



United Nations
Educational, Scientific and
Cultural Organization

Education and HIV & AIDS: Bold targets; bold responses

A review of HIV and AIDS policy response and implementation in the SADC region



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Foreword

Nearly twenty years passed after the formal recognition of AIDS in 1981 before education sectors in SADC countries began to take HIV and AIDS into account. By then the epidemic was already badly affecting education systems through its impacts on teaching and managerial staff and the increasing number of orphans within communities. Spurred by the realization of this, education ministers saw that they must take radical and urgent steps to mobilize the entire education sector within their countries to respond dynamically to the disease. This report outlines the steps a number of education ministries took over the past ten years to do so.

In guiding their ministries' response to the epidemic, SADC education ministers quickly saw that they were confronted by two major tasks. First, they had to act decisively to minimize the impacts the epidemic was having on the education sector itself. Basically, this meant that they had to take steps to ensure that, faced with the AIDS crisis, the sector continued to function: it was essential that children and young people would continue to enrol and attend educational institutions; that teachers would be prepared in the numbers, content areas and skills required; that teachers and instructors would carry out their teaching responsibilities; that learning would take place; that schools would continue to operate and to develop; and that systems would work.

The second task confronting education sectors in the era of HIV and AIDS was to make full use of the potential of education to roll back the epidemic. At the World Education Forum held in Dakar in 2000, the former Director of the Joint United Nations Programme on HIV and AIDS (UNAIDS), Peter Piot, reminded delegates that 'Education can be a powerful force – perhaps the most powerful force of all – in combating the spread of HIV and AIDS'. The challenge to education ministries was to maximize the impact of education on the epidemic. This meant they had to use the system to strengthen the capacity of everybody connected with the education sector to protect themselves against HIV and its impacts. They did this mostly by incorporating HIV and AIDS issues into the curricula of primary and secondary schools, developing and disseminating relevant teaching and learning materials, and making it possible for teachers to acquire the knowledge, skills and attitudes they would need for teaching this new and sometimes controversial area.

The report that follows summarizes this 'mini-max' approach adopted by education ministries in 11 SADC countries – their initiatives to minimize the impacts of the epidemic on their education sectors while at the same time maximizing the sector's potential to control the epidemic. The HIV and AIDS education response of each country is briefly reviewed. Accomplishments are noted and inadequacies are identified. Recommendations are made, both for individual countries and for the SADC region as a whole.

As the report correctly notes, HIV and AIDS affect SADC countries more severely than anywhere else in the world. They bear the brunt of the disease and carry an exceptionally heavy burden of AIDS-related infections, illnesses and deaths. In all but two of the 11 countries that feature in this report, more than 10% of the adult population is living with HIV. This makes the region altogether exceptional, since in no other part of the world does the adult prevalence come anywhere close to 10%. UNAIDS brings out how grim the situation is when it tells us that more than one-third of the people living with HIV in 2009 resided in 10 countries in southern Africa; 31% of new HIV infections in the same year occurred in these 10 countries, as did 34% of all AIDS-related deaths. All 10 of these countries are members of SADC.

This situation is so alarming that it is potentially disempowering. But there is also good news: between 2001 and 2009 ten of the countries dealt with in this report experienced a decline of more than 25% in the rate of new HIV infections, particularly among young people. Moreover, in five of the countries (Botswana, South Africa, Tanzania, Zambia and Zimbabwe), a

significant decline in HIV prevalence among young people was accompanied by significant changes in sexual behaviour, with adolescents and young adults adopting behaviour patterns that were less likely to transmit HIV.

Clearly, more responsible sexual behaviour among young people is going hand in hand with reduced HIV prevalence. This is just the way it should be, and education, among other agencies, can take credit for this development. High risk behaviours are decreasing in those with more education and HIV prevalence is beginning to show a steep decline in those who had attended secondary school. Education is definitely showing that it can be a powerful force in combating the spread of HIV.

But education could be an even more powerful force if it used its potential to the full. Sadly, it does not appear to be doing so. The present report highlights the poor performance of school systems in communicating to students the basic knowledge required for protecting themselves against HIV infection. It is alarming and disappointing that, apart from one or two exceptions, almost two-thirds of the Grade 6 learners possessed minimal knowledge about the disease. The report records the weaknesses of monitoring and evaluation (M&E) systems and the failure to utilise the information from these to improve management and impact. It details HIV-related policies, strategies and guidelines that should have guided the development of comprehensive HIV-prevention programming, treatment and care within countries, but notes that the energy of education ministries appears to have been devoted more to the process of policy development than to the hard but essential reality of implementation.

Through these and other observations, this report brings out in stark terms that, although education ministries in SADC countries have accomplished much, they still need to be more forceful, dynamic and effective in their response to HIV and AIDS. They cannot afford to remain satisfied with what they may have achieved already. They must not allow themselves to be lulled into complacency by thinking that the education sector has responded comprehensively to the epidemic. Instead, they must acknowledge that they have come so far, but must go even further. HIV and AIDS are far from being over, above all in SADC countries. The struggle continues. And the education sector must be at the heart of that struggle if it is to live up to its ability to be a powerful force in combating the spread of HIV and reducing its impacts.

What, then, should an education ministry do? First and foremost, it should ensure the access of every child to education. There is increasing evidence in SADC countries that those who have not been to school are more vulnerable to HIV infection than those who have been able to enrol and attend. Education does not benefit those who cannot access it. And within this perspective, there is need to provide more education and training for girls. Increasing and improving educational opportunities for girls may well be the single most important contribution an education ministry can make to overcoming HIV and AIDS. Also within this framework, it is necessary to ensure that, while in school, every child gets a good education, assimilating worthwhile knowledge, skills, understandings and attitudes.

Access (and for as many years as possible) and quality – these have always been two key concerns for education ministries throughout the SADC region. Attending resolutely to them will in itself bespeak a dynamic education response to HIV and AIDS.

But more is required: better and more effective HIV, sexuality and life skills education in schools, with all the support and monitoring needed for this; more determined mainstreaming of HIV and AIDS into the core business of the entire education sector; developing capacity at every level to spearhead a proactive response to the epidemic and its impacts; extending management information systems to incorporate relevant HIV indicators and using such systems for management and programmatic purposes; integrating HIV and AIDS issues into human resources, financial and physical planning for the sector; and developing prioritized, accurate and costed plans which will be assured of implementation.

But the greatest need is for the leadership that can animate the reinvigoration of a ministry's HIV and AIDS response. The education sector would be well served if senior officers and management personnel could see – and make others see – that a society free of HIV and AIDS is possible, and that education can be a powerful force in accomplishing this. The report that follows details the steps that need to be taken. The challenge is to assimilate the message and then take action.

Professor Michael Kelly, F.J
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Introduction

During the course of 2010, UNESCO, UNICEF and the SADC Secretariat jointly commissioned the present study under a partnership initiative aimed at 'Reinvigorating education sector (EDSEC) responses to HIV and AIDS' in the SADC region. The resultant process included:

- A review of the status of EDSEC HIV and AIDS policy and strategies in 11¹ countries in the SADC region;
- A review of the status of EDSEC HIV and AIDS policy and strategy implementation;
- A review of the Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) III assessment of HIV and AIDS learning achievements;
- An assessment of the monitoring and evaluation of the HIV and AIDS EDSEC response; and
- Development of proposed core regional and global indicators.

The review of HIV and AIDS responses summarized in this report reveals that while the SADC region has made substantial progress in addressing HIV and AIDS in policies, plans and programmes, a number of challenges still remain, especially in the areas of strategic planning at a national level, policy and strategy implementation, mainstreaming and teacher preparation, delivery of life skills-based HIV and AIDS and sexuality education, and M&E systems.

This 2011 summary report is targeted at senior EDSEC decision-makers in the SADC region, particularly those responsible for education planning and budgeting.

The report contains two complementary sections, designed to present country results and recommendations:

- Part one summarizes the key issues arising from the reviews of the SACMEQ III assessment; life skills and sexuality education; country policies and strategies; implementation progress; monitoring and evaluation; and mainstreaming the HIV and AIDS response. It also makes a number of summary recommendations for the region, in addition to the country-specific recommendations made in part two.
- Part two contains two-page country briefs which detail the progress of the HIV and AIDS response in each of the 11 SADC countries reviewed. These also feature prioritized recommendations for the reinvigoration of the HIV and AIDS response in each of these countries.

The report's focus on SADC is not coincidental: as the world's most HIV and AIDS-affected region, SADC carries a disproportionate rate of morbidity, mortality, orphaning, learner vulnerability and EDSEC disruption. HIV and AIDS is therefore a SADC Regional Integration Agenda priority, confirmed by a succession of declarations and focused interventions, supported by the SADC Ministers of Education.

1 Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe

2. Part one: HIV and AIDS impact and response in SADC

2.1 HIV and AIDS knowledge in SADC: SACMEQ III Results 2007

SADC Ministers of Education have long been concerned about the lack of objective indicators needed to measure the effectiveness of HIV and AIDS prevention programmes. SACMEQ III responded by developing an HIV and AIDS Knowledge Test (HAKT) suitable for Grade 6 learners (average age 13.5 years) and their teachers, in which 86 questions addressed 43 curriculum topics concerned with 'basic knowledge required for protecting and promoting health'. The list of questions used in the HAKT are based on existing school curricula, which provides a picture of the 25 'best understood' questions and facilitates identification of curriculum gaps and those topics which need more attention. The tests were administered in 2007 to 60,000 Grade 6 learners and their teachers in over 2,500 schools in 15 SADC countries.

The challenging feature of these research results was the generally low level of knowledge about HIV and AIDS among Grade 6 learners, compared with the high knowledge level of Grade 6 teachers.

Table 1: Performance of Grade 6 learners and teachers in the HIV and AIDS knowledge test

School system	Learners						Teachers					
	Transformed score		Reached minimal level		Reached desirable level		Transformed score		Reached minimal level		Reached desirable level	
	Mean	SE ²	%	SE	%	SE	Mean	SE	%	SE	%	SE
Mauritius	453	5	17	2	2	1	698	6	98	1	63	3
Lesotho	465	4	19	1	5	1	751	8	99	1	82	3
Zimbabwe	477	5	30	2	4	1	785	7	99	0	93	2
Seychelles	488	2	25	1	3	0	789	3	99	0	95	0
Zambia	488	4	35	2	4	1	744	7	98	1	86	2
Uganda	489	4	33	2	4	1	708	9	98	1	72	3
Botswana	499	4	32	2	7	1	782	6	100	0	93	2
SACMEQ	500	4	36	2	7	1	746	7	99	1	82	2
Zanzibar	501	3	38	1	4	0	657	5	94	1	45	3
Namibia	502	3	36	2	6	1	764	6	100	1	87	2
South Africa	503	4	35	2	8	1	781	6	100	0	93	2
Mozambique	507	6	40	2	8	2	741	7	99	1	81	3
Kenya	509	4	39	2	7	1	793	8	100	0	95	2
Malawi	512	5	43	2	9	1	714	9	99	1	72	4
Swaziland	531	3	52	2	4	1	759	7	100	0	89	2
Tanzania	576	4	70	2	24	1	724	7	99	1	82	3

2 Standard error in sampling

The performance of learners and teachers was summarized in **minimal knowledge scores** (indicating whether or not respondents had mastered at least 50% of the officially-designated curriculum) and **desirable knowledge scores** (indicating whether or not respondents had mastered at least 75% of the officially-designated curriculum). Table 1 confirms the generally low-level of knowledge about HIV and AIDS among Grade 6 learners in the SADC region.

The first set of three scores in the table indicated that there were substantial differences in Grade 6 learner knowledge across the SACMEQ countries. Learner knowledge levels ranged from 'relatively higher' in Tanzania (with 70% and 24% of learners reaching the minimal and desirable knowledge levels, respectively) to 'relatively lower' in Mauritius (with 17% and 2% of learners reaching the minimal and desirable knowledge levels, respectively).

Only 36% of learners reached the minimal knowledge level, and only 7% of learners reached the desirable level. By contrast, the second set of three scores listed in the table show that Grade 6 teachers in SADC countries had high knowledge levels with respect to the HIV and AIDS prevention education curriculum. Almost all teachers in these countries reached the minimal knowledge level and around 80% to 95% of teachers in most SADC countries reached the desirable knowledge level. These results may come as a surprise to those governments, international agencies and development partners that have made substantial investments in HIV and AIDS prevention education programmes for Africa.

