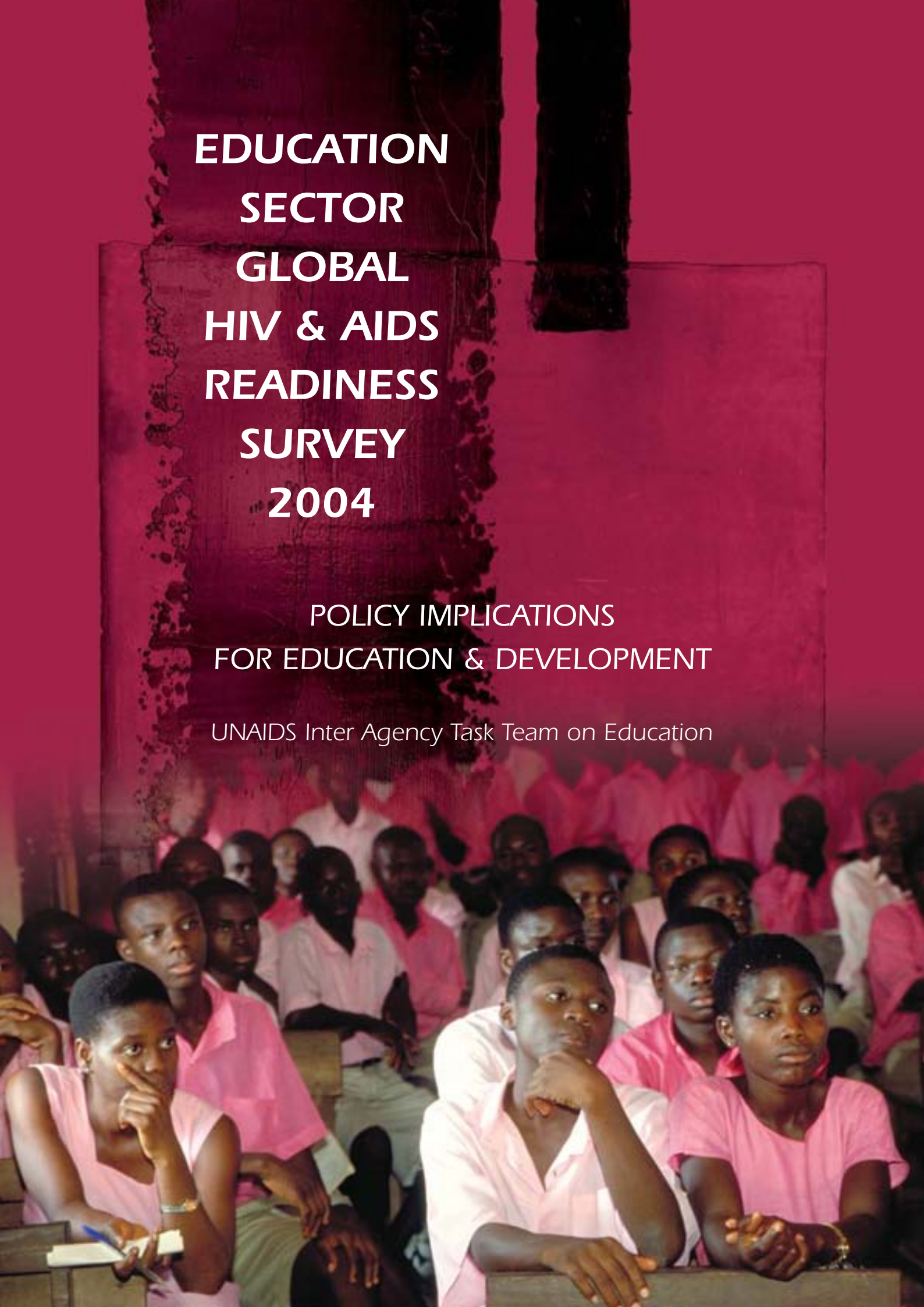
EDUCATION SECTOR GLOBAL HIV & AIDS READINESS SURVEY 2004

POLICY IMPLICATIONS FOR EDUCATION & DEVELOPMENT

UNAIDS Inter Agency Task Team on Education



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POLICY IMPLICATIONS FOR EDUCATION & DEVELOPMENT

An Integration of Perspectives from Ministries of Education and Civil Society Organizations

UNAIDS Inter Agency Task Team on Education

2006

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This report was written by Peter Badcock-Walters, Health Economics and HIV and AIDS Research Division's (HEARD) Mobile Task Team (MTT), University of KwaZulu Natal, and Tania Boler, Global Campaign for Education (GCE) on behalf of the UNAIDS Inter-Agency Task Team (IATT) on Education. The coordinators of the IATT, Alexandra Draxler and Christopher Castle, piloted the project from conception to fruition, and logistical support was provided by Nuria Chat. The IATT is convened by UNESCO and includes as members the UNAIDS Co-sponsoring agencies, bi-lateral and private donors, and civil society. The IATT focuses on mobilising commitment to prevention education, acting as a catalyst for the exchange of information about what is known, what is available, and what still needs to be known about how education can be most effective in mitigating the effects of the HIV and AIDS crisis. It seeks to examine and strengthen existing tools for monitoring and evaluating the responses of education systems to the crisis, identify weaknesses in these responses and overcome these weaknesses, analyse what is known to strengthen information and materials exchange, and stimulate research and evidence-based policy-making.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral
CIDA	Canadian International Development Agency
CSS	Civil Society Survey
EFA	Education for All
EMIS	Education Management Information System
FBO	Faith-Based Organization
GCE	Global Campaign for Education
GRR	Global Readiness Report
GRS	Global Readiness Survey
HEARD	Health Economics and HIV and AIDS Research Division
HIV	Human Immunodeficiency Virus
IATT	Inter-Agency Task Team on Education
IEC	Information, Education, and Communication
ILO	International Labour Organization
MoE	Ministry of Education
MTT	Mobile Task Team on the Impact of HIV and AIDS on Education
NGOs	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PRSP	Poverty Reduction Strategy Paper
SRC	Student Representative Councils
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing

EXECUTIVE SUMMARY

This report documents the outcomes of the first international survey of education sector readiness to manage and mitigate the impact of HIV and AIDS. Ministries of education (MoEs) in 71 countries and civil society organizations in 18 countries were interviewed, in person and electronically, in separate research processes.

Both surveys were conducted in 2004 on behalf of the UNAIDS Inter-Agency Task Team (IATT) on Education. The Global Readiness Survey (GRS) of 71 MoEs was conducted by the Mobile Task Team (MTT) on the Impact of HIV and AIDS on Education, and the Civil Society Survey (CSS) of 18 civil society country interactions was conducted by the Global Campaign for Education (GCE). It should be noted that the GRS research process involved the completion of the questionnaire by an internal committee of senior MoE officials convened for this purpose, independent of an external researcher. Thus the process generated what might be described as 'self-reported information' rather than data in a conventional sense; while this may have its limitations, it nevertheless provides an important insight into the internal perceptions and assumptions of the MoEs involved.

The surveys were designed to help participating countries better understand the impact of HIV and AIDS on education, identify key problems and omissions in their response to date, and guide future planning and programming. They also provide a benchmark from which to measure future responses, and an unprecedented learning and advocacy process for the education sectors involved.

This report sets out to identify and synthesise key issues arising from MoEs and civil society responses to the nine sections of the GRS or CSS equivalent questionnaire with regard to:

- Ministry of education HIV and AIDS structures
- Enabling environment for an effective response to HIV and AIDS
- HIV and AIDS mainstreaming
- Workplace issues and human resources
- Workplace HIV and AIDS programmes
- HIV and AIDS and the curriculum
- Responses aimed at those infected and affected by HIV and AIDS
- Partnership development in response to HIV and AIDS
- Research guiding the response to HIV and AIDS in the education sector

It synthesises MoE and civil society responses, interprets disagreements, and develops policy implications to inform the future responses of education sectors and their development partners. Specifically, the report identifies both the challenges and opportunities that present themselves and issues of operational importance. Finally, the report concludes by providing a number of recommendations designed to influence future responses in the education sector.

To avoid duplication and in the interests of brevity, no attempt has been made in this synthesis report to repeat the considerable volume of data and information contained in the two source documents, the Global Readiness Survey (GRS) and the Civil Society Survey (CSS). However, both documents and the data contained in these can be accessed in full from ***http://portal.unesco.org***.

On balance, this review found that ministries of education and civil society were making considerable steps toward institutionalising effective responses. The review notes that:

- Most MoEs report having HIV and AIDS management structures in place with diverse and encompassing representation.
- Senior officials have publicly discussed HIV and AIDS and included it on the agenda of senior management meetings, particularly in high-prevalence countries.
- Progress has been reported to mainstream HIV and AIDS through the development of education sector HIV and AIDS strategic plans.
- Information addressing HIV and AIDS has in many places been integrated into school curricula at the primary and secondary levels.
- Partnerships are developing in response to HIV and AIDS between MoEs, other government agencies and ministries, private sector, NGOs, and FBOs and religious groups.

The findings also suggest that there is scope for improvement, and an important need for:

- **Education sector HIV and AIDS policy** development, including:
  - policies that address HIV and AIDS impact on the supply and demand, quality, and outcomes of the sector.
  - workplace and human resource policies to minimise sector vulnerability and susceptibility to HIV and AIDS and to protect employees' rights, and non-discrimination policies addressing recruitment, advancement, continued employment, and benefits;
  - policies that address prevention; treatment, care and support; workplace issues; and management of the response.

  The lack of *sector-specific* HIV and AIDS policy in most countries is an issue of major concern as the specific needs of the education sector cannot be adequately dealt with by a national policy framework or set of guidelines.

- **Sector-wide strategic plans** to implement, monitor and enforce policy. These plans are most effective when they are comprehensive, realistic and time-bound, based on wide consultation with civil society and private sector partners, and mainstreamed into existing processes such as Education for All and Poverty Reduction Strategy Papers. It is important that these ensure the capacity of sub-national structures including those at the provincial, district, and school levels to provide decentralised and localised responses.

- Improvement in access to, and use of, **high-quality data** to inform policies and plans in the sector. Training and capacity building is ideally undertaken for MoE staff and civil society partners in medium- and high-prevalence countries to ensure accurate and reliable projections, sound demand and supply analyses, impact assessments, timely management information through Education Management Information Systems (EMIS), and the use of these data for planning purposes. Similarly, transparency, collaboration, and the wide dissemination of relevant **research** can be encouraged by development partners to ensure that findings on HIV and AIDS and education are reaching policy and programme audiences.

- **More holistic and comprehensive responses** to management and mitigation. Available funds are likely to be more effective when applied across a balanced response agenda, including prevention, care and support, workplace issues and management of the response. To date, HIV and AIDS has all too often been seen by the education sector as a public health issue rather than a systemic management issue, to which it must comprehensively respond to assure its capacity to deliver on its education mandate.

- **Secure and sustained funding arrangements** through, wherever possible, dedicated, recurrent budgets that ensure adequate resources to meet HIV and AIDS management and mitigation objectives, including at the sub-national level. Development partners can further assist in increasing the availability and effectiveness of resources by reducing the administrative burden through simpler and shared reporting systems and disbursement procedures.
- Improved **collaboration and partnerships** between MoE, civil society, teacher unions and development partners. Civil society can play an important role in holding MoEs accountable to address the impact of AIDS on the education sector and monitoring and liaising to reinforce MoE capacity. In addition, teacher unions play an important role in successfully implementing a comprehensive educational response to the epidemic. Development partners can support **multisectoral responses** by providing observed best practice and skills development, and supporting civil society coordinating mechanisms.
- **Capacity building** (e.g., planning and budgeting, management, data use for planning) at all levels of the MoE, and retention and experiential growth to ensure **HIV and AIDS management structures** are providing the necessary dedicated coordinating and management functions. Within these structures, it is important that attention is also paid to requisite skills sets, appropriate roles and responsibilities for members, and the benefits of wide representation, including civil society partners.
- Increased support for educational systems to provide **prevention programmes** for staff and learners; **teacher training** in HIV and AIDS education and life skills development; **orientation programmes** addressing treatment, care and support; and the establishment of **guidelines** for teachers to deal with HIV and AIDS in school settings - including the establishment of **universal precautions**. Further efforts to integrate **HIV and AIDS into school curricula** can usefully be advocated and supported by culturally sensitive and gender-responsive materials and supervision.
- Holistic responses addressing the educational, psychosocial and material needs of **learners infected and affected by HIV and AIDS**. The enrolment and retention of orphans and vulnerable children (OVC) in schools can be seen as an important opportunity to provide social protection and monitoring, along with access to nutrition, the cognitive skills required for informed decision-making, and sufficient education for employment or entrepreneurial activity. Creative models can be piloted for OVC and other **out-of-school youth**, and the results widely disseminated for local development and adaptation.

B A C K G R O U N D

The first international survey of education sector readiness to manage and mitigate the impact of HIV and AIDS was conducted in 2004 by the University of KwaZulu-Natal's Health Economics and HIV and AIDS Research Division's (HEARD) Mobile Task Team on the Impact of HIV and AIDS on Education (MTT), on behalf of the Joint United Nations Programme on HIV and AIDS (UNAIDS) Inter-Agency Task Team (IATT) on Education. This Global Education Sector HIV and AIDS Readiness Survey (GSS) was conducted in 71 of 117 high-, medium- and low-prevalence countries in a sample of the world's most HIV-vulnerable countries (based on UNAIDS published prevalence data), in order to:

- Assess national education sectors' readiness and response capacity;
- Analyse vulnerabilities and needs in order to guide development agency support and activity; and

- Establish a benchmark for countries, on the basis of low, medium, and high HIV prevalence, for the regular updating of this information.

The survey was also intended as an advocacy and learning process for the ministries of education involved. It was anticipated that participating countries would use the survey to:

- Help education sector personnel understand and conceptualise the wide range of HIV and AIDS impact issues;
- Identify problem issues and omissions in ministry response planning and develop a checklist for attention; and
- Guide strategic planning and help prioritise action plans.

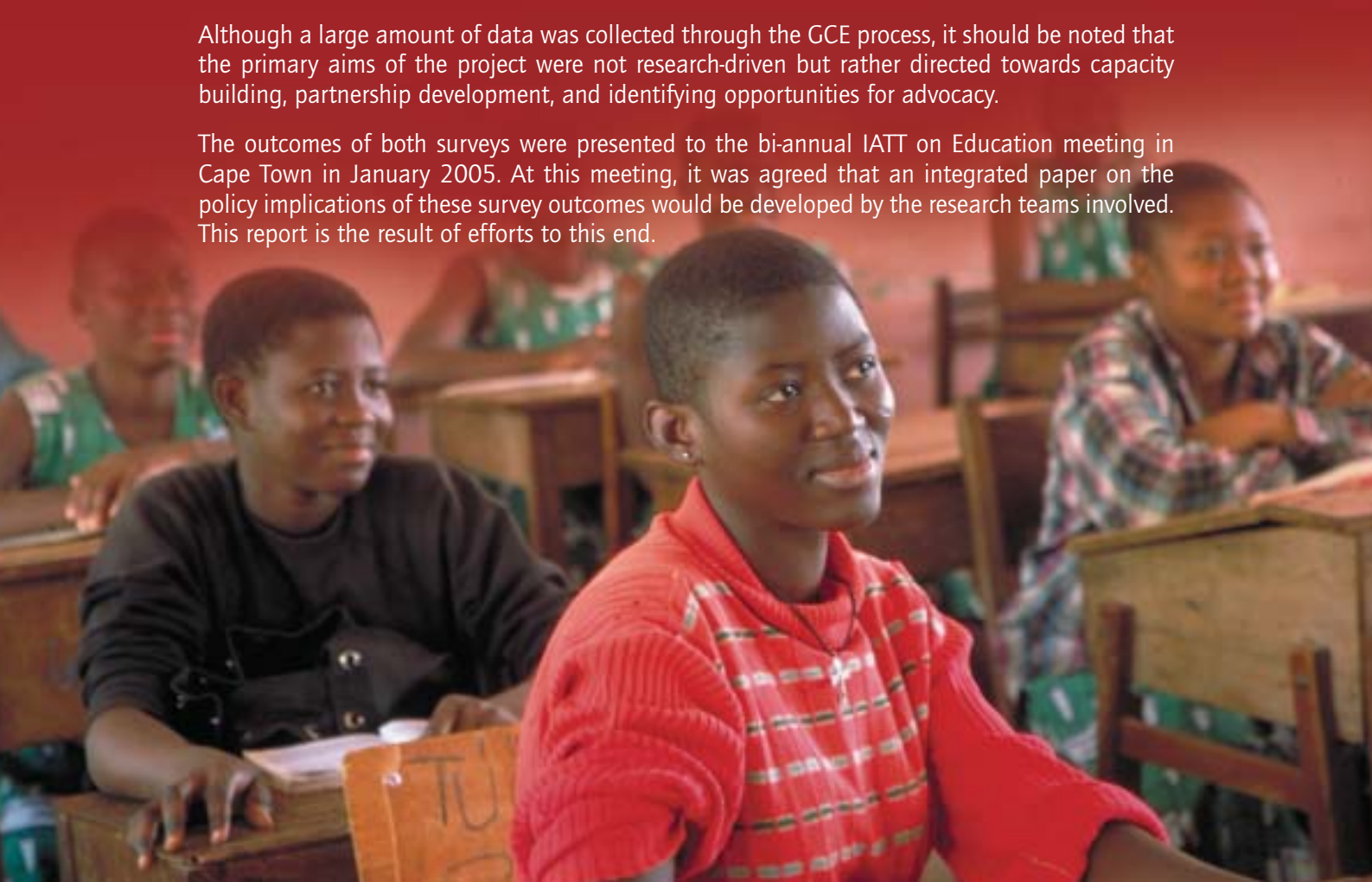
In a parallel survey, *Deadly inertia? A cross-country study of educational responses to HIV and AIDS*, the Global Campaign for Education (GCE) carried out a joint advocacy and research process which provided civil society perspectives on the issues raised by the GRS. In partnership with the Canadian International Development Agency (CIDA) and the IATT, GCE conducted civil society meetings in 18 countries, bringing together education and HIV and AIDS coalitions to discuss educational responses to the epidemic.

