

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

REGIONAL

**CARIBBEAN EDUCATION SECTOR HIV/AIDS RESPONSE
CAPACITY BUILDING PROGRAM**

(TC-0301035-RS)

PLAN OF OPERATIONS

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BASIC SOCIOECONOMIC DATA

For basic socioeconomic data, including public debt information, please refer to the following address:

<http://www.iadb.org/RES/index.cfm?fuseaction=externallinks.countrydata>

INFORMATION AVAILABLE IN THE FILES OF COF/CJA

PREPARATION:

1. Technical Background Paper prepared by Roger England, Jennifer Sancho and Inon Schenker. June 2003
2. Mission and Outputs Report, Dr. Inon Schenker, June 2003
3. Joint Programme Identification Study Terms of Reference, March 20, 2003
4. Presentations to the Sixth Special Meeting of the Council for Human and Social Development (COHSOD) of CARICOM. Trinidad, 29 March – 1 April, 2003
5. Summary of CARICOM/UNESCO/IDB Regional HIV/AIDS and Education Policy Group – Consultative Meeting, Kingston, Jamaica (22-23 April 2003)
6. Havana Commitment of Caribbean Ministers of Education. Extraordinary Meeting of the Ministers of Education of the Caribbean. Havana, Cuba. November 15, 2002
7. CARICOM/PANCAP submission to The Global Fund to Fight AIDS, Tuberculosis and Malaria: Scaling Up the Regional Response to HIV/AIDS through the Pan Caribbean Partnership against HIV/AIDS, May 2003
8. United Nations Support for HIV/AIDS Prevention and Mitigation in the Caribbean through the Education Sector. UNESCO, Kingston, October, 2002
9. “HIV/AIDS and Development: Challenges and Responses in Latin America and the Caribbean.” IDB. Fortaleza, Brazil. March 2002
10. Commission on Macroeconomics and Health Working Paper Series WG1:1 “HIV/AIDS in the Caribbean: Economic Issues – Impact and Investment Response,” by Karl Theodore. March 2001
11. “Defeating HIV/AIDS through Education: Discussion paper prepared for the First Caribbean Consultation on HIV/AIDS and Education” by Michael J. Kelly, July 2002
12. “Education and AIDS: A Caribbean Strategy”, by Drs. Michael Kelly and Brandon Bain. March 2003 draft
13. “Education and HIV/AIDS: A Window of Hope”. World Bank, 2002
14. 14. Terms of Reference for Technical Assistance in the Development of HFLE Curriculum Framework and Support Materials for CARICOM Countries. UNICEF. 2003

EXECUTION:

Terms of Reference

1. CARICOM Steering Committee
2. Management Firm
3. NGO Service delivery in schools
4. Peer to Peer mentoring
5. Youth drop-in Center

ABBREVIATIONS

CARICOM	Caribbean Community
COHSOD	Council for Human and Social Development, CARICOM
GFATM	Global Fund to Fight AIDS, TB and Malaria
HCU	HIV/AIDS Coordination Unit (of MOE)
HFLE	Health and Family Life Education
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
JPIS	Joint Program Identification Study (to design the TC)
MDG	Millennium Development Goal
MOE	Ministry of Education
MOH	Ministry of Health
NAC	National HIV/AIDS Committee
NGO	Non Governmental Organization
PANCAP	Pan Caribbean Partnership against HIV/AIDS (CARICOM Secretariat)
PIU	Project Implementation Unit (existing unit in CARICOM)
PLWHA	Persons living with HIV/AIDS
STI	Sexually Transmitted Infection
TC	Technical Cooperation
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund

CARIBBEAN EDUCATION SECTOR HIV/AIDS RESPONSE CAPACITY BUILDING PROGRAM

(TC-0301035-RS)