The research confirmed that Grade 6 learners, who are at a very vulnerable average age, do not have adequate knowledge about HIV and AIDS to guide their decisions and help protect them against infection. By contrast, the extremely high knowledge levels of most of their teachers was unexpected since it must reasonably be assumed that if teachers had high levels of knowledge, they should be able to transmit this knowledge to their learners. ***This raises important questions about teacher training (both pre-service and in-service), commitment, management and monitoring, and is an area that requires urgent attention.***

Other important findings are:

- *Within* single countries, there are large regional differences in the HIV and AIDS-knowledge level of Grade 6 learners.
- There was considerable variation in the HIV and AIDS-knowledge level of Grade 6 learners *between* schools in a given country *and* within one and the same school. This suggests that in some schools, not enough HIV and AIDS-knowledge is imparted, and in one and the same school not all primary teachers are involved in HIV and AIDS education.
- There are no significant gender differences in the HIV and AIDS-knowledge levels of Grade 6 learners and primary school teachers.
- There are no urban/rural differences in the HIV and AIDS-knowledge levels of Grade 6 learners and primary school teachers.
- Despite a high level of HIV and AIDS-knowledge, teachers have extremely high levels of fear of casual contact with a person infected with HIV.

Although the SACMEQ III research was conducted in 2007, it is yet to be publicly released by the SADC Ministers of Education at the time of the present report, what is delaying regional understanding of the problem and the implementation of remedial action.

2.2 Life skills and sexuality education

While the SACMEQ III research results confirm that life skills education has not delivered appropriate levels of HIV and AIDS knowledge to Grade 6 students, this should not prejudice the potential for the delivery of sexuality education *per se*. HIV and AIDS-related and life skills education have long been included in most school curriculums. The challenge lies in the erratic delivery of comprehensive knowledge by teachers, further complicated by their apparent discomfort in dealing with these 'sensitive' subjects. The fact that life skills are accorded limited curricula space and that HIV and AIDS, sexuality and sexually transmitted infections (STIs) are optional components in many countries means that comprehensive knowledge transmission is unlikely. The net effect, confirmed by SADC countries, is considerable discrepancy between what is planned and what is

taught. The resultant conflicting messages and limited attention to sexuality and relationship issues are often not detected, due to inadequate monitoring and evaluation of sexuality education, and the absence of any behavioural surveillance of learners.

SADC countries report that there is no systematic approach to teaching age-appropriate sexuality education to all learners, but note this varies from class to class. Many schools rely on peer educators or school clubs as the main source of sexuality education, instead of providing comprehensive, curriculum-based sexuality education. This may stem from a lack of understanding of the benefits of comprehensive sexuality education, as much as the discomfort of teachers discussing these issues with students. Yet in spite of these hurdles, SADC Ministries of Education (MoE) representatives report that in-school sexuality education programmes have increased significantly in scale, and claim that there is evidence that sexuality education is reducing new HIV infections among young people in many SADC countries.

The reality is that very little time is actually dedicated to this often-optional subject area in most curriculums, underscored by the fact that 1.7 million young people aged 10-24 years still get infected with HIV each year, with the majority in SADC and eastern and southern Africa.

These inconsistencies increase learner vulnerability and should be systematically addressed as a matter of urgency. The SACMEQ III study provides the first definitive evidence of the shortfall of efforts to communicate HIV and AIDS knowledge, and with it, the skills to avoid HIV infection. Key points and recommendations for the reinvigoration and scaling up of sexuality education in schools and communities include the need for:

- A thorough, country-by-country review of life skills education programmes in schools, based on needs of learners;
- Implementation of school system policies and national laws, making sexuality education taught by skilled teachers mandatory for each class;
- Operationalization of sexuality education guidelines to support the revision of curricula in each country;
- The use of prototype curricula that are known to work and prevent content-censoring that negates its effectiveness;
- The recurrent capacity development of school systems and teachers;
- Implementation of regular monitoring and evaluation as well as periodic behavioural surveillance; and
- Linkage of sexuality education to services within and outside schools.

2.3 M&E and HIV and AIDS-sensitive indicators

A total of 13³ SADC countries undertook a rapid assessment of M&E practices related to EDSEC and HIV and AIDS in September 2010 and made recommendations on indicator selection and data strengthening to reinforce regional EDSEC HIV and AIDS response. This was designed to shape an HIV-sensitive M&E framework in SADC and guide development of a global EDSEC HIV and AIDS M&E framework. This assessment revealed great variation in:

- The establishment and functioning of M&E units;
- The provision of HIV and AIDS-sensitive and/or routine data by Education Management and Information Systems (EMIS);
- The number and type of HIV and AIDS indicators used; and
- Country reporting on and utilisation of HIV and AIDS-sensitive indicators and country reports, including United Nations General Assembly Special Session on HIV and AIDS (UNGASS) reporting.

3 Angola, Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe

All 13 MoEs concerned confirmed that they routinely report against UNGASS indicators, while 60% indicated they report on all 7 UNGASS EDSEC indicators and the balance report on between 5 and 6 of these indicators. Only 50% of MoEs confirmed that they make general use of the data on education and HIV and AIDS generated by their M&E and information systems, while 70% said their National AIDS Commissions (NACs) used these data. A further 70% reported other stakeholders make 'general use' of the data.

The review confirmed the need to:

- Strengthen EMIS capacity and function;
- Simplify M&E systems;
- Identify a limited number of appropriate and HIV and AIDS-sensitive indicators;
- Ensure/enforce regular reporting to meet key management needs; and
- Stimulate the internal appetite for data and information at every level.

This consultative and participatory process was also designed to assist the UNAIDS Inter-Agency Task Team (IATT) on education to identify a number of proposed core HIV and AIDS-sensitive indicators for regional and global use. These are intended to be internationally relevant, similar to recognized UNGASS indicators and grounded on a solid rationale. It was agreed that these must be:

- ***Measurable, practical reliable and relevant;***
- ***Useful to management;***
- ***Direct, objective, sensitive and responsive; and***
- ***Capable of disaggregation.***

Each indicator must have detailed definitions and guidelines. Indicator collection should not be an additional burden for EMIS and should make best use of existing data collection mechanisms inside and outside MoEs. Proposed data sources include population surveys, desk reviews/interviews, programme records, National AIDS Council records and EMIS and human resources (HR) records.

As a result of this consultative process, eight global indicators and eight additional indicators were also proposed. Global indicators are those of relevance to *all* HIV-prevalence settings (e.g. generalized, concentrated and low), while additional indicators are those considered particularly relevant to generalized HIV-prevalence settings, as outlined below. Proposed indicators that are to be informed and generated by a school-based survey or the EMIS Annual Census were recommended for field-testing in selected SADC countries. At the time of this report, the field-test is ongoing in four pilot countries, including Namibia, South Africa, Tanzania and Zambia and this pilot initiative is expected to generate further recommendations by 2012 in terms of the technical merit and usefulness of each proposed indicator, as well as the capacity of MoEs to collect and analyse corresponding data for each indicator.

Proposed global and additional indicators

Global indicators are those identified for use in generalized, concentrated and low HIV-prevalence environments, and include:

Global indicator 1: *National Composite Policy Index (UNGASS #2)*

(Data Source: NCPI questionnaire)

Global indicator 2: *Percentage of educational institutions that have adopted and communicated a code of conduct for staff and students related to physical safety, stigma and discrimination, and sexual harassment and abuse.*

(Data Source: School- or college-based survey/EMIS Annual Census)

Global indicator 3: *Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year (revised UNGASS #11).*

(Data Source: School-based survey/EMIS Annual Census)

Global indicator 4: *Percentage of schools that provided an orientation process for the parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year.*

(Data Source: School-based survey/EMIS Annual Census)

Global indicator 5: *Percentage of schools with teachers who received training and taught lessons in life-skills based HIV and AIDS sexuality education in the previous academic year.*

(Data Source: School-based survey/EMIS Annual Census)

Global indicator 6: *Percentage of students, aged 10 to 24 years, who demonstrate desired knowledge levels and reject major misconceptions about HIV and AIDS [proposed adaptation/revision of UNGASS #13 inspired by the experience of the SACMEQ III HIV and AIDS knowledge Test].*

(Data Source: School-based survey)

Global indicator 7: *Percentage of young people, aged 15 to 24 years, who have had sexual inter-course before the age of 15 (revised UNGASS #15).*

(Data Source: Population-based survey)

Global indicator 8: *Percentage of women and men, aged 15 to 49 years, who have had more than one partner in the last 12 months and who used a condom during their last sexual intercourse.*

(Data Source: Population-based survey)

Additional indicators are those identified for use in generalized HIV-prevalence environments, such as the SADC region, and include:

Additional indicator 1: *Percentage of orphaned and vulnerable children aged 5 to 17 years who receive bursary support through schools.*

(Data Source: School-based survey/EMIS Annual Census)

Additional indicator 2: *Percentage of orphaned and vulnerable children aged 5 to 17 years who receive emotional/psychological support through schools.*

(Data Source: School-based survey/EMIS Annual Census)

Additional indicator 3: *Percentage of orphaned and vulnerable children aged 5 to 17 years who receive social support, excluding bursary support, through schools.*

(Data Source: School-based survey/EMIS Annual Census)

Additional indicator 4: *Percentage of education institutions that implement an HIV and AIDS workplace programme.*

(Data Source: School- or college-based survey/EMIS Annual Census)

Additional indicator 5: *Current school attendance of orphans versus non-orphans aged 5 to 17 years.*

(Data Source: Population-based survey)

Additional indicator 6: *Percentage of learners who left school permanently due to illness or death in the previous academic year.*

(Data Source: School-based survey/EMIS Annual Census)

Additional indicator 7: *Percentage of teacher absenteeism due to illness or compassionate reasons in the previous academic year.*

(Data Source: School-based survey/EMIS Annual Census or HR records)

Additional indicator 8: *Teacher attrition rate in the previous academic year.*

(Data Source: School-based survey/EMIS Annual Census or HR records)

2.4 HIV and AIDS policy and strategy review

EDSEC response to HIV and AIDS was reviewed in 11⁴ countries in the SADC region, demonstrated by the existence or availability of current HIV and AIDS policies and strategies. The purpose of the review was to analyse country preparedness and guide development towards comprehensive HIV-prevention programming, treatment and care and prioritize remedial action using a common set of simple indicators. The review established the existence, availability and status of 11 categories of policies, strategies and plans and measured how up-to-date and comprehensive each set was. Countries were given an indicative score (from 0 to 4) in each document category to help focus attention on missing, out-dated or perennially draft documents but there was no attempt to qualify the implementation status of these at this stage.

Table 2: Indicative policy/strategy scores by document category in 11 SADC countries

	Angola	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	URT Tanzania	Zambia	Zimbabwe
1 EDSEC policy framework	0	2	1	0	0	3	2	4	3	1	1
2 EDSEC strategy and action plan	2	2	4	4	3	4	4	3	2	4	0
3 National HIV/AIDS policy	2	4	3	2	4	3	0	3	2	3	1
4 National HIV/AIDS strategy	3	4	4	3	0	4	4	4	4	4	4
5 EDSEC HIV/AIDS policy	0	1	4	1	4	2	1	3	2	3	0
6 EDSEC HIV/AIDS strategy/action plan	3	3	0	4	3	3	0	1	3	2	3
7 EDSEC HIV/AIDS workplace policy	1	2	2	0	2	4	4	2	0	3	4
8 EDSEC HIV/AIDS prevention strategy	1	2	3	4	2	0	0	0	2	4	3
9 National HIV/AIDS M&E strategy	2	3	4	4	2	3	4	4	2	4	4
10 EDSEC HIV/AIDS M&E strategy	2	4	2	0	3	0	0	0	2	0	0
11 EDSEC OVC strategy	3	4	2	2	0	4	3	4	0	3	4

Scoring key:

- 0 no documentation available;
- 1 documentation available but more than 10 years old;
- 2 documentation available and relevant, but more than 5 years old;
- 3 documentation available, relevant and up to date;
- 4 documentation available, relevant and provides for future planning, budgeting, monitoring and evaluation.

Positive progress in several countries was offset by inconsistent levels of response across the region, illustrated by:

- A complete absence of key documents in some cases;
- Outdated policies and a lack of alignment due to gaps in publication dates;
- Documents in 'draft' for 10 years and more; and
- A lack of linkages between policies, strategies and plans in an integrated framework.