Specifically, the stated objectives of the GCE review were to:

- Improve the accuracy and usefulness of the findings of the GSS by feeding civil society perspectives and experiences into the research process;
- Enable national civil society to engage government, media and other stakeholders in serious dialogue on the policy issues raised in the GSS, in order to ensure that the findings are used by senior policy-makers; and
- Lay the foundations for ongoing civil society involvement in shaping AIDS and education policies by increasing levels of AIDS awareness and concern among education NGOs and teachers' unions, and by linking these groups to civil society AIDS networks, MoE and donor agencies (specifically, members of UNAIDS' IATT on Education).

Although a large amount of data was collected through the GCE process, it should be noted that the primary aims of the project were not research-driven but rather directed towards capacity building, partnership development, and identifying opportunities for advocacy.

The outcomes of both surveys were presented to the bi-annual IATT on Education meeting in Cape Town in January 2005. At this meeting, it was agreed that an integrated paper on the policy implications of these survey outcomes would be developed by the research teams involved. This report is the result of efforts to this end.



INTRODUCTION

This report sets out to identify key issues arising from the self-reported information provided by 71 MoEs and 18 civil society interactions in their responses to the nine sections of the GRS or CSS equivalent questionnaire. It synthesises the information provided, interprets disagreements between the information sets, and develops policy implications. It concludes by providing a number of recommendations designed to influence future responses in the education sector. Specifically, this report is intended to alert MoEs and their development partners to both the challenges and opportunities that present themselves, and to identify issues of operational importance.

Full copies of the individual studies can be downloaded from the IATT website (see http://portal.unesco.org), while summary information on the individual studies can be found in this section, providing a context for the policy implications discussed in this paper.

Global Education Sector HIV and AIDS Readiness Survey (GRS)

The 2004 GRS was designed to provide a benchmark assessment of the capacity and readiness of vulnerable or affected countries to respond to the HIV and AIDS pandemic and manage its impact on their education systems. Key findings from the survey are captured in the Global Readiness Report (GRR), available on the IATT website cited on the previous page.

Sample and Methodology

117 countries with high, medium, and low HIV prevalence rates, as defined by UNAIDS, were invited to participate in the study. Of this total, 71 countries accepted, leading to a 61% response rate. Response rates were highest in high-prevalence countries (83%), followed by medium- (65%) and low- (51%) prevalence countries (see Table 1). A full list of participating countries can be found in Annex 1.

Table 1 • *Categories used to segment countries by prevalence and response rates by prevalence*

Prevalence category	Reported UNAIDS adult HIV prevalence rate	Number and percentage of countries	Number of countries responding and % response rate	Countries refusing to participate
High	6% or more in 2001 or 1999	24 (21%)	20 (83%)	0
Medium	Between 2% and 6% in 2001, 1999 or 1997	23 (20%)	15 (65%)	0
Low	Between 0.05% and 2% in 2001 or 1999	70 (59%)	36 (51%)	4 (6%)

The GRS was conducted using an electronic questionnaire in Microsoft Excel (available in English, French, Portuguese, Russian, and Spanish). The survey form was initially piloted with education ministries in Jamaica and Namibia and revised based on comments and suggestions. The final form included 88 questions in nine sections as well as embedded guidelines for completion. Additional in-country facilitation and support was provided by UNESCO, UNICEF, and UNAIDS personnel. These agencies guided a small but senior team (3 to 5) of MoE officials to work together to complete the survey. Once completed, the survey was returned via email (within 30 days of receipt) with an additional hardcopy signed and returned from a senior official empowered to sign on behalf of the ministry.

Issues Arising

- The survey relied on self-reporting and assessment at a distance, with limited external facilitation and oversight. It is therefore more appropriate to describe the survey output as 'self-reported information' than data. The apparent methodological weakness of self-reporting by MoEs should be seen in context: What is being reported is the *perception* of different MoEs to their readiness to respond to HIV and AIDS, and/or the *impression* they wish to convey. Further research, discussion and cross-referencing can correct these subjective views, and may be, themselves, important advocacy interventions. Additionally, self-perceptions are important starting points for the dialogue required to plan and implement development interventions.
- The potential for MoEs to respond with a recitation of their goals and aspirations, rather than evidence of achievement is acknowledged and potential inflated claims of success have been identified in the GRR as well as this report. Importantly, the CSS was undertaken to revisit MoE claims and provide a second picture of realities on the ground.
- There is an inevitable tension between the need for a rapid, global appraisal to benchmark an emergency situation, versus a more complex, lengthy and expensive process of independent, country-level research. The GRR is an example of the former approach, while also providing immediate understanding and guidance, and an agenda for further, more detailed, research. The implication is that while ministries and development partners must find a balance between rapid sector appraisal and longer-term research designed to provide more detailed insights, the dynamics of the AIDS era demand immediate information to guide and inform longer-term research priorities.
- The MoE teams responding to the survey were largely drawn from the central or headquarters level. As such, there may be a margin for error in reporting activities and implementation at the district and school levels. This issue of central policy, controls and reporting versus decentralised management, budgeting and implementation of HIV and AIDS activities permeates the survey. This does not however suggest deliberate misrepresentation: There is simply a significant disconnection in many systems between central policy, planning and practical outcomes on the ground.

Civil Society Study of Educational Responses to HIV and AIDS (CSS)

The 2004 Civil Society Study of Educational Responses to HIV and AIDS was part of a wider attempt by the Global Campaign for Education to engage national education coalitions on HIV and AIDS.

Sample and Methodology:

All members of GCE's international network of national coalitions, unions and NGOs working in education were invited to participate in the project, of which 18 accepted.

In each of these countries, the national education coalition held a civil society stakeholder meeting with national HIV and AIDS coalitions and the in-country UNESCO/UNICEF/UNAIDS GRS facilitator. Workshops, meetings or surveys were reported in the following countries:

1 • Bolivia
2 • Burundi
3 • El Salvador
4 • Gambia
5 • Ghana
6 • Guinea
7 • Haiti
8 • India
9 • Kenya
10 • Mali
11 • Nepal
12 • Nigeria
13 • Sudan
14 • Tanzania
15 • Togo
16 • Uganda
17 • Zambia
18 • Zimbabwe

The workshops provided a forum to discuss the progress made by MoEs in responding to the epidemic and to identify areas for future advocacy. At each meeting, one civil society representative was chosen to take part in the GRS and, in some countries, to introduce civil society perspectives to the MoE. Although the civil society representatives did not actually complete the GRS, participation in the meeting was a useful opportunity to identify issues of concern and build partnerships with the relevant MoE and United Nations (UN) officials. Once the GRS was completed, the representative reported back to the civil society coalition and, based on the outcome of the MoE meeting, identified areas for future work and partnership.

Issues Arising

- Although the civil society process was designed to provide complementary perspectives on MoE responses, it was difficult to empirically compare the findings with the GRS due to the country-specific nature of this process, with each coalition making an independent decision on how to undertake the review (e.g., hold semi-structured interviews, workshops, questionnaires). While this methodology led to a rich variety of qualitative data, it made comparison with the more quantitative GRS findings problematic.

- Given the role of civil society as critical observer and monitor, it is important to highlight areas where civil society vigorously disagreed with the self-reported information of the MoEs, or where civil society identified further layers of detail of strategic importance. Variances that were consistently observed in countries where comparison was possible, included:

  - ***HIV and AIDS and the Curriculum***: Most of the countries in which comparative data were available from the GRS disagreed on the extent to which information, education, and communication (IEC) materials were available and the quality of these materials. This may be because the GRS questionnaire did not ask 'who is undertaking the HIV education in schools?', but rather whether or not HIV education was taking place in schools. Thus, it is entirely possible that the MoE, when conducting the self-assessment, could have responded favourably while referring to HIV and AIDS education initiatives implemented by other (e.g., NGO and other civil society) partners.

  - ***HIV and AIDS Policy***: While this is *apparently* a fairly simple question (i.e. is there an HIV and AIDS policy?) disagreements were found by MoEs and civil society respondents. This could be due to a lack of communication within the MoE, confusion between national and sectoral policy, or policies being drafted but not implemented, and points to the need for stronger advocacy and more effective communication within the MoE.

  - ***Extent or Effectiveness of MoE Management and Coordination***: This is necessarily a very subjective assessment, and more detail may be required to make a valid comparison between the GRS and CSS answers. It may be expected that civil society would be critical of this fundamental aspect of the MoE's performance and would not agree with the (perhaps more defensive?) self-assessment of the MoE concerned.

  - ***Extent of Civil Society Involvement***: This is likely to be equally subjective but who better than civil society to identify or highlight shortcomings in this critical area? There is a need for technical assistance in this area and improved lines of communication and reporting in the sector to facilitate civil society coordination, partnerships and networking.

KEY FINDINGS AND POLICY IMPLICATIONS

A summary of the key findings from the GRS and CSS surveys follows, highlighting MoE and civil society's evaluation of country readiness with regard to:

- *Ministry of education HIV and AIDS structures*
- *Enabling environment for an effective response to HIV and AIDS*
- *HIV and AIDS mainstreaming*
- *Workplace issues and human resources*
- *Workplace HIV and AIDS programmes*
- *HIV and AIDS and the curriculum*
- *Responses aimed at those infected and affected by HIV and AIDS*
- *Partnership development in response to HIV and AIDS*
- *Research guiding the response to HIV and AIDS in the education sector*

Findings for each section are presented with relevant subsections to provide a more comprehensive understanding of the issues concerned. Policy implications accompany each subsection to inform the future response of the education sector and their development partners.

Section ONE

MINISTRY OF EDUCATION HIV AND AIDS STRUCTURES

The first section of the survey investigated the degree to which MoE structures have been established to coordinate the MoE's response to HIV and AIDS.

HIV and AIDS Management Structures

Nearly three-quarters (72%) of MoEs reported having, and 7% reported to be in the process of developing, HIV and AIDS management structures or committees to direct, guide and monitor the education sector's response. Notably, 95% of high-prevalence countries reported having dedicated structures in place; the only high-prevalence country without one reported having a full-time focal point with MoE support systems, but did not consider this to be a structure *per se*. With this definitional distinction, it would be fair to say that *all* high-prevalence countries have recognised the importance of such structures.

While these structures involved senior staff, only 59% of all countries and 70% of high-prevalence countries had a dedicated budget, raising questions about the real decision-making and operational power of these structures.

72% of MoEs reported having established HIV and AIDS management structures with senior staff represented.

Both reports also note that although many MoEs may have a strategic plan in place, few have made concomitant strides in implementing these plans. Of the 13 African countries in the CSS, only two were judged to have plans which were being adequately resourced and implemented.

Other challenges noted by civil society included the perceived isolation and disempowerment (both financial and political) of these structures and staff, lack of MoE "ownership" in the face of donor-driven agendas, and lack of decentralisation to district and local levels. Ghana and Zambia are two notable exceptions with regard to decentralisation, having made impressive progress in establishing provincial, district- and school-level HIV and AIDS focal persons.

Policy Implications

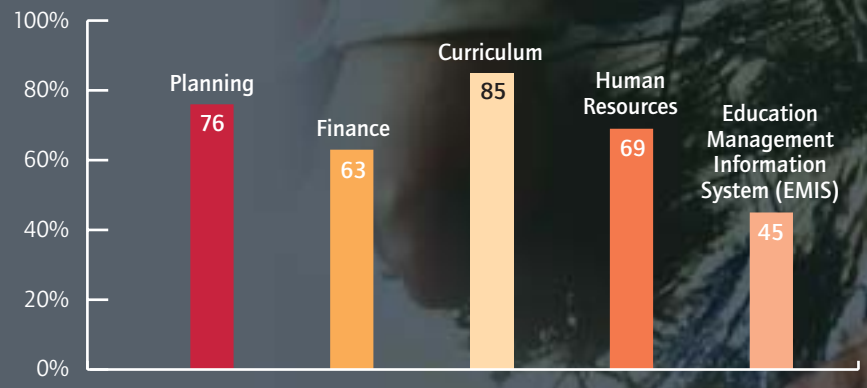
- The operational experience of the researchers involved in these studies suggests that management structures may vary widely, depending on the MoE. Illustrative models are needed to guide the establishment and development of these structures, with the proviso that these must be country-specific, consultative, and responsive to local needs and circumstances.

- While the importance of HIV and AIDS management structures is almost universally recognised in high-prevalence countries, the related operational experience of the researchers suggests that the skills profile and seniority level of personnel may be less than optimal. A structured and systematic approach to training these units is required; retention and experiential growth must also be addressed to ensure the units are providing the necessary dedicated coordinating and management functions. MoEs and their development partners should commit to the funding and provision of such training and support.
- The lack of dedicated, recurrent budgets in 41% of all countries and in 30% of high-prevalence countries suggests that management units in these countries are effectively disempowered, regardless of their capacity or skills. Wherever possible, MoEs must commit to ensuring adequate resources to arrest the further spread of the pandemic, meet HIV and AIDS management and mitigation objectives and mobilise funds from development partners to supplement their own, where necessary.
- Training in proposal writing, budget development and management, coordination and reporting can help to alert development partners to the priorities and increase the availability and effectiveness of resources.
- The existence of such management units does not remove responsibility for response from others in the sector; however, there is a need to mainstream response throughout the education sector and make it the business of every education official, at every level. This may be most effectively accomplished by developing an education sector HIV and AIDS policy, which should provide the legal framework for the integration of HIV and AIDS responsibilities into the job descriptions of the officials involved. Linked to an objective-led, decentralised implementation plan, this should have the effect of ensuring that every official, at every level, becomes accountable for their part in an integrated HIV and AIDS response – coordinated by the MoE's HIV and AIDS management unit.
- Strategic plans on HIV and AIDS must also be integrated into wider education sector plans and national poverty reduction strategies. A key function of the HIV and AIDS management structures or units should be to develop, coordinate, monitor and report this sector-wide response.
- More effective partnerships with NGOs and civil society (in the widest sense) are also required, with primary responsibility for facilitating and coordinating these relationships resting with MoE management units and structures.

HIV and AIDS Management Structure Representation

MoE divisional representation on their HIV and AIDS management structures is reported to be diverse and encompassing, including Planning (76%), Finance (63%), Curriculum (85%), Human Resources (69%), and Education Management Information Systems (EMIS) (45%). The relatively low level of EMIS involvement is of concern, given the importance of accurate, relevant, and timely management information to a coordinated response. This is particularly true in high-prevalence countries, where EMIS representation is similarly low (47%). The CSS report concurs, arguing that with policies and funding predominantly target-driven, the collection of valid and robust indicators is imperative.

Figure 1 • *Ministry of Education Divisional Representation on HIV and AIDS Management Structures*



Policy Implications

- The repetitive collapse of EMIS in some countries and the sub-optimal functioning of these in others may suggest a lack of management appetite for such decision-support data. In other countries in which decisions are made on the basis of budget history or availability, or on the basis of political promise or obligation, such data may even be unwelcome.
- A major intervention is required to demonstrate the importance of data and information, and to confirm their importance in every aspect of the response from budget planning to implementation monitoring. There would be value in developing a conceptual framework to illustrate the form and function of such systems and their use. Development partners could also consider providing technical support to improve the functionality and delivery of AIDS-sensitive EMIS and other decision-support systems (see p.27, Education Management Information System (EMIS)).
- Related operational experience in the field suggests that representation does not necessarily mean involvement or engagement. A model could be developed to show in practical terms how such units might function (with due consideration to the points raised on p.15, HIV and AIDS Management Structures), appropriate roles and responsibilities for members, and the benefits of involvement. Such a model should be developed with appropriate technical assistance and offered for consideration via relevant training and orientation workshops. This process of engagement and consultation would help address civil society concerns that such models may end up being 'donor-driven'.

Dedicated Staff in the National Ministry

Only 45% of MoEs indicated that they had staff dedicated at the national ministry to only deal with HIV-related issues. This figure rose to 95% in high-prevalence countries, of which 84% were appointed at a senior level. The great majority (92%) of MoEs reported, however, having staff whose responsibilities include HIV and AIDS. While positive, this confirms that many MoEs continue to provide a part-time response to a full-time crisis.

In civil society's view, the level of dedicated support is not taken seriously by MoEs. While this response may reflect uncertainty about the structure of the system, it confirms that such dedicated staff – if they are indeed in place – are not visible and do not have sufficient interaction with civil society.

19 out of 20 high-prevalence countries claim to have staff at the national MoE dedicated to only dealing with HIV and AIDS issues.

