatives.
- The decentralisation of funding to local levels has resulted in decreased funding to HIV and AIDS education because of lack of awareness of the importance of HIV prevention.
- Involvement of parents and communities in education and prevention is still weak.

5.2 Coordination

Key questions: What arrangements for coordination among partners working on HIV & AIDS and education are in place? How have these evolved? How effective are these?

The review examined the coordination of the response within the education sector and how it is linked to the national response. The following arrangements were highlighted by the stakeholders interviewed in the course of this study:

- The overall HIV and AIDS response is overseen by the National AIDS Council situated within the Office of the Prime Minister and chaired by the Prime Minister. The MoPH takes the lead for the HIV and AIDS response in the country in terms of budget and initiatives. The MoE is one of the key partner ministries.
- Steering committees (6) have been set up as a forum for stakeholders to participate and discuss on emerging issues for each target group, i.e. men who have sex with men (MSM), injecting drug users (IDUs), parent-to-child transmissions, teenagers, heterosexual, and homosexual groups. These meetings are called on a non-regular basis and chaired by MoPH.
- A national AIDS Agenda conference is organized annually to discuss HIV and AIDS issues among stakeholders. In 2007, the government proposes to have an integrated national HIV and AIDS implementation plan for NGOs and the Government. Other formal coordination structures are in the form of national, provincial and ministerial committees.
- Select sub-groups of NGOs meet frequently for coordination purposes around specific activities.
- At national level the UN Theme Group on HIV and AIDS coordinates the UN response under the United Nations Development Assistance Framework (UNDAF). Education is discussed when relevant in this meeting.
- Within the MoE, HIV and AIDS are coordinated as part of the sexuality education programme which involves a structured mechanism that brings together the various units of the ministry that contribute to this response.
- At the time of the study, UNESCO was planning to assist the MoE to establish an HIV and AIDS Education committee with representatives from each office of the MoE.

In spite of the existence of these structures, the absence of effective coordination mechanisms was widely acknowledged by the various parties interviewed to be a significant barrier to effective implementation by the stakeholders interviewed during the study.

Key challenges that emerged during the interviews in the area of coordination include the following:

- Providing technical support and sufficiently senior coordination by the MoPH to the various steering committees that exist under the national HIV and AIDS effort. The MoPH has had difficulty providing sufficient input into the various groups.
- Finding ways to ensure that other stakeholders are sensitised to the key role of the education sector in the HIV and AIDS response and for ensuring that HIV & AIDS and education are consistently part of the discussions in national inter-sectoral fora such as the UN Theme Group on HIV and AIDS and the National Steering Committee.
- Developing sufficient in-house technical expertise and ensuring an adequate budget allocation by the MoE (and by local government) to effectively mainstream the education and HIV and AIDS response and to enhance coordination throughout the country.
- Developing a comprehensive approach to education and HIV and AIDS (beyond the current focus on curriculum only) and a comprehensive plan which could guide planning by all partners and would provide a framework for coordination and monitoring efforts. At the time of the study, various stakeholders were found to be implementing projects with identical target groups without consistent coordination.
- Communicating and clarifying the policy on sexuality education and HIV & AIDS, ensuring that it is clear which direction the government would like to pursue in term of HIV and AIDS response through education and ensuring accountability on this. Mainstreaming of HIV and AIDS needs policy and political commitment, a single message, comprehensive guidance, and coordination among partners in order to enable clear understanding and efficient implementation.
- Identifying key entry points and areas where development partners can help the MoE in strengthening its response to HIV and AIDS through education. Given Thailand's position on aid, cooperation partners do not operate country specific programmes, only regional initiatives. It has been hard for development partners to carve out a specific 'niche/contribution' in a context where aid represents a very small portion of funds and where the role of development partners is diminishing and there has been no common agenda of agencies with respect to HIV & AIDS and education.
- Developing formal structures for coordination of the HIV & AIDS and education response within the MoE and within development agencies themselves in order to ensure that the efforts that are undertaken cover the range of activities that are necessary, to build capacity and to share technical expertise among partners. There was a strong call among partners interviewed for one of the key agencies to take a leadership role in this respect. Generally, implementation within the country is fragmented according to donor focus and the mandate of each agency. Coordination among NGOs has focused at the level of specific activities and does not comprehensively cover all partners. There are no clear and structured linkages with other stakeholders in the education and HIV and AIDS response.

Joint planning and improved coordination were cited as particularly important in ensuring all priority areas are adequately covered and funded and to allow for partners to move forward on harmonisation and alignment. Only limited progress has been made in this respect.

In summary

Coordination of the education response to HIV and AIDS has existed within the MoE among the different units that are concerned with the implementation of the sexuality education curriculum. However, this coordination has not been guided by a specific policy in this area or by comprehensive planning aimed at addressing HIV and AIDS education. Structures for coordinating the MoE efforts with external partners (DPs and NGOs) have been largely informal and there is evidence of duplication of efforts, for example in the development of resources for training. Not every stakeholder has access, has been interested to participating, or been informed about the coordination efforts.

5.3 Harmonisation and alignment

Key questions: What specific efforts have been made at harmonisation and alignment? What remains to be done?

Stakeholders expressed the opinion that although some progress has been made, overall efforts at harmonisation and alignment in the HIV and AIDS response are still very much incipient – in part as a result of the weak and not always sufficiently interlinked coordination structures. Government has made progress towards harmonisation and alignment with NGOs and other stakeholders in the education response by inviting NGOs to integrate their implementation plan with the national AIDS plan. This was planned for 2007 and could be critical for ensuring better alignment of partner activities with national priorities.

In the education sector, different approaches to teacher training on issues such as HIV & AIDS and sex education continue to be developed side-by-side and are indicative of the weak coordination and lack of progress on harmonisation and alignment. There has been little strategic thinking around the scope, opportunities and challenges within the overall education response and, therefore, also little work on harmonisation. Funding for HIV and AIDS activities within the education sector has followed the 'traditional' project approach and no examples were found of agencies moving beyond consultation and sharing of information to joint reporting, pooled funding and other areas of harmonisation. Much of the funding is channelled to NGOs. The incentive to move more aggressively to promote better harmonisation has been largely absent given the small scale of external funding compared to the overall response and the government's desire to reduce aid dependency. Consistent leadership within the country is needed to raise awareness, create priority among stakeholders, to develop a coordinated response, to maintain harmonisation and alignment, and negotiate funding with donors. This is especially critical in the non-health sectors, including education.

In summary

Leadership within the country is cited by stakeholders as a requirement to enable a comprehensive response and to developing effective mechanism in term of pooling resources and developing common frameworks for implementation. Very little progress has been made towards harmonisation and alignment within the education sector where most of the externally financed activities continue to be project driven and implemented by NGOs.

5.4 Key resources and information sharing

Key questions: What arrangements for information sharing on HIV & AIDS and education exist? What resources have played a critical role in success achieved so far and why?

Information sharing among partners in the national response and in the education sector takes place in a number of ways:

- UNAIDS has pulled together UN agencies, bilateral, multi-lateral agencies to bring efforts and resources to the global/regional AIDS response.
- The Annual National AIDS Agenda has provided an opportunity to bring together all stakeholders for discussion on national HIV and AIDS issues and is used as an opportunity for sharing resources.
- Formal national, provincial, and sub-district committee meetings have been in place to mainstream the response in general and have helped in information dissemination.
- Steering committee meetings under the national AIDS response on occasion discuss specific issues and share relevant documents, reports and studies.
- Research, consultancy reports and other emerging resources are circulated via e-mail among sub- groups of partners but there is no formal system for doing this and no structured dialogue around what it being shared.

Key resources for the response …

- **The sex education curriculum developed by PATH.**
- **The financial resources provided by the Global Fund.**
- **The curriculum and materials developed by PPAT and PATH and which are used by Plan International Thailand.**
- **The interactive computer based materials developed by WPF on sexual education.**
- **The monitoring and evaluation system of PATH and Child Watch.**
- **World AIDS Day – activities and media power.**
- **Condoms.**
- **Involvement of key stakeholders in the country.**
- **MoE policy on sex education as an entry point to discussing HIV and AIDS.**
- **National AIDS Agenda.**
- **UNESCO Clearing House.**
- **UNAIDS listserv**
- **Community involvement**

Stakeholders interviewed during the review were generally of the opinion that information sharing was mostly informal and restricted to sub-groups/sub-fora. They expressed a concern that while a certain amount of information is being produced:

- Dissemination and integration of information into decision-making processes is inconsistent and not adequately followed through. For example, the few research studies that are being produced which provide important pointers towards the need for changes in policy and practice – including for a greater focus on prevention efforts and for frank and open approaches to sexuality education – are not feeding into processes of decision-making at national and sector level.
- Dissemination tends to be limited to select groups of stakeholders. Reports are often not produced in formats that facilitate distribution and use, and language continues to be an important barrier to the use of published reports.
- Although information on good practices has been collected and shared, there is no technical guidance or capacity-building provided to the recipients on how to use or implement these good practices.
- There have been few opportunities for thematic discussions around key issues affecting the education response – in part because of weak coordination structures and lack of leadership by the MoE on this particular topic.
- Some key resources, such as the education policy on sexuality education and HIV and AIDS, have not been sufficiently disseminated and their implementation is not being monitored. As a result key stakeholders – especially at decentralised levels – are not aware of or held accountable for implementation.
- Many teachers still feel that the resources they are provided with are not adequate to allow them to deal with issues that are complex and difficult to talk about, and that they do not get sufficient information and support in working on the more complex areas of attitude and behaviour change.

A number of persons interviewed mentioned resources produced by the IATT. Although these were generally seen as useful, it was pointed out that they lack successful dissemination and support strategies and that the publications do tend to focus on an African/high prevalence setting. Interviewees also highlighted that the IATT should focus more strongly on initiating/providing support to/effectively disseminating high quality research which would provide support for the role of education within the overall response and provide indicators on how to effectively move forward the response.

In summary

Although some resources are developed and are being used in the country there is no formal actionable plan for information sharing, for dissemination of resources and for support to the use and implementation of recommendations emerging from these studies.