4 Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe

There was, however, evidence of best practice in many document categories and an opportunity for the regional adaptation and replication of these. The implications of this inconsistent response suggest the urgent need to:

- **Conduct an audit of policy and strategy implementation in every country and flag outstanding issues for action;**
- **Mainstream HIV and AIDS response in the core business of EDSEC;**
- **Review the structure, role and status of HIV and AIDS management units; and**
- **Ensure that EDSEC response is comprehensive, aligned and up to date.**

2.5 Implementation status

Lack of information on the implementation status of the region's EDSEC HIV and AIDS policy and strategy response prompted a second review in 2010 to provide insight into the extent of implementation by policy category and identify gaps still to be addressed. It also gathered information on MoE structures designed to manage HIV and AIDS response, their lines of reporting, capacity and access to internal and external resourcing. Nine countries responded with information on implementation, linked to the 11 categories of EDSEC HIV and AIDS policy and strategy used in the initial policy review. Many new documents emerged in this second review, and estimations of implementation progress by country ranged between 35% and 100%, averaging 65% across the SADC region. This provided a sobering insight into assumptions about policy and strategy availability. In fact, even these estimations may be less impressive than they appear, since country estimates of implementation were only provided, on average, in about 60% of policy categories.

On a positive note, the review confirmed that most policy documents were less than five years old, with few older than eight years. **The list of issues not yet implemented (by policy and strategy category) was extensive, and provides a 'shopping-list' for prioritized intervention.** Reasons cited for low levels of implementation in some instances by MoE representatives include the lack of:

- MoE capacity and resources;
- Systems and technical skills;
- Leadership and guidance;
- Functional M&E and reporting systems; and, most importantly;
- Effective and empowered HIV and AIDS management units to mainstream response.

In terms of resources, every country reported the involvement of bi- and multi-lateral donor partners, while some also reported significant budget contributions from internal sources. **However, not one country reported having sufficient funds to support their response agendas and some countries noted bureaucratic delays in the release of funds, competing budget agendas and the selective diversion of funds to other projects.** MoE representatives also confirmed that HIV and AIDS attention is largely focused on programmatic responses rather than the systemic mainstreaming of HIV and AIDS response, which appears still to be largely misunderstood, misinterpreted or ignored.

The review confirmed that while key national and EDSEC documents might be more up-to-date than expected, large gaps in the framework and structure of the response remain, as do critical challenges of capacity and sustainability. Country representatives developed a comprehensive list of requirements to remedy this, but did not address the repetitive loss of skills from country HIV and AIDS (and EMIS) management units.

A series of recommendations emerged from the engagement with SADC MoE officers and representatives. These centred on three important interventions, including:

- *The coordination of partner interventions and funding to address agreed priorities (confirmed by these reviews) and simplifying and accelerating of funding flows.*
- *The need for advocacy presentations to country Councils of Ministers, Heads of Departments and education ministers, to 'market' HIV and AIDS mainstreaming and reinvigoration of the EDSEC response.*
- *Review the SADC framework for EDSEC HIV and AIDS response, which should detail:*
 - Fresh guidelines for mainstreaming HIV and AIDS response, based on an agreed definition, across the management and teaching functions of MoEs, optimally with illustrative models;
 - Core issues for inclusion in EDSEC HIV and AIDS response;
 - The 'professionalization' of EDSEC HIV and AIDS management units and their personnel, including terms of reference for optimal skills sets, systems and capacitation;
 - Development of a regional training facility with recognised certification for these and other (e.g. EMIS and M&E) MoE professionals;
 - Regular regional symposia to share best-practice models in key EDSEC HIV and AIDS response categories; and
 - Plans to provide practical training workshops on programme costing, budget development and reporting.

Of particular significance, a central theme emerging from these process steps is the need to mainstream HIV and AIDS into the routine functions of EDSEC operations. This is strategically important for two key reasons: First, regional evidence suggests that the development of separate and parallel HIV and AIDS policies in EDSEC has isolated response from the mainstream management of education and reduced its effectiveness over time. Second, given the likely and projected decline in dedicated resources for EDSEC HIV and AIDS response, it is critical that this response is integrated into the recurrently funded routine functions of the education system itself. It is therefore necessary to develop a fresh definition of mainstreaming to ensure universal understanding and use this to reinvigorate EDSEC HIV and AIDS strategies and sustained response.

2.6 Redefining and implementing a mainstreaming approach

After three decades of faltering response, there is a need to recognize and reaffirm HIV and AIDS as a systemic management problem for education. The most pragmatic solution is to mainstream HIV and AIDS response into a single EDSEC policy and strategy framework, and implement these as part of routine MoE management function at every level.

A programmatic focus and 'transfer of responsibility' to HIV and AIDS management units has also obscured the reality that HIV and AIDS should be *everyone's business* in EDSEC. There has not been enough emphasis on HIV and AIDS-sensitive data to inform management decision-making and by not harnessing EMIS and M&E links, real understanding of the importance of HIV and AIDS impact, reporting and awareness has been limited. Notably, mainstreaming is part of the core agenda of SADC Member States and so has been acknowledged as an integral part of SADC's EDSEC mandate. However, there is widespread confusion around

what mainstreaming means, with quite different interpretations across the region. It is therefore strategically important to ensure a common understanding and agree on a standard definition for use in SADC. The following working definition was suggested and adopted by the review workshop for regional use:

Mainstreaming means the integration of a comprehensive and coordinated HIV and AIDS response agenda into national EDSEC policy and strategy to ensure that HIV and AIDS management becomes the shared responsibility of every teacher and EDSEC manager at every level.

Acceptance of this definition of mainstreaming has important implications and will require the following actions in every country accepting this approach:

- A national EDSEC policy and strategy review, leading to the integration of HIV and AIDS mainstreaming;
- Recognition of HIV and AIDS impact as a systemic management issue;
- Redefinition, redesign and elevation of the HIV and AIDS management unit (HAMU) role to empower it to effectively coordinate, monitor and report on mainstreaming at strategic level;
- Sensitization of EMIS and M&E systems to report on relevant indicators of policy and strategy implementation and its progress and outcomes;
- Revision of relevant MoE job descriptions and terms of reference (ToR) where necessary to identify and incorporate routine HIV and AIDS-related management functions;
- Identification and replication of regional best practice, frameworks and templates;
- Redesign and reconfiguration of integrated MoE budgets and resources flows to integrate internal and external resources and apply these effectively to HIV and AIDS response.

Mainstreaming will fundamentally affect certain specific functions and divisions of country MoEs, including:

- Cross-cutting policy issues, including HIV and AIDS, curriculum development, guidance and counselling, inclusive education and OVC;
- General policy issues, including admission criteria, disciplinary code, abuse, etc.;
- Sub-sectors, including early childhood care and education (ECCE), primary and secondary education, technical and vocational education and training (TVET), tertiary and higher education, teacher education and training and non-formal and continuing education.
- HAMU structure and role;
- EMIS (particularly in regard to the collection of HIV and AIDS-sensitive data and indicators), analysis and research;
- Monitoring, evaluation and reporting (focusing on agreed indicators of HIV and AIDS impact and response);
- Resource allocation and budgeting; and
- MoE organogram and structure (to make explicit lines of reporting and communication).

2.7 Reinforcing response: summary recommendations

Country working groups convened during the 2010 SADC consultation to consider the issues and challenges facing their EDSECs and identify a comprehensive set of options designed to reinvigorate the HIV and AIDS response. Several recommendations were identified and can be clustered into six thematic areas, with summary recommendations as follows:

2.7.1 Advocacy and leadership

- Identify key EDSEC leaders and champions and 'market' the reinvigoration of the HIV and AIDS response with a focus on mainstreaming;
- Empower these leaders and champions to be properly informed role models and establish standards of excellence for leadership and accountability in SADC;
- Acknowledge the key enabling role of country ministers – particularly those of finance, planning and health – and cultivate their support through evidence-informed advocacy;
- Involve and consult all key interest groups and stakeholders.

2.7.2 HIV and AIDS and sexuality education

- Advocacy for benefits of comprehensive sexuality education and build on basics that already exist;
- Prioritize involvement of young people;
- Focus on curriculum content and ensure that a comprehensive approach is followed;
- Invest in good quality and increased coverage of teacher training;
- Advocacy to build community level support for roll-out and reduced resistance to sexuality education;
- Leverage support from civil society and development partners.

2.7.3 Capacity development

- Prioritize capacity development, skills retention and resourcing of HAMU and EMIS;
- Develop systems at every level to reduce dependency on limited human resource capacity;
- Link function, training and capacity development of HAMU, EMIS and M&E personnel;
- Decentralize implementation plans and systems to regional/district levels.

2.7.4 Mainstreaming

- Agree and adopt a regional and national definition of mainstreaming;
- Recognize and address HIV and AIDS as a systemic management problem for EDSEC – and not a disassociated public health problem;
- Hold national and inclusive policy review workshops to update and revise EDSEC policies and strategies to mainstream the HIV and AIDS response in line with existing policy deadlines and requirements;
- Integrate the HIV and AIDS response across all EDSEC sub-sectors as a systemic and routine management function and revise relevant job descriptions and ToR;
- Convene regular seminars and training workshops to review and adapt regional models of best practice;
- Merge external and internal resources into a single EDSEC budget to integrate the HIV and AIDS response in routine sector functioning;
- Set non-negotiable time-frames for mainstreamed policy implementation and regularly monitor objective-linked progress.

2.7.5 Prioritized implementation planning

- Develop prioritized and accurately costed realistic policy implementation plans;
- Integrate the HIV and AIDS response planning into wider EDSEC cycles and plans to mainstream activity and ensure routine response activity;
- Define which ministries, sub-sectors and NGOs collectively constitute EDSEC and define and agree on roles and responsibilities;
- Establish internal and external resource availability and analyse budget cycles, conditionalities and commitments;
- Review country policy implementation reviews to identify prioritized issues flagged as outstanding, as a development 'shopping list'.

2.7.6 M&E, data collection and reporting

- Address the functionality and reinvigoration of EMIS to ensure a regular flow of reliable data and management information to provide and support M&E indicators;
- Ensure generation of functional and regular M&E reports;
- Agree on a limited set of simple indicators for national and regional use;
- Identify the best communication channels and use them regularly to inform and empower decision-makers.

2.8 Concluding comments: bold targets; bold responses

This summary document paraphrases a year-long engagement with SADC countries designed to confirm the status of their HIV and AIDS responses and prioritize issues for action. Underpinning this summary are a wealth of documents that capture the detail of many positive achievements – indeed regional models of best practice – as well as a litany of challenges that lie ahead. These challenges represent bold targets and require bold responses.

The overarching challenge is to deliver on often excellent policy promises: sustained implementation of these agendas has emerged as the key to a comprehensive HIV and AIDS response. Linked to this is the need to capture reliable and up-to-date data on system performance as a means to monitoring and reporting this HIV and AIDS response and demonstrating the success of prioritized implementation.

This success also depends on an appreciation that HIV and AIDS impact is a systemic management challenge for EDSEC. Response to it must be seen in the context of system-wide management, and the mainstreaming of the HIV and AIDS response into the routine functions of the system. To separate HIV and AIDS into a ‘special’ category with parallel policies and programmatic activities is to isolate it from the business of education, where it in fact belongs. This appreciation requires MoEs to take a bold position on HIV and AIDS as a management issue of direct concern to education, and not dismiss it as a public health issue of passing interest. The reality is that education holds the key to prevention and the assurance of an HIV-free generation in the SADC region, and it must rise to this challenge with all the resources it can muster.

In her concluding remarks to the September SADC colloquium summarized by this report, the regional chair, Namibia, (represented by Ms Felicity Haingura) noted:

‘Consensus has been reached on the need to mainstream HIV and AIDS in SADC countries to effectively address HIV prevention, care and support through learning institutions. SADC countries have a better understanding of what needs to be done – or done differently – to reinvigorate the HIV and AIDS response in EDSEC. We have agreement on a minimum set of indicators which will form the basis of an M&E framework for EDSEC response in SADC. And we have unilaterally and clearly agreed to promote an evidence and results-based approach to HIV and AIDS management by Ministries of Education.’

‘We must move good policies out of draft and into practice. We must identify our HIV and AIDS response priorities and engage our partners for technical support in capacity-building, planning and programme development. And we must make use of the SACMEQ results to advocate for change and market a reinvigorated response to HIV and AIDS impact on our education systems.’