Policy Implications

- The development of appropriate illustrative models for HIV and AIDS management and operations structures are needed to guide the establishment of these in affected MoEs, perhaps in consultation with civil society and other development partners (see p.15, HIV and AIDS Management Structures). A wide range of operational experience exists, particularly in Southern Africa, and these could provide important lessons for model development.
- Further efforts are required to demonstrate the wider systemic and budgetary implications of HIV and AIDS impact, to enable MoEs to come to terms with this issue as a full time management crisis.
- Development interventions should be seen to serve wider systemic management needs, demonstrating that what is good for a systemic HIV and AIDS response is also good for the effective systemic management of the sector.
- Civil society partnerships are required at all levels, not only to share roles and responsibilities, but also to monitor and liaise to reinforce MoE capacity and competencies to deliver an effective response.

Financial Resources and Utilisation

MoEs reported that the bulk of their response funding was directed to awareness, prevention, behaviour change or curriculum development, with fewer resources devoted to managing response and workplace issues. Only 43% of all MoEs reported committing resources to managing response and workplace issues, rising to 60% in high-prevalence countries. More alarming, only 58% of these resources are fully utilised every year across all countries, and only 62% in high-prevalence countries. This speaks to the continuing problem of capacity and systemic response, and raises the possibility that what dedicated staff is available is over-whelmed by an uncoordinated workload.

Policy Implications

- Many MoEs have yet to take a more holistic approach to management and mitigation and to the application of available funds across a more balanced agenda, including prevention; treatment, care and support; workplace issues; and management of the response. Development partners also need to support the development of a more holistic response.
- Perennial MoE under-spending indicates that the HIV and AIDS management units as well as finance and planning directorates urgently need training and support in planning and budgeting for implementation and decentralising expenditure. A systematic approach should be applied to develop a critical mass of capacity at *succeeding* levels of the system, implying comparatively large scale, country- or regional-based training, and approaches encouraging "secondary training", by which trained participants train their workforce.
- Development partners may also need to reconsider their often onerous disbursement and reporting requirements, which could facilitate the movement of funds (see also below, Sourcing Finance).

Sourcing Finance

MoEs in 60% of all countries – rising to 80% in the case of high-prevalence countries – have submitted applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria, although no information was provided on how many of these bids were successful. In a wider context, 26% of all countries reported that their financial resources consisted solely of donor funds, dropping to only 15% in high-prevalence countries.

Policy Implications

- While MoEs report having been successful in financing a large part (85% in high-, and 74% of medium- and low-prevalence countries) of the costs of HIV and AIDS response, it is not clear whether the total level of expenditure is adequate to mount a comprehensive and sustainable response. Expenditures need to be contextualised with the education sector's HIV and AIDS policy and costed implementation plans to determine if the amount disbursed corresponds to that actually required. Technical assistance to undertake such analysis may be needed.
- The large proportion (between 60% to 80%) of MoEs having made applications to the Global Fund, as well as operational experience, suggest that senior MoE personnel are spending considerable amounts of time writing proposals and reformatting complicated data and information to meet agency-specific requirements. Reducing the administrative burden through simpler and shared reporting systems and procurement and disbursement procedures would improve assistance flows and increase the time available to meet the enormous needs on the ground.
- Reliance on donor funding for HIV and AIDS may lead to a lack of accountability and prioritisation within MoEs, as well as lack of political commitment and ownership. Efforts must be made to increase ownership of the problem by MoEs, and to allocate recurrent budget resources to facilitate country-specific responses.

Decentralised Sub-National HIV and AIDS Structures

Three-quarters (76%) of all countries reported having sub-national implementing structures in place for an HIV and AIDS response at provincial, regional, district and school levels. Most of these (83%) claimed to have senior staff in place, although less than a quarter (24%) had their own budgets. This situation was significantly better in high-prevalence countries, in which 90% reported having sub-national structures, 94% had senior staff and 37% had their own budgets.

While many countries have established sub-national HIV and AIDS management structures, these appear to have more junior staff appointed to them than the national structures.

Policy Implications

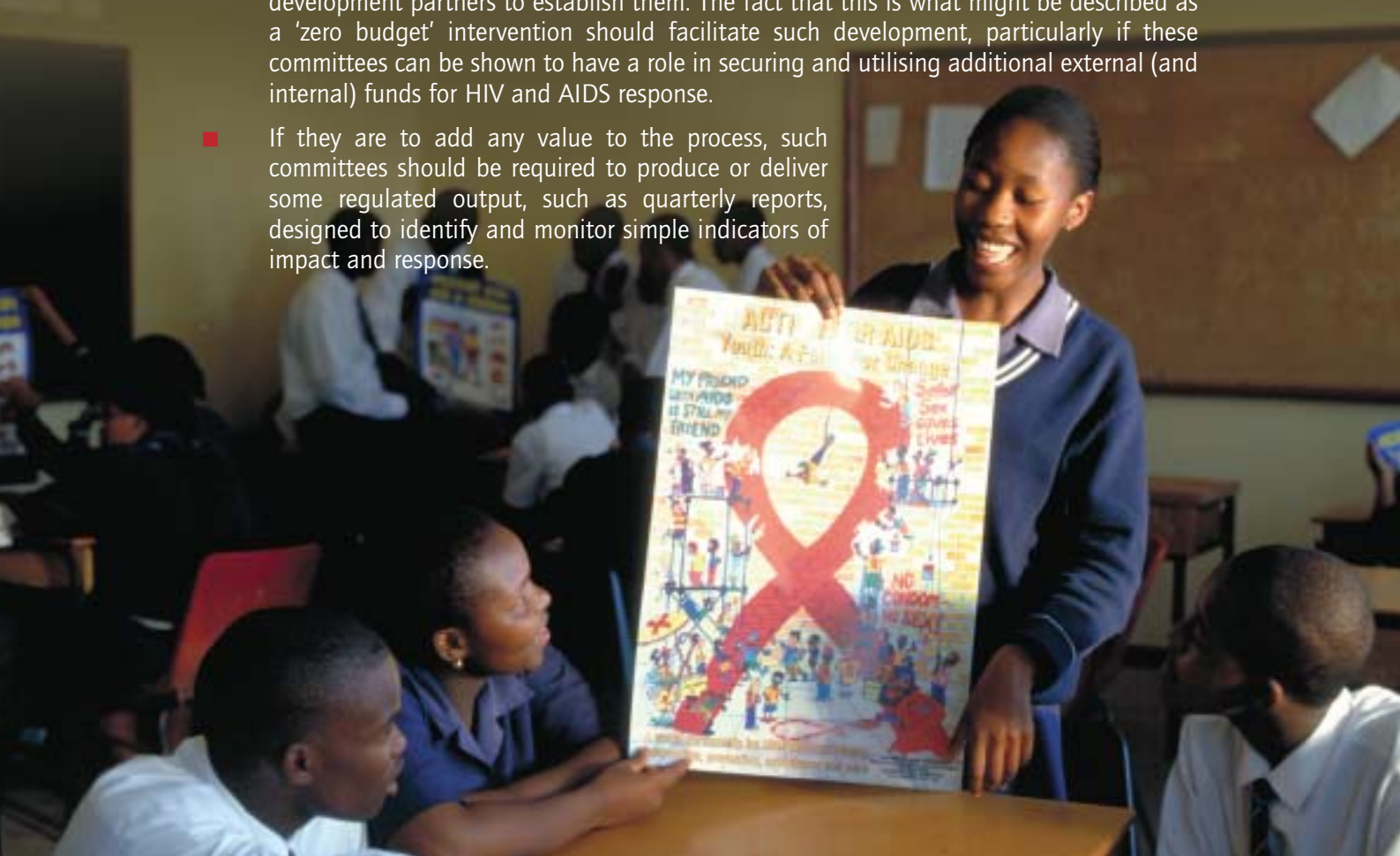
- There is limited evidence of sub-national structures in most countries. Where these are in place, the personnel concerned are likely to have other jobs in the MoE and, therefore, limited time to attend to HIV and AIDS management functions. This part-time response to a full-time crisis recalls the need for appropriate, country-compatible models for HIV and AIDS management, which include guidelines for decentralisation and sub-national operations (see p.15, HIV and AIDS Management Structures).
- Efforts need to be made to empower local level decision-making in order to develop and effectively coordinate decentralised operations through the establishment of adequate structures, systems and training. Additionally, interventions are required within the central HIV and AIDS management unit to address centralised control and build trust in sub-national operations.
- This absence of decentralised budgets among 63% of sub-national structures in high-prevalence countries may help explain why available funds are so often underutilised and why new funds are slow to be disbursed. Resourcing local levels of decision making and delivery may lead to a more effective and rapid response, and greater draw-down of resources.

Institutional Capacity

At an education institution level, 90% claimed to have working groups or committees that address internal and external HIV and AIDS issues. Since these play a critical role in advocacy and building partnerships, the fact that 10% of countries do not have such capacity is worrisome and suggests that these countries should be targeted for support.

Policy Implications

- A guiding framework could be developed for the composition, form, and function of such committees. Those countries without such committees in place could be assisted by development partners to establish them. The fact that this is what might be described as a 'zero budget' intervention should facilitate such development, particularly if these committees can be shown to have a role in securing and utilising additional external (and internal) funds for HIV and AIDS response.
- If they are to add any value to the process, such committees should be required to produce or deliver some regulated output, such as quarterly reports, designed to identify and monitor simple indicators of impact and response.



Section TWO

ENABLING ENVIRONMENT FOR AN EFFECTIVE RESPONSE TO HIV AND AIDS

The second section of the survey aimed to assess the supportiveness of the broader political and regulatory environment in facilitating an appropriate response to the impacts of HIV and AIDS on education.

Advocacy

Nearly three quarter (71%) of MoEs reported that they had heard their Minister speak publicly about the impact of HIV and AIDS on the education sector, with this figure rising to 95% in high-prevalence and 73% in medium-prevalence countries. This augers well for the wider process of advocacy, but gives no indication of the depth, accuracy, or sustainability involved.

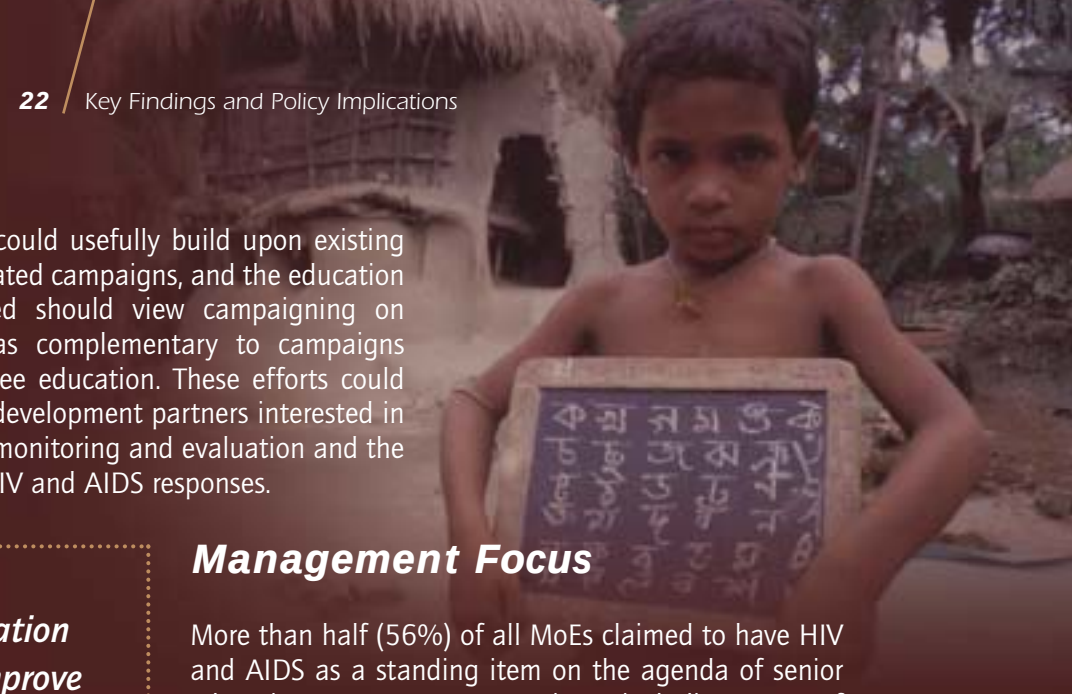
The CSS report notes that neither civil society nor HIV and AIDS groups in the 18 countries studied had done systematic advocacy work on the issues raised, although the GCE had been involved in advocating for Education for All (EFA). While the positive effects of campaigning for EFA should not be under-estimated, the AIDS epidemic has created new and specific challenges to educators that need to be addressed in new ways.

Policy Implications

- Efforts are needed by key role players, both inside and outside the sector, to move advocacy beyond the cliché of 'political support at the highest levels' based on an occasional speech or comment, to sustained, informed and strategically sound personal, professional and political commitment.
- MoEs and their ministers must be held publicly accountable, using the media and other channels to create debate over HIV and AIDS policy and response. This is a role that civil society and teacher unions, via education coalitions and NGO consortia, are well positioned to play. Civil society should be supported in constructive partnership interaction with MoEs, precisely to leverage and sustain these commitments.

Over the years, one of the greatest obstacles to developing effective national AIDS responses is a lack of political will to tackle, or even talk about, the AIDS epidemic. Political commitment has recently increased in the hardest hit countries. Still, in many countries where HIV is quickly spreading, such as those in Asia and Eastern Europe, a lack of leadership raises fears these countries will not adequately address the epidemic until it is too late.

UNAIDS. 2004 Report on the Global AIDS Epidemic. Geneva, UNAIDS, 2004.



- Future advocacy could usefully build upon existing EFA and other related campaigns, and the education coalitions involved should view campaigning on HIV and AIDS as complementary to campaigns on quality and free education. These efforts could be supported by development partners interested in education sector monitoring and evaluation and the coordination of HIV and AIDS responses.

Without attention to the management of education systems, and efforts to improve the overall quality of education, HIV and AIDS prevention and impact mitigation must surely fail.

IATT. HIV and AIDS and Education, a Strategic Approach. Paris, IATT, 2003.

Management Focus

More than half (56%) of all MoEs claimed to have HIV and AIDS as a standing item on the agenda of senior education management meetings, including 80% of high-prevalence countries. This is positive, provided of course there is substantive discussion and reporting on these issues, and concomitant commitment to action. In equivalent meetings of teacher unions, some 68% of all countries and 79% of high-prevalence countries reported HIV and AIDS as a standing item, suggesting greater concern about the issue at this level.

Policy Implications

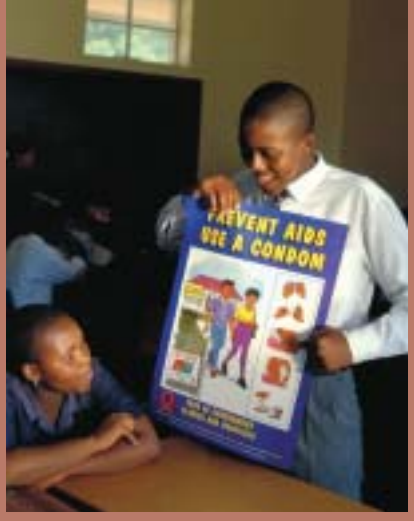
- If these estimates are accurate, senior management meetings should be generating a sequence of reports on HIV and AIDS impact and planned responses. Patently, this is not the case in many countries, suggesting that the issue is not covered in great depth nor is it triggering reportable actions. MoEs should be required to report back to the education sector regularly on a number of key indicators of impact, as well as their planned and actual response.
- MoEs and teacher unions appear to be discussing the issue in isolation from one another. Development partnerships in affected countries should facilitate the establishment of a sectoral clearinghouse, or at least convene regular meetings, on HIV and AIDS in which all parties (MoEs, teacher unions, and CSOs) can freely discuss issues of mutual and sectoral concern, laying the groundwork for more integrated and comprehensive planning and implementation in the future

Institutional Regulations

Most (86%) of all countries claimed to have regulations in place for all education institutions to govern admissions and fees, including 95% of high-, 79% of medium-, and 84% of low-prevalence countries. This high level of readiness in low-prevalence countries may have as much to do with the comparative capacity and resources available through their social support systems as equivalent concern for impact *per se*.

Policy Implications

- Regulatory frameworks which translate education policy into implementable and legally supportable action should be the stock-in-trade of every MoE. In respect of EFA, United Nations General Assembly Special Session on HIV and AIDS (UNGASS) and other goals and



conventions, the development of these should be seen as an important objective and added to national action plans. Countries identified as not having regulatory frameworks in place in the GRR should be targeted and encouraged to take action to remedy the situation.

- The lack of such regulations in some countries implies either the lack of an education sector policy *per se* or the existence of gaps in what policy exists. If this is so, the development or review of such a policy becomes an important priority and opens the way to the development of a sector HIV and AIDS policy providing guidelines on admissions and fees as well as other issues.

Free Education

While a significant proportion of countries (89%) confirmed that they offer free education (including 75% of high-, 87% of medium-, and 97% of low-prevalence countries), this is very definitional. First, the level of education concerned was not specified in the question and many MoEs may have responded in the affirmative, actually meaning that this applies only to primary education. Second, while MoEs may claim to provide free education (primary or otherwise), many schools still charge administration, stationery or other fees on an ad hoc or voluntary basis to ensure some measure of institutional survival.

The CSS points out that exemption from school fees remains the main educational response to orphans and vulnerable children (OVC) (see also section p.46, Support for Orphaned and Vulnerable Learners). Apart from the problems of coverage and sustainability, CSS respondents complained that while providing bursaries perhaps alleviated the material needs of OVC, they failed to respond to their psycho-social and other needs.