5.5 Monitoring, evaluation and feed back into decision-making

Key question: How are outputs, outcomes and impact being monitored and fed back into decision-making processes?

Outputs, outcomes and impact are being monitored at the level of individual projects. The focus is mainly on quantitative indicators of success (e.g. numbers of participants). This data is fed back to decision-making in the context of individual projects, but it is not always possible to take action because of the limited timeframes of projects. There is little feedback of emerging information into more comprehensive decision-making processes at national level. In many cases, baselines are not being established so that it is difficult to assess whether interventions are critically producing an impact.

In principle, the performance of all ministries is assessed on compliance with targets against agreed upon indicators; however it is unclear to what extent this includes progress on HIV and AIDS by the MoE. The MoE has data on some basic progress and output indicators e.g. numbers of teachers trained but this does not include the full range of NGO activities and is therefore not complete. Data collection for the MoE as a whole does not include specific indicators on HIV and AIDS. There is not much clarity as to how the impact of key areas of the education response – such as through the sexuality education curriculum – will be measured over time. The lack of monitoring and evaluation and of discussion around approaches from Thailand and elsewhere has contributed to some confusion around which approach works best for the Thai context and in general the role that education can play in HIV and AIDS prevention and mitigation. Overall, there is a perception among education managers that teachers and other employees are not at any significant risk from getting infected by HIV.

The UNPAF 2007-2011 has identified key indicators of impact. However, the focus is mainly on promotion of life skills education and the broader curriculum approach which are monitored against the UNGASS indicator 11 on life skills. Other key elements of the response such as support to learners and employees are not monitored at the UNGASS 'outcome' level and – as was seen above – are also not a consistent part of the approach. A major constraint in the area of monitoring and evaluation is that local and international stakeholders have limited channels of communication with the MoE, as well as limited financial and technical resources and do not put sufficient emphasis on this area of project/programme implementation.

There have been some interesting efforts to do research, for example, into perceptions and attitudes towards sexuality and sexuality education and in the area of financing for HIV and AIDS within education but in the absence of good coordination and feedback structures the impact of such studies is limited and does not have any substantial impact on decision-making by the Ministry of Education. There is no priority research agenda on HIV and AIDS which could guide further development.

Recent developments, however, are expected to go some way to generating stronger monitoring and evaluation mechanisms and are indicative of a greater commitment to this area. Thus the MoE was to call a meeting in May to set criteria for progress measurement and to develop a monitoring and evaluation tool, with the assistance

of an international agency like UNESCO in the later stage. However, there is a clear need for high quality technical assistance to the MoE in this area.

In summary

n summary: Monitoring and evaluation is fragmented and limited to specific initiatives/projects. There is, at present, no system in place for comprehensively assessing the impact of actions undertaken, or of the impact of HIV and AIDS on the education system. There is no systematic evidence that results of monitoring and evaluation are being translated into policy discussion or into implications for planning and implementation, except at the level of individual projects.

6 Observations and emerging recommendations

The analysis above has pointed to both strengths and weaknesses in the response. The consultants are making a number of observations and tentative recommendations for the education sector response in general, for development partners and the IATT in particular. These are put forward to encourage discussion and further reflection. Suggestions and recommendations for the education sector's response in general were not part of the original terms of reference for the Country Case Study Exercise. However, in all four countries, these were included at the specific request of country stakeholders to enhance the relevance of the exercise to local needs. However, given the short nature of the assignment it is important that these be seen as suggestions which will require further examination and discussion at country level. The final report contains consolidated recommendations from all four countries.

6.1 For the education sector in general

The education sector response to HIV and AIDS needs urgent attention. Work is on-going to improve the response. In light of on-going concerns and efforts we suggest stakeholders to the sector consider the following:

1. Develop a medium-term policy and plan (suggested time-line five years), with priority strategies, for addressing HIV and AIDS through the education sector. There is a clear need for a more comprehensive approach to HIV and AIDS in the education sector which not only encompasses a curriculum response but extends to other key areas such as the impact on teachers and employees, workplace policy, care and support to learners, among other critical areas. UNESCO's EDUCAIDS Framework (2008) could be an important reference in developing this more comprehensive approach. It is critical that the strategies identified address the complex gender relations and issues that are fuelling the spread of HIV. The MoE should seek external support in developing this plan and do so in close consultation with the national AIDS response. Kenya is an interesting example in this respect (see Appendix 3).
2. Put in place mechanisms to generate greater awareness among government officials and teachers, parents, and local stakeholders about HIV and AIDS, the benefits of prevention, the role of education, and its impact on national growth in relation to human resources, economic stability, and self-sufficiency. In this context, it would be very useful if the MoE did a comprehensive education impact assessment to develop a clearer understanding about how HIV and AIDS will affect the education sector in terms of its internal structures (impact on employees, etc) and its external role (provision of education to children, young people, and adults). This is particularly important given the rise in prevalence among population groups that were previously thought to be at low-risk (such as young people) and the high expected turnover of education staff in the coming years (with more young teachers coming into the system).
3. Establish a formal coordination structure among government agencies and NGOs, and link this explicitly and in a formalised manner with existing coordination networks so as to enhance priority setting, fund allocation, and implementation. Develop clear mechanisms for translating the HIV and AIDS programme under the MoE into priorities and joint annual plans and implementation strategies.
4. Establish a secretariat office with dedicated staff and with specific responsibility within the Ministry of Education to accelerate the HIV and AIDS response in education. External technical assistance in setting up this secretariat office could be highly effective in ensuring that the structure is clearly linked and embedded within existing MoE structures, in developing clear terms of reference for functioning and in ensuring that the structures are able to optimise linkages with the overall country-level HIV and AIDS response – both by government and by external partners.
5. Encourage decentralised offices and officers to initiate and take accountability over overall response processes at their level. Mechanisms must be established to motivate individuals such as integration of HIV- and AIDS-related responsibilities in terms of reference of key managers, career promotion, financial incentives, achievement rewards, and other areas.
6. Work with external partners to develop a medium term plan which will allow for substantial scaling up and support to teacher training and which will include also training and sensitisation of head teachers and middle level managers on a comprehensive approach to HIV and AIDS.
7. Develop – on the basis of a review of existing experience – guidelines for training of teachers and other staff to provide greater coherence to the multitude of approaches and materials that are now being used.
8. Ensure the development of a functional monitoring and evaluation system for the education sector's response to HIV and AIDS with clear plans, monitorable indicators, and adequate financial resources. Ensure that mechanisms are established so that external partners provide key data on their contribution to the education response and that it includes a comprehensive baseline against which further progress can be measured.
9. Develop mechanisms by which the MoE can tap into innovation and experimentation by NGOs and other external partners. It is critical that the MoE uses this valuable experience to inform its own policy development and decision-making. This could be

in the context of a coordination mechanism but also requires regular publication and dissemination of experiences, and the organization of thematic discussions in which research institutions in country (e.g. students at faculties of education) and other key actors could provide valuable inputs.

10. Develop a priority research agenda on HIV & AIDS and education and actively seek funding and technical assistance to implement this agenda.
11. Actively explore opportunities for better linkages with the media and for greater involvement of communities and PLHA groups in the coordination of the response.

6.2 For development partners

On the basis of the information and suggestions gathered during this case study, we are proposing that heads of mission and agencies, as well as education sector managers, focus on the following actions:

1. Establish a thematic group on the HIV and AIDS response in education among cooperation partners and provide long-term institutional development support to MoE in key areas such as new initiatives/sexuality education, advising on international experience, facilitating collaboration between the government and its external partners, and implementation at local level where their technical expertise is available. In this context, development partners should actively seek out opportunities for joint planning and for pooling resources to ensure that all the critical areas in which the MoE may need support – such as technical assistance, funds for research, monitoring and evaluation – are covered. The linkages with the MoE could be greatly facilitated if partners were to agree that one or two lead agencies (for example a multilateral agency and an NGO) could lead on coordination and conduct the day-to-day dialogue vis-à-vis the MoE.
2. Develop a priority agenda for support to the MoE. Key areas highlighted through this case study exercise and which could form part of such a priority agenda include:
    a. Supporting the MoE in enhancing its coordination structures, in linking those to the national coordination structures, and including those structures that are more broadly concerned with education and development issues.
    b. Strengthening monitoring and evaluation systems.
    c. Making available resources for high quality technical support to key areas of need indicated by the MoE, including in the fine-tuning of policy, in strategic planning and in the strengthening of coordination structures.
    d. Supporting the MoE in drawing up and implementing a priority research agenda on HIV and AIDS.
    e. Providing support to the MoE and to the Thai Government in strengthening the evidence base around the contribution of education to HIV prevention, including by actively debating what has worked in other contexts and identifying implications for the Thai context.
    f. Promoting – or supporting the organization of – regular thematic discussions around education and HIV & AIDS at which evidence from research in Thailand and other countries could be presented and discussed.
3. Take on a clear advocacy role around the importance of education within the overall response, including among external partners to encourage the involvement of a broad range of stakeholders and ensure that funds are allocated towards this agenda.
4. Ensure programmes and projects in HIV & AIDS and education have clear indicators for monitoring outputs and outcomes, as well as the necessary resources to do this monitoring and evaluation.
5. Strengthen the capacity to provide support on HIV & AIDS and education by ensuring that specialist staff is in place in the MoE to provide the necessary inputs and guidance.
6. Strengthen links between different sectors within cooperation agencies themselves – e.g. between health and education – undertake joint planning and build capacity on a comprehensive HIV and AIDS response which includes an appropriate role for education.
7. Comprehensively review the life skills and other curriculum materials and approaches used throughout the country to identify modalities and approaches and to work towards a unified approach and clear MoE guidelines.