3. Part two: SADC country briefs

Angola



3.1 Angola country summary, July 2010

3.1.1 Country background statistics 2009

- Adult (aged 15-49) HIV prevalence: 2% (generalized epidemic: 1.9% in 2001);
- Total population 13,068,000; 43% children (aged 0-14);
- Children of primary school age not in school: 44%;
- Literacy rate for young people (aged 15-24): 73%.

3.1.2 Review of policy/strategy documents by category

EDSEC policy framework

No EDSEC policy or policy framework was available for review but discussions are under way about the development of a comprehensive policy. No implementation can be reported.

EDSEC strategy and action plan

No EDSEC strategy or action plan was available for review, but during the September 2010 implementation review, the Angolan MoE indicated that an EDSEC strategy was in fact developed in 2006 and has been 80% implemented and that only the M&E component has yet to be developed; the delay is due to the lack of financial and human resources. EDSEC in Angola is governed by the MoE's *Medium-Term Development Plan*, designed to promote human and educational development through education and lifelong learning. Focus areas include literacy; early childhood development (ECD); access to free compulsory primary education; gender equity; technical and professional education; repetition rates; capacity development; preventive health and HIV and AIDS programmes; and curricula and methodology development adaptation to Angolan needs.

National HIV and AIDS policy

No national HIV and AIDS policy was available for review but a NAC was established in 2003. The NAC's role is to advocate an accelerated response to ensure the engagement of all sectors in responding to HIV and other major diseases. In 2003, the National Institute for Combating HIV and AIDS (INLS) was established to coordinate the technical response to HIV and AIDS. The 2004 *HIV and AIDS Law and National Strategy* regulate the area of HIV and AIDS and protect equal rights in the workplace; implementation is unknown but there is some concern that there are no 'regulations' underpinning this law.

National HIV and AIDS strategy

HIV and AIDS priorities are outlined in the country's *National Strategic Plan for 2007-2010*, which has three main objectives: strengthening national capacity to respond; stemming the growth of the HIV epidemic; and reducing the impact of HIV and AIDS on the individual, family and community. The primary prevention focus is on the

use of condoms, curricular programmes and the needs of vulnerable groups. The MoE cites a 2006 *National HIV and AIDS Strategy* and estimates this to be 90% implemented. The outstanding component in this is a national communications strategy, which has been delayed due to lack of resources, technical support and 'weak leadership' among implementing partners.

EDSEC HIV and AIDS policy

No EDSEC HIV and AIDS policy was available for review, although discussions are reportedly under way to facilitate the development of a comprehensive policy.

EDSEC HIV and AIDS strategy/action plan

An *EDSEC HIV and AIDS Strategy (2006-10)* has been drawn up and approved by the MoE and INLS. However, a UNESCO report says that 'the education strategy on HIV and AIDS is not known to key stakeholders and to those who will be responsible for its implementation. The document itself is lengthy and would benefit from shortening and editing for clarity. This version could then be widely disseminated to key stakeholders at different levels. This would enhance the sense of ownership and garner further commitment to the education response'. HIV and AIDS are being mainstreamed across the curriculum in the ongoing process of educational reform and related content is being integrated into education materials for primary and secondary education.

EDSEC HIV and AIDS workplace policy

No EDSEC HIV and AIDS workplace policy was available for review. The MoE has indicated that while this area is governed by the *EDSEC HIV and AIDS Strategy*, it has 'very limited specifications related to the workplace'. In this regard, the MoE cites a *Government Decree 43/03*, which is a 'generic public and legal instrument regulating HIV and AIDS in public and private workplaces' and claims that it is 80% implemented.

EDSEC HIV and AIDS prevention strategy

No EDSEC HIV and AIDS prevention strategy was available for review, but a guiding framework is extensively addressed in the *National Communication and Prevention Strategy*, which is 'an integral part of the forthcoming new national HIV and AIDS strategy'. Nevertheless, the MoE claims that implementation is 40% complete.

National HIV and AIDS M&E strategy

No national HIV and AIDS M&E strategy was available for review, but the MoE cites a 2006 strategy, which it describes as 'an integral part of the *National HIV and AIDS Strategy*'.

EDSEC HIV and AIDS M&E strategy

No EDSEC HIV and AIDS M&E strategy was available for review, but again, a guiding framework is apparently extensively addressed in the 2006 *National Communication and Prevention Strategy*. There is no indication of implementation status.

EDSEC OVC strategy

No EDSEC HIV and AIDS OVC strategy was available for review, but the MoE reports that a 2009 draft document, developed by the Ministry of Social Welfare, is with Cabinet for approval. This reportedly includes provision for improved access to school services and a functional OVC database already exists in nine provinces. No other estimate of implementation is available.

3.1.3 Summary comments and observations

The absence of many documents and limited availability of English language versions of others is a major complication in analysing Angola's EDSEC HIV and AIDS response. The establishment of NAC, INLS and publication of the *National Strategic Plan for 2007-2010* are important steps in the right direction. Many of the objectives identified in available plans are laudable, as is the focus on prevention, but implementation and policy and planning awareness appears to be an ongoing issue. The difficulty of mounting a sustainable HIV and AIDS response when many aspects of education delivery are themselves dysfunctional is a major challenge, although the availability of regional models of best practice may open the way to rapid adaptation or replication.



3.2 Botswana country summary, revised July 2010

3.2.1 Country background statistics 2009

- Adult (aged 15-49) HIV prevalence: 24.8% (generalized epidemic: 26.3% in 2001);
- Total population 1,882,000; 32% children (aged 0-14);
- Children of primary school age not in school: 10%;
- Literacy rate for young people (aged 15-24): 94.1%.

3.2.2 Review of available policy/strategy documents by category

EDSEC policy framework

A draft EDSEC policy was published in February 2010 with the goal of 'assisting schools to play a fuller role in reducing the spread of HIV and AIDS and raising awareness', *but* deals with HIV and AIDS mainly as a health issue. It notes the need for teachers to play a role in awareness-raising and stigma reduction, but is thin on HIV and AIDS response management and does not provide a comprehensive framework or agenda for action.

EDSEC strategy and action plan

The draft EDSEC strategic plan mirrors the approach of the draft policy, including its limited attention to HIV and AIDS response. Its single proposed action is to assist schools to play a fuller role in reducing the spread of HIV and AIDS. It sensibly recommends teacher education as part of their professional development programme, with the aim of 'enabling them to engage in HIV and AIDS reduction'. This is commendable, but does not address a comprehensive response to this major systemic challenge and needs review if it is to guide responses to the HIV and AIDS impact.

National HIV and AIDS policy

The 1993 *Botswana National Policy on HIV and AIDS* has been replaced by *Draft Version 10* of 2006. This well-reasoned policy is pragmatic about national and multi-sectoral policy and strategy coordination and clear about the need for a comprehensive legal framework. It is very accessible, sets out well-structured objectives and guidelines for coordination and accepts mainstreaming as an appropriate multi-sectoral strategy. While the *National HIV and AIDS Policy* does not refer to EDSEC *per se*, it provides a good coordinating framework within which EDSEC policy can be developed. Moreover, its comprehensive coverage of the key response issues places it among regional models of best practice.

National HIV and AIDS strategy

This details the *National Strategic Framework (NSF) 2003-09* within Botswana's Medium-Term Plan 2 (MTP2). It specifies the responsibility of the Ministry of Education (MoESD) to mainstream HIV and AIDS in all aspects of teaching and training, and proposes five medium-term goals: prevention of HIV infection; provision of treatment, care and support; management of the national response to HIV and AIDS; psycho-social and economic impact mitigation; and provision of a strengthened legal and ethical environment. It also outlines M&E and budget requirements by category of activity.

EDSEC HIV and AIDS policy

The 2008 *Policy Statement* acknowledges the MoESD 'has a major responsibility to reduce the spread of HIV infection by addressing HIV and AIDS in its education programmes' and says 'this will be done through infusion/integration of HIV and AIDS issues in the school curriculum and related training of the teaching force'. It also creates a post to coordinate, develop, implement and network HIV and AIDS management and coordination, but its policy guidelines are limited.

EDSEC HIV and AIDS strategy/action plan

Four EDSEC and sub-sector HIV and AIDS strategy documents address HIV and AIDS response. Two older documents (2001-2003) give good coverage of the issues, focus on implementation and provide a thorough analysis of the HIV and AIDS situation – but need updating if they are to be of use. Of the two newer documents, the 2009 MoESD's HIV and AIDS Coordinating Office's *Coordination Guidelines of HIV and AIDS and Wellness Programmes in the Education Sector* identifies all the policies, frameworks, codes, protocols and other principled instruments that anchor these guidelines, and emphasizes prevention. These guidelines recognize the need for a sector-wide HIV and AIDS coordination role, focus on mainstreaming response into departments and institutions, and the need to decentralize response. The *HIV and AIDS and Wellness Division Strategy Map* provides detailed, objective-linked action plans, which confirm that the HIV and AIDS response enjoys a robust, outcomes-based management approach – which must be applauded.

EDSEC HIV and AIDS workplace policy

No EDSEC HIV and AIDS workplace policy was available for review, although there is extensive reference to the need for workplace programmes in the 2003-09 NSF, which signals the planned mainstreaming of an HIV and AIDS response into a single strategy instrument. The 2001 *Public Service Code of Conduct on HIV and AIDS in the Workplace* is available but is 10 years old and requires revision or replacement.

EDSEC HIV and AIDS prevention strategy

While no standalone HIV and AIDS prevention strategy was available for review, there was extensive reference to prevention strategies and plans within the 2003-09 NSF, albeit with little detail or implementation guidance. It is noted that the *Draft National EDSEC Policy* also has little to say about prevention or indeed about a comprehensive HIV and AIDS response in general.

National HIV and AIDS M&E strategy

Botswana's *HIV Response Information Management System (BHRIMS) 2003-09* has been developed as a health-focused guide to indicators, implementation, costing and action planning, with little linkage to EDSEC inputs or needs. There is laudable emphasis on data consolidation to facilitate impact analysis and timeous reporting nationally, but limited emphasis on the EDSEC role and its importance, leaving a sense that HIV and AIDS is seen as a public health issue.

EDSEC HIV and AIDS M&E strategy

No EDSEC HIV and AIDS M&E strategy is to hand, but the 2008 *National M&E Framework for Orphans and Vulnerable Children* (Ministry of Local Government/Department of Social Services) is a comprehensive M&E framework which contains all the tools required to operationalize the system and sets a new standard in regional M&E systems. The *Teacher Capacity Building Project Monitoring and Evaluation Plan 2002* is also intended to mainstream the Teacher Capacity Building Project into MoESD's HIV and AIDS response, document lessons learnt, benchmark best practice, and provide the tools and mechanisms to achieve this.

EDSEC OVC strategy

There is no attention to OVC strategy in the 2003-09 NSF or in the draft 2010 *EDSEC Strategy*, but the 2008 *National M&E Framework for Orphans and Vulnerable Children* provides good strategic guidance. In a multi-sectoral context, EDSEC has to be clear about its OVC role, which should be directed at identification, database development, data-sharing and tracking. The development, maintenance and management of such a database is the key to mobilizing multi-sectoral support, including provision of feeding schemes, counselling, document access and family-unit support. This document provides the means to capture data and use it to uplift and support OVC and ranks as a model of innovative best practice.

3.2.3 Summary comments and observations

The recent drafting of new documents has helped align Botswana's HIV and AIDS response, but there is still a need to update several more, notably in the area of EDSEC HIV and AIDS strategy. The number of uncoordinated and sometimes contradictory documents available reinforces the need for policy consolidation: one comprehensive EDSEC policy, which *mainstreams* the HIV and AIDS response, could effectively eliminate the need for several others and make space for a *limited* number of focussed sub-sector policies. The coverage and limited treatment of HIV and AIDS in the (new) draft EDSEC policy and strategy should be reconsidered before publication to obviate the risk of damaging the enabling environment a comprehensive policy should provide. On balance, while there is some catching up to do, Botswana's EDSEC HIV and AIDS response is multi-dimensional and well structured, with some outstanding high notes.



3.3 Lesotho country summary, February 2010

3.3.1 Country background statistics 2009

- Adult (aged 15-49) HIV prevalence: 23.6% (generalized epidemic: 24.5% in 2001);
- Total population 2,008,000; 37% children (aged 0-14);
- Children of primary school age not in school: 27%;
- Literacy rate for young people (aged 15-24): unknown; regional average: 72%.