Policy Implications

- The CSS report suggests that claims made by MoEs may be exaggerated or at least definitional. For example, in spite of declared policy, many schools have no choice but to charge fees of some kind to make ends meet – a situation often overlooked by national policymakers. There is a need to more thoroughly research and benchmark the real situation on the ground.
- Free education has been found to dramatically expand school enrolments, particularly among girls and OVC. MoEs should include the removal of school fees for basic education as part of their education-sector HIV and AIDS strategy.
- Additional resources may need to be leveraged to underwrite the transitional costs of removing school fees and meeting increased demand for education.

Fee Exemption

Nearly two-thirds (62%) of all MoEs had regulations that provided for exemption from school fees for children from poor or vulnerable families. Ironically, the figure is highest in low-prevalence countries, perhaps again reflecting the comparative strength of their economies and social support systems.

The CSS report notes that poverty is the main driving factor for school drop-out among AIDS orphans. School fees and associated costs exacerbate the problem – not just for orphans but for millions of children from vulnerable families. The CSS notes that in some countries no systematic attempts have been made to make school more affordable, while in others, district-level departments have taken initiatives. For example, in one low-prevalence country, local education offices are providing scholarships, food and uniforms to HIV-affected children. However, the CSS notes that such approaches are piecemeal and measures need to be taken to scale up the response.

Some countries reported establishing targeted waiver programmes such as school bursaries. However, where infrastructure is poor, establishing such schemes is often prohibitively expensive and most importantly, will never realise EFA goals. Fee exemption may also have many forms and nuances: in some, while tuition fees have been abolished outright, parents and carers are still expected to cover other costs such as uniforms, books, and meals. In others, bursary programmes allocate money directly to schools and may be managed by other social cluster ministries.

Policy Implications

- There are compelling reasons to completely abolish school fees for at least the first six years of schooling. However, any abolition of school fees must be accompanied by increases in education budgets to ensure that schools are not required to do more with less.
- The inconsistency of MoE responses suggests that education sector HIV and AIDS policies are either not in place or do not adequately address these issues. This may require further research, but the implication is that the development of a comprehensive sector policy, with a concomitant HIV and AIDS policy, would provide the principled approach and legal framework required to regulate this situation appropriately.
- A significant percentage of the resources required to underwrite fee exemptions currently flow from donor support programmes. This suggests the need to develop a conditional framework within which MoEs can respond more systematically over time, optimally within the recurrent means of the MoE concerned.

HIV and AIDS Education Sector Policy

Only one-third (32%) of MoEs have adopted a sector-specific HIV and AIDS policy, including 40% of high- and 27% of medium-prevalence countries.

One-third (32%) of MoEs claimed to have an education sector HIV and AIDS policy, including 40% of high-, 27% of medium-, and 30% of low-prevalence countries. The lack of sector-specific policy in most countries is an issue of major concern, as the specific needs of the education sector cannot be adequately dealt with by a national policy framework or set of guidelines. This issue has been alluded to throughout this report and ranks as a priority for intervention and development. That said, 59% of MoEs with no sector-specific policy claim to address these issues in other policies governing the education sector, reflecting 36% in high-, 42% in medium-, and 77% in low-prevalence countries.

"Policies on HIV in mainstream education are still managed by the Ministry of Health from a specific health sector point of view".

Latin American education coalition representative.

The lack of development of such policy was suggested by civil society representatives to be driven by two factors. First, HIV and AIDS was perceived to be the responsibility of the ministry of health, and second – particularly in Asian and Latin American countries – HIV and AIDS was perceived not to be a problem. The CSS report recognised that in many African countries, policies were in development but that the value of these – as well as of accompanying strategic plans – was limited, as HIV and AIDS was not mainstreamed into the over-arching plans (such as EFA or Poverty Reduction Strategy Papers (PRSPs)). The CSS argues that without feeding into mainstream educational policy, an HIV and AIDS strategic plan becomes redundant and impossible to implement.

Policy Implications

- Every country should have a contextualising national HIV and AIDS policy, an education sector policy, and an education sector HIV and AIDS policy to respond to the specifics of impact, influences on supply, demand, quality and outcomes. The development of a comprehensive HIV and AIDS policy for education, with a set of principled guidelines, subject to regular review and revision, should constitute a strategic priority for governments.
- The policy should trigger time-bound, prioritised implementation and be the product of a consultative process across the entire sector and involve every representative group to ensure adherence and effective implementation. Equally, it must deal with key guiding principles and the four key themes that together provide the comprehensive guidelines that such policy should provide: prevention; treatment, care and support; workplace issues; and management of the response.
- Once established and adopted, the policy should guide all strategic planning, legal and regulatory framework development, and provide a dynamic structure within which all sector officials can be measured and held accountable.
- Such policy should take account of provincial and district-level variations and should not attempt to fit every part of the sector into an uncompromising blueprint.
- Development and implementation of sector-specific policy can open the way to a succession of important responses within the sector. Both MoEs and donors should commit to this process as a priority as it has the capacity to trigger considerable strategic dividends.

Section THREE
HIV AND AIDS MAINSTREAMING

The third section of the survey reviewed the extent of HIV and AIDS mainstreaming into policy, planning, implementation, delivery, monitoring and reporting.

Strategic Planning

Most (79%) MoEs confirmed the existence of an education sector HIV and AIDS strategic plan, rising to 84% in high-prevalence countries; however, this begs the question of why 16% of the latter group do not have such a plan. Among countries with an HIV and AIDS strategic plan, 90% claimed to have an action plan in place for implementation, including 94% of high-prevalence and 85% of medium-prevalence countries. The limited evidence of these in many countries suggests the need for further research and evaluation, particularly with regard to their timeliness and quality.

The CSS reports considerable variation in the degree of strategic responses to HIV and AIDS in education, although the *type* of response was remarkably similar, perhaps revealing donor influence. In all countries, civil society representatives saw very little evidence on the ground of policies being fully costed and implemented.

Policy Implications

- High-prevalence countries without a strategic plan (and policy) in place are particularly vulnerable and should prioritise the development of these interventions.
- Limited evidence of implementation planning suggests that many MoEs may not have the resources or expertise to move beyond a focus on prevention. Specialist technical assistance may be required to review existing strategic plans and assess their potential for implementation.
- MoEs need to be more realistic in their planning and identify activities that can be costed and implemented in a time-bound sequence, with clear and unambiguous allocation of responsibility. On occasion, some MoEs appear to feel driven to satisfy external demands and produce ambitious strategic plans, identifying a wide range of objectives and activities which are quite obviously unattainable. This problem is compounded by a lack of accountability for implementation, perhaps creating the impression that expressed intent is sufficient to deal with the issue.
- Where strategic plans do exist, most deal at a national level without considering the need to decentralise to the real point of delivery at the district level. The implication is that *all* strategic plans must consider a decentralised response, factoring in variations in local conditions and circumstances.

Planning

In terms of the planning function around the impact of HIV and AIDS on education, HIV and AIDS was only explicitly considered and reported on 55% of all countries, rising to 74% in high-prevalence countries. This means that 26% of the high-prevalence countries do not explicitly consider the issue in planning.

Similarly, civil society groups found that ministries of education had not adequately factored in the impact of HIV and AIDS on teachers, preferring to steer clear of such a controversial issue.

Policy Implications

- That more than a quarter of high-prevalence countries did not explicitly plan for the impact of HIV and AIDS speaks volumes about the extent to which the pandemic has been considered a public health issue rather than a systemic management issue. The implication is that there is limited communication and coordination between key directorates within the MoEs on what is clearly a major management problem with a direct bearing on planning at every level.
- This lack of planning awareness and response may in part be the failure of EMIS to provide evidence of impact in many developing countries. The sub-optimal functionality of many EMIS and other decision-support systems, and their lack of sensitivity to HIV and AIDS, may contribute significantly to levels of doubt about the level of impact on the education sector (see below Education Management Information System (EMIS)). Given that the planning function is directly concerned with the calculation and projection of demand and supply, sustained advocacy, capacity building and technical assistance are required as a matter of urgency.

Education Management Information System (EMIS)

The large majority (88%) of MoEs indicated having EMIS in place, declining to 84% in high-prevalence countries and rising to 93% in medium-prevalence countries. While these figures may seem high at face value, the fact is that every MoE should have EMIS for basic management and planning, and to report and monitor HIV and AIDS impact. However, only 38% of all countries with EMIS reported that these systems have been reviewed to include HIV- and AIDS-sensitive indicators; this figure rises to 60% for high-prevalence countries, but declines to 14% in medium-prevalence countries.

Over half of high- and medium-prevalence countries have not amended their EMIS systems to include HIV and AIDS-sensitive indicators.

The CSS report notes that there is increasing pressure for evidence-based policymaking, which requires valid and robust indicators. In reality, MoEs have struggled to collect good quality educational data due to a) limited capacity and resources at district or provincial levels to collect education indicators; b) poor communication of HIV and AIDS related research results between the ministries of education and health; and/or c) poor synthesis of research findings or limited analysis of the impact of research results on the MoE. At the worst end of the scale, some countries – particularly those outside Africa – reported having absolutely no data on HIV and AIDS and education.

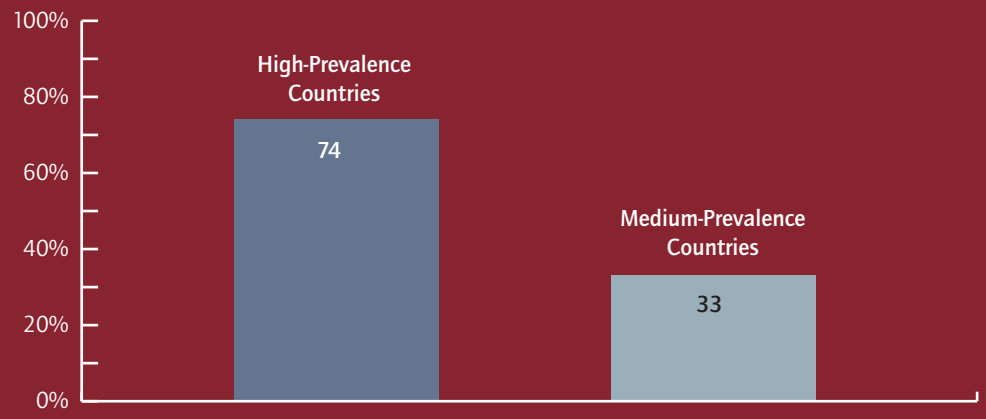
Policy Implications

- Regrettably, the rise and fall of EMIS in MoEs is not an uncommon phenomenon, particularly in Africa. Many MoEs have experienced the collapse of these systems and their donor-supported 'redevelopment', sometimes more than once. One possible reason that such strategically-important decision-support systems are allowed to falter may be a lack of appetite for such information at the highest level of the system itself. How otherwise could senior decision-makers in MoEs tolerate either the absence of data or its supply years after the event? Interventions and investments to orient and train senior managers in the use of decision-support information and the importance of evidence-based policy and decision-making are urgently required.
- EMIS is an excellent example of a strategic MoE function which has critical importance for *both* effective systemic functioning *and* HIV and AIDS response. The system cannot be measured and monitored effectively without the timely delivery of accurate and reliable data. Equally, the HIV and AIDS response – with matching implications for demand and supply – cannot be adequately supported without some confirmation of impact *via* indicators extracted from these data.
- Of concern is the fact that many MoEs have yet to modify their data collection and analytical instruments to take account of HIV and AIDS impact indicators, such as, for example, the temporary and permanent loss of teachers and learners. It is also likely that the most affected countries may have the least capacity to respond to both systemic management issues *and* HIV and AIDS impact. High- and medium-prevalence countries should therefore urgently seek EMIS technical support as a priority, with appropriate systems review and the development of a limited number of simple indicators, to assure their functionality, sustainability *and* HIV and AIDS-sensitivity.
- EMIS capacity and output is reliant on the data collection and monitoring systems from the school and district up, and is by definition dependent on capacity and focus at every level of the system. Interventions should ensure a focus on district- and school-level capacity building and the development of supplementary sub-national systems to inform and guide a more localised understanding and response. In very many countries, not only is this an inherent weakness but information outputs are seldom if ever returned to levels down the system.
- In addition to systematic collection of priority indicators, MoEs should access relevant research undertaken by ministries of health, NGOs and universities. This will require efforts across sectors, in collaboration with development partners, to improve information flows and to develop a prioritised national research agenda (see also p.53, Research Guiding the Response to HIV and AIDS in the Education Sector).

District Level Planning

More than half (56%) of all MoEs reported considering HIV and AIDS when making district-level plans, rising to 74% in high-prevalence countries, but only 33% in medium-prevalence countries. Similarly, 47% of all MoEs claimed to be collecting HIV- and AIDS-relevant data at the district level; while this seems low, operational experience suggests that even this claim might in fact be exaggerated or at least definitional. For example, 'consideration' of HIV and AIDS when developing or implementing district-level plans may be a far cry from the integration of HIV and AIDS.

Figure 2 • *MoEs Reporting Having Considered HIV and AIDS in District-Level Plans*



Policy Implications

- This response suggests a high level of awareness of the *need* for district-level planning. The implication is that the time may be ripe for training interventions in this regard.
- Interventions should encompass illustrative and creative models for district-level activity, with related cost assumptions and templates. Operational experience again suggests that lack of creativity (and understanding of options) at sub-national levels constitutes an enormous impediment to such planning and implementation.

Impact Assessment

Less than two-thirds (58%) of high-prevalence countries reported having conducted an assessment of the impact of HIV and AIDS on the education sector, while 75% of those who had not yet done so indicated that one was planned. This begs the further question, unasked in the survey, of how many countries had *repeated* such an assessment and measured it against the baseline? Future research should address this issue.

Policy Implications

- Many high-prevalence countries have recognised the severity of the problem and have either conducted, or are planning to conduct, an impact assessment. These assessments should be available and may provide a more comprehensive understanding of impact and response among education sector partners (e.g., NGOs and civil society) and the international community, and a valuable resource to mobilise external support. Where the development of terms of references for the assessment is still in progress, the same spirit of access and partnership should be encouraged to ensure the most inclusive outcome.

- There is anecdotal evidence that many countries may not have followed up on their initial impact assessment, repeated it, or used it as a baseline for other forms of monitoring and measurement. An appropriate intervention might involve revisiting these MoEs to propose and help formulate such a course of action, given the paucity and importance of such case studies.

- Given the considerable cost and time required for impact assessments, alternative methods should be explored to ensure that an understanding of impact and the means to monitor and measure it can be developed quickly and effectively – and repeated as often as required, without major budget implications. For example, the rapid education sector appraisal instruments could be used in combination or as part of strategic planning or policy development interactions with sector representatives.

Section FOUR

WORKPLACE ISSUES AND HUMAN RESOURCES

The fourth section of the survey reviewed workplace and human resource issues in education.

Workplace Policy

Workplace policies constitute one of four key themes fundamental to any comprehensive education sector HIV and AIDS policy – in addition to prevention, treatment care and support, and management of the sector response. Only one in five (19%) MoEs reported having a workplace or human resource policy related to HIV and AIDS (including 30% of high-, 21% of medium-, and 11% of low-prevalence countries). Interestingly, 70% of MoEs with such policies claimed to have involved their employees in workplace policy development – rising to 85% in high- and 80% in medium-prevalence countries, and only 53% for low-prevalence countries. Of these countries, 55% claimed to review this policy regularly, representing 43% of high, 18% of medium, and 54% of low-prevalence countries. The higher figure in low-prevalence countries may relate to greater capacity and resources.

The CSS report notes that the impact of HIV and AIDS on teachers in particular has not been adequately addressed in the vast majority of countries, due perhaps to associated stigma and controversy. Of the countries involved in the review, only one was perceived to have a comprehensive, multifaceted programme for teachers that included HIV and AIDS workplace policies, voluntary counselling and testing (VCT), and access to treatment. MoEs are also reportedly ill-prepared to deal with the potential impact of HIV and AIDS on teachers, lacking adequate data on teacher morbidity and mortality, absenteeism and attrition to other sectors (see p.29, Impact Assessment and p.35, Teacher Training).

Policy Implications

- There is considerable confusion in most MoEs about what constitutes a workplace policy. While many MoEs claim to have policies in place, they may in fact be clauses of national HIV and AIDS policies or other guiding plans and frameworks, or even be sections of sectoral strategic plans. Comprehensive workplace and human resource policy has many specific features unique to the sector and should be contained within an *education-specific* workplace policy. Where these are not in existence (in over 70% of high-prevalence countries), they should be developed as a matter of urgency either as a stand-alone workplace policy, or – more appropriately – as an integral part of a comprehensive, sector wide HIV and AIDS policy.
- Workplace policies should provide a legal framework for the protection of employees' rights, contain regulations governing the appropriate conditions of employment, establish efficient monitoring and reporting mechanisms of HIV and AIDS impact on teachers and other employees in the education sector, and complement policy for the wider protection of learners in the sector. The ILO Code of Practice on HIV and AIDS and the world of work sets excellent standards and should be referenced in this regard.