6.3 For the UNAIDS IATT on Education

In view of the findings of this country case study, we make the following preliminary recommendations to the UNAIDS IATT on Education:

1. Consider providing stronger support – directly and indirectly – to carrying out research that enhances the evidence base on the role that education can play in addressing HIV and AIDS.
2. Develop concrete strategies for the dissemination, discussion, and use of key resources at country level, ensuring that such resources are accompanied by adequate mechanisms for training and support and that they are available at decentralised levels.
3. Consider developing a guide book/resource which brings together experience on the coordination of the education sector response. This resource should critically discuss the various alternatives in terms of setting up effective coordination structures within Ministries of Education and among partners and should provide suggestions and strategies for mainstreaming the education response within the overall HIV and AIDS response at country level.
4. Develop strong advocacy strategies for the role of the education sector within the overall country-level response and use these to generate stronger understanding among non education partners at country, regional and international level.
5. Support the development of expertise that is specific to the region, while building upon lessons gained from other areas of the world (i.e. Africa and the Caribbean).
6. More systematically collect and reflect upon experiences in low prevalence settings, in particular with respect to strategies for ensuring that low prevalence settings take adequate measures to keep the epidemic in check even as it changes in nature.

7. List of persons contacted in Thailand

Simon Baker - Chief, HIV/AIDS Coordination and School Health Unit, UNESCO Bangkok

Patrick Brenny - UNAIDS Country Coordinator

Anna Bridges - Project Officer Education Development Centre

Maytinee Bhongsvej - Executive Director, Association for the Promotion of Women's Status

Nonglak Boonyabuddhi - Project Officer HIV/AIDS, UNICEF Bangkok

Sabrina Camp – Intern UNAIDS Country Office

Eric Carlson - HIV/AIDS Workplace Specialist, International Labour Organization (ILO)

Thanima Charoensuk - Chief of Guidance Unit, Ministry of Edcuation, Thailand

Dr. Somkiet Chobpol - Deputy Secretary General (OBEC), Ministry of Education Thailand

Dr. Suwan Jintaanankul - Bureau of Standard and Qualification, Vocational Education Commission, Ministry of Education Thailand

Ms. Darunee Jumpatong - Educator, Bureau of Academic and Educational Standards, Ministry of Education Thailand

Achariya Kohtbantau - Human Development Program Specialist, World Bank

Dr. Benjalug Namfa - Director, Bureau of Educational Innovation Development, Ministry of Education Thailand

Dr.Anthony Pramualratana - Executive Director Thai Business Coalition on HIV/AIDS

Suchitra Prongsang - Supervisor, Bureau of Standard and Qualification, Vocational Education Commission, Ministry of Education Thailand

Elliott Prasse-Freeman - Regional Project Coordinator, Education Development Centre

Panus Rattakitvijun - AIDS Technical Coordinator, Plan International Thailand

Mullawee Rochepolle - International Relations Officer, Bureau of Policy and Planning, Ministry of Education Thailand

Dr. Boonsun Sanbore - Member/Representative to Education International

Kasama Sattayahurak - Program Officer, Path Thailand

Dr.Saipan Sripongpankuk - Guidance Unit, Educational Official of the Bureau of Academic Affairs and Educational Standards, Ministry of Education Thailand

Srisumarn Sartsara - National Programme Officer, HIV/AIDS Coordination and School Health Unit, UNESCO Bangkok

Dr.Somchai - Country Director Family Health International, Thailand Programme

Ms. Suthirak - Senior Safety Engineer and HIV/AIDS Coordinator, General Motors, Thailand

Prawit Thainiyom - Project Officer, Education Development Centre

Dr.Sombat Thanprasertsuk - Director, Bureau of AIDS, TB and STLS, Ministry of Health

Dr. Pimpimon Thongthien - Bureau of Educational Innovation Development, Ministry of Education, Thailand

Appendix 4: IATT Case Study Review – ZAMBIA

Country Visit Aide-Mémoire – May 2007

1 Introduction

This *aide mémoire* presents the results of a country case study of Zambia which took place in the context of a four country exercise commissioned by the UNAIDS Inter-Agency Task Team (IATT) on Education. This is an interim document, the purpose of which is to provide the stakeholders interviewed in Zambia, as well as the IATT on Education, with a preliminary summary of findings. This report will serve as a basis for further discussion and correction of any errors of interpretation and fact. The results of this discussion will then be incorporated into the an overall report of the four countries.

The assignment was carried out by Dr. Muriel Visser-Valfrey (international consultant) and by Ms. Chilumba Nalwamba (local consultant based in Zambia) in April 2007. During the one-week review period, the consultants met with representatives from government, development agencies, the private sector, and civil society, all of whom are involved in the response to HIV and AIDS in the education sector. The one week programme also included a visit to a girl's high school in Lusaka where the team had an opportunity to meet with the school Guidance and Counselling Teacher and with a number of students. Section 6 provides a list of people interviewed. In addition, and at the request of the stakeholders in Zambia, a separate study was conducted to assess perceptions of impact at the school level. This study involved visits to three schools. The findings of the study are summarised in the detailed aide mémoire which can be obtained from the IATT Secretariat upon request (info-iatt@unesco.org).

The consultants would like to express their deep appreciation to all the partners involved for the time that they spent with the case study team and, in particular, for the open and constructive manner in which they all participated in the dialogue. The consultants would also like to thank the UNICEF Office in Lusaka for its support to the preparation and implementation of the study, and the IATT Secretariat in Paris for its engagement and commitment to the overall organization of the study.

2 Background and purpose

The UNAIDS Inter-Agency Task Team (IATT) on Education was established in 2002 to support accelerated and improved education sector responses to HIV and AIDS. The IATT brings together UNAIDS Cosponsors, bilateral agencies, private donors, and civil society organizations with the dual aims of:

- Accelerating and improving the education sector response to HIV and AIDS by promoting and supporting good practices in the education sector, *and*
- Encouraging alignment and harmonisation within and across agencies to support global and country-level actions.

The purpose of the overall study is to assess the quality and effectiveness of collaboration among partners based on case studies in Jamaica, Kenya, Thailand and Zambia, with a view to improve coordination across agencies to support country-level and global actions. Specifically the case study exercise seeks to:

- Document how external partners coordinate and harmonise their efforts at the country level, including how they disseminate and share information, and how this supports or hinders a comprehensive education sector response to HIV and AIDS.
- Identify areas of overlap and significant gaps in country responses.
- Produce a series of options for the IATT members to consider to improve synergy and alignment across IATT member agencies and to support coordination at the country level more broadly.

3 Methodology and limitations

The case studies are being conducted in countries where significant efforts have been undertaken in support of education sector responses to HIV and AIDS. In each country, the aim is to interview stakeholders from the Ministry of Education (MoE) and other relevant ministries, development agencies (multilateral and bilateral), the National AIDS Authorities (NAAs), civil society groups, teachers' unions, private sector and representatives of HIV-positive networks. The findings of the study are limited by the short duration of time in-country which affected the extent to which the full range of country stakeholders could be adequately consulted.

To guide the work, six key research questions were formulated (see box, next page) which directed semi-structured interviews with partners. In addition, the consultants reviewed key documents and visited local education facilities.

Key questions:

- What have been the critical achievements in the response to HIV and AIDS in education? What gaps exist and how could these be overcome?
- What arrangements for coordination among partners working on HIV & AIDS and education exist? How have these evolved and how effective are they?
- What specific efforts have been made at harmonisation and alignment and what remains to be done?
- What arrangements for information sharing on HIV & AIDS and education exist?
- What resources have played a critical role in successes achieved so far and why?
- How are outputs, outcomes and impact being monitored and fed back into decision-making?

4 Brief outline of the country and sector

The HIV prevalence rate in Zambia reached its highest peak in 1999 at 19% among 15-49 years old and dropped to 16.3% in 2003, representing a small decline (Ministry of Health).

HIV and AIDS have had a significant impact upon the education sector. In 2006, the Zambia National Union of Teachers reported that the country was losing 800 teachers every year to AIDS-related illnesses. Children have also been seriously affected. Eighteen percent of all children under 15 (corresponding to 800,000 children) were classified as orphans in 2005. Research shows that most orphans struggle with very basic needs – only 50% have two pairs of clothing and only 13% live in households that receive any kind of external support. Mortality rates of teachers are expected to continue to rise due to high infection rates from the 1990s and a shortage of teachers is expected from 2011 onwards as deaths surpass the government's capacity to replace teachers.

Progress is being made, however. It is widely recognised that Zambia's response has been significant, even if it started late. The MoE has placed an important priority on protecting its workforce both by promoting Voluntary Counselling and Testing (VCT), and by initiating a scheme to pay for Antiretroviral Therapy (ART) for MoE employees in 2004. VCT has since become free at all public hospitals. Over 12,000 teachers (of an estimated total of 60,000) have been reached with prevention and messages of abstinence, be faithful, and use a condom (ABC) in the past three years. Of this number, just over 5,300 have undergone VCT, and just over 17% of these teachers tested-HIV-.[1] The overall percentage of people in Zambia tested for HIV remains low (11% for males and 15% for females), as fear and stigma continue to be major barriers to testing. The uptake of ART has also been slow – in part because of stigma – such that by the end of 2005 less than 500 MoE employees were receiving treatment. A rough estimate by the Anti-AIDS Teachers Association of Zambia (AATAZ) puts the current number of teachers that are on ART at around 2,000. However, according to AATAZ a significant number of teachers still fail to access ART on time.

There are other clear areas where progress has been made. Prevention campaigns conducted both within and outside of the education sector are credited with having contributed to improved levels of knowledge about HIV and AIDS and this was more than evident in the conversations with various stakeholders during this study. However, there are still considerable challenges in terms of attitudinal and behavioural change. The latest behavioural survey indicates that, while the overall percentage of men reporting having sex with non-regular partners has decreased, overall condom use has also decreased both among males and females since the last survey. Condom use with a non-regular sexual partner remains very low among young people (11% for males and 4% for females in 2005) and there is substantial anecdotal evidence that over the past two to three years condoms have taken a backseat in prevention campaigns. In general, the levels of condom use among the general population remains well below the levels required to arrest the HIV epidemic in Zambia.