3.3.2 Review of available policy/strategy documents by category

EDSEC policy framework

The *Education Act No. 10 of 1995* under review frames EDSEC policy issues in regulatory terms and makes no reference to HIV and AIDS or any contextual issues. The development of the *2005-15 EDSEC Strategic Plan* has supplemented this Act with detailed operational guidelines and may well be regarded as a more relevant policy framework.

EDSEC strategy and action plan

The *Lesotho Education Sector Strategic Plan 2005-15* is comprehensive and projects activities and costs through 2015. It addresses HIV and AIDS at every level of the system and as a cross-cutting issue. While it emphasizes M&E and reporting, the very detailed implementation log-frame fails to identify any HIV and AIDS-related action or assign responsibility for this. However, the quality and depth of this plan goes a long way to supplementing the Education Act noted above.

National HIV and AIDS policy

The *2006 NAC-Generated National HIV and AIDS Policy* links with the *2006-11 National Strategic Plan and M&E Strategy* and thus provides a good degree of synergy and linkage in these strategically important areas. While it is comprehensive, it pays little attention to the importance of the education sector and fairly limited attention to multi-sectoral coordination; but on balance, it is fairly up to date and effective in terms of background, rationale and policy response.

National HIV and AIDS strategy

The consultative *Lesotho 2006-11 National HIV and AIDS Strategic Plan* links very well to the *National HIV and AIDS Policy* and is goal/objective-driven with solid implementation guidelines. The document identifies key focus areas, response coordination, cost implications, resourcing and tracking/measurement of implementation, and is an effective complement to the policy.

EDSEC HIV and AIDS policy

The draft *2007 EDSEC Policy on HIV and AIDS* reflects regional best practice and coherently addresses guiding principles; implementation guidelines; policy goals; and response management. It also addresses the contextual and legal framework for this policy, but most importantly examines factors critical for successful implementation, monitoring and reporting. While it still appears to have draft status, the policy is comprehensive and links well to other policy and strategy documents.

EDSEC HIV and AIDS strategy/action plan

There was no specific EDSEC-specific strategy available, although the *National HIV and AIDS Policy* links with the 2006-11 *National Strategic Plan* and serves as a guiding framework. This absence may be addressed by the attention to factors critical for implementation contained in the *EDSEC HIV and AIDS Policy* cited above. However, the lack of an EDSEC strategic plan is a weakness that should be remedied as soon as possible within the context of a wider national response.

EDSEC HIV and AIDS workplace policy

No EDSEC (or even national) HIV and AIDS workplace policy was available for review, although the *Lesotho Education Sector Strategic Plan 2005-15* covers many practical aspects of measuring and responding to the impact of HIV and AIDS in the workplace. However, there is an urgent need for an empowering legal framework to address of HR-related HIV and AIDS issues within a wider EDSEC workplace policy.

EDSEC HIV and AIDS prevention strategy

While a comprehensive document on *HIV Prevention Response and Modes of Transmission Analysis* was published in 2009, there is very limited direction available for EDSEC and no separate sector-specific strategy. However, the 2007 *Draft EDSEC HIV and AIDS Policy* contains two pages of EDSEC-focused strategies, which qualifies as an important starting point for action.

National HIV and AIDS M&E strategy

The *National HIV and AIDS M&E Plan 2006-11* is an up-to-date and comprehensive plan which describes a systemic approach to M&E response in management and coordination; prevention; treatment, care and support; and impact mitigation. It deals with data sourcing and management; identifies the importance of reporting; and also identifies a number of EDSEC-related indicators and data requirements, compensating for the lack of EDSEC strategy.

EDSEC HIV and AIDS M&E Strategy

No EDSEC HIV and AIDS strategy was available but some context is available in the national strategy above.

EDSEC OVC strategy

Given that orphaning rates of around 35% of gross enrolment are being reported in schools, the fact that there is no apparent OVC strategy is a serious issue. While it is addressed under impact mitigation in some detail in the 2007 *Draft EDSEC Policy on HIV and AIDS*, this hardly acknowledges the seriousness of the situation and thus suggests the need for urgent attention to complete Lesotho's otherwise impressive set of linked policy and strategy documentation on HIV and AIDS.

3.3.3 Summary comments and observations

Lesotho has a well-advanced set of complementary and largely synergistic policies and strategies available, albeit with some important omissions. The three most important of these available are the *Lesotho Education Sector Strategic Plan 2005-15*, the *Lesotho 2006-11 National HIV and AIDS Strategic Plan* and the (draft) *2007 EDSEC Policy on HIV and AIDS*. Together, these policies and strategies provide a solid basis for mounting and systematizing HIV and AIDS response, but may be hampered by the lack of legal and guiding frameworks of the kind normally found in a national EDSEC policy. While there is some compensation in other contextual documents for the lack of EDSEC-specific policy/strategy in the areas of workplace/HR, prevention, M&E and OVC, the absence of these should be regarded as a strategic opportunity for Lesotho to schedule a policy review to bring its EDSEC response framework up to the cutting-edge – and integrate all of these into its wider EDSEC policy and strategy. That said, the progress made in terms of documentation will mean little if implementation, monitoring and reporting is not taken seriously.



3.4 Malawi country summary, February 2010

3.4.1 Country background statistics 2009

- Adult (aged 15-49) HIV prevalence: 11.0% (generalized epidemic: 13.8% in 2001);
- Total population: 13,925,000; 43% children (aged 0-14);
- Children of primary school age not in school: 15%;
- Literacy rate for young people (aged 15-24): 83%.

3.4.2 Review of available policy/strategy documents by category

EDSEC policy framework

No EDSEC policy was available for review and there is some ambivalence about the assumption that this is contained in the *Malawi National EDSEC Plan 2008-17* ("A Statement"). While this is clearly not a policy document, it contains some elements expected in a policy and is more appropriately reviewed under the EDSEC strategy and action plan below.

EDSEC strategy and action plan

While the *Malawi National EDSEC Plan 2008-17* sets out goals, objectives and financial implications, it does not attempt to detail a blueprint for action or deal with HIV and AIDS to any real extent. The plan acknowledges the lack of implementation capacity but identifies programme-linked indicators for verification in an ambitious M&E framework. It also sets out a 10-year budget by activity but notes that full implementation will be dependent on extensive donor support.

National HIV and AIDS policy

The *2003 National HIV and AIDS Policy* is multi-sectoral and fairly thorough but light on M&E, costing/funding and implementation. It enjoins government to ensure every sector is involved in the national response but does not identify any specific role for EDSEC. It provides a reasonable context for development but may benefit from updating, review and finalization.

National HIV and AIDS strategy

The (draft) *National HIV and AIDS Action Framework (NAF) 2005-09* replaced the *National HIV/AIDS Strategic Framework 2000-04*, which it reviews, and deals with all the relevant issues. This NAF is built on eight focus areas, which include M&E, resource mobilization and tracking, policy coordination and planning. The logframe shows cost and risk assumptions and the strategy identifies related policies under the umbrella of *Vision 2020*, making important links.

EDSEC HIV and AIDS policy

No EDSEC HIV and AIDS policy was available for review and it is assumed that Malawi's Ministry of Education (MoEST) has subsumed its policy approach into its *2009-12 EDSEC HIV and AIDS Strategic Plan*, reviewed below.

EDSEC HIV and AIDS strategy/action plan

The *2009-12 EDSEC Strategic Plan* is a comprehensive document aligned to MoEST's four thematic areas of intervention. It details a decentralized implementation plan and gives attention to prioritization, resource mobilization and M&E, as well as costing of key activities. In the absence of an EDSEC HIV and AIDS policy, this serves as an effective framework for action and direction.

EDSEC HIV and AIDS workplace policy

No EDSEC HIV and AIDS workplace policy was available for review, nor was there evidence of a national HIV and AIDS workplace policy. The HIV and AIDS workplace policy and strategy did not warrant much attention in any of the other documents under review, implying that this is an area requiring urgent attention to assure EDSEC HR of a viable legal framework.

EDSEC HIV and AIDS prevention strategy

Malawi not only has an up-to-date *National HIV Prevention Strategy (2009-13)*, but also a *2008-12 National Plan of Action for SRH and HIV Prevention Initiatives for Young People* – effectively an EDSEC prevention strategy. This is a regionally-unique position and locates HIV prevention in a Sexual and Reproductive Health (SRH) context. Moreover, this young people (EDSEC) strategy has an excellent implementation plan and funding budgeted by strategic objective. While this could link better into EDSEC *per se*, it does rank as a model of regional best-practice.

National HIV and AIDS M&E strategy

This very professional and comprehensive *National HIV and AIDS M&E Plan 2006-10* provides important context for EDSEC without detailing EDSEC's role or responsibilities. It also places great emphasis on reporting and information products as well as dissemination to stakeholders. Assuming implementation, this too is on the regional cutting edge, albeit light on EDSEC's role.

EDSEC HIV and AIDS M&E strategy

No EDSEC HIV and AIDS M&E strategy was available for review but the national strategy provides useful direction and context to guide sector strategy development.

EDSEC OVC strategy

There is a comprehensive, principled and goal-driven *OVC Strategy (2003)* with integrated action planning linked to policy objectives. This provides useful context and rationale, and emphasizes the need for a legal framework for support, as well as an effective M&E. This provides a good basis for updating policy and developing an OVC-specific policy.

3.4.3 Summary comments and observations

The absence of an EDSEC policy is concerning, however, the availability of a 10-year EDSEC strategy and action plan, with detailed attention to (policy) goals and objectives and an overview of the financial implications of meeting these, compensates to some degree. While this strategy provides a medium-term basis for mounting a systematic HIV and AIDS EDSEC response, the lack of formal policy and legal frameworks may reduce its effectiveness. The national HIV and AIDS policy and strategy provide some context for EDSEC but little real guidance, which is problematic in light of the absence of any EDSEC HIV and AIDS policy. Again, a strategy (the *2009-12 EDSEC Strategic Plan*) appears to supplant or replace policy, and while comprehensive, the lack of a policy-driven legal and regulatory framework may also limit response. The lack of a workplace policy, both national and EDSEC-specific, is also an issue of concern and should be addressed without delay if HR is to be adequately empowered to manage the HIV and AIDS impact. On a very positive note, Malawi shows a best-practice response to HIV prevention initiatives for young people – effectively an EDSEC strategy; a realistic, budgeted implementation plan adds to the value of this response. Also positive was the national HIV and AIDS M&E strategy and its emphasis on institutionalization, information products and dissemination; it is a pity that no EDSEC M&E system was in evidence. Finally, while outdated, the OVC strategy was well-constructed and could form the basis for effective review and revision. On balance, many elements of good response are in place but the inclination to move to strategy without assuring EDSEC of a policy framework should be reconsidered in a national EDSEC review process designed to integrate and *mainstream* an HIV and AIDS response into wider policy.



3.5 Mozambique country summary, February 2010

3.5.1 Country background statistics 2009

- Adult (aged 15-49) HIV prevalence: 11.5% (generalized epidemic: 9.4% in 2001);
- Total population: 21,397,000; 41% children (aged 0-14);
- Children of primary school age not in school: 20%;
- Literacy rate for young people (aged 15-24): 52.9%.

3.5.2 Review of available policy/strategy documents by category

EDSEC policy framework

No EDSEC policy was available for review but there was considerable coverage of key issues in the *EDSEC Strategic Plan II (ESSP II) 2005-09*. While this is clearly not a policy document, it provides important guidance and is reviewed under the EDSEC strategy and action plan below.

EDSEC strategy and action plan

ESSP II provides a comprehensive sector approach, including HIV and AIDS and the strengthening of institutional capacity. It effectively addresses all the key issues of contextual importance to the EDSEC HIV and AIDS response and is realistic about implementation challenges and resourcing. This provides guidance in the absence of an EDSEC policy and frames EDSEC HIV and AIDS response strategies, although a dedicated, sector-specific policy is still required. Importantly, this plan links to all relevant national and international policies and pays due attention to management and monitoring of implementation as well as opportunity and risk assessment.

National HIV and AIDS policy

No national HIV and AIDS policy was available for review but the assumption must be that such a policy exists or is in formulation, as this is central to contextualizing national and sectoral response.