- Less than half of high- and medium-prevalence country MoEs claiming to have such a workplace policy said they regularly review this. Experience in the field suggests that MoE personnel are reluctant to commit to a policy review of any kind on even an annual basis, but instead prefer to commit to 'review when necessary'. The CSS confirmed this observation, noting that it is reasonable to suppose that regular review – where it exists – is not regular enough. Ideally, *all* policies should be reviewed on an annual basis to accommodate the dynamics of HIV and AIDS impact, and such reviews should be a precondition for the provision of external funding. Such reviews should involve all of the sector's stakeholders and should constitute annual reports accessible to the entire sector and its development partners.

- Similarly, 'early warning' signals need to be formalised to determine the impact of HIV and AIDS on teachers and other employees in the education sector. More efficient monitoring and reporting (through confidential mechanisms) of teacher absenteeism, morbidity, and mortality must be put in place. Responses must be grounded within the context of a wider understanding of teacher attrition and accurate educational planning.

Human Resource Policies

Less than one in ten (9%) of MoEs reported having reviewed or amended their human resource policies to minimise sector vulnerability and susceptibility to HIV and AIDS, while 26% of all MoEs reported having such a review in progress. Notably, human resource policies were lacking in high-prevalence countries; only 11% of MoEs could confirm such amendments, while 32% claimed to have such a review in progress. This presents another priority prospect for intervention and technical support.

Two thirds of high- and medium-prevalence countries have not amended their human resource policies to reduce vulnerability to HIV and AIDS. In nine countries, amendments were in progress.

Policy Implications

- In many MoEs, human resource costs consume up to 85% or more of the gross education budget; HIV and AIDS impact on the temporary and permanent loss of human resources – and the replacement costs of these – would seem to constitute an overwhelmingly important policy issue and should be addressed as a cornerstone of integrated planning.

- Specific attention should be focused on human resource issues and guidelines to ensure that system capacity and sustainability is adequately protected. Specifically, the problem of segmented operational and payroll data must be addressed as in most countries there is no single system that can inform management or planners as to how many teachers are in the system at any time – or indeed who these are.

- Given the widespread underperformance of EMIS and other information systems, the development of integrated or at least linked systems to capture and monitor human resource data as part of a wider decision-support system should be seen as a key objective in system reform.

Rules and Regulations

MoEs should be reviewing many of their rules and regulations in light of HIV and AIDS impact and resultant implications for the sector. However, only 42% of all MoEs claimed to be doing this, rising to 56% in high-prevalence countries. This may be directly linked to the lack of sector-specific HIV and AIDS policy and the impetus that this would provide for the review of such regulations.

Policy Implications

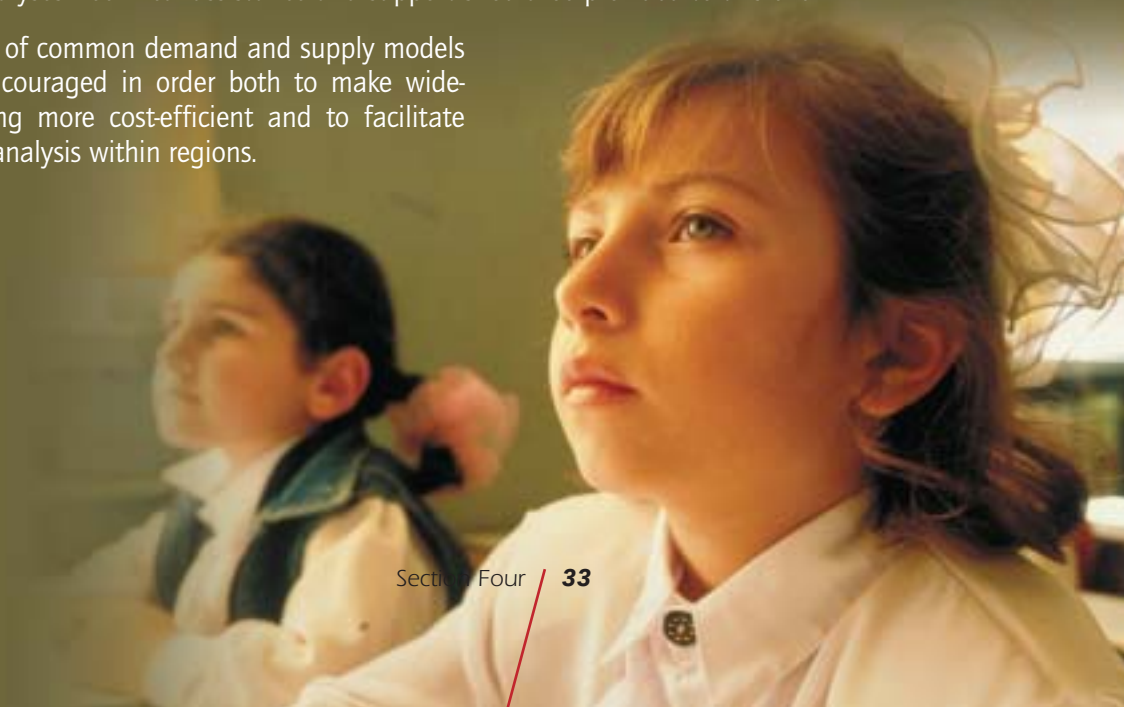
- A comprehensive education sector policy is a prerequisite for the development of legally supportable rules, regulations and conditions of employment. Almost half of high-prevalence countries have not developed such rules and regulations, possibly due to the lack of such policy, and these should be identified and addressed as a matter of priority.
- There is enormous potential to consolidate best practice information on such regulations, and the policy and principles underpinning them, into a set of guidelines to speed country-level reform and support the development of best practice.

Demand and Supply Analysis

Just over half (53%) of all high-prevalence country MoEs claimed to have conducted a demand and supply analysis on the impact of HIV and AIDS on the education sector. This is disturbingly low given that 100% of highly vulnerable countries should be conducting such analyses. Of greater concern, only 15% of high-prevalence countries in which such analyses have taken place made subsequent changes in human resource planning.

Policy Implications

- This apparently low level of response in planning suggests either a belief that there is no problem or else a lack of response to the information available. Either way, further investigation is needed at the country level, as this low level of response seems somewhat counter-intuitive.
- Demand and supply analyses that have not led to change in human resource planning should be revisited and further analysed to determine whether the findings demonstrate a) no cause for alarm; b) a lack of reliable data; c) insufficient analysis; and/or d) the need for additional analyses. Technical assistance and support should be provided to this end.
- The adoption of common demand and supply models should be encouraged in order both to make wide-spread training more cost-efficient and to facilitate comparative analysis within regions.



Non-Discrimination Policy

MoEs in all HIV prevalence categories were asked whether they had a policy of non-discrimination with regard to recruitment, advancement, continued employment and benefits for personnel affected by HIV and AIDS. Nearly two-thirds (65%) of all MoEs confirmed that they had (with a further 1% in progress), rising to 80% in high-prevalence countries, but declining to 50% in medium-prevalence countries (with 7% in progress) and 62% in low-prevalence countries. While this demonstrates a significant degree of compliance and readiness, it also suggests that 34% of these countries still have much to do to entrench the rights of those affected by HIV and AIDS.

Policy Implications

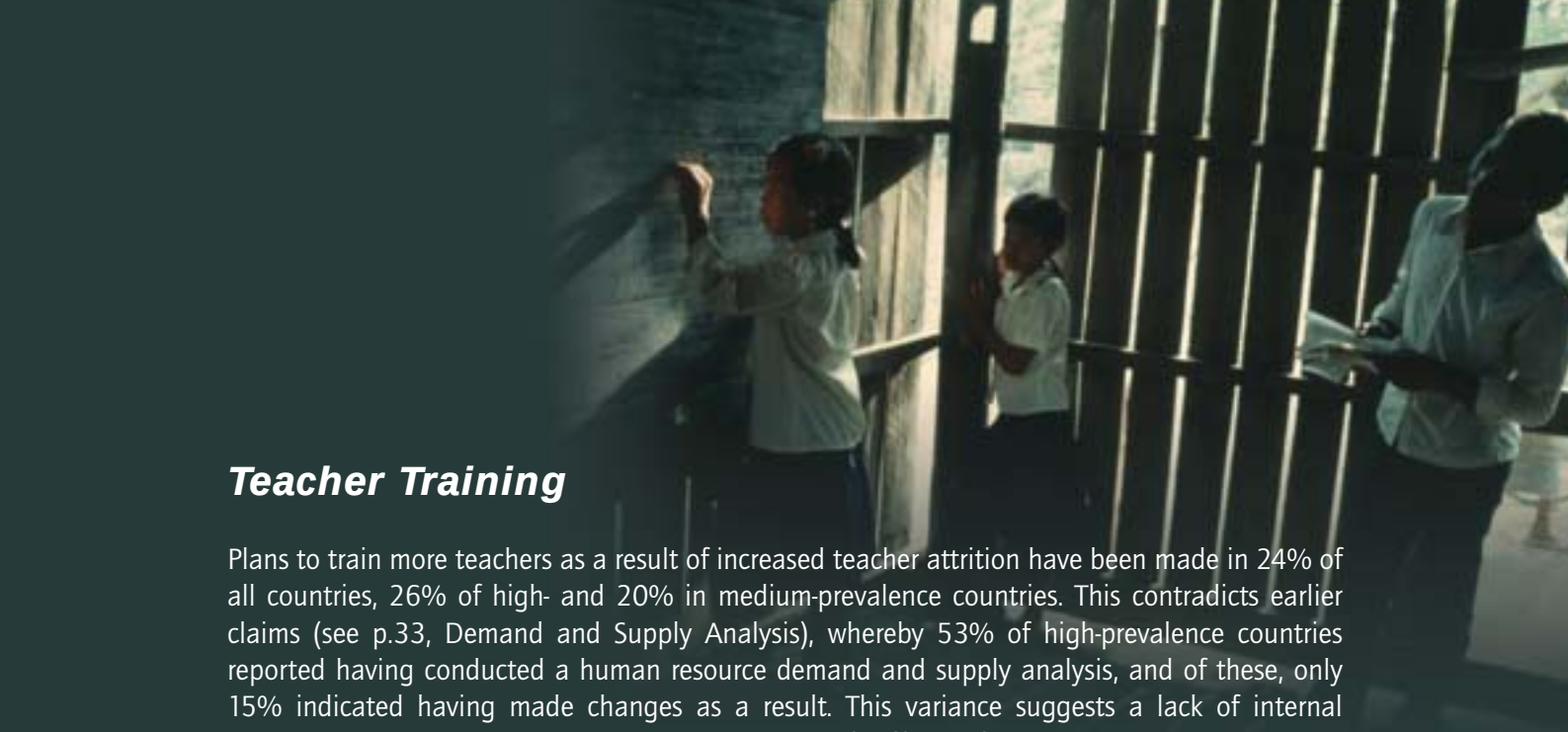
- Given the confusion regarding national versus sector-specific policy, and the sector-specific regulations derived from this, it is less certain that non-discrimination is adequately dealt with in the education sector *per se*. This principle should be contained in any and every education sector policy and the policies, drafts or work in progress in every country should be reviewed to ensure that this is the case.
- Non-discrimination should also be entrenched in policies at every level, from the National Constitution and Bill of Rights down.

Confidentiality

Most (81%) MoEs confirmed that confidentiality of information about employees affected by HIV and AIDS was enforced, reflecting compliance in 75% of high-, 77% of medium- and 85% of low-prevalence countries.

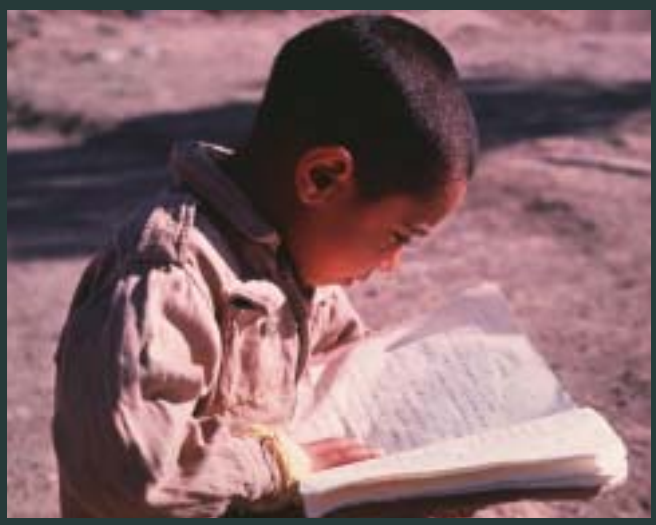
Policy Implications

- Confidentiality, as a right, should be entrenched in policy and in regulations, particularly in the workplace, and protected by relevant and legally-binding regulations and procedures.



Teacher Training

Plans to train more teachers as a result of increased teacher attrition have been made in 24% of all countries, 26% of high- and 20% in medium-prevalence countries. This contradicts earlier claims (see p.33, Demand and Supply Analysis), whereby 53% of high-prevalence countries reported having conducted a human resource demand and supply analysis, and of these, only 15% indicated having made changes as a result. This variance suggests a lack of internal consistency in MoE awareness and understanding of different functions and activities, hardly surprising in complex, under-capacitated systems where operational and personnel data are unlinked. Further research and a review of the demand and supply analyses currently in use is required.



The CSS report highlighted the importance of teachers in the success of school-based HIV and AIDS education, and bemoaned the lack of investment in teacher training and support. MoEs had made systematic attempts to train teachers on HIV and AIDS in only three of the countries surveyed (notably nationwide, in these three cases), while teacher training has been largely piecemeal in the other countries concerned.

Policy Implications

- In-service and pre-service teacher training should include compulsory HIV and AIDS components that can be examinable or certifiable.
- A properly-trained and effective HIV and AIDS management unit, serving the whole education sector, could provide a coordinating and analytical role in reconciling such anomalies and flagging the need for further investigation.
- The impact of HIV and AIDS on the supply of teachers lies at the centre of this discourse. Training and capacity building should be undertaken for MoE staff and civil society partners in medium- and high-prevalence countries to ensure accurate and reliable projections, sound demand and supply analyses, and the use of data for planning purposes – particularly the gearing of teacher training in response to projected increases in attrition, where these exist.

Human Resource Monitoring

One in five (21%) high-prevalence countries affirmed that the effects of HIV and AIDS on human resources are being monitored, meaning that around four in five (79%) are not doing so. Given the proportion of education budgets committed to human resources, this too should be seen as an issue of major concern and prompt early intervention and activity.

Policy Implications

- The lack of *reporting* may be as big a problem as the lack of monitoring itself. Reporting may be a comparatively new innovation for many MoEs and, as such, should be supported by sufficient technical assistance to guide the development of simple and practical reporting templates.
- Improvements in the quality and frequency of monitoring will likely accompany regular and public reporting regimes. This may appear to set the cart before the horse, but given that monitoring continues to be a perennial failing, placing the issue in the public domain may provide the positive pressure required to improve this situation.

Appropriate Accommodation

Only 15% of MoEs were able to confirm that where accommodation is provided by the MoE, steps have been taken to ensure that it is appropriate for the needs of employees affected by HIV and AIDS. This situation was confirmed by 11% of high-, 13% of medium-, and 18% of low-prevalence countries, suggesting again that low-prevalence countries might have a comparatively greater capacity for social protection and welfare.

HIV and AIDS does not incapacitate or remove individuals all at once. Instead, it whittles away steadily at the human resource base. Because of this, the need for management adjustment to many of the potential impacts of HIV and AIDS is not always immediately apparent. Education authorities in low- or medium-prevalence countries may not see that their systems are at risk, whereas all the time, because of its insidious nature, the disease is relentless eroding overall system capacity.

M.J. Kelly and B. Bain. Education and HIV and AIDS in the Caribbean. Paris, IIEP/UNESCO, 2003.

Policy Implications

- Further research is required on this issue, as the query regarding the provision of accommodation 'appropriate for the needs of employees affected by HIV and AIDS' may have been misunderstood. First, the provision of accommodation generally to MoE employees may have been foreign to many, and further, that this accommodation be appropriate for the needs of personnel affected by HIV and AIDS may have deepened the confusion.

Section FIVE

WORKPLACE HIV AND AIDS PROGRAMMES

The fifth section of the survey reviewed workplace HIV and AIDS programmes to prevent the spread of the epidemic, mitigate its impact on workers, and provide social protection to help cope with the disease.

Awareness Programmes

Given the levels of investment and activity described in many of these responses, it might be assumed that every MoE had an awareness programme for its employees in place at the national level. However, this is true for only 37% of all countries, rising to 70% for high-prevalence countries (with 20% more in development), and declining to 47% for medium-prevalence countries (with a further 27% in development), and 12% for low-prevalence countries (with a further 27% in development).

Such programmes were only available at the district level in 36% of all countries (with 19% in progress), rising to 65% in high-prevalence countries (with 25% in progress), and 36% in medium-prevalence countries (with 21% in progress), before declining to 18% in low-prevalence countries (with 15% in progress).

Awareness programmes for staff at education institutions are available in 41% of countries (with 29% in progress), rising to 60% (with 25% in progress) in high-prevalence countries before declining to 40% (with 33% in progress) in medium- and 29% (with 29% in progress) in low-prevalence countries. The only consolation in this respect is that the media in most countries maintain high levels of general awareness that may compensate for this lack of sectoral programming.

HIV and AIDS is a workplace issue, and should be treated like any other serious illness/condition in the workplace. This is necessary not only because it affects the workforce, but also the workplace, being part of the local community, has a role to play in the wider struggle to limit the spread and effects of the epidemic.

ILO. ILO Code of Practice, Geneva, ILO, 2001.