Two areas in which progress appears to have been made with respect to behaviour stand out. First, the age of sexual debut is reported to have increased – the median age of first sex in 2005 being 18.5 years up from a reported 16.5 in 2003. Second, the percentage of young people with more than one sexual partner in the last year is reported to have gone down from 12% in 2000 to 6% in 2005. These results must, however, be interpreted with some caution due to the risk of response bias. And while these developments are in themselves positive they should also be assessed against the background of findings from numerous studies which indicate that abstinence, while effective in delaying sexual activity does not contribute to safer sex practices once the individuals concerned become sexually active.[2]

5 Findings and conclusions

This section presents the findings and emerging conclusions with respect to the main areas and questions covered by this case study.

5.1 Achievements and gaps

Key questions: What have been the critical achievements in the response to HIV & AIDS in education? What gaps exist and how could these be overcome?

Zambia's education sector response is singled out by many as having been very significant, although there is a general recognition that it should have started earlier. The implementation of the response is guided by the *HIV/AIDS Strategic Plan* and *HIV and AIDS Workplace Policy for the Education Sector for Management and Mitigation of HIV and AIDS* (MoE, 2006). This policy guides the overall response

1. CHAMP. 2007. Equip 2/ Ministry of Education, Semi-Annual Report. Lusaka, Zambia:CHAMP.;
2. Central Statistical Office (CSO). 2005. Zambia Sexual Behavior Survey. Lusaka, Zambia: CSO.

to HIV and AIDS and covers four key areas: a) prevention; b) care and support; c) HIV and AIDS in the workplace; and d) planning, management and mitigation.[3]

Various achievements – which are summarised in the table in this section – stand out. In the education sector, the focus of the response was initially on curriculum integration which resulted in HIV and AIDS being mainstreamed in all primary school subjects. Work is currently on-going to do the same in secondary and teacher pre-service education. Since 2004, and coinciding with a Cabinet decision that all government ministries should place the responsibility for HIV and AIDS with their Human Resource and Administration (HRA) departments, the focus of the education sector has been predominantly on prevention and support to affected teachers. VCT for teachers has been rolled out, and gains have been made in getting teachers onto ARVs and in starting to provide other forms of care and support such as nutritional guidance. This, as well as the establishment of support groups through the Anti-AIDS Teachers Association of Zambia (AATAZ) of teachers living with HIV has contributed to enhancing the visibility of the problem and has made some inroads into reducing the levels of stigma and discrimination. The response in the education sector is also significant in that it has succeeded in establishing a structure that reaches down to school level, although there is very little staff exclusively dedicated to the response (most HIV and AIDS staff have substantial other responsibilities). At central level, most staff are paid for from external funding. Some stakeholders mentioned that ARVs for teachers have resulted in a drop in absenteeism and attrition, but no specific statistics were presented to support this and it was not clear whether the MoE is tracking absenteeism.

The table below summarises these and other achievements for the education sector:

ACHIEVEMENTS

- **The MoE is widely recognised as being a front runner in the HIV and AIDS response.**
- **HIV and AIDS have been institutionalised from MoE central structures down to the school through the establishment of an HIV and AIDS unit at MoE, and the appointment of focal points at various levels.**
- **Concrete activities around HIV and AIDS are today evident in many schools through youth clubs, assembly messages, etc.**
- **AATAZ – the Anti-AIDS Teachers Association of Zambia – was established in 2002. Today it has over 1,500 members with support groups for HIV-positive teachers in many localities.**
- **Young people and the general public demonstrate high levels of knowledge related to modes of HIV prevention.**
- **Attitudes toward HIV and AIDS are widely believed to be slowly changing as most families face the reality of HIV and AIDS and there is evidence of reduced levels of stigma and discrimination.**
- **A MoE Sector Policy on HIV and AIDS (2006) has been developed and launched.**
- **HIV and AIDS education have been mainstreamed in the primary education curriculum (through infusion in all subjects) and the development of materials on life-skills and HIV and AIDS education is on-going.**
- **A review has been undertaken for high school level and MoE has set priorities on HIV and AIDS content to be implemented.**
- **HIV and AIDS content is being introduced for the first time in all pre-service teacher training institutions from 2007.**
- **HIV and AIDS material has been developed locally and distributed widely.**
- **The workplace programme has, at the time of the study, reached 17,433 teachers. VCT for teachers has been rolled out to schools, and over 5,300 teachers were tested in 3 years.**
- **Provision of ARVs for teachers has improved, with an estimated 2000 teachers receiving treatment at the time of the study.**
- **There is evidence of a number of best practices, especially the VCT and peer education models.**

These are significant achievements for which the MoE and its partners are to be given substantial credit. Nevertheless, there are concerns that the response may be levelling off. Various reasons emerged during the interviews, the placement of the response in the human resource department, the challenges to mainstreaming HIV and AIDS into the regular functions of the MoE, inconsistent messages around HIV prevention, the lack of prioritised funding, the challenges of coordination with other sectors, and the constraints to getting teachers to talk about HIV and AIDS in schools. Just as is the case in the overall response to HIV and AIDS a substantial 'fatigue factor' is evident (although some stakeholders felt this was more a capacity factor) which poses challenges to on-going implementation and uptake.

3. The HIV and AIDS policy is therefore much broader than the title – with its emphasis on 'the workplace' – would suggest.

The table below provides further details on the gaps in the response and on the challenges facing the sector.

GAP/CHALLENGES

- **The education sector is at greater risk than many other sectors because of its dual role as largest employer and as provider of educational services to young people. This broad, dual role is not always sufficiently recognised by other government partners.**
- **Improved dialogue and planning among partners around the Joint Assistance Strategy for Zambia (JASZ) has yet to translate into clearer planning, strategising, priority-setting, monitoring and evaluation and feedback in the area of HIV and AIDS.**
- **Although HIV and AIDS are widely considered important, it is not clear to what extent HIV and AIDS have been taken on as an institutional priority; for most staff, HIV and AIDS are an add-on to an already heavy load of responsibilities. Therefore, accountability is still weak.**
- **There is evidence of some fatigue around HIV and AIDS and a need to re-think and reposition key approaches and messages to address this.**
- **The HIV and AIDS sector policy has not been translated into a medium-term implementation plan with concrete strategies and priorities.**
- **There is no comprehensive coordination mechanism for HIV and AIDS among education partners and there is no functional coordination mechanism within the MoE to link the relevant departments working on HIV and AIDS. Coordination mechanisms with National AIDS Council (NAC) and with other government departments exist but are not adequately linked to overall coordination within the education sector.**
- **The decision to allocate to HIV and AIDS the status of a 'special issue' (alongside five other special issues) has made it hard to ensure that HIV and AIDS (as well as the other special issues) receive priority attention.**
- **Mainstreaming HIV and AIDS into the education system continues to be a challenge. The extent to which teachers are discussing HIV and AIDS in regular classes is not clear but appears to be limited (especially in high school and colleges) and HIV and AIDS is not an examinable subject and not timetabled.**
- **The official MoE policy of promoting ABC messages on HIV and AIDS is not being followed through. Young people seem to receive messages regarding desired behaviour that are inconsistent, as some teachers and sources of information focus only on abstinence. This is aggravated by an erratic supply chain for condoms which is not covering the need.**
- **There is no comprehensive mechanism for monitoring and evaluating the impact of the HIV and AIDS response in the education sector. EMIS is not collecting key information on HIV and AIDS.**
- **The financial and human resource constraints on education in general have affected resource allocation and implementation around HIV and AIDS.**
- **Placement of HIV and AIDS in the HR department has resulted in a strong focus on the workplace to the detriment of areas such as curriculum and support to the affected and infected learner. There is little attention to issues of (psycho-social) support to OVC, to access to anti-retroviral therapy by children.**
- **In spite of considerable efforts, training has still not reached sufficient numbers of teachers and other education staff and there are no clear supervision/ support mechanisms in place to monitor implementation.**
- **Stigma and discrimination continue to be strong barriers to teachers' accessing VCT.**
- **Best practices are not consistently being disseminated, documented and translated into policy implications.**
- **Development partners (DPs) do not have HIV and AIDS prominently on their agenda.**
- **DPs and the MoE do not consistently follow-up on the achieved targets and indicators from the Pool resources in respect to HIV and AIDS.**
- **Multi-sectoral coordination and action (e.g. to address issues of OVC and ARVs) are still weak.**
- **Financial resources are still very hard to access at implementation level, which is a barrier to those with the capacity and will to take action locally.**

5.2 Coordination

Key questions: What arrangements for coordination among partners working on HIV & AIDS and education are in place? How have these evolved? How effective are they?

The review examined the coordination of the response within the education sector and how it is linked to the national response. The following arrangements were highlighted by the stakeholders interviewed in the course of this study:

With respect to the overall response on HIV and AIDS in Zambia:

- The overall response is coordinated by the NAC which falls under the Ministry of Health (MoH).
- The MoE is a member of the national country coordinating committee (CCM) on HIV and AIDS and is represented by the Education Permanent Secretary (PS).
- The DPs meet in the monthly Cooperating Partners Coordination Committee where HIV and AIDS is an agenda point when necessary.
- The MoE is represented on a number of the NAC's technical working groups namely the Information Education; Care and Support; and ART working groups.

In the education sector:

- Coordination takes place around the MoE sector plan to which 12 mulilateral and bilateral donors have subscribed. Nine of these donors have committed to providing support through 'basket funding' (also known as the sector pool). Mechanisms for coordination of the MoE sector plan include monthly meetings of the (separate) policy and finance coordination groups, an education international NGO and project group (which also encompasses the projects on HIV and AIDS), a joint steering committee, and a joint annual review.

The MoE has identified four key priorities for the coming years in the education sector: teacher recruitment and deployment, curriculum reform, textbooks and infrastructure.

- HIV and AIDS are coordinated by an HIV and AIDS unit which is placed within the Human Resource Directorate. Four persons run this unit of whom three are 'project' staff (financed by the sector pool, by USAID and the UNDP-UN Volunteers programme). The unit reports to the Head of HRA, whom in turn reports to the MoE PS.
- The PS chairs a committee on Special Issues in Education (also known as the 'Equity' area) which among other issues (gender, OVC, special education, school health and nutrition, and free basic education prerequisite) is charged with HIV and AIDS. However, at the time of the study, this committee had not met for the past two years.