EXECUTIVE SUMMARY

Requester:	Bank initiative, in collaboration with CARICOM Secretariat and UNESCO		
Executing agency:	CARICOM, contracting a management firm		
Amount and source:	IDB: (JSF)	US\$	565,000
	Local:	US\$	115,000
	Total:	US\$	680,000
Terms:	Execution Period:		20 months
	Disbursement Period:		24 months
Objectives:	<p>The objective of the operation is to improve the response of the education sector to the HIV/AIDS epidemic, as a partner in the multi-sectoral strategy of prevention and mitigation in each country. To achieve this objective, the program will develop and support the implementation of effective intervention models for use by the education sector to reach in and out of school youth, as well as the regional dissemination of results and leveraging of other available funding outside this project. The overarching Millennium Development Goal (MDG), to which this operation seeks to contribute, is the reduction of HIV incidence in the 15-24 age group in the Caribbean Region.</p>		
Description:	<p>In selected countries of the region, the TC will test models for strengthening the response of the sector to reach both in and out of school youth. The models are:</p> <ul style="list-style-type: none"> • Education sector policies on HIV/AIDS prevention and mitigation. • Ministries of Education (MOE) contracting with NGOs to deliver HIV/AIDS services in schools in a coordinated, cost-effective and systematic manner. • Peer to Peer training programs on HIV/AIDS, between university students and in and out of school youth. • Community-based youth drop-in centers providing HIV/AIDS educational services to both school attendees after school hours as well as out of school youth, providing counseling and risk prevention skills. • Regional dissemination of the results of country-based models based on monitoring and evaluation. 		

**Environmental/
social review:**

The Committee on Environment and Social Impact (CESI), at its meeting CESI 21-03 on June 6, 2003, approved the operation with the no recommendations. No further action is required by CESI.

Benefits:

Although most persons in the field of HIV/AIDS prevention now accept that the epidemic is a national development challenge and not exclusively a public health issue, almost all technical assistance and funds from the different international and local partners continue to be channeled through Ministries of Health. Other Ministries are just recently starting to come on board in the framework of a multi-sectoral approach, and yet most still do not have concrete policies nor models of evaluated approaches to address the issue. The aim of this TC is to help address this capacity issue in relation to the education sector, which has the potential to become a critical player in the area of HIV/AIDS prevention. The focus of the operation is to assist the education sector across the region to become better prepared so that when other sources of major funding become available (GFATM, US Government funding, Clinton Foundation, etc), the sector is in a better position to gain access to these resources and to employ them well. Likewise, the sector should be able to mainstream these issues and activities into Bank-funded education and youth development loans.

The TC will provide some practical and concrete models for use by education sectors (or that support education sector activities) in reducing HIV transmission rates in young people. These benefits will be generated first in three to four selected countries of the region (Jamaica, Belize, Suriname and/or Guyana). The lessons learned will then be disseminated throughout the region and the operation will assist other countries in the region to develop their own education sector responses to the HIV/AIDS epidemic. CARICOM/PANCAP will also benefit from support in its regional advocacy role and in the generation of evidence and experience that will assist in the effective use of other funds becoming available.

The direct beneficiaries will be CARICOM-member Ministries of Education (Barbados, Bahamas, Belize, Guyana, Haiti, Jamaica, Trinidad and Tobago, and Suriname) and CARICOM Secretariat /PANCAP. The outputs of the project will also be available to the Eastern Caribbean States. The final beneficiaries are young people ages 15-24 throughout the Caribbean, and the wider society.

Risks:

The main risks concern the willingness of governments to prioritize HIV/AIDS, and the capacity of government organizations to provide leadership in a context of multi-sectoral action. The TC aims to offset these risks by directly supporting public-NGO partnerships and by supporting region-wide advocacy (a primary function of CARICOM/PANCAP) through the provision of models and cost effectiveness evaluations. A second area of risk concerns the plethora of organizations involved in the area of HIV/AIDS. This risk is being mitigated by the project partnering with CARICOM/ PANCAP, by

focusing on two to three country locations and building outwards from them, and by appointing a management firm to manage technical and financial aspects.

A final risk is related to the institutional capacity to implement the multi-sectoral operation. No one regional organization exists focused on issues of HIV/AIDS and the Education Sector. The particular strength of the CARICOM Secretariat is in the area of regional policy coordination, which gives this operation a good context from which to work, along with technical guidance from the PANCAP Secretariat. However, given the intended scope of the TC to work at the national level in three to four countries with multiple local contracts, in order to provide the required specific technical skills along with managerial and financial oversight, as well as flexibility, this risk of institutional capacity to implement a region project is being mitigated through the contracting of a management firm to manage the technical and financial aspects of the operation.