Policy Implications

- Awareness programmes within the MoEs should be consciously designed to make contextual links with the media—from which the general public in many countries receives a large part of their information on HIV and AIDS. In some cases, this may include refuting rumours and inaccuracies, and alarmist messages about the disease.
- While the majority of high-prevalence countries claimed to have HIV and AIDS awareness programmes in place for their employees, and claimed extensive impact, the CSS report suggests that it would be difficult to agree that such awareness translates to behaviour change or risk modification.

- Every country must have a policy in place to ensure that universal and well-informed awareness programmes are provided to every teacher and member of staff, and that these are regularly updated and reinforced. Such a policy should also protect teachers and other sector staff from discrimination and make provision for confidential access to VCT services and affordable treatment.

Prevention Programmes

Prevention programmes, intended to prevent HIV infection amongst MoE staff, were reported to be in place in 89% of high- and 47% of medium-prevalence countries; no countries in either category reported having programmes in development. Most (80%) existing programmes claimed to be gender sensitive, although – with breathtaking honesty – 28% high-prevalence countries as well as 46% of medium-prevalence countries conceded that their programmes were not gender sensitive.

Policy Implications

- The fact that nine out of ten high-prevalence countries and seven out of ten of *all* countries reported having prevention programmes in place reflects a recognition of the importance of these. However, to be fully effective within a more comprehensive sector strategy, these programmes should be complemented by attention to treatment, care and support; workplace issues; and management of the response. More distressing is the fact that in the 53% of medium-prevalence countries without prevention programmes, no development of these was reported to be taking place.

Even in situations where HIV prevalence is high, the majority of employees are still uninfected, and prevention efforts should always remain an important component of workplace responses to HIV and AIDS.

Mobile Task Team/ UNESCO IIEP, forthcoming 2006.

- The *existence* of these programmes does not, however, mean that the quality and coverage of these are satisfactory. The quality and coverage of prevention programmes in the 21st Century should be revisited in the more holistic context of education sector HIV and AIDS policy to assure appropriate levels of relevance, coverage and response.
- The honesty of countries conceding that their programmes are not gender sensitive should be rewarded by the development community with technical support to the countries concerned to rectify this situation.

Guidelines for Teachers

One third (33%) of all MoEs confirmed that they had developed guidelines for teachers dealing with HIV and AIDS in schools (with a further 47% reported having guidelines in development). The situation was somewhat worse in high-prevalence countries (21%) although 53% reported development in progress; similar findings were reported in medium-prevalence countries with 29% developed and 57% in progress. Yet again, low-prevalence countries seemed to be ahead of their peers, with 37% having developed guidelines and a further 40% in progress. Of those countries with guidelines, 77% claimed to have distributed these with supportive training: however, only 64% of high-prevalence countries could say the same, with another 34% acknowledging the distribution of materials without support training.

Policy Implications

- The proportion of countries with guidelines in development (47%) confirms how comparatively recently MoEs have turned their attention to this issue. A non-prescriptive model set of adaptable guidelines could be developed on the basis of best practice to date and made available to help guide and inform this process.
- The lack of support training to help teachers implement these guidelines in one-third of high-prevalence countries confirms that policy- and decision-makers in these do not fully recognise the complexity or sensitivity of the issues that teachers must deal with. Such training, with appropriate support materials, should be considered a priority and addressed without delay.

Universal Precautions

It might be assumed that well over 20 years into the impact of HIV and AIDS on education systems, universal precautions would be universally available and accessible. In fact, the development of guidelines for implementing these precautions (for staff) has only been completed in 21% of all countries, with a further 27% in progress. Worse, this figure drops to 16% in high-prevalence countries with 37% in progress. Medium-prevalence countries fare little better at 21% (with 29% in progress) along with – less surprisingly – low-prevalence countries at 24%, with 21% in progress.

Policy Implications

- This 'foundation-stone' issue should have been addressed at an early stage and sustained over time. It is important that the response is not simply directed at making good a key missing component, but instead should be regarded as an opportunity for sectoral advocacy and the introduction of fresh and accurate information. This is critical given the gaps in the knowledge of officials and teachers, and the continued proliferation of myths and falsehoods.
- This is precisely the kind of simple, supportive intervention that can be quickly and easily delivered in partnership with the health, education, and development community, and should be dealt with without further delay.

VCT Facilities and Access

Nearly all (96%) MoEs reported the existence of VCT facilities and access, with 95% in high-, 93% in medium- and 97% in low-prevalence countries. While this reveals nothing about the distribution of these facilities, MoEs in 83% of all countries claimed that employees can be referred to services. This figure is somewhat inflated by higher levels of access enjoyed by employees in low-prevalence countries (89%), as compared to those in medium- (67%) and high- (70%) prevalence countries. Assuming that right of referral actually *means* access and receipt of services, this constitutes a high level of readiness; however both operational experience and the CSS report observations place a large question mark behind this ambitious claim. Instead, it is possible that MoEs responses may have been derived from policy commitments and strategic planning objectives rather than the reality on the ground.

Affirming this last point, referral systems to facilitate access to HIV and AIDS treatment have only been established in 51% of countries (50% of high- and 53% of medium-prevalence countries). Equally, only 65% of all MoEs report having accessible outlet points within or in the vicinity of the workplace for the free distribution or purchase of condoms, representing higher levels in high- (70%) and low- (71%) prevalence than in medium- (47%) prevalence countries.

The CSS noted the added problem of facilities being available but underutilised due to widespread stigma, and the expense of antiretrovirals (ARVs) – should the test be positive. Similarly, the CSS report notes that no efforts have been made in any of the surveyed countries to target treatment and care to teachers. In fact, in one country the MoE was reportedly loath to target teachers for treatment because it served to stigmatise them. In this case, the MoE reportedly felt that HIV-positive teachers had already received a disproportionate amount of bad media coverage. In order to mitigate negative stereotyping, the decision was to aim to treat HIV-positive teachers no differently from any other people living with HIV.

Policy Implications

- Some objective measurement is required to establish the extent of implementation and access, since the concept of 'some access' may be completely irrelevant to affected personnel in areas that do not have it.

- VCT access should be seen as a principled policy issue and dealt with in the context of workplace policy and further protected by guarantees of freedom from discrimination and stigma. Specifically, the provision of VCT facilities is not enough to ensure their use and usefulness; it is necessary to create a climate within which affected persons are able to access these facilities wherever they live and work, without fear of identification and ostracisation. The challenge therefore is taking such provision to scale and maintaining the necessary safeguards associated with it.

Section SIX

HIV AND AIDS AND THE CURRICULUM

The sixth section of the survey aimed to assess the degree to which curricula within the various educational institutions have been adapted in response to the impact of the HIV and AIDS epidemic.

HIV and AIDS Curriculum and Life Skills Programmes

Life skills programmes have reportedly been established at the primary level in 85% of high-, 80% of medium-, and 86% of low-prevalence countries, while at the secondary level in 75% of high-, 80% of medium- and 89% of low-prevalence countries. Life skills programmes relating to gender were confirmed in 84% of all countries, or 80% of high- and medium-, and 88% of low-prevalence countries.

HIV and AIDS was reportedly addressed in the curriculum at the primary level in 79% of all countries, or 95% in high-, 87% in medium-, and 66% in low-prevalence countries. This trend improved at the secondary level, with HIV and AIDS curriculum reportedly in place in 89% of all countries, or 90% of high-, 87% in medium-, and 89% in low-prevalence countries.

Civil society confirmed this apparently high level of readiness, noting that HIV and AIDS curriculum development is the issue within "HIV and AIDS and education" that has received the most universal support from MoEs, often with the assistance of international development partners. Almost all of the countries surveyed had designed a comprehensive HIV and AIDS syllabus at both primary and secondary levels, although such development was not always mirrored by successful implementation. The CSS report cautions, however, that failure to involve teachers and community groups in the design of, or to provide adequate training and support for teachers to teach, the new curriculum have contributed to widespread implementation failure.

The CSS report also demonstrated that though HIV and AIDS curriculum may be developed, it is not always a compulsory part of the general school syllabus. In one African country, a weekly compulsory HIV and AIDS lesson had been inserted into all primary and secondary state curricula, while in two Latin American countries, curricula was designed and piloted, but no further action was subsequently taken.

Lack of integration of HIV and AIDS into school curricula may be due to already over-burdened school syllabi and increasing pressure on teachers to meet learning targets. Of the eight countries surveyed in the CSS that reported having developed a comprehensive HIV and AIDS curriculum, only two were implementing it fully; in a further three countries, HIV and AIDS modules had been implemented into the curriculum in certain districts, with plans to scale up to all districts in due course.

> ***Educational programmes for in-school and out-of-school young people were seen as providing readily available channels for consciously influencing students through the curriculum and the values that curriculum seeks to embody.***
>
> ***M.J. Kelly. Planning for Education in the Context of HIV/AIDS. Paris, UNESCO, 2000.***

In addition, the CSS found that NGOs played a very active role in providing HIV and AIDS education in schools in the concerned countries. This was often seen as problematic due to limited coordination, lack of sustainability and multiple messages being given by NGOs – and a source of conflict due to the political and ideological controversies which still surround condom promotion.

Policy Implications

- The high percentage of MoEs that have reported development of a school curriculum to address HIV and AIDS, together with the emphasis on prevention noted above (see p.38, Prevention Programmes), confirms that the education sector has largely focused on prevention-linked activities. The impact of such curricula can be significantly enhanced by the provision of appropriate training and materials, as well as complementary attention to treatment, care and support; workplace issues; and management of the response.
- The general curriculum is already over-burdened, often in an under-resourced environment, and by teachers who may not have been adequately trained. More attention needs to be given to training teachers in participatory learning methods that enable learners to acquire skills and the development of sufficiently simple and accessible materials to make lessons viable without adding unduly to the existing teaching load. This point applies equally to section Support Materials and Orientation Programmes opposite.
- Countries seem disinclined to understand that 80% of curriculum content is eminently transportable across borders and that it is not necessary to 'reinvent' this in every country. As a result, many countries have failed to capitalise on the availability of good, regionally-developed materials for local adaptation. Technical assistance should be mobilised (and existing initiatives better promoted) to foster greater use of clearinghouses and websites (such as UNESCO IBE) that provide access to both curriculum and life skills materials, which could be reviewed and adapted at the country level. The lack of 'ownership' associated with packaged and imported programmes may be a problem; however, it is vital that resources be allocated for local development and adaptation.
- Every HIV and AIDS curriculum must go through the general curriculum review process, and attempts should be made to build on existing areas of the curriculum. MoEs should ensure that consistent and scientifically accurate messages are being taught about HIV and AIDS in schools, offering young people comprehensive choices and skills. More efforts are also needed to determine evidence of success in terms of behaviour change. The use of external resource teams in schools (such as NGOs) should be coordinated and supervised by the relevant education authority and more effort needs to go into training teachers to implement the curriculum.

Support Materials and Orientation Programmes

Nearly three-quarters (71%) of all MoEs confirmed the development of support materials and orientation programmes addressing HIV and AIDS at the primary level, rising to 80% in high-, and 76% in low-prevalence countries, before declining to 47% in medium-prevalence countries. At the secondary level, average readiness was lower at 69% overall, or 60% in high-, 50% in medium-, and 82% in low-prevalence countries.

Orientation programmes for teachers in life skills and HIV and AIDS had only been established in 49% of all countries, or 60% in high-, 33% of medium-, and 50% of low-prevalence countries. Orientation programmes for parents in life skills programming in schools was very low – only 29% overall, while a further 33% confirmed that development of such programmes was in progress. This represents 30% of high-prevalence countries with programmes in place (and 20% in development), 13% of medium-prevalence countries (with a further 33% in progress), and 34% of low-prevalence countries (with an additional 40% in progress.)

Civil society noted the urgent need for more high-quality learning materials on HIV and AIDS. Although official learning materials existed in the vast majority of countries (with the exception of two Latin American countries), the perceived quality of the materials varied substantially. Some were regarded as very good and country-specific, while others were found not to have been sufficiently adapted to the country's cultural heritage. Other concerns included: the lack of available materials in local dialects; a focus on the provision of materials and support to urban areas at the expense of more remote rural areas; and materials considered to be 'too glossy' – a direct result of well-intentioned international funding resulting in materials of a much higher standard than other, 'normal' learning materials.

Civil society also noted the pivotal role of the teacher in the success of school-based HIV and AIDS education, and bemoaned the lack of investment in teacher training and support (see also p.35, Teacher Training Programmes). Civil society also cautioned that if school-based HIV and AIDS education continues to be implemented in the same under-resourced, under-staffed and under-trained way, not only will it not work, it may even serve to confuse young people about the reality of HIV and AIDS.

Policy Implications

- There is a considerable gap between the claimed levels of development of HIV and AIDS curriculum and life skills programmes, and the availability of support materials and orientation (see also p.41, HIV and AIDS Curriculum and Life Skills Programmes).
- Even if six out of ten teachers have had HIV and AIDS orientation, as reported by MoEs, the CSS report suggests that many teachers remain reluctant or embarrassed to teach issues of reproductive health, sexuality or HIV and AIDS. While 100% of all teachers *should* have orientation and training, there is a need for greater reliance on those who *want* to teach. Facilitating 'volunteerism' and the establishment of civil society and NGO partnerships may produce a proportionately better result from a small group of committed teachers and community workers than from the half-hearted input of many reluctant teachers.

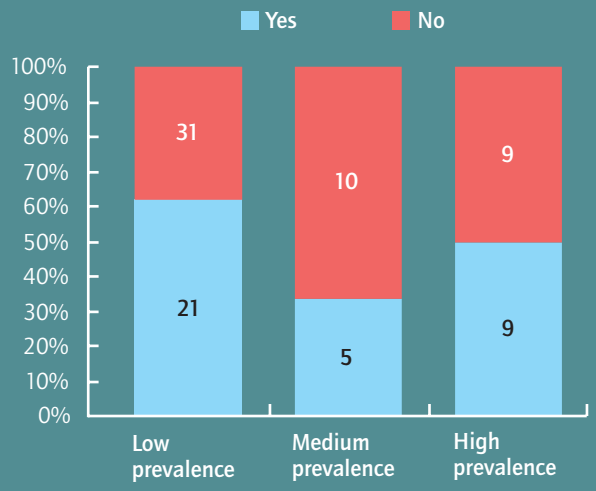
- The development of 'school clusters' (i.e. groups of schools, in some geographic proximity, which may be 'clustered' for administrative, resource-sharing, mentoring or peer-learning purposes, around a central school 'hub' or resource centre. Namibia has, for example, arranged its administrative structure around such school clusters) may open the way to multiplying the impact of such committed volunteers, and may also have benefits for the business of education, as it does for greater mentoring and guidance.
- Although enormous quantities of materials and curricula exist, an accessible clearinghouse (such as UNESCO IBE) to facilitate a country 'browse and borrow' approach can be useful and should be promoted (see also p.41, HIV and AIDS Curriculum and Life Skills Programmes).
- The challenge is to balance country-specific application and sensitivity to cultural norms and standards, while providing scientifically accurate materials and learning experiences that enable learners to acquire practical prevention skills. Emphasis should be on training teachers about the importance of scientific fact rather than ideology in order to help learners acquire the basic HIV and AIDS knowledge and skills they require to support their own information-based decision-making.

Tertiary Sector

More than half (52%) of MoEs reported that HIV and AIDS materials were available to all students within the tertiary sector, or 50% in high-, 33% in medium- or 62% in low-prevalence countries. Similarly, 41% of MoEs reported that their university and tertiary institution curricula had been adapted to include subject-specific HIV and AIDS issues, or 47% of high- and 33% of medium-prevalence countries.

Central to any HIV and AIDS response is the professional preparation of all new teachers. HIV and AIDS and life skills were reported to be integral components in the teacher training curriculum in 63% of all countries, or 78% of high-, 47% of medium-, and 62% of low-prevalence countries.

Figure 3 • ***Countries Where HIV and AIDS Materials Were Available to All Students within the Tertiary Sector***



Policy Implications

- The failing of MoEs to provide HIV and AIDS materials to students within the tertiary sector poses a challenge for tertiary authorities, MoEs and their development partners. But given the comparative scale of the sector, its problems should, in principle, be easier to address than those of the very much larger basic education sector.
- That only half of high-prevalence countries could report the availability of HIV and AIDS materials to students in the tertiary sector is a matter for grave concern. Given the *comparative* level of resources available to these institutions, the limited size of the sector, the greater risk of the learner age-group involved and educational level of the faculty involved, it might be reasonable to expect much wider institutionalisation of an HIV and AIDS curriculum and sector-wide availability of materials.

- The sector should take increased responsibility for its welfare. Continental and international associations – such as the Association of Commonwealth Universities or the Association of African Universities – together with the development community should play a role in the assembly of best practice, materials and curriculum guidelines in the tertiary sector. The creation of an international working group to provide specialist technical assistance and access to such materials and experience for the tertiary sector should be considered.

Monitoring Success of Prevention Messages

The establishment of systems to monitor the success of HIV and AIDS prevention messages throughout the education system showed little sign of success. Only 20% of all MoEs claim to have established such systems, or 16% in high-, 7% in medium-, and 29% in low-prevalence countries.