National HIV and AIDS strategy

The *National Strategic Plan on HIV and AIDS (2005-09)* includes a *Situation Analysis (part 1)* and review of *Objectives and Strategies (part 2)*. Seven priority areas are identified for intervention, including prevention; advocacy; stigma and discrimination; treatment; mitigation of consequences; research; and response coordination. A detailed table of objective-linked strategies allocates responsibility for achieving targets against baseline positions and identifies realistic indicators for success, although resourcing is noted as a recurrent problem.

EDSEC HIV and AIDS policy

No EDSEC HIV and AIDS policy was available for review, but the ESSP II provides important pointers sufficient to frame the key features of an HIV and AIDS response. However, this does not alter the fact that a guiding, principled policy is required to provide a legal and regulatory framework, or that this should be integrated into wider EDSEC policy.

EDSEC HIV and AIDS strategy/action plan

No English translations of the Portuguese language document were available for review.

EDSEC HIV and AIDS workplace policy

No English translations of the two Portuguese language documents were available for review.

EDSEC HIV and AIDS prevention strategy

Although undated and unattributed, a *Strategy for the Acceleration of HIV Prevention* does exist, which sets out strategies in response to research-derived findings, across 11 areas of priority concern. It is designed to respond to the perceived 'explosive' growth of HIV in Mozambique and importantly identifies the need for technical and institutional capacity-building to help ensure success.

National HIV and AIDS M&E strategy

The 2005 (updated) *National HIV and AIDS M&E Plan* is a two-part document on systems and operation established by the National AIDS Council Executive Secretariat (ES-NAC) to set up a conceptual baseline and operational mechanisms for the development of situational and programmatic M&E of a national HIV and AIDS response. Part 1 describes the coordination mechanisms and operationalization of the system and Part 2 details the indicators and functioning of data collection, analysis and reporting flows.

EDSEC HIV and AIDS M&E strategy

No EDSEC HIV and AIDS M&E strategy was available for review but the national strategy provides some guidance in terms of structure and operation, and may constitute a useful template for the development of an EDSEC-specific M&E strategy.

EDSEC OVC strategy

Two national OVC plans of action were available for review, one from the Ministry for Women and Social Action (2005), and the other a summary (2006) from UNICEF Mozambique. The first sets out a prioritized action plan with some estimation of costs by action item for 2005-06, linked to regional and international goals. The second provides a bullet-point rapid assessment of the situation and sets out a two-year budget estimate for national OVC response by activity category.

1.1.3 Summary comments and observations

As is the case elsewhere in the region, policies seem to be in short supply, while strategies are quite up to date and comprehensive. This implies that there is activity on the ground and emphasis on M&E and reporting flows. However, the absence of an empowering legal and regulatory framework remains a problem and should be addressed in the development of an overarching EDSEC policy framework mainstreaming response. Development of an EDSEC-specific HIV and AIDS policy should be subsumed in such a process.

There is promise in the existence of a *Youth HIV-Prevention Strategy* and in the existence of two OVC strategies, but on balance the policy/strategy set is patchy and there is not sufficient alignment and/or coherence to inspire confidence in the capacity for response. This perception is exacerbated by the repeated reference to resource and capacity challenges, but on a positive note, most documentation is refreshingly realistic about what can and must still be done.



3.6 Namibia country summary, February 2010

3.6.1 Country background statistics 2009

- Adult (aged 15-49) HIV prevalence: 13.1% (generalized epidemic: 16.1% in 2001);
- Total population: 2,074,000; 35% children (aged 0-14).
- Children of primary school age not in school: 9%;
- Literacy rate for young people (aged 15-24): 92.7%.

3.6.2 Review of available policy/strategy documents by category

EDSEC policy framework

No EDSEC policy or framework was available for review, but Namibia's *Phase 1 Education and Training Sector Improvement Programme (ETSIP) 2006-11* was provided for consideration. While this is actually a very detailed, complex and broad-based plan of action for education, it has been considered as a set of directional guidelines for EDSEC in lieu of a policy *per se*, since it provides such a comprehensive overview of what must be achieved over time. For practical purposes, EDSEC policy development remains a priority for Namibia and an opportunity to mainstream HIV and AIDS response in a single EDSEC Policy.

EDSEC strategy and action plan

ETSIP constitutes a laudable plan of action which represents the education and training sector's response to Namibia's *Vision 2030*. It aims to enhance the sector's contribution to the attainment of strategic development goals and to facilitate the transition to a knowledge-based economy. ETSIP positions HIV and AIDS as a priority, cross-cutting issue of sector-wide concern, thus ensuring response is seen as a routine function of wider EDSEC management and reporting.

National HIV and AIDS policy

The *National HIV and AIDS Policy 2007* is a comprehensive guiding document providing situation analysis and attention to the key areas of enabling environment; prevention; treatment, care and support; impact mitigation; and workplace issues. It has an implementation framework and addresses M&E and reporting requirements, providing the basis for effective national response.

National HIV and AIDS strategy

The abundance of documentation on a national HIV and AIDS strategy seems to indicate an emphasis on implementation rather than policy promise. The third *MTP/III Strategic Plan (2003-09)* is followed by a draft *2010-15 National Strategic Framework for HIV and AIDS and Results Framework FY2010 to FY2015*. These comprehensive documents apply an evidence-informed and results-focused approach across four strategic focus areas and advocate results-based management and coordination. Although still draft, this ranks as regional best-practice.

EDSEC HIV and AIDS policy

The *2003 EDSEC HIV and AIDS Policy*, while laudable in its intent, is outdated and mixes policy principles with non-policy language and implementation issues at a micro-management level. It is important that Namibia reviews this document to bring it into line with regional best practice and in fact integrate HIV and AIDS into wider EDSEC policy – as and when this is developed. It would seem that a strategic opportunity exists to synergize these activities into a priority EDSEC initiative, mainstreaming HIV and AIDS response.

EDSEC HIV and AIDS strategy/action plan

While no EDSEC HIV and AIDS strategy was available, the key components of this are covered in considerable, budgeted detail in ETSIP II. Thus the strategy is reviewed on the basis of this comprehensive plan, including, as it does, detailed implementation guidelines. It is suggested, however, that this component be considered for incorporation in the proposed EDSEC and HIV and AIDS policy review, discussed above.

EDSEC HIV and AIDS workplace policy

A comprehensive *EDSEC HIV and AIDS Workplace Policy 2009-11* exists and may be regarded as an example of regional best practice, although few others are in evidence. In addition, it is known that Namibia has also developed a *Relief Teacher Strategy* and costed *Implementation Plan*, adding weight to the importance of this cutting-edge policy. It is suggested that this *EDSEC HIV and AIDS Workplace Policy* be considered for regional review and possible replication.

EDSEC HIV and AIDS prevention strategy

No EDSEC HIV and AIDS prevention strategy was available for review.

National HIV and AIDS M&E strategy

A *National Multi-Sectoral Plan for HIV and AIDS M&E* exists for 2006-09, which includes implementation and costing guidelines, developed by the Ministry of Health and Social Services (MoHSS). Indicators for inputs, outputs, outcomes and impacts are identified in this comprehensive plan (strategy) and, importantly, the key objective is to ensure development of evidence-informed policies, plans and programmes.

EDSEC HIV and AIDS M&E strategy

No EDSEC HIV and AIDS M&E strategy was available for review. Although the *National M&E Plan* is multi-sectoral, there is insufficient guiding detail for EDSEC to develop a corresponding plan.

EDSEC OVC strategy

A large volume of strategy documents and plans exist, of which the 2004 and revised *2006 - 10 National Plan of Action for OVC* are most important, and include budget notes and detailed M&E plans for OVC initiatives and action. These reflect partnerships for action and a consultative design process and provide an example of regional best practice for possible replication.

3.6.3 Summary comments and observations

On balance, Namibia's EDSEC response ranks as one of the region's better prepared and organized frameworks, but still has a few gaps in its otherwise well-synergized approach. The absence of EDSEC policy is a concern, but is offset to a degree by the comprehensive nature of the ETSIP II (strategic planning) approach. The scale and scope of ETSIP is excellent and appears to lay welcome emphasis on action, although development of a legally-empowering EDSEC policy cannot be ignored. The EDSEC HIV and AIDS policy is out of date, lacks alignment with regional best practice, and has been overtaken by strategy and implementation planning. This suggests a timeous opportunity to engage a national policy review process to encompass several missing response components on the road to integrated (mainstreamed) sector response. On a positive note, Namibia is on the regional cutting-edge with its approach to national and EDSEC HIV and AIDS strategy, national HIV and AIDS policy, workplace (including relief teacher) strategy and OVC policy (and strategy) – providing important models for regional replication. As in other countries in the region, the imbalance between policy and strategy provision suggests a fragmented framework in need of remedial attention in the short-term – in other words, an opportunity to synergize and align EDSEC response in a single review.



3.7 South Africa country summary, February 2010

3.7.1 Country background statistics 2009

- Adult (aged 15-49) HIV prevalence: 17.8% (generalized epidemic: 17.1% in 2001);
- Total population: 48,577,000; 30% children (aged 0-14);
- Children of primary school age not in school: 7%;
- Literacy rate for young people (aged 15-24): 95.4%.

3.7.2 Review of available policy/strategy documents by category

EDSEC policy framework

Only the 2006 *National Policy Framework for Teacher Education and Development* was available for review, but not any complete EDSEC policy. The *National Education Policy Act (NEPA) (1996)*, the *South African Schools Act (SASA) (1996)*, the *Further Education and Training Act (1998)*, the *Education White Paper 4 on Further Education and Training (1998)* and the *National Strategy for Further Education and Training (1999-2001)* refer, but there does not appear to be a single, updated EDSEC policy *per se*. However, a policy summary contained in the South African Department of Education (DoE) *Strategic Plan (2008-12)* was reviewed and contributed to the wider response picture.

EDSEC strategy and action plan

An up-to-date (2008-12) and comprehensive *EDSEC Strategic and Operational Plan* was reviewed which supplemented the lack of an EDSEC policy to a degree, but still paid limited attention to HIV and AIDS in this HIV-prevalent country. An undated (draft) *Framework for Care and Support for Teaching and Learning* was also available but did little to enrich the HIV and AIDS response framework.

National HIV and AIDS policy

No single, over-arching government policy on HIV and AIDS was available for review, although many public and private sector policies were in evidence. It is difficult to reason why such a national policy does not exist and it is to be hoped that its absence is merely the result of a breakdown in internal (multi-sectoral) communication.

National HIV and AIDS strategy

A 2007 - 11 *HIV and AIDS and STI Strategic Plan* (based on the *National Strategic Plan of 2000-2005* and the *Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment*) was reviewed, and included M&E guidelines, a young people focus and primary indicators for multi-sectoral guidance. Focus areas in this comprehensive strategy include prevention; treatment, care and support; human and legal rights; monitoring, research and surveillance.

EDSEC HIV and AIDS policy

The South African DoE *National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions (1999)* appears to be the governing EDSEC policy document, and is 11 years old, in spite of its commitment to 'regular review and adaptation'. It mixes policy with micro-management guidelines, is limited to the public education system and requires complete revision to bring it into line with regional best practice. An opportunity therefore exists to initiate a policy reform process to urgently mainstream HIV and AIDS response given the scale of the country's HIV pandemic.

EDSEC HIV and AIDS strategy/action plan

No EDSEC HIV and AIDS strategy or action plan was available for review.

EDSEC HIV and AIDS workplace policy

The DoE *EDSEC Workplace Policy* provides a legal framework within which behaviour in the workplace can be monitored and regulated. The policy's implementation plan requires each province to appoint a coordinator to collaboratively manage implementation and report quarterly. There is no evidence of this reporting in documents to hand, but it remains a laudable ambition; however, a critical shortcoming is that the scope of the policy is confined to public education.

EDSEC HIV and AIDS prevention strategy

No EDSEC HIV and AIDS prevention strategy was available for review, although prevention is an inherent component of several other documents available to EDSEC.

National HIV and AIDS M&E strategy

A comprehensive M&E framework covering goals, objectives and interventions is contained in the *National Strategic Plan (NSP) for HIV & AIDS and STI, 2007-11*. It aims to monitor the epidemic, its determinants, NSP interventions and process outcomes. The plan includes guiding principles and a massive 97 proposed indicators, institutional and capacity requirements with an accompanying action matrix.

EDSEC HIV and AIDS M&E strategy

No EDSEC HIV and AIDS M&E strategy was available for review.