The stakeholders interviewed highlighted the important role that the overall sector wide approach (SWAp) process has played in clarifying priorities and in enhancing coordination among partners (see also under harmonisation and alignment in the next section). The establishment of the education sector pool was in this context singled out as an important development because it has allowed the MoE to make its own decisions on priorities in education. The pooled arrangement was cited as having brought considerable advantages because of the lesser transaction costs than with projects, and less agenda-setting by external partners.

Funding to HIV AND AIDS in Education

Data from the MoE Planning Directorate for 2007 indicate that approximately 5% (or 95.2 billion kwacha) of the 1.914 trillion kwacha overall budget (Government, sector pool and projects) was allocated to the 'equity and gender' (also known as special issues) area of which 2.4 billion for HIV and AIDS. Overall therefore, 2.4% of the equity and gender budget and 0.125% of the overall education budget is allocated to HIV and AIDS. Given the pressing priorities in HIV and AIDS and the enormous impact of the pandemic on the sector, this is clearly insufficient.

At the same time, many of the partners interviewed expressed concern about priority-setting within these joint arrangements. The four key priority areas identified for the MoE for the coming years do not include an explicit focus on HIV and AIDS, and in the 'special issues' agenda, HIV and AIDS compete with a number of other themes. The text box on funding to HIV and AIDS in education clearly shows that in spite of the substantial policy priority to HIV and AIDS, funding to this area is low.[4] A second area of concern highlighted by stakeholders was that is that although the overall SWAp and pooled funding processes have contributed to coordination, most of the content of the coordination has been about processes and procedures (from a management and financial perspective), with far less attention to the specific goals which the education sector plan seeks to achieve, to strategies for implementation, or how to ensure accountability on these.

Other challenges in the area of coordination and which were highlighted during the study include:

- There is no functioning coordination mechanism for HIV and AIDS within the MoE to bring together the various departments concerned. Lack of (trained and exclusively dedicated) human resources was identified as an important limitation in this respect. A further contributing factor is the placement of HIV and AIDS within the HRA directorate which – in the absence of clear coordination mechanisms – has resulted in a strong 'workplace' focus of the HIV and AIDS response. The lack of coordination has made it unclear under what conditions departments can access funds for HIV and AIDS.
- MoE budgets and plans on HIV and AIDS are developed on the basis of indicative funding allocations rather than on the basis of needs. This has limited the planning process and has generally meant insufficient funds are available. The MoE HIV and AIDS unit does not appear to have been consistently involved in budget consultations.
- Coordination around HIV and AIDS with other non-education partners is still weak and only takes place on case-by-case basis, in spite of the efforts of the NAC. There is a clear absence of coordination around issues affecting children, and around the full range of actions needed to ensure effective ART provision and complementary care and support.[5]
- Although HIV and AIDS come up as a topic in a variety of education fora, there is no specific coordination mechanism on HIV and AIDS with external education stakeholders (e.g. in the form of a technical working group which would bring together the MoE, key DPs and NGOs from the education sector). Such groups have existed in the past but ownership and leadership of the groups has been weak.
- Although DPs meet more regularly and exchange information on key topics, HIV and AIDS have not been consistently on the agenda. There is a strong sense by some of the external stakeholders that HIV and AIDS is not in reality a top priority issue for DPs and that they are not collectively holding the MoE accountable for progress and achievements. However, the donor group, itself, reports having undertaken a more active role. Since mid-2006 the so-called 'special issues' have been regularly on the agenda of the donors who have been concerned that these issues are a being marginalised. A 'cross-cutting issues' group was set up which wrote background papers on gender, school health, OVC and HIV and AIDS. It has been agreed with MoE to organize a one-day seminar to discuss how to revive the special issues. In addition, this UNAIDS IATT study was also taken as a positive development which could lead to a renewed interest in HIV & AIDS and education.
- Coordination among DPs has not resulted in decision-making on a priority agenda.
- Reporting on HIV and AIDS is generally weak, not sufficiently integrated into the overall reporting system of the Ministry of Education and not fed back into coordination and decision-making mechanisms, both

4. It should be noted, however, that the MoE does not have comprehensive information on project-related spending on HIV and AIDS, so the actual expenditure is probably higher. It may be worthwhile conducting a more detailed review to ascertain this information.

5. Various stakeholders expressed concerns around the ethical issues of promoting VCT when there is still insufficient support for teachers to ensure that they get good quality access to ART and to related care and support. With respect to learners, these issues are of even greater concern.

internally in the MoE as well as with respect to those mechanisms which involve external partners (DPs and NGOs).

In summary

It was very clear during this review that coordination of the education sector's response has improved substantially and that this development has reduced transaction costs and enhanced ownership by the MoE. Improved coordination has made it possible for the MoE to develop a clear priority agenda which includes four main areas: teacher deployment, curriculum, textbooks, and infrastructure. However, a large number of stakeholders interviewed expressed concern that official policy priority for HIV and AIDS is not reflected in the strength and scope of coordination structures, and that it is not given sufficient attention by the MoE and by DPs.

5.3 Harmonisation and alignment

Key question: What specific efforts have been made at harmonisation and alignment and what remains to be done?

Zambia has made substantial progress in harmonisation and alignment, and the education sector has been a front runner in this respect. Partners interviewed emphasised the importance of the Joint Assistance Strategy for Zambia (JASZ) and the SWAps in the various sectors in driving this process forward. It was interesting to note that within agencies, the focus on overall coordination around JASZ and the education sector plans is also credited with having resulted in better coordination within agencies themselves.

Progress has also been made in harmonisation and alignment of the overall HIV and AIDS response, with all partners supporting the NAC, with the development of one national strategic plan, and with the establishment of the national monitoring framework. The establishment of technical working groups under NAC has contributed to better joint planning and there is evidence of considerable progress in working towards joint reporting requirements and cycles. Most partners have also agreed to common indicators.[6] Stakeholders highlighted that the MoE has taken a very active role in encouraging progress towards the 'Three Ones'.

In the education sector, specifically, key developments with respect to harmonisation and alignment have been:

- Alignment by DPs with the JASZ and the SWAp process in the education sector. This has led to a process of decongestion whereby there are less donors in the sector. Irish Aid and the Netherlands are in the lead, while Canada and Finland have withdrawn and some of the remaining 'active' donors are clearly limiting their presence in the sector (e.g. DfID, Norway, World Bank).
- Improved dialogue among partners and better coverage of critical funding gaps in education in general.
- Adjustment of programming by DPs on the basis of the revised and agreed upon distribution of labour. Some partners have moved out and/or taken the backseat with respect to certain issues based on agreements about which donors lead in which areas.
- Adjustment of staffing by DPs to reflect their roles in the sector(s) that they support.
- Indication of two lead donors for the sector has clarified coordination. These 'leads' meet with other partners intermittently and coordinate the response towards the MoE. This has resulted in a clearer voice on priorities and more coherence in terms of support.
- Establishment of a mechanism of basket/pool funding for the education sector and the development and implementation of the necessary management mechanisms.[7]
- The alignment of UNGASS indicators on HIV and AIDS with those of the MoE, which means the NAC no longer needs to collect raw data on education programmes.[8]

Developments overall have therefore been very positive. However, the interviews also brought out that the progress on coordination, harmonisation and alignment within the sector in general has not benefited the HIV and AIDS response in particular. Despite official commitments to the 'Three Ones' there is not greater clarity on how to implement the HIV and AIDS policy, there has been inconsistent support to the areas of the HIV and AIDS policy (both by MoE and its partners) and different agencies still pursue their own agendas on this topic. Most partners indicate that 'special issues' in general – and HIV and AIDS in particular – have fallen outside of the harmonisation agenda.

Other on-going challenges with respect to harmonisation and alignment around HIV & AIDS and education are:

- Some DPs at country level are not sufficiently decentralised to buy into government agendas and priorities when these are not directly in line with their own.
- A substantial number of parallel projects continue to exist, and the agendas of these projects are still strongly influenced by those of the DPs.
- It is the activities at project level which are the most visible when looking at progress in the area of HIV and AIDS. This may be in part a reflection of the limited funding that is going to HIV and AIDS in general, but is probably also a reflection of the poor mechanisms for coordination, monitoring, evaluation and feedback around HIV and AIDS.
- There does not appear to be a common agenda of DPs around HIV & AIDS and education, and the truly big donors do not coordinate sufficiently around HIV and AIDS.

In summary

Zambia has made important progress in terms of harmonisation and alignment and this has reduced the workload for government departments in general. However, this progress has impacted only to a very limited extent upon HIV and AIDS in education.

6. UNAIDS cited as an example that 80% of the PEPFAR indicators are now part of the national plan.
7. The sector pool may even disappear in the medium-term as most sector pool donors are moving towards (some form of) direct budget support. When this happens it will become even more critical to ensure that adequate funding goes to priority areas such as HIV and AIDS.
8. The agreed upon indicators are: a) number of staff trained in HIV and AIDS; and b) the ratio of orphans to non-orphans.

5.4 Key resources and information sharing

Key questions: What arrangements for information sharing on HIV & AIDS and education exist? What resources have played a critical role in success achieved so far and why?

Information sharing on HIV and AIDS in education was generally rated as moderate to good by stakeholders interviewed. The following mechanisms for information sharing were cited during the interviews:

- HIV and AIDS unit in the MoE presents issues to the director HRA who takes to PS and top management. The unit prepares monthly written briefings to the PS on the major tasks carried out. These briefings have limited distribution and are used internally only.
- Information on HIV and AIDS is shared – albeit not in a consistent manner – through the SWAp coordination mechanisms. Thus provinces prepare quarterly reports but there is no specific format on HIV and AIDS in these reports and the information remains disperse.
- The annual joint review of the education sector plan which in 2007 included formal mechanisms for reviewing progress on HIV and AIDS.