Policy Implications

- The identification of a *limited* number of *simple* indicators of compliance which can be monitored and reported is urgently required. Technical assistance in terms of training, indicator development and reporting frameworks would assist in this effort.
- Assuming that the establishment of indicators can be resolved, monitoring would be the perfect role for civil society, research institutions and the NGO sector – all capable of providing insightful and critical voices and closest to representing the recipients of the intended messages. This collaboration would also reinforce the standing and importance of civil society and NGOs in a holistic education sector response. This effort should be seen as an opportunity to deploy a cadre of committed civil society representatives into the heart of the issue, perhaps with development community support.
- In the tertiary sector, there is an opportunity to engage a key stakeholder group – namely the students involved – as critical monitors of the materials and curriculum they receive. Student Representative Councils (SRC) exist in most tertiary institutions, and their social and political energy could be harnessed. HIV and AIDS 'institutional monitors' could be appointed within these SRCs to report on a regular basis using a simple set of indicators. These groups could be coordinated by continental and international university associations (see above, Tertiary Sector).

Section SEVEN

RESPONSES AIMED AT THOSE INFECTED AND AFFECTED BY HIV AND AIDS

The seventh part of this survey reviewed responses aimed at those infected and affected by HIV and AIDS including teachers and support staff, as well as learners.

Support for Orphaned and Vulnerable Learners

MoEs were asked whether they had programmes to address the needs of orphaned and vulnerable children (OVC) in the education system. It should be noted that the question addresses those children in the system and not outside it, suggesting that levels of readiness could or should have been higher than reported. Only 30% of MoEs confirmed the existence of such programmes with another 26% in progress, or 40% in high-prevalence countries (with an additional 30% in progress), 13% of medium-prevalence countries (40% in progress), and 32% of low-prevalence countries (18% in progress).

In civil society's view, MoEs were not doing enough to respond to the needs of OVC, stating that in most countries surveyed, there were no national policies or programmes aimed at this group. In several of these countries, OVC were seen to be the responsibility of other government departments (e.g., Social Welfare). In the Latin American countries surveyed, civil society groups reported that governments were not responding to the issue because it was not (and would not be) of relevance to their countries.

Notably, while MoE HIV and AIDS strategic plans state the rights of HIV-positive children to education, few if any have moved beyond strategy development to programme implementation. In light of increasing availability of ARVs, MoEs and governments must fulfil their obligations to Education for All.

Civil society argued that MoEs should be working multi-sectorally to provide an integrated and holistic response to the OVC crisis but found little evidence of such collaboration. While it is positive that other ministries are responding, MoEs cannot be relieved of their responsibility to ensure that OVC are enrolled and complete at least a basic education. Community programmes were in evidence in most of the surveyed countries, most providing material support to OVC in the form of school bursaries and occasionally food aid to ensure retention of OVC in school. While this form of social protection helps in the short-term, it is limited in scope; it can never reach all those in need and cannot assure learners' right to an education.

Ensuring access to education is critical in responding to the orphan crisis. Orphans often fall behind or drop out of school, compromising their psychosocial development and future prospects. This also affects a country's long term recovery from the epidemic.

UNAIDS. 2004 Report on the Global AIDS Epidemic. Geneva, UNAIDS, 2004.

The CSS report argues that the needs of OVC go beyond formal schooling, including psycho-social and material needs. HIV and AIDS counselling services should be supported and extended to meet the needs of all OVC, including those out of school. The report also warns of the potentially stigmatising effect of having 'specific HIV and AIDS counsellors'; in short, it questions whether or not the needs of an AIDS orphan or AIDS-affected child are any different to those of any poor or vulnerable child.

Policy Implications

- Response to OVC should be framed by education sector policy and principles, in the context of access to education, freedom from stigma and discrimination, and other related rights. However, the sheer scale and uncertainty of the problem suggests that irrespective of how comprehensively this group is protected, implementing the response remains extremely difficult.
- A key challenge is to define what constitutes OVC and rationalise how one vulnerable child might be more or less deserving than another. Related anecdotal evidence and the CSS report suggest that this is contested ground at the community level, as parents of economically-vulnerable children resist the special attention paid to AIDS-affected and vulnerable children. This complex problem is made more challenging by the fact that it will likely grow in scale and be part of community and education sector life for decades to come. Addressing these dynamics through decentralised, well-supported local responses in the homes and communities of the affected and often impoverished countries concerned is key.
- Faced with a problem of this scale, it may be necessary to focus on limited but achievable goals in the short to medium term. One obvious option is to concentrate on getting these children into school and keeping them there as long as possible. In this way, some measure of social protection and monitoring can be provided, together with access to nutrition, the cognitive skills required for informed decision-making, and sufficient education for employment or entrepreneurial activity. The provision of free education, feeding schemes, and bursaries to facilitate access is less the issue than achieving the end goal of enrolment and retention.
- This is a truly multi-sectoral issue – effective responses require the mobilisation of many government ministries, civil society and the NGO sector, faith-based organizations and other development partners. A coordinating mechanism is required to bring these actors together, have them agree on a shared path for action, and deliver what is required; this may require both national political intervention and international development support.
- Further research is needed on the range of social protection mechanisms available to OVC, and the potential of these to go to scale.

Out-of-School Youth

MoEs were asked whether 'efforts' had been made to include out-of-school youth in life skills and HIV and AIDS awareness efforts. Notably, the somewhat loose framing of this question may have permitted a large proportion of MoEs to respond in the affirmative: 75% of MoEs confirmed that they had, including 63% of high-, 87% of medium-, and 77% of low-prevalence countries.

Policy Implications

- It is comparatively easy for an MoE to claim to have made an 'effort' without having to quantify precisely what this meant; further surveys and research should aim to understand the content and depth of programming for out-of-school youth.
- These self-reported estimates may seem high in light of operational experience and the civil society comments, but may be made in good faith as the issue of out-of-school youth is a perennial problem regularly discussed by the formal education system.
- Most systems have failed to substantively address the social and educational needs of this group, often on the basis that action lies outside their mandate. This underscores the difficulty of engaging the more specific life skills and HIV and AIDS awareness needs of out-of-school youth.
- Crude awareness levels among young people are probably comparatively high in most developing countries and may be less the issue than the requisite life skills needed in an environment characterised by poverty, isolation and competing survival priorities. The provision of life skills may well be the key to survival for many in this group and should constitute a major strategic focus for the education sector – including sustained efforts to get these children back into school.
- Improved data and information are required to measure and monitor the extent of problem.
- Multi-sectoral 'directorates' (including civil society) should be established to coordinate, monitor, coordinate, advocate and report impact and response. A systemic and sustainable approach to formalising these partnerships is required, with a clear allocation of coordinating roles, functions and resources (see p.51, Identifying and Involving Partners).
- Responsibility must also be allocated for information and monitoring systems, based on a limited and realistic number of indicators. The development community should channel support to the development, establishment, and maintenance of such systems.
- While the self-evident conclusion is that universal access, enrolment and retention are preconditions for the inclusion of out-of-school youth – both in formal education *and* in life skills and HIV and AIDS awareness programmes – this is not easy to establish in the short to medium term. Moreover, while free and universal access to primary education may assist significantly in bringing school-age children into the education system, the limited provision at secondary and post-secondary level means that these children may be lost to view almost as quickly as they appear.

School Feeding

Nearly three-quarters (73%) of MoEs reported currently having a school feeding scheme in place, including 70% of high-, 67% of medium-, and 77% of low-prevalence countries. As this question allows for some ambiguity in response with regard to scale and depth, further research is required to ascertain the extent, reach, and sustainability of these schemes in concerned countries.

Policy Implications

- There is a need to relate demand to supply. While many countries claimed to have such a scheme in place, the survey provided no indication of how need has been calculated, how effectively and comprehensively this has been met and indeed, how recurrently sustainable these schemes are. Further research should be considered to qualify this position, particularly in medium- and high-prevalence countries.
- Anecdotal evidence suggests that feeding schemes may vary in quality and coverage both between and within countries. For example, school feeding programmes may be in place in a number of urban sites, while nothing is established in rural areas. A set of verifiable indicators should be established and further research undertaken at the country level to more accurately assess the situation.
- A set of country-adaptable guidelines should be developed to help quantify and geographically locate the need for school feeding programmes, according to simple and practical criteria that can be derived from any affected country. Such guidelines will support informed decision-making on the prioritised provision and extension of such schemes and enable monitoring of this support and its related impact on enrolment, retention, school health and vulnerability.

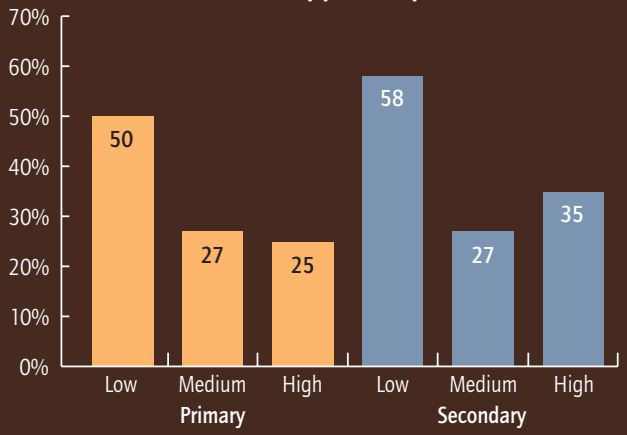
Teacher Training and Counselling Services to Support Pupils

Only 25% of high-prevalence countries were able to confirm that teacher training and counselling services to support infected learners had been provided. Together with the paucity of guidelines on universal precautions (see section p.39, Universal Precautions), this suggests a major failing in MoE system readiness. Only 38% of MoEs confirmed that (trained) counselling services, were available at most or all schools at the primary level, dropping to 25% in high- and 27% in medium-prevalence countries; the average was inflated by a 50% level in low-prevalence countries. At the secondary level the situation is somewhat better but levels are still dangerously low: 44% of all countries provide such services, or 35% in high-, 27% in medium- and 58% in low-prevalence countries.

This issue raises the question of whether the problem lies in the supply of trained counsellors or in the commitment of MoEs to fund and develop counselling services; whichever the case, this constitutes a challenge for the education system.

Policy Implications

Figure 4 • *Teacher Training and Counselling Services to Support Pupils*



- The very low level of self-reported readiness confirms that care and support has lagged behind awareness and prevention activity in the sector. Teacher training and the provision of counselling services are prerequisites for an effective response. The lack of capacity or readiness here may nullify the sum of all other efforts.
- Creative solutions to these very real problems are required as it is not as simple as targeting *every* teacher for comprehensive training – even when adequate resources are available. Operational experience and the CSS report suggest that many teachers remain uncomfortable with the issues of reproductive health, sexuality or HIV and AIDS (see p.43, Support Materials and Orientation Programmes); as a consequence, these teachers may in fact pass on mixed messages or even their own prejudices to their learners. One option is for volunteer teachers to 'specialise', mentor other teachers uncomfortable with the issue and create a cadre of committed and enthusiastic teachers capable of using good materials effectively, perhaps in clusters of schools.
- Partnerships with skilled NGOs and civil society are critical to interventions. Harnessing these skills and supplementary capacity, through the development of education sector coordinating mechanisms, has already been identified as a way forward.
- The provision of counselling is clearly a multi-sectoral challenge and could be substantively supplemented through relationships with social welfare and other ministries. A more immediate solution may lie in NGO and civil society partnerships and the design and development of training courses for volunteers to become 'para-counsellors'. In this case, NGOs with relevant expertise would provide training, materials, and supervision to local residents who would then provide basic services to local schools and even out-of-school youth.
- Taken to scale, 'para-counsellors' would be well placed to take on other linked and important tasks such as monitoring school environments and identifying existing and new incidences of orphaning and vulnerability; assisting in obtaining ID and birth certificate documentation to facilitate access to school fee exemption or social welfare grants; and liaising with welfare, health and other authorities to provide coordinated support.
- The development of models and training materials should be supported by development partners to establish a new generation of community-based, multi-task skills tailored for, and supportive of, the HIV and AIDS response.

Section EIGHT

PARTNERSHIP DEVELOPMENT IN RESPONSE TO HIV AND AIDS

The eighth part of the survey reviewed partnership development to manage and mitigate the impact of HIV and AIDS.

Identifying and Involving Partners

Nearly all (94%) MoEs confirmed that they had 'made an effort' (as opposed to had success) to identify possible partners for the fight against HIV and AIDS within the education sector. This included 95% of high-, 100% of medium-, and 91% of low-prevalence countries. All (100%) high- and most (85%) medium-prevalence countries confirmed that they have a shared strategy for their HIV and AIDS response, appearing to confirm that MoEs are moving to engage their development partners within the sector.

Nearly two-thirds (64%) of all MoEs reported making efforts to ensure that religious leaders supported the HIV prevention approach adopted by the education sector, its message and materials, including 65% of high-, 80% of medium-, and 56% of low- prevalence countries..

Almost all (99%) MoEs confirmed that they involved other government agencies or ministries (including national AIDS commissions and ministries of health) in their response, including 100% of high-, 93% of medium-, and 100% of low-prevalence countries. Nearly eight out of ten (79%) MoEs in high- and medium-prevalence countries reported involving the private sector, 99% of all MoEs reported involving NGOs, and 73% of all MoEs reported involving faith-based organizations (FBOs) and religious groups. This represents an important shift from a single-sector approach to growing reliance on strategic partners for advocacy, delivery, support, and technical assistance.

Civil society respondents complained that partnerships were more limited than the MoEs suggested, noting that they had a useful role in HIV and AIDS strategy development, curriculum design, data collection and teacher training, amongst other areas. This varied by country and by CSO – in two exceptional cases, there appeared to be either no relationship or a bad relationship between the two parties; while in the others, the MoE did acknowledge the legitimacy of the partnership coalition and reported making efforts to consult its members on policy matters. In some countries, civil society had stronger relationships with state or district-level education departments than national-level officials.

The reported depth and quality of this partnership also varied, according to civil society's view. In some countries, this relationship was viewed as one-sided, while in others, MoEs initially reluctant to involve civil society in policy matters have changed their views over time – although sometimes under donor pressure. Relationships between civil society and MoEs were often quite informal, and dependent on relationships between *individuals* rather than *institutions*. This was recognised as problematic, as it meant new relationships had to be established when there was turnover in the MoE. Education coalitions complained that MoEs often preferred partnering with the larger international NGOs, whose privileged access helped, in turn, to reinforce their control over the information, contacts and experience needed to influence policy.

Importantly, the CSS survey also found that there were very few partnerships between civil society education and HIV and AIDS coalitions, noting that in most cases, the survey offered the first opportunity for such collaboration. In addition, the potential to partner between civil society groups and teacher unions had not been adequately harnessed.

While CSOs recognised that they were well placed to provide alternative and creative forms of HIV and AIDS education (i.e. drama groups and debates), they also noted that the programmatic response has often been marred by problematic partnerships *within* civil society leading to:

- lack of coordination leading to many schools with no HIV and AIDS education and others the target of too many interventions;
- multiple messages from different NGOs leading to confusion among young people;
- limited coverage of students where programmes are in place;
- religious discourse around HIV and AIDS by FBOs, leading to a narrow focus on abstinence and a lack of discussion about, or a condemnation of, condoms; and
- poor sustainability.

Policy Implications

- MoEs were 'upbeat' about the extent of partnerships while civil society respondents were less sanguine. Obstacles reported by civil society included: the lack of recognition or consultation by MoEs; lack of coordination; limited powers and capacities of HIV and AIDS units within MoEs and will to respond to the crisis; dependency on health-related NGOs rather than education-focused NGOs; and duplication in donor-directed funding and programming.
- MoEs and CSOs should sign Memoranda of Understanding which detail institutional partnerships and coordinate school-based HIV and AIDS education programmes to allocate roles and responsibilities and put this relationship on a respectful and professional footing.
- Civil society needs to develop the capacity to coordinate and better regulate *internal* partnerships. This suggests the need for civil society coordinating mechanisms to represent it in future partnerships with key policy-makers in the sector, at every level. Development partners can offer assistance in terms of observed best practice and skills development.
- Every country needs to develop a comprehensive database of organizations involved in education and HIV and AIDS, relevant structural and resource information, the location, capacity and reach of their activity, the nature and target of their programming and their potential for expansion – both programmatically and geographically – if the current lack of information and understanding is to be addressed. Such an initiative will require sustainable management and maintenance plans and wide reach to proactively provide decision-support information to managers on every side.

Section NINE

RESEARCH GUIDING THE RESPONSE TO HIV AND AIDS IN THE EDUCATION SECTOR

The ninth and final section of the survey reviewed the role of research in guiding the response to HIV and AIDS.

Defining a Research Agenda and Commissioning Research

Only 38% of MoEs confirmed having defined a research agenda that prioritised gaps in knowledge relating to the impacts of, and response to, HIV and AIDS within the education sector. This was highest in high-prevalence countries (50%), but was only at 27% in medium-, and 35% in low-prevalence countries. Research had been commissioned to inform the education sector response to HIV and AIDS in 70% of high-, 40% of medium-, and 35% of low-prevalence countries.

7 out of every 10 high prevalence countries have commissioned research to inform the education sector response to HIV and AIDS

Policy Implications

- A pervasive theme of this report is the lack of data and information available to guide a response (see also p.27, Education Management Information Systems (EMIS)). The lack of MoE-initiated research or capacity to monitor or access research conducted by other parties – notably universities, NGOs, and international development partners, reinforces this weakness.
- The MoE information (EMIS) directorate or HIV and AIDS management units should convene meetings with research organizations and related funders to initiate the development of a prioritised national research agenda for HIV and AIDS and education in each country as a low-budget priority.
- The objective should not be to limit or constrain, but to set a publicly accessible database and request that every organization – national or international – notify the MoE of any research activity and agree to provide the outcomes. In this way, duplication may be obviated, resources better focused, and access to key information provided and shared. Additional benefits are likely to include: improved collaboration and partnership; enhanced skills transfer in public and civil society sectors; and reduced disillusionment apparent in many developing countries about being 'studied and reported' without being involved in the concept, design or research dividend.