EDSEC OVC strategy

There is a comprehensive and well-rationalized policy framework incorporating objective-led strategies in key focus areas. The policy/strategy aims to coordinate action at every level; ensure implementation of legal, policy and institutional frameworks for protecting affected children; and provide a framework to support stakeholder responses to OVC. Strategies to achieve this are detailed, with M&E and resource requirements contained within a legislative framework for measurable action.

3.7.3 Summary comments and observations

This country response is complicated by the lack of up-to-date EDSEC policy, but perhaps opens the way for an encompassing policy review which could integrate (mainstream) HIV and AIDS at this level. The *2008-12 EDSEC Strategy/Action Plan* was unfortunately light on HIV and AIDS issues, while the *EDSEC HIV and AIDS Policy* was 11 years old –unacceptable in a very high prevalence country – and there was no equivalent sector strategy. Most importantly, the existing policy fell short of regional best-practice and would benefit from rigorous review. No National HIV and AIDS policy was available but a comprehensive strategy went some way to offsetting this gap.

On a positive note, an EDSEC HIV and AIDS workplace policy was in place and integrated significant strategy objectives and guidelines. Importantly, this included management and reporting requirements based on quarterly-reporting. The availability of a national M&E framework was welcome but there was no EDSEC equivalent, although the *EDSEC Workplace Policy* talked extensively about M&E. Finally, an impressive OVC policy (rather than strategy) was available and covered almost every key aspect demanding response management; in particular, a legal framework was detailed which suggests laudable levels of protection for OVC – at least in principle.



3.8 Swaziland country summary, February 2010

3.8.1 Country background statistics 2009:

- Adult (aged 15-49) HIV prevalence: 25.9% (generalized epidemic: 23.6% in 2001);
- Total population: 1,141,000; 36% children (aged 0-14);
- Children of primary school age not in school: 17%;
- Literacy rate for young people (aged 15-24): 94%.

3.8.2 Review of available policy/strategy documents by category

EDSEC policy framework

The 1999 *EDSEC Policy Statement* was provided for review and is apparently the only guiding EDSEC policy document. It has no reference to HIV and AIDS, but addresses most key issues of relevance to the MoE in fairly simple terms. It provides a context and can be considered the ruling framework for these purposes, but work on a new EDSEC policy should be prioritized.

EDSEC strategy and action plan

No EDSEC strategy was available for review but a complex and analytical 179-page *Report on EDSEC Development for Growth and Competitiveness (2009)* provides detailed recommendations for EDSEC reform and direction, including HIV and AIDS-related areas of concern. While this is valuable and has been reviewed, it cannot replace a comprehensive EDSEC strategy driven by updated EDSEC policy.

National HIV and AIDS policy

This 2006 *National Multi-Sectoral Policy* is very comprehensive and provides a regional example of best practice with all key issues thoroughly covered. It is refreshingly short and provides a framework, direction and general principles for intervention. Most importantly, it deals pragmatically with issues of process, roles, review and decentralized implementation arrangements, and integrates recommendations for HIV and AIDS response as a 'routine' EDSEC function, thus promoting mainstreaming in practical terms.

National HIV and AIDS strategy

The *Second National Multi-Sectoral HIV and AIDS Strategic Plan (2006-08)* and the *Multi-Sectoral National Strategic Framework (2009-14)* refer. The latter is evidence-informed and results-based, and is informed by the 2006 policy. The framework focuses on measurable impact and outcome results and the reporting of these; its purpose is to coordinate the mainstreaming and scaling-up of decentralized response strategies, based on individual or sectoral comparative advantage.

EDSEC HIV and AIDS policy

This (draft) 2007 *EDSEC HIV and AIDS Policy* is commendably short and to the point. It aims to ensure that EDSEC adopts a comprehensive and coordinated approach to HIV and AIDS response. To this end, it links guiding principles to policy statements by area, provides important workplace guidelines and links implementation and M&E arrangements with a commitment to regular policy review – all in all a good effort, with structure and brevity worthy of regional attention.

EDSEC HIV and AIDS strategy/action plan

No EDSEC HIV and AIDS strategy was available for review, but there is some EDSEC reference and detail in the 2009-14 *Multi-Sectoral National Strategic Framework* – although the value of this as a model for a sector strategy is limited. An EDSEC-specific strategy should therefore be developed.

EDSEC HIV and AIDS workplace policy

While no EDSEC HIV and AIDS workplace policy was available for review, it is commendable that workplace issues have been addressed in the *EDSEC HIV and AIDS Policy*, thus 'mainstreaming' the issues into wider sector policy. It may be necessary to detail workplace legal and HR issues in a dedicated policy, but this should also continue to be addressed and integrated in wider EDSEC policy.

EDSEC HIV and AIDS prevention strategy

No EDSEC HIV and AIDS prevention strategy was available for review.

National HIV and AIDS M&E strategy

The *2005 National Multi-Sectoral HIV and AIDS M&E System Operational Plan* is exceptionally comprehensive and professional, albeit complex. It provides detailed operational guidelines and indicator focus on four programme areas, with due attention to reporting and dissemination. This advanced 'manual' is on the cutting-edge but may stress the national capacity to operationalize it, suggesting the possible need for simplification at some point.

EDSEC HIV and AIDS M&E strategy

No EDSEC HIV and AIDS M&E strategy was available for review, although the thoroughness of the national M&E plan could provide direction and structure for EDSEC M&E strategy development.

EDSEC OVC strategy

The consultative, evidence-informed *2006-10 National Plan of Action for OVC* describes practical steps to ensure that the rights of OVC are met and details programme indicators, an M&E framework, costing process and budget. Linked to the *National Multi-Sectoral HIV and AIDS Strategic Plan 2006 -2008* and *National HIV and AIDS Policy*, it promotes the survival, growth, well-being, development and protection of OVC through the implementation of an integrated safety net system to ensure delivery of multi-faceted care and support packages at household level for OVC.

3.8.3 Summary comments and observations

The absence of an EDSEC policy is a major complication in the drive to develop an integrated policy environment within which an HIV and AIDS response can be considered a routine, systemic function. In addition, while the *Report on EDSEC Development for Growth and Competitiveness (2009)* is a significant resource, it is not driven by a policy framework and is not an EDSEC strategy *per se*. By contrast, a very good *National HIV and AIDS Policy and Strategy* contextualize a commendable and succinct *EDSEC HIV and AIDS Policy*, but emphasize the absence of an EDSEC HIV and AIDS strategy – a shortcoming that should be urgently addressed in a wider sector review process.

The existence of a key-point workplace summary within the *EDSEC HIV and AIDS Policy* confirms the viability of integrating these issues in a single document, but given the complex HR issues involved, there is still a case for standalone policy detail to provide guidance for this directorate. EDSEC M&E requires attention, and while the national M&E plan provides considerable context and guidance, it does not address the sector-specific issues of concern to an HIV and AIDS response. On a positive note, the *EDSEC OVC Strategy* is an excellent and practical framework for measurable action and ranks with the best of the region's plans.



3.9 United Republic of Tanzania country summary, July 2010

3.9.1 Country background statistics 2009

- Adult (aged 15-49) HIV prevalence: 5.6% (generalized epidemic: 7.1% in 2001);
- Total population: 41,893,000; 42.5% children (aged 0-14);
- Children of primary school age not in school: 6%;
- Literacy rate for young people (aged 15-24): 78%.

3.9.2 Review of available policy/strategy documents by category

EDSEC policy framework

It is reported that a 1995 *Education and Training Policy (ETP)* is 80% implemented and has been replaced by a 2009 draft ETP yet to be implemented, but neither was available for review.

EDSEC strategy and action plan

It is reported that a 2008-17 *EDSEC Development Programme (ESDP)* has been 70% implemented and that a 2010-13 *ESDP Medium-Term Strategic Plan* is in use on the Tanzania Mainland. However, neither of these documents was available for review.

National HIV and AIDS policy

The 2005 *National Policy on HIV and AIDS* has little to say about EDSEC and its role, but notes that it is 'among the sectors that have been seriously affected by the epidemic'. On a positive note, it instructs the Ministry of Education (MoEVT) and other public and private institutions of higher learning (in collaboration with the Tanzania Commission for AIDS and NGOs) to develop appropriate intervention strategies to 'accelerate AIDS information in schools'. However, it directs that this should be *non-examinable* in primary and secondary schools, although it suggests this information should be introduced 'early enough to protect children who are not yet sexually active ... so as to equip them with the knowledge and skills to protect themselves and others from HIV-transmission'. The policy is, however, under review and acknowledges that HIV and AIDS research has not been adequately funded.

National HIV and AIDS strategy

The draft *National Multi-Sectoral Strategic Framework (NMSF) 2008-12* elaborates the basic approaches and principles of the *National Policy on HIV and AIDS* with goals, objectives and strategies. The NMSF proposes four general goals to be achieved over the coming five years, covering the four thematic areas of the national response, namely enabling environment; prevention; care and treatment; and impact mitigation. The degree of progress achieved will be measured by the national M&E framework. Four additional goals provide overall institutional, financial, human resource, operational and management direction at the implementation stage, and will define operational plans at national and LGA levels. The NMSF has now been supplemented by *National Multi-Sectoral HIV Prevention Strategy (2009-12)* which prioritizes HIV-prevention efforts and aims to ensure that the entire population can access sustainable prevention, care and treatment and impact mitigation services. EDSEC is seen to have a major role in the promotion of abstinence, delayed sexual debut, partner reduction and consistent condom use among young people, in and out of school. The NMSF acknowledges EDSEC's pivotal role in HIV and AIDS response and enhancing skills of young people to safeguard their sexual and reproductive health.

EDSEC HIV and AIDS policy

No stand-alone EDSEC HIV and AIDS policy is planned as response is mainstreamed in the 2009 ETP.

EDSEC HIV and AIDS strategy/action plan

The *Education Sector Strategic Plan for HIV and AIDS (2008-12)* was not available for review, but 16-pages of extracts and annexes were provided and reviewed. It is evident that a wide range of key issues were covered in this directive, strategic framework. There was sufficient evidence to suggest that this document could effectively provide the guidance required to develop and monitor a comprehensive response, although higher education (HE) and TVET are not addressed.

EDSEC HIV and AIDS workplace policy

In the absence of such a policy, EDSEC is apparently using guidelines developed by the Tanzania Commission for AIDS (TACAIDS 2006), but these were not available for review.

EDSEC HIV and AIDS prevention strategy

No EDSEC HIV and AIDS prevention strategy was available for review, but the draft *National HIV and AIDS Prevention Strategy and 2-Year Action Plan, 2009-11* was considered. This was developed to guide comprehensive, multi-sectoral HIV-prevention efforts. This confirms Tanzania's commitment to accelerated and reinvigorated HIV-prevention in order to drastically reduce new HIV infections and is reflected in the *Second Multi-Sectoral HIV and AIDS Framework 2008-2013*. The strategy promotes the scaling-up of life skills programmes for in-school and out-of-school young people through appropriate training of teachers, school counsellors and peer group leaders, as well as rehabilitation and establishment of young people centres for out-of-school young people.

National HIV and AIDS M&E strategy

The *2004 National M&E HIV and AIDS Framework* has been developed to harmonize all sectoral monitoring and evaluation efforts, including monitoring the impact of the epidemic and the effectiveness of the national response. The purpose of this M&E framework is to help monitor and evaluate the HIV and AIDS response and guide local governments; ministries, departments and agencies (MDA); civil society organisations (CSOs); and regional facilitating agencies (RFA) in understanding the core national indicator sets. It also advocates for a national harmonized M&E system, in which the MoEVT and its partners will have primary responsibility for the measurement of indicators that relate to primary and secondary schools.

EDSEC HIV and AIDS M&E strategy

The EDSEC HIV and AIDS M&E strategy is contained in the *EDSEC HIV and AIDS Strategy*.

EDSEC OVC strategy

No EDSEC OVC strategy was available for review.

3.9.3 Summary comments and observations

In the absence of several key documents, it is difficult to conclude that the United Republic of Tanzania has a comprehensive or synergized response, particularly given the separate nature of responses and documents from its two components: Tanzania Mainland and Zanzibar. However, those documents available combine to provide a picture of commitment and effort and it is reasonable to suppose that the country will benefit from access to regional response models and experience. Some principle issues, such as the concept of providing HIV and AIDS information in schools but avoiding making it examinable, might benefit from further review. However, the national HIV and AIDS policy's urging that the MoEVT make SRH part of the school curricula confirms its serious intent. It is noted that this is one of the few countries in the region to have a national prevention strategy, an important step in the right direction, but one which does not make up for the lack of EDSEC policy and strategy.