Areas of weakness with respect to information sharing are evident and need to be addressed if the sector is to make further progress on HIV and AIDS. These include the following:

- There is no formal platform for information sharing and subsequent decision-making around HIV and AIDS (see also related points on coordination). NGOs and other civil society groups in particular stressed that they were not well informed on key developments.
- The MoE HIV and AIDS policy has not been sufficiently disseminated, especially to decentralised levels with corresponding impact ownership, implementation, adherence and accountability.
- In general, the procedures around planning, disbursements, monitoring and feedback of activities supported through the pooled/basket and Government of Zambia funds are not clear. Stakeholders are not well informed except those who are closely involved in the process.
- There is insufficient clarity on the overall scope and focus of NGO activity in the area of HIV and AIDS and there is no established format for collecting this information. The same applies, although to a somewhat lesser extent to the activities supported by other DPs. The projects and the international NGOs are setting up a mechanism for better coordination (the Project Coordination Committee) which is an encouraging development.
- There are no systematic fora at which experiences could be shared and disseminated and, in general, information on best practices is not being consistently collected and analysed. Formats for information sharing are not always very user friendly and do not adequately reflect progress towards overall goals.
- Information – where it exists – not being consistently fed back into decision-making processes.

All stakeholders interviewed were asked to provide examples of resources that they felt were key to the HIV and AIDS response. A number of tools which have been produced by IATT members were mentioned, although in general only a few stakeholders were aware of the existence of the IATT prior to this exercise. Stakeholders also included under resources general approaches or 'good practices' such as the establishment of technical working groups and of district AIDS task forces which have enhanced the coordination of the response at decentralised levels as well as such strategies as condom distribution and community involvement in designing interventions to deal with issues of stigma and discrimination. With respect to resources, a number of partners mentioned the plethora of different toolkits/guidelines/handbooks which are being developed and which – although in themselves useful – end up being under-used because they are not part of an overall programme or strategy. Therefore, they often do not come with the necessary resources to ensure that they are adequately disseminated and integrated into on-going activities).

In summary

Key resources on education and HIV & AIDS have been developed and launched in the country, and the MoE has played an important role in developing materials that are being found useful by teachers in schools. Information sharing around the SWAp in education has also included sharing of information on HIV & AIDS and education. However, not all partners are equally involved or informed and mechanisms for dissemination and sharing of such information could still be considerably strengthened. There is a particular concern that the sector is not adequately researching and capturing evidence of outcomes and impact and this information is therefore also not feeding into decision-making processes. Documentation of what works and under what conditions in the education response has not been an area of focus and there is still a lack of clarity on what activities are being carried out by which partners.

5.5 Monitoring, evaluation and feed back into decision-making

Key question: How are outputs, outcomes and impact being monitored and fed back into decision-making processes?

The establishment of a functional monitoring and evaluation system to capture results, outcomes and impact on HIV & AIDS and education remains a big challenge for the sector response in Zambia – and this was also a conclusion for the other country studies that are part of this overall case study exercise. Although there has been progress in aligning the UNGASS indicators with those of the education sector, more specific indicators with respect to HIV & AIDS and education seem not to have been agreed upon.

There are also no specific indicators against which the MoE is held accountable for the basket/pooled funding. At the level of specific projects indicators are in some cases used very rigorously (and are often a requirement for reporting and subsequent disbursement) but the systems for collecting this information – although consultative and involving MoE staff – have not directly contributed to enhancing the capacity of the MoE in doing monitoring and evaluation. Project experience could be used, however, to inform decisions on the strengthening of education monitoring information systems (EMIS) because good examples exist.

Little evidence was found of consistent sharing of information from monitoring and evaluation exercises among the partners involved in the sector. As a result there is still not enough understanding of outcomes, of the costs and benefits of various approaches and of impact. This is an important barrier to moving forward the response.

In summary

Monitoring and evaluation was identified as one of the weaker areas of the HIV and AIDS response. The absence of strong and comprehensive systems for monitoring and evaluation is hampering the capacity for learning and drawing on pilot experiences and also has a negative impact on the capacity of the system as a whole to plan for an improved response.

6 Observations and emerging recommendations

The analysis above has pointed to both strengths and weaknesses in the response. The consultants are making a number of observations and tentative recommendations for the education sector response in general, for development partners and the IATT in particular. These are put forward to encourage discussion and further reflection. Suggestions and recommendations for the education sector's response in general were not part of the original terms of reference for the Country Case Study Exercise. However, in all four countries, these were included at the specific request of country stakeholders to enhance the relevance of the exercise to local needs. However, given the short nature of the assignment it is important that these be seen as suggestions which will require further examination and discussion at country level. The final report contains consolidated recommendations from all four countries.

6.1 For the education response in general

The education sector response to HIV and AIDS stands out because of its early and significant commitment. Work is on-going to improve the response further. In that context we suggest that:

1. The MoE put in place a communication and dissemination strategy for the HIV and AIDS policy to ensure that it is widely known and understood and that mechanisms can be established to ensure that it is adhered to. This activity should be taken on by the HIV and AIDS unit as a matter of priority but with high level backing from the PS.
2. The MoE review the placement of the HIV and AIDS unit within the MoE. The continued threat which HIV and AIDS represents to the learners and employees in the sector, and the need to ensure a well-coordinated response which extends beyond human resource issues would suggest that the unit would be better placed within the office of the PS, or alternatively within the Planning Department. This would allow for the unit to have a realistic and realisable coordination function vis-à-vis the various departments of the MoE. The MoE could consider asking for external support to review the current organizational set-up and functioning to ensure that the revised coordination arrangements take into account experience from elsewhere, and to guarantee that the new modalities that are put in place are governed by clear terms of reference outlining roles and responsibilities and linkages between different structures as well as reporting and decision-making arrangements.
3. The MoE review the mechanisms for coordination for the education sector plan to ensure that stakeholders from outside of the MoE (DPs, NGOs, and others) are able to periodically participate and contribute to the dialogue around achievements and future priorities. It is essential that these mechanisms include feedback loops to decision-making and that they build on existing structures rather than setting up new ones.
4. The staffing of the HIV and AIDS unit be reviewed. The staff currently available is seriously overburdened. The HIV and AIDS unit needs to be able to effectively carry out its coordination, facilitating, mainstreaming, and monitoring role. In reviewing the staffing, the consultants suggest that the MoE ensure that the human resources that are currently in place are retained (ensuring that valuable experience is not lost), and that the unit is supplemented with further staff with sufficient expertise and seniority to carry out a strong coordinating role vis-à-vis internal and external partners.
5. The EMIS annual school census be revised, and the planning department strengthened, to collect, analyse and report on a limited number of key indicators which reflect efforts and progress at school level with respect to HIV and AIDS. Mechanisms for disseminating the data on HIV and AIDS and for linking into decision-making should be part of this process.
6. The MoE undertakes in the course of 2007 a comprehensive evaluation to assess progress and impact of education and HIV and AIDS activities. It is suggested that this should be an external review which includes, however, key Ministry of Education staff involved in the HIV and AIDS response. This evaluation should consider both activities implemented by the MoE and those that have been undertaken in the context of specific projects. The evaluation should bring out best practices and also provide key information on costs and benefits of different approaches. This review suggests that – among others - the following areas be considered in the evaluation:
   a. The experience of teachers in implementing the HIV and AIDS content of the curriculum.
   b. The various modalities for teacher training and support in HIV & AIDS and education, comparing different options (including those focusing for example on the training of head teachers who are important 'gate keepers' in decisions on implementing HIV and AIDS related content in schools) and

identifying those that have produced the most appropriate results.

c. The use of peer education, both for teachers and students, and the impact of these efforts.

d. The experience of school level activities such as clubs, assembly messages, etc.) and their impact on student knowledge, attitudes and behaviour.

e. The roll-out of VCT to teachers, the uptake of ART and the provision of care & support.

f. The involvement of HIV-positive teachers in awareness raising activities.

g. The scope of activities aimed at addressing the needs of learners - and specifically of OVC – and for the provision of psycho-social support to affected and infected learners, as well as the implications and modalities for further rolling out this support.

Given the importance of ensuring that scarce resources are applied where they are most needed, it is critical that the evaluation provide concrete inputs and evidence that will lead to the establishment of a priority agenda for the future. The evaluation should provide the possibility of learning and scaling-up from local interventions – various schools-based and community-based initiatives – and improve the link between local needs and national response. This should also include suggestions on priority areas for research.

7. The HIV and AIDS policy be supplemented by a medium-term strategic implementation plan, including priority activities, targets, expected outcomes, and expected costs. This plan would be most effectively developed if it takes into account the results of the evaluation suggested under point three above.

8. The MoE review the modalities for addressing HIV and AIDS through the curriculum including the options for using one or two main carrier subjects and making the content compulsory/ examinable. Behaviour was identified as a key intervention strategy incorporating education and awareness, condom promotion VCT, information, education and communication (IEC), Greater Involvement of People living with HIV and AIDS (GIPA) and general community involvement and support.

9. This should be accompanied by school policies on HIV and AIDS to provide guidance and training on the implementation of HIV and AIDS at school level, in particular on how to address HIV and AIDS in the curriculum.

10. The MoE work closely with the NAC – and in particular with its mainstreaming expert - and other sector ministries to strengthen the response on issues that transcend the sector. Two particular areas stood out during this review, namely:

    a. The support to OVC needs to be substantially expanded, including psycho-social support, and ensuring that schools and teachers are able to refer children in need to the right services.

    b. The provision of ART to teachers and students with a focus on improving the link between VCT and ARV access and the quality of follow up support.

6.2 For development partners

On the basis of the information gathered during the case study, we are proposing that heads of mission and agencies, as well as education sector managers focus on the more specific gaps in the response to HIV & AIDS and education. This includes the need to:

1. Critically review their commitment and support to HIV and AIDS within the overall support to the education sector. It is essential that development partners align behind the MoE priority agenda for addressing HIV and AIDS in education.