CONCLUSIONS AND RECOMMENDATIONS

The responses provided in the GRS and CSS highlight a number of challenges and opportunities for the education sector to arrest the spread of the AIDS pandemic and manage and mitigate the impact of HIV and AIDS. Ministries and civil society, as well as members of the UNAIDS Inter-Agency Task Team on Education, will all find conclusions from the GRS and CSS of relevance and interest to their work, and will want to consider their implications and the way forward. This section presents these conclusions, by relevant section, and provides recommendations to influence future responses.

Most MoEs report having **HIV and AIDS management structures** in place with diverse and encompassing representation. The reported level of dedicated staff in the national level of MoEs in high-prevalence countries is to be commended, although many MoEs appear to continue to provide a part-time response to a full-time crisis. Despite MoE reports of sub-national HIV and AIDS structures, there is limited evidence of such bodies in place at provincial, district, and school levels; where these are in place, there is limited dedicated staff attending to HIV and AIDS management functions. Other challenges reportedly facing HIV and AIDS management structures include: isolation, lack of ownership due to donor-driven agendas, limited capacity and staff at senior levels, and inadequate resources. To strengthen these structures, MoEs, civil society and development partners may consider options including to:

- Develop illustrative models of management structures, paying attention to requisite skills sets, appropriate roles and responsibilities for members, and the benefits of wide representation, including civil society partners.
- Take a holistic approach to management and mitigation, applying available funds across a balanced agenda addressing prevention; treatment, care and support; workplace issues; and management of the response.
- Support training (e.g., planning and budgeting, management, data use for planning) opportunities at all levels, and retention and experiential growth to ensure units are providing the necessary dedicated coordinating and management functions.
- Establish dedicated, recurrent budgets and ensure adequate resources to meet HIV and AIDS management and mitigation objectives, including at the sub-national level.
- Reduce the administrative burden of the units through simpler and shared reporting systems and disbursement procedures among development partners.

With regard to the facilitation of an **enabling environment**, HIV and AIDS was reported to have been discussed publicly by senior officials and on the agenda of senior management meetings, particularly in high-prevalence countries. However, the depth, coverage, and results of such discussions require further investigation. Regulatory frameworks were available in nearly all countries, although education sector HIV and AIDS policies were strikingly absent in all prevalence categories – a major concern as the specific needs of the education sector cannot be adequately addressed in national policy frameworks or sets of guidelines. To support an enabling environment for an effective response to HIV and AIDS, MoEs, civil society and development partners can:

- Support civil society to create constructive partnership interactions with MoEs to help hold them publicly accountable to addressing the impact of AIDS on the education sector.
- Create a sectoral clearinghouse and facilitate regular meetings on HIV and AIDS in which all parties (MoEs, teacher unions, and CSOs) can lay the groundwork for more integrated and comprehensive planning and implementation.
- Support the development of educational policies with a flexible set of principled guidelines – subject to regular review and revision. The policy should be the product of an inclusive consultative process and trigger time-bound, prioritised strategic plans related to prevention; treatment, care and support; workplace issues; and management of the response.
- Mainstream HIV and AIDS strategic plans into educational policies and other accompanying strategic plans (e.g., EFA and PRSPs) for coherence and harmonisation. Planning must be realistic, creative, and include civil society and private sector partnerships.

Most MoEs reported some progress in **mainstreaming HIV and AIDS** through the development of education sector HIV and AIDS strategic plans, although civil society representatives question their timeliness, quality, coverage, depth, and potential for implementation. Low levels of integration of HIV and AIDS into MoE planning at the national and district levels suggest limited coordination and communication as well as poor monitoring of HIV and AIDS impact and response through EMIS and other decision-support systems. Many high-prevalence countries have conducted, or planned to conduct, assessments of the impact of HIV and AIDS on the education sector; further research is needed to determine how MoEs have followed up on initial assessments, repeated them, or used them as a baseline for monitoring and evaluation. To further mainstream HIV and AIDS into policy, planning, implementation, delivery and reporting, steps can be taken to:

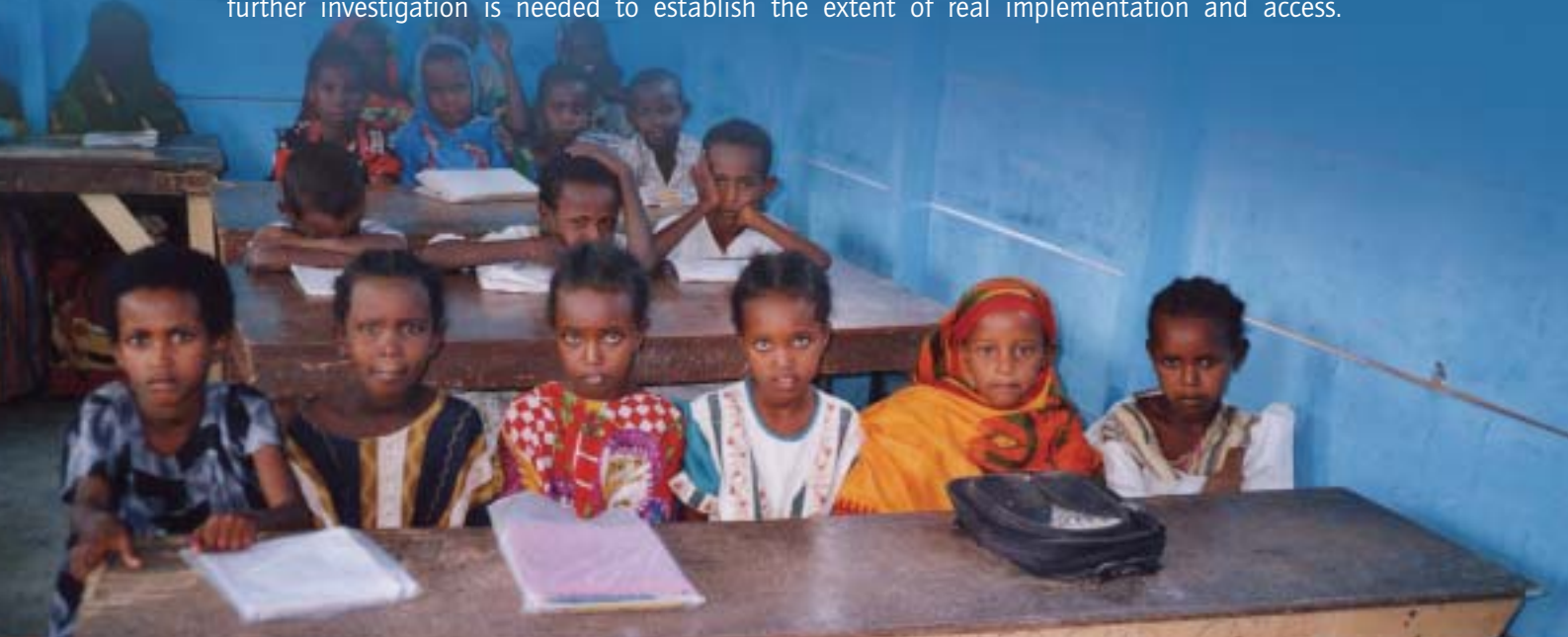
- Provide technical assistance to MoEs to develop time-bound, realistic, and comprehensive strategic plans that consider decentralised responses and factor in variations in local conditions and circumstance.
- Support sustained advocacy, capacity building and technical assistance to integrate HIV and AIDS into EMIS and other decision-support systems. High- and medium-prevalence countries should be targeted for EMIS support as a priority, including the development of sub-national systems to inform and guide a more localised understanding and response.
- Orient and train senior managers at all levels in the use of decision-support information and the importance of evidence-based policy- and decision making.
- Encourage the dissemination of assessment results to enable a more comprehensive understanding of impact and response among education sector (e.g., MoEs, NGOs and civil society) and development partners, to ensure inclusive outcomes, and to mobilise external support.

Regarding **workplace issues and human resources**, the large majority of MoEs reported having no workplace or human resource policy (including, notably a large proportion of high-prevalence countries) to minimise sector vulnerability and susceptibility to HIV and AIDS and to protect employees' rights. While most MoEs confirmed that confidentiality of information about employees affected by HIV and AIDS was enforced, similar steps have not been taken to establish non-discrimination policies with regard to recruitment, advancement, continued employment, and benefits – suggesting that many countries still have much to do to entrench the rights of those affected by HIV and AIDS.

Similarly, steps are also needed to establish mechanisms to determine the impact of HIV and AIDS on human resources and to make plans to train additional teachers as a result of increased teacher attrition. To support sustained and sustainable human resources, efforts are required to:

- Develop comprehensive workplace and human resource policies – preferably as part of the sector-wide policy – subject to regular review.
- Integrate, or at least link, operational and payroll data to capture and monitor human resource data as part of wider decision-support systems.
- Take steps to improve the quality and frequency of monitoring the impact of HIV and AIDS on human resources. Training and capacity building should be undertaken for MoE staff and civil society partners in medium- and high-prevalence countries to ensure accurate and reliable projections, sound demand and supply analyses, and the use of these data for planning purposes – particularly the gearing of teacher training in response to projected increases in attrition, where these exist.

Awareness programmes, one component of **workplace HIV and AIDS programmes**, for MoE staff at the national level were surprisingly lacking, although more widespread in high-prevalence countries. Prevention programmes were however in place in almost all high-prevalence countries, but had been implemented in less than half of medium-prevalence countries. This level of implementation, particularly in high-prevalence countries, reflects both a long-standing focus on prevention and sense of real commitment in these MoEs. But a fully comprehensive sectoral strategy also requires attention to treatment, care and support; workplace issues; and management of the response to provide context and wider awareness. Few MoEs have developed guidelines for teachers dealing with HIV and AIDS in schools, although a large number reported to have guidelines in progress – reflecting recent attention to this issue. Attention has been starkly lacking, however, in the development of universal precautions for education sector staff – a foundation stone issue. Although MoEs reported the widespread existence of VCT services, further investigation is needed to establish the extent of real implementation and access.



To help prevent the spread of the epidemic, mitigate its impact on workers, and provide social protection to help cope with HIV and AIDS, the education sector and development partners need to:

- Develop comprehensive workplace and human resource policies – preferably as part of the sector-wide policy – subject to regular review.
- Integrate, or at least link, operational and payroll data to capture and monitor human resource impact.
- Review prevention programmes to ensure quality, coverage, gender-sensitivity, and comprehensiveness.
- Develop a non-prescriptive set of adaptable guidelines on the basis of best practice to date, including appropriate training models and support materials to take the response rapidly to scale.
- Develop guidelines to establish universal precautions for education sector staff, with priority attention aimed at high- and medium-prevalence countries.
- Take the provision of VCT to scale, and establish the necessary safeguards of confidentiality, non-discrimination and non-stigmatisation of people affected by HIV and AIDS.

With regard to **HIV and AIDS and the curriculum**, MoEs reported a high level of readiness, with the overwhelming majority reporting the integration of HIV and AIDS into school curricula at the primary and secondary levels. Although this is positive, the impact of such curricula can be significantly enhanced by training teachers to use it, aided by the provision of relevant support materials; complementary efforts to address treatment, care and support; workplace issues; and management of the response would help provide a context within which the sector could plan and take more comprehensive action. Importantly, orientation programmes for teachers in life skills and HIV and AIDS are conspicuously absent – with obvious implications for the quality and coverage of the material covered. The integration of HIV and AIDS into curricula in the tertiary sector was also limited, raising questions on the ability of higher education institutions to prepare learners for their future roles as professionals, family and community members living in a world with HIV and AIDS. Further efforts to adapt curricula in response to HIV and AIDS can include efforts to:

- Mobilise technical assistance (and promote existing initiatives) to foster greater use of clearinghouses and websites to provide access to both curriculum and life skills materials, which could be reviewed and adapted at the country level. Additional resources should be allocated for local development and adaptation.
- Provide technical assistance and access to higher education institutions to incorporate best practices, materials, and curriculum guidelines in tertiary sector operations.

Regarding the availability of **responses aimed at those infected and affected by HIV and AIDS**, MoEs reported low levels of programming for OVC, although in medium- and high-prevalence countries development was reportedly in progress. Comparatively, efforts to reach out-of-school youth were high – likely due more to longstanding commitments to EFA and other international goals than to specific concerns related to HIV and AIDS *per se* among this group. Additional support mechanisms such as school feeding programmes were widely reported, although similar efforts to support teacher training and counselling services for infected pupils had not been provided. This, together with the paucity of guidelines on universal precautions, suggests a major failing in MoE system readiness. Efforts to strengthen this response include steps to:

- Support decentralised, holistic, and well-supported local responses for OVC based on multisectoral efforts by government ministries, civil society and the NGO sector, FBOs and other development partners.
- Establish life skills programmes for out-of-school youth to develop a wide range of capabilities including critical and analytical thinking, decision-making and problem-solving, stress management and coping, and communication and negotiation skills.
- Support teacher training and the provision of counselling services for learners infected and affected by HIV and AIDS, building upon existing counselling services.
- Reinforce partnerships between MoEs, NGOs, teacher unions and civil society to harness a range of skills and ensure supplementary capacity. Education sector coordinating mechanisms has already been identified as a way forward.
- Pilot creative models for a local response such as 'para-counsellors' capable of providing basic services to local schools and out-of-school youth. Ensure that training materials, supervision, and adequate support are provided to these community-based workers support the HIV and AIDS response.

While nearly all MoEs reported **partnership development in response to HIV and AIDS**, including those with other government agencies and ministries, private sector, NGOs, and FBOs and religious groups, civil society complained that the partnerships were limited, often one-sided, informal, and dependent on individual instead of institutional relationships. Moreover, partnerships *among* civil society organizations were also noted to be problematic, requiring improved coordination and collaboration mechanisms. To encourage and support partnerships to manage and mitigate the impact of HIV and AIDS, MoEs, civil society, teacher unions and development partners should:

- Establish Memoranda of Understanding which detail institutional partnerships and coordinate school-based HIV and AIDS education programmes to allocate roles and responsibilities and put relationships on a respectful and professional footing.
- Support civil society capacity to coordinate and better regulate *internal* partnerships. Development partners can offer assistance by providing observed best practice and skills development, and supporting civil society coordinating mechanisms.
- Develop a comprehensive public database of organizations involved in education and HIV and AIDS, relevant structural and resource information, the location, capacity and reach of their activity, the nature and target of their programming and their potential for expansion – both programmatically and geographically.

The lack of MoE-initiated **research** or capacity to monitor or access research conducted by other parties reinforces the conclusion that MoEs often lack data and information to guide their response. To remedy this problem, steps can be taken to:

- Convene meetings with research organizations and related funders to initiate the development of a prioritised research agenda for HIV and AIDS and education.
- Establish a publicly accessible database compiling research activities and results of related education sector partners. Development partners should channel support in the development, establishment, and maintenance of a database.

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A P P E N D I X

Countries participating in the 2004 GRS, by UNAIDS prevalence category

High-prevalence

Botswana
Burkina Faso
Burundi
Central African Republic
Congo
Côte d'Ivoire
Ethiopia
Kenya
Lesotho
Malawi
Mozambique
Namibia
Rwanda
Sierra Leone
South Africa
Swaziland
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

Medium-prevalence

Barbados
Benin
Cambodia
Chad
Equatorial Guinea
Gabon
Ghana
Guinea
Guyana
Liberia
Mali
Nigeria
Sudan
Thailand
Trinidad and Tobago

Low-prevalence

Argentina
Armenia
Belarus
Bolivia
Brazil
China
Colombia
Costa Rica
Cyprus
Egypt
Estonia
Islamic Republic of Iran
Israel
Italy
Jamaica
Kuwait
Latvia
Madagascar
Malta
Mexico
Moldova
Myanmar
Nicaragua
Niger
Papua New Guinea
Paraguay
Peru
Russian Federation
Scotland
Spain
Suriname
Turkey
Ukraine
United Kingdom
Uruguay
Vietnam

N O T E S

NOTES

PHOTOS

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EDUCATION SECTOR GLOBAL HIV & AIDS READINESS SURVEY 2004

POLICY IMPLICATIONS FOR EDUCATION & DEVELOPMENT

This report summarises and analyses the outcomes of the first international survey of education sector readiness to manage and mitigate the impact of HIV and AIDS.

Designed to help participating countries better understand the impact of HIV and AIDS on education, identify key problems and omissions in their response to date, and guide future planning and programming, the results provide an invaluable benchmark from which to measure future responses, and an unprecedented learning and advocacy process for the education sectors involved.

This work was conducted in 2004 on behalf of the UNAIDS Inter-Agency Task Team (IATT) on Education. The Global Readiness Survey (GRS) of 71 Ministries of Education was conducted by the Mobile Task Team (MTT) on the Impact of HIV and AIDS on Education, and the Civil Society Survey (CSS) of 18 civil society country-level interactions was conducted by the Global Campaign for Education (GCE). Both reports can be accessed in full from ***http://portal.unesco.org***