3.10 Zambia country summary, February 2010

3.10.1 Country background statistics 2009:

- Adult (aged 15-49) HIV prevalence: 13.5% (generalized epidemic: 14.3% in 2001);
- Total population: 11,922,000; 42% children (aged 0-14);
- Children of primary school age not in school: 6%;
- Literacy rate for young people (aged 15-24): 75.1%.

3.10.2 Review of available policy/strategy documents by category

EDSEC policy framework

Formal EDSEC policy appears to be grounded in the 1996 text, *Educating Our Future*, but there have been several updates to this policy, the latest being the *EDSEC National Implementation Framework 2008-10* (implementing the *Fifth National Development Plan*). This lists the central pillars of this aggregate policy, but it appears a national policy review process may be long overdue to consolidate and rationalize the sector's needs.

EDSEC strategy and action plan

The *2008-10 EDSEC National Implementation Framework (NIF)* is a comprehensive plan based on thorough analysis, designed to achieve an articulate set of goals and objectives by 2030. It outlines four areas of strategic priority, identifies strategies and targets by sub-sector, examines systemic, M&E and funding issues, and looks at the way forward. A model of regional best practice, it might benefit from a succinct executive summary.

National HIV and AIDS policy

The *2005 MoH National HIV and AIDS/STI/TB Policy* provides 46 pages of multi-sectoral detail and policy guidelines of contextual value to EDSEC. While it places responsibility for policy implementation squarely in the Ministry of Health (MoH), it confirms sectoral roles and responsibilities and provides a structural model for EDSEC in many respects.

National HIV and AIDS strategy

The *2006-10 National Strategic Framework (NSF)* from NAC contains a principled set of objective-linked 'core' strategies across six activity/programme themes. Attention is paid to coordinating, managing, monitoring, reporting and financing this response and indicative budgets are provided. However, there are no apparent links between this NSF and the *2005 National HIV and AIDS/STI/TB Policy* cited above, which may lead to some confusion.

EDSEC HIV and AIDS policy

This dated draft *2004 National HIV and AIDS Policy for EDSEC* mirrors regional best practice in terms of content and structure. The policy covers the key strategic areas of prevention; care and support; workplace; and planning, management and mitigation, but leaves treatment to MoH and opts for some quite different definitional approaches.

EDSEC HIV and AIDS strategy/action plan

While comprehensive, this *2001-05 National HIV and AIDS Education Strategic Plan* could be brought up to date and aligned with revised EDSEC HIV and AIDS policy as a matter of strategic priority. Content is still sound and reflective of regional best practice, but structure and terminology would benefit from revision and replication of advances in the strategies of other regional states.

EDSEC HIV and AIDS workplace policy

The *2006 EDSEC Workplace Policy for the Management and Mitigation of HIV and AIDS* is a welcome addition to the Zambian response framework and a laudable attempt to cover this key area. Non-workplace issues (i.e. learner and OVC support) should be eliminated and newer regional models should be examined for guidance and direction.

EDSEC HIV and AIDS prevention strategy

A *2009 National Strategy for the Prevention of HIV and AIDS* provides excellent detailed guidelines for national planning and response by programme area. It does not however give explicit direction to EDSEC, but does provide valuable guidelines which might be followed in sector strategy development.

National HIV and AIDS M&E strategy

The six themes of the *2006-10 National HIV and AIDS/STI/TB M&E Plan* mirror those of the NSF, confirming synergy and linkages. There are a massive 78 core indicators linked to objectives by level and area, which identify data sources and reporting requirements. This cutting-edge and detailed 'manual' may tax country capacity and prove challenging to fully implement, but would generate invaluable data if successfully carried forward. A reduction in the number of core indicators might also contribute to effective operation.

EDSEC HIV and AIDS M&E strategy

No EDSEC HIV and AIDS M&E strategy was available for review, although the extremely comprehensive national strategy would provide a model structure for selective replication.

EDSEC OVC strategy

The *2006 National Plan of Action for OVC* contains a matrix of objective-linked activities with targets and line-item budget indications. This UNICEF-supported plan is one of a regional set and should be the basis for further analysis and updating in light of the scale of the problem.

3.10.3 Summary comments and observations

In comparative terms, Zambia has done a good job of synergizing and integrating its EDSEC HIV and AIDS response. The age of the National EDSEC policy and the somewhat eclectic nature of the updates suggest that a revision process would be strategically important and would provide an opportunity to update and align a number of other documents nearing the end of their useful lives. However, the EDSEC NIF and the national HIV and AIDS policy and strategy all provide good context for an excellent EDSEC HIV and AIDS policy, while the equivalent EDSEC HIV and AIDS strategy would benefit from review and updating. The existence of an EDSEC workplace policy is an important element of Zambia's response, but needs updating and alignment with regional best practice.

The national HIV prevention strategy is sound but no equivalent strategy exists for EDSEC. Similarly, an exceptionally comprehensive national HIV and AIDS M&E strategy gives context and direction to the sector, but might benefit from simplification and focus on education and HIV and AIDS-specific indicators. The availability of an OVC action plan is encouraging but requires review; in addition, a retrospective analysis of expenditure versus indicative budget might provide useful pointers. Zambia is on the regional cutting-edge but also on the cusp of requiring national review, which should be turned to advantage given the material in evidence. It is well placed to become a model of best practice in respect of mainstreaming HIV and AIDS into its key policy and strategy documents.



3.11 Zimbabwe country summary, February 2010

3.11.1 Country background statistics 2009:

- Adult (aged 15-49) HIV prevalence: 14.3% (generalized epidemic: 23.7% in 2001);
- Total population: 13,349,000; 36% children (aged 0-14);
- Children of primary school age not in school: 9%;
- Literacy rate for young people (aged 15-24): 91.2%.

3.11.2 Review of available policy/strategy documents by category

EDSEC policy framework

The only policy document available for review was the undated *Ministry of Higher & Tertiary Education's Policy on HIV and AIDS for Teacher Colleges*, probably originating around 2003. This is far from being an EDSEC policy or framework, but is designed to complement the national HIV and AIDS policy. The policy focus is more on the health than education aspects, but acknowledges the importance of a curriculum approach without giving any indication of how this will be supported.

EDSEC strategy and action plan

No EDSEC strategy or action plan was available for review.

National HIV and AIDS policy

The *National Policy on HIV and AIDS* is dated 1999 and is therefore completely out of date. It is possible that some more recent policy has been produced but is not available for some reason. If not, the review and updating of this policy and its assimilation with current (and future) regional best practice is a strategic imperative.

National HIV and AIDS strategy

The *2006-10 National HIV and AIDS Strategic Plan (ZNASP)* is comprehensive and observes all relevant international protocols and guiding principles. It identifies four key strategic areas of intervention including prevention; treatment and care; mitigation and support; and response management and coordination. It also pays due attention to financing, M&E and mid- and end-term reviews – the last of which was due in 2010.

EDSEC HIV and AIDS policy

No EDSEC HIV and AIDS policy was available for review other than the undated *Ministry of Higher & Tertiary Education's Policy on HIV and AIDS for Teacher Colleges*, cited above. While this is not an EDSEC policy or framework, it does at least confirm policy for higher and tertiary education. In this regard it is health- and workplace-focused, but there is attention to HIV and AIDS education issues, including peer education and support. However there is little indication of how and where materials and curriculum-related issues will be addressed and it remains light on practical intervention or response.

EDSEC HIV and AIDS strategy/action plan

The incomplete (possibly draft) *2002-06 EDSEC 'Strategic Plan' (for HIV and AIDS)* provides an evidence-informed strengths, weaknesses/limitations, opportunities, and threats (SWOT) analysis and a schedule of five goals and list of priority strategies and interventions, including education and awareness; impact mitigation; resource mobilisation; institutional strengthening and management support; and coordination. A logframe matrix is included together with attention to M&E, but this plan requires complete revision and updating, linked to EDSEC HIV and AIDS policy development – which presents a great strategic opportunity.

EDSEC HIV and AIDS workplace policy

The *2006-10 EDSEC HIV and AIDS Workplace Policy* is confined to higher and tertiary education but is up to date and covers all key issues relevant to an EDSEC HIV and AIDS response. It addresses the legal and policy framework, 10 key principles, 16 policy objectives and strategies, roles and responsibilities for implementation, structures and process, and outcome and impact indicators. With minimal effort, this policy could be made more EDSEC-inclusive and this should be considered.

EDSEC HIV and AIDS prevention strategy

No EDSEC HIV and AIDS prevention strategy was available for review.

National HIV and AIDS M&E strategy

The *2006-10 National HIV and AIDS Strategic Plan M&E Framework* aims to measure the implementation progress of the ZNASP (2006-2010) and ensure greater transparency, effective coordination and communication among stakeholders involved in the national HIV and AIDS response. It covers system development, 39 indicators, coordination, data management and dissemination – and stresses decentralized capacity-building and support. However, it is light on EDSEC issues.

EDSEC HIV and AIDS M&E strategy

No EDSEC HIV and AIDS M&E strategy was available for review.

EDSEC OVC strategy

A remarkably rich *OVC National Plan of Action* document was available, including 2005-10 prioritized activities, budget summaries by line item and budget footnotes. While some elements of this documentation were still in draft, the national commitment to respond comprehensively to OVC needs was clear. Budget preparation was detailed and although there was no indication of how this would be resourced, this eclectic collection of documents confirmed intent and strategic direction.

3.11.3 Summary comments and observations

Strong response elements contrast sharply here with the weakness of others, suggesting that in common with other countries in the region, Zimbabwe should consider an encompassing policy/strategy review and integration process. Strategies appear to work without guiding policy, prompting the question of whether separate and discrete documents should be produced when in fact a consolidated approach to mainstreaming HIV and AIDS might be feasible (and desirable). In this case, it was also unusual to find higher- and tertiary-education taking the sector lead in respect of HIV and AIDS workplace response, and this too suggests a disconnection within EDSEC. Other policies were available but were simply out of date, such as the national HIV and AIDS policy, prompting the reflection that a national review and alignment process is long overdue. This general impression was confirmed in other categories.

The availability of an EDSEC workplace policy was encouraging, even though this was again limited to higher and tertiary education. The importance of a legal and policy framework for the workplace is apparently not widely understood in the region – judging by the lack of such policy – and should be flagged for regional replication. The *National HIV and AIDS M&E Strategy* was refreshingly limited to 39 indicators, but still provided limited guidance or replicable structure for EDSEC; again, it might be desirable to consider the integration of a single EDSEC M&E strategy mainstreaming HIV and AIDS as part of the routine data collection and monitoring process, using a limited number of easily accessible indicators. Finally, the extent of OVC policy and planning documentation was laudable and reflects regional concern and attention.



Regional AIDS Support Team for East and Southern Africa

This publication summarizes the findings from the *Reinvigorating Education Sector Responses to HIV and AIDS* process in the SADC region, commissioned by UNESCO, UNICEF and the SADC Secretariat during the course of 2010. The resultant process included:

- A review of the status of EDSEC HIV and AIDS policy and strategies in 11 countries in the SADC region;
- A review of the status of EDSEC HIV and AIDS policy and strategy implementation;
- A review of the SACMEQ III assessment of HIV and AIDS learning achievements;
- An assessment of the M&E of the HIV and AIDS EDSEC response, and development of proposed core regional and global indicators.

The publication gives advice on mainstreaming HIV in the education sector policies, programmes and functions, as well as on better delivery of life skills-based sexuality education and the importance of monitoring and evaluating education sector response to HIV and AIDS. It is one of the few analyses of the policy landscape around HIV and AIDS in the SADC region. The review of HIV and AIDS responses summarized in this report reveals that while the SADC region has made substantial progress in addressing HIV and AIDS in policies, plans and programmes, a number of challenges still remain in the education sector; these include the failure to implement policies and strategies, inadequate mainstreaming and teacher preparation, limited delivery of life skills-based HIV and AIDS and sexuality education, and the absence of M&E systems. Nationally, the EDSEC response has been largely absent from consolidated HIV and AIDS strategic planning, despite acknowledgement that EDSEC has a critical role to play in the national response.