2. DPs need to work comprehensively with MoE to strengthen the HIV and AIDS response as projections for the coming years suggest that HIV and AIDS will undermine achievements in the provision and quality of education very substantially. It will be critical in this context to find ways of doing this that do not undermine the overall progress towards sector budget support. Facilitating the provision of key technical input where necessary, supporting the MoE HIV and AIDS unit, and ensuring that supplementary funds are available and sustained over time should receive priority.

3. Establish, in close collaboration with the MoE, mechanisms for monitoring and accountability around HIV and AIDS within the current education sector plan coordination mechanisms.

4. Review systems for sharing information and work with the MoE to develop mechanisms for widely disseminating information around HIV and AIDS and for periodically discussing results. Ensure that key recommendations from such discussions are fed back to key decision-making fora for the education SWAp.

5. Include HIV and AIDS as a permanent agenda point on meetings and periodically review progress towards desired goals. DPs should consider establishing a thematic group on HIV and AIDS with specific responsibilities for reviewing the donor contribution and strengthening the response.

6. Critically review and strengthen mechanisms for the provision of financing to HIV and AIDS related activities so that key actors on the ground are able to access funding for the delivery of services.

7. Ensure that adequate support is provided to AATAZ which is a powerful agent of change but has a serious need for additional funding and technical support.

6.3 For the UNAIDS IATT on Education

In view of the findings of this country case study we make the following preliminary recommendations to the UNAIDS IATT on Education.

1. Agree on a select number of key issues and priorities and ensure that these are adequately funded. The current situation is that partners have carved out specific niches in the response and this is not adding up to a comprehensive agenda.

2. Put in place mechanisms that allow the IATT to be periodically informed by constraints at country level so as to enhance the relevance of its deliberations and activities which impact at country level. Suggestions in this respect include:

    a. Actively identify ways to enhance its visibility so that stakeholders at country and regional level can engage with the IATT and actively pinpoint priority areas that need

addressing. This should not take the form of another player at the table, but rather ensure that stakeholders at country level are aware that IATT exists and that they can use it for expertise and documentation.

b. Broadening its membership to include a number of country-level representatives/advisors with specific responsibility for providing suggestions and support to enhance the pertinence and relevance of the IATT activities.

c. Developing periodic and more formal mechanisms for obtaining inputs from countries through reviews such as this one.

d. Better marketing of its goals and objectives so that country-level stakeholders can use the IATT as a resource for advice, support and for channelling concerns.

e. Organizing its meetings at country level and ensuring that this includes interaction with country stakeholders.

3. The IATT needs to actively pursue means of engaging and involving non-IATT partners internationally (and therefore often also at country level) who play a prominent role in the overall HIV and AIDS response, such as the Global Fund and PEPFAR.

4. Identify bottlenecks to harmonisation and alignment in terms of policies and procedures at headquarters level and develop an agenda for comprehensively addressing these.

5. The IATT should be more pro-active in addressing real constraints to harmonisation and alignment and monitor progress in this respect.

6. The IATT provide support to the development of a priority research agenda on HIV & AIDS and education and put in place the mechanisms and funding to ensure that such research is carried out and effectively disseminated at decision-making and implementation levels. A particular area of concern is in developing the knowledge base on strategies for moving from knowledge to attitude and behaviour change. It is critical that research studies be driven and led by country-level/regional priorities and that local and regional expertise in this area be enhanced through the process.

7 List of persons contacted in Zambia

Michael Banda- Project Officer Education, UNICEF

Alice Chintofwa – Teacher and Secretary for Anti-AIDS Teacher Association Zambia (AATAZ)

Hilary Chipango- Programme Officer, BETUZ

Cornelias Chipoma- Education Specialist, USAID

Paul Chitengi- Montioring and Evaluation Specialist, NAC

Maureen Chitoma – Guidance and Counseling teacher, Kabulonga High School Lusaka

Yvonne Chuulu – National Coordinator HIV/AIDS, MoE Zambia

Given Daka – Education Program Officer, Royal Netherlands Embassy

Anne Fredrikson- Education Advisor, NORAD

Ricky Henning – Education Advisor, USAID

M. Kanchele- Financial Manager, Forum for African Women Educationalists (FAWE)

Lilllian Kapula, Permanent Secretary, MoE Zambia

D. Kasanda – Acting/Programme Co-ordinator, Forum for African Women Educationalists (FAWE)

Dainess Kasungami- Human Development Advisor, DFID

Rose Kayope – pupil, Kabulonga High School Lusaka

Pawan Kucita - Chief Education Section, UNICEF

Miyanda Kwambwa – Educational Advisor, Irish Aid

Sue Milner- Advisor Social sector & Governance, DFID

Patrick Machiko – Member of Anti Aids Teacher Association Zambia

Pricilla Malasha -HIV/AIDS Advisor, Irish Aid

Elizabeth Mbewe- Technical Assistant, Forum for African Women Educationalists (FAWE)

Anthony Morrison – Operations Director, CHAMP

Oswald Mulenga – Director, Monitoring and Evaluation, NAC

Remmy Mukonka- Executive Director AATAZ

Eunice Mwakapandula- pupil, Kabulonga High School Lusaka

Audrey Mwansa – Orphans and Vulnerable Advisor, Changes 2 Program

Mutinta Mweembe - Chief Curriculum Specialist, Zambia MoE

Ndubeni – Programme Officer, Zambia National Union of Teachers (ZNUT)

Nyangu Nelson- Director Planning and Information, Zambia MoE

Rosana Price Nyendwa, Programme Director CHAMP

Esther Sakala– Executive Director, Zambia Business Coalition on HIV/AIDS

Vincent Snijders - First Secretary Education, Royal Netherlands Embassy

Mary N. Wamala – pupil, Kabulonga High School Lusaka

Joan Woods – HIV/AIDS Advisor, Changes 2 Program

Appendix 5: Terms of Reference

1 Purpose of the review

The ultimate purpose of the exercise is to maximise opportunities among IATT members for coordination and synergy between various efforts and initiatives that aim to support education sector responses to HIV and AIDS, particularly at the country level. The review should result in a set of recommendations for the IATT to consider to improve synergy and alignment across IATT member agencies and more broadly at the country level.

Objectives of the review are to:

1. Document how external partners coordinate and harmonise their efforts at the country level, including how they disseminate and share information, and how this supports or hinders a comprehensive education sector response to HIV and AIDS, where possible highlighting IATT and IATT members' efforts and other related initiatives (e.g. EFA Fast Track Initiative);
2. Identify areas of overlap and significant gaps in country responses; and
3. Produce a series of options for the IATT members to consider to improve synergy and alignment across IATT member agencies and to support coordination at the country level more broadly.

2 Process and methodology for undertaking the review

The proposed process, as such, includes a series of case studies in four countries. The countries selected for this review should be those in which significant efforts have been undertaken supporting education sector responses to HIV and AIDS in order to enable a case study to be developed that outlines country-level perspectives on harmonisation and coordination. In light of these criteria the following countries were selected: Jamaica, Kenya, Thailand and Zambia.

The methodology is expected to begin with a desk review of existing documentation. A list of key informants will be provided to the Consultant by the Working Group with inputs from all IATT members, and will include: Ministry of Education staff, civil society including teachers' unions, multilateral agencies working in education, members of the country education donor group, lead donors in country, and other relevant country and regional institutions and structures. Country-level visits are expected and will be reflected in the budget. The Consultant may wish to propose a structured set of questions, which could also be formatted as a simple survey and/or used as the basis for in-depth telephone interviews with key informants; however, this will be left to the Consultant selected to undertake the review to propose to the Working Group.

3 Expected outputs for the review

1. A draft report will be produced of between 25-30 pages covering the objectives for the exercise and within the requested timeframe. The report should contain an executive summary, and focus on key country stakeholder perspectives on external partner efforts, policies and practices to support education sector action on HIV and AIDS, and include key areas of IATT members' activity related to education sector responses to HIV and AIDS, inter-agency partnerships, and coordination; areas of overlap and significant gaps in responses; and a clear set of options for the IATT to consider as a result of an analysis of the review. The report should contain substantive mention of possible modes of cooperation between IATT members as well as an assessment of how the IATT could support more generally alignment and coordination of education sector responses to HIV and AIDS. The report will include operational recommendations, expressed as options, on how to ensure better coordination and synergy between programmes, particularly at the country level, along with practical suggestions for improving coordination regionally as well as globally.
2. The report will be submitted in draft, and then finalised based on feedback from the Working Group as well as the IATT members. Presentation of the proposed methodology and initial findings from the desk review will be presented at the next IATT meeting in the Netherlands 6-8 November, 2006. Draft report to be submitted to IATT Secretariat by end February, 2007 for circulation and comment to IATT members and finalised by April 15, 2007 based on feedback and suggestions. Final results to be submitted at the subsequent IATT meeting, date and time to be determined.

Appendix 6: Methodology

1 Introduction

This proposal sets out a draft methodology for a case study exercise which the UNAIDS Inter-Agency Task Team (IATT) on Education is commissioning on behalf of its members. The purpose of this exercise is to maximise opportunities among IATT members for coordination and synergy between various efforts and initiatives that aim to support education sector responses to HIV and AIDS, particularly at country level.

This document provides an overview of the proposed methodology for the study and has been drafted by the consultant to allow IATT members to provide inputs and suggestions at an early stage in the design of the study.

2 Scope of work and expected outputs

The terms of reference for this review specify that the assignment will seek to obtain a 'clear and simple picture of what IATT members are doing to support education sector responses to HIV and AIDS' and to use this to develop a 'set of recommendations for IATT consideration to improve synergy and alignment among the IATT members and more broadly at country level.' (See Appendix 5)

The findings and recommendations of the exercise will result in a 25-30 page report, with an executive summary. This report should highlight 'key country stakeholder perspectives on external partner efforts, policies and practices to support education sector action on HIV and AIDS, and include key areas of IATT members' activity… inter-agency partnerships and coordination; areas of overlap and significant gaps in responses and a set of options for the IATT to consider.'

In addition to this main report, the consultant proposes that for each of the countries visited a short *aide mémoire* be produced with major findings and preliminary conclusions (maximum of four pages) based on the country visits. This will ensure that findings are fed back to country-level stakeholders, that these have the opportunity to react and that their reactions can become part of the final report. The country *aide mémoires* would then be included in the annexes to the main report.

3 Suggested approach and methodology

The terms of reference provide suggestions for the methodology, and highlight the importance of ensuring that the country cases provide an opportunity for the various stakeholders to voice their opinions, concerns/constraints and suggestions. The approach outlined below follows the main steps suggested in the terms of reference and highlights the various activities that will be put in place to answer the key questions of the exercise.

The review will consist of five distinct phases, starting in November 2006 and ending in May 2007 and will cover approximately 64 days of work. The phases are discussed briefly below.

4 Phases of the exercise

Phase 1 – Desk Review and Preparation for field work

The desk review will involve consultation of key documentation and is expected to provide key background information on recent, on-going and planned activities in the field of education sector responses to HIV and AIDS (highlighting, where possible and relevant IATT and IATT member efforts), on strategic choices and entry points, and on arrangements for coordination among partners, internationally, regionally and nationally. The review, which will include an analysis of responses given by Ministries of Education and civil society counterparts in the *2004 Education Sector Global HIV & AIDS Readiness Survey*, will also aim to identify preliminary areas of overlap and significant gaps at the country level, to be further explored during country visits. The documentation review will also be used to further fine-tune the methodology and instruments for data collection at country level, including on choices of stakeholders to interview, and on possible focus group participants (see phase 2). The assumption is that the local consultants will contribute to identifying key documentation and that the document review will continue during the country visits.

The consultant proposes to keep open the option of supplementing the desk review with selected phone interviews with the IATT secretariat and members, if necessary.

This phase also includes the preparation for the country case studies, both in terms of logistics and liaising with the local consultants. The local consultants will be asked to prepare a short brief on the in-country situation with respect to Education and HIV & AIDS.

This phase will result in the production of a short statement of initial findings (around three pages) to be circulated among the Working Group ahead of the country visits.

A total of 14 working days is foreseen for this phase which will take in November, December and January 2006.

Phase 2 – Country Case Studies

The country case studies will involve visits to Jamaica, Kenya, Thailand and Zambia as proposed in the terms of reference. The consultant proposes that the country visits have a duration of seven days in total, with five to six days in country (see also below under 'aide mémoire'). Information at country level will be collected through a combination of individual interviews, focus groups and supplementary documentation review. The preparation, in country, of an *aide mémoire* of findings will provide an immediate opportunity for reactions and feedback from the stakeholders interviewed. Below are details on each of the forms of data collection.

Individual interviews

The interview will be conducted on location with all or a selection of the following:

- Ministry of Education staff (central and decentralised levels, if possible).
- Staff from other relevant ministries (for example health).
- Individual development cooperation agencies (multilateral and bilateral) which are active in education and HIV and AIDS.
- National AIDS Council/Coordination Groups.
- Civil society groups, including teachers' unions.
- Private sector.
- A selection of implementers in the field.
- Representatives of PLHIV networks.
- Regional institutions and networks.

The exact stakeholders to be interviewed will depend on the specific country context and the local consultants will be expected to provide suggestion on the key persons to be contacted. Some of the individual interviews may be substituted by group interviews depending on the stakeholders concerned, on local preferences, and on the country context. The interviews will be guided by a semi- structured questionnaire. This questionnaire will be prepared in advance of the field visits and will be shared with the Working Group prior to starting the country case studies (See Appendix 7 for final questionnaire).

The in-country work will be guided by the following six research questions:

- What arrangements for coordination among partners working on HIV & AIDS and education have been put in place, how effective and how have these arrangements worked and evolved over time?
- What specific efforts have been made at harmonisation and alignment, how effective have these been, and what remains to be done?
- What arrangements for information sharing on HIV & AIDS and Education exist, how effective are these, and how have these arrangements evolved over time?
- How are HIV and AIDS being addressed within the education sector, and as part of the overall response? What have been the critical gaps (with respect to issues such as coordination, resources, harmonisation, implementation, monitoring, etc.) and how could these be overcome?
- What resources (tools, documentation, training and other forms of support) have played a critical role in success achieved so far and why?
- How are outputs, outcomes and impact being monitored and to what extent are the results of such monitoring efforts being fed back into decision-making processes?

Detailed sub-questions for each of these key research questions will be worked out during the preparatory phase of the study.

Focus groups discussions with stakeholders/beneficiaries

The purpose of the focus groups will be to get together at least one group of stakeholders and one group of beneficiaries to discuss how HIV and AIDS are being addressed in education. The focus of these discussions will be on getting a sense of achievements and of constraints from the perspective of those that are working at community level, and of the factors that have been critical to progress that has been made. The focus groups should also give a sense of what remains to be done, and where the IATT and its member agencies can play a role in supporting coordination more generally.

Debriefing and discussion of country *aide mémoire*

A debriefing and discussion session outlining main findings and tentative recommendations will be held at the end of each country visit. A draft *aide mémoire* will be produced and discussed in country before departure. The *aide mémoire* will:

- Provide feedback on findings to the stakeholders consulted during the country visits.
- Provide an opportunity for stakeholders to react on emerging conclusions and recommendations.
- Provide stakeholders with a concrete contribution in terms of suggestions and recommendations on processes that are specific to the country context and which may otherwise become diluted in the overall report.

In order to ensure a structured and consistent approach across countries it is proposed that data be collected relevant to the past five years (roughly 2001 through 2006). To ensure ownership of the process, the IATT Secretariat will send a communication to the education sector working group in the selected countries notifying them of the exercise and requesting their support for the process. IATT member agencies will be copied in this communication for further follow up at the field level. For ease of organization, it would be useful if one of the IATT members who is represented locally would provide logistical support to the Case Study exercise at country level. UNESCO has agreed to do so for Jamaica, Kenya and Thailand and UNICEF has agreed to do so for Zambia. Finally, it is assumed that a list of key informants for each country will be provided to the consultant on the basis of inputs from IATT members and that this will serve as the starting point for organizing the country visits.

A total of 30 days is foreseen for this phase, which includes travel and in-country work, and the drafting of the *aide mémoires*. The approximately six day country visit will consist of four days for interviews, one day for the two focus groups and half a day for debriefing and discussion. The country case studies will take place between February and early April, 2007.

Phase 3 – Supplementary interviews with IATT members

Once the country visits have taken place the consultant will conduct phone interviews with selected IATT members and with any outstanding key stakeholders in the countries visited. The purpose of these interviews will be to supplement information obtained in the field, to seek clarifications where necessary, and to get reactions to some of the emerging conclusions and recommendations. In addition, the local consultants may be asked to follow up on any outstanding interviews and issues in country. Four days have been planned for this phase.

Phase 4 – Analysis, writing, editing and revising report

This phase concerns analysis of the data collected, writing of the report, submission of the report to the Working Group for comments, further revisions and final edits to the report. The consultant will submit a proposed table of contents for the report to the Working Group before the case studies are started. A first draft of the report will be ready on the 20Th of April, 2007.

A total of 15 days is foreseen for this phase, of which 5 days for data analysis, 7 days for preparation of the report and 3 days for editing and revisions. The bulk of this work will take place in March and early April.

Phase 5 – Presentation and finalisation of the report

The consultant will present the report of the Review at the spring 2007 UNAIDS IATT on Education meeting (to be held in Washington, D.C.). The purpose of this presentation will be to engage in a productive dialogue around the report, to discuss implications and to ensure that any outstanding issues are addressed. The results of this discussion will be incorporated into the final version of the report.

Five day are foreseen for this activity, of which three days for travel and presentation of the report, and two days for revisions and finalisation of the report. This activity will take place between March and May 2007. The results of the discussions at the IATT meeting will be incorporated in a revised version of the report which should be ready mid-2007, with the outcomes tabled for discussion at the November 2007.

Appendix 7: Guideline for interviews

Name:

Function:

Date of Interview:

N.B. Start with a brief introduction on the purpose of the Case Study Review, the output (aide mémoire) and the process for feedback on the main conclusions/recommendations.

1. **Which key developments have taken place over the past five years in HIV & AIDS and Education?**
2. **What have been the main gaps in the response?**
3. **Which key stakeholders have played a key role in the results so far?**
4. **What has been the specific involvement and contribution of your organization (financial, technical assistance, coordination, etc. – only prompt if necessary)?**
5. **How do you assess your organizations contribution? What have been strengths and weaknesses?**
6. **What, in your view, has been the contribution of external development partners?**
7. **What specific efforts have been made at harmonisation and alignment? List examples. How effective have they been?**
8. **What arrangements exist for information sharing?**
9. **What has been the main impact of the work done in HIV and AIDS education? (Consider teacher preparation, care and support knowledge, attitudes, behaviour change, etc.)**
10. **What tools and materials have been key to the improved response? Why?**
11. **What are key challenges for the coming three to five years?**
12. **How could IATT make a more effective contribution to the education response to HIV and AIDS?**

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This report synthesises case study exercises undertaken to examine the quality, effectiveness and coordination of the education sector's response to the HIV epidemic in four countries – Jamaica, Kenya, Thailand and Zambia. In each country, stakeholders assessed: critical achievements and gaps in the education sector response to HIV and AIDS; the evolution and effectiveness of coordination mechanisms and structures; progress toward harmonisation and alignment; information-sharing on HIV & AIDS and education; key resources for the response; and monitoring and evaluation.

This report presents the overall findings from the study and makes recommendations for the UNAIDS Inter-Agency Task Team (IATT) on Education and its partners to improve coordination in support of country level and global actions. Detailed information on the results for each country is included in appendices of this report.

About the IATT on Education

The UNAIDS IATT on Education was created in 2002 to support accelerated and improved education sector responses to HIV and AIDS. It is convened by UNESCO and includes as members UNAIDS Cosponsors, bilateral agencies, private donors, and civil society partners. 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.

For more information about the IATT on Education, visit:
http://www.unesco.org/aids/iatt