**Bank's
country/region and
sector strategy:**

The present operation is consistent with the Bank's social and health sector strategies, both of which emphasize the importance of inter-sectoral approaches to social sector challenges as well as prioritize a response to the HIV/AIDS epidemic. In the September 2003 Briefing Book on the Caribbean Region, the challenge of HIV/AIDS is included among the most pressing issues facing the region. The main thrust of the Bank's Regional Programming Paper for the Caribbean (GN-2035-1) is to support deepening trade and economic integration. As highlighted in paragraphs 1.3 and 1.4, the growing HIV/AIDS epidemic poses a very significant challenge to economic growth in the region, and labor mobility, which will expand as economic integration is achieved, is a risk factor for the spread of the disease. Therefore, this operation is in line with the regional strategy.

The Bank is well placed to provide technical assistance and support in the area of HIV/AIDS prevention and mitigation, as it has major education, as well as health-sector, loans in execution or preparation in nearly all of the Caribbean IDB-member countries, creating important opportunities for incorporating the results of this proposed operation into existing operations or the incorporation of new operations into the Bank's pipeline. This operation will also assist the Bank in developing guidelines for working with the education sectors in the area of HIV/AIDS and support the Bank's commitment to working in this sector, in support of the Millennium Development Goals. The Bank has demonstrated its commitment to supporting operations that increase countries' capacity to respond to the epidemic, through focus on this topic during the 2002 Annual Meeting of the Governors of the Bank.

Coordination with other Official Development Finance Institutions	The design of this operation was carried out in collaboration with CARICOM and UNESCO (¶ 1.15 – 1.18) and in coordination with other UN agencies. Throughout implementation this coordination will continue. (¶ 3.3 – 3.4)
Special contractual conditions:	As a special condition prior to first disbursement, the CARICOM Secretariat will have to select and contract the management firm, following the Bank's standard procurement procedures.
Exceptions to Bank policy:	None
Procurement:	The procurement of all services will be carried out in accordance with standard Bank procurement procedures. It is expected that there will only be three procurement procedures under the operation, one for the Management Firm, utilizing International Competitive Bidding, with a budget of US\$545,000, one for the external auditors, with a budget of US\$10,000, and one for the external evaluation, with a budget of US\$10,000. The selection process for the management firm will not commence until after the Bank has approved the operation.

I. FRAME OF REFERENCE

A. Situation of HIV/AIDS and youth in the region

- 1.1 The HIV/AIDS prevalence rate for the Caribbean region is around 2%, second globally only to sub-Saharan Africa. There are wide disparities in prevalence rates among countries, however, ranging from 6.1% in Haiti to less than 1 percent in Cuba. Haiti, the Bahamas, Barbados, the Dominican Republic, Guyana, and Jamaica have generalized epidemics (an HIV prevalence rate of more than 1% among women who attend prenatal clinics), while Trinidad & Tobago has a concentrated epidemic (an HIV prevalence rate over 5% among populations who practice high-risk behaviours). There is no indication that the epidemic has reached a plateau in the region, and current expectations are that prevalence will continue to rise. Foremost among the goals internationally agreed at the United Nations General Assembly Session (UNGASS) in July 2001, is a 25% reduction in HIV infection rates among 15-24 year olds, in the worst affected countries by 2005 and globally by 2010.
- 1.2 Gender issues are particularly crucial for the Caribbean, with the epidemic interacting with a situation in which young males are under-performing in the educational system, and females are in social and sexual situations that are conducive to the continued spread of the virus. There has been a dramatic and constant increase of HIV/AIDS among Caribbean women, and the region now has one of the highest rates of new AIDS cases among women in the sub-regions of the Western Hemisphere. Forty percent or more of adult persons living with HIV/AIDS (PLWHA) are women in every Caribbean country with the exception of Cuba and Trinidad & Tobago. In some countries, the HIV rate among youth ages 15-19 is as much as five times higher among girls than boys. Women are at greater risk of contracting HIV in both biological and sociological terms, as they are both physically more vulnerable and often have little or no power to negotiate safer sex practices with male partners. As the number of HIV-infected women grows, the number of children born with HIV infection also increases. Although the percentage of paediatric HIV/AIDS cases is low in most countries, 8.4% of HIV/AIDS cases are among children in the Bahamas and 7.2% in Trinidad and Tobago. This profile highlights the issues of the growing numbers of AIDS orphans and children infected with HIV/AIDS facing exclusion from the formal education system.
- 1.3 AIDS is already the leading cause of death in the Caribbean region for the 15-44 age group. Since the most economically active population groups are the most heavily affected by HIV/AIDS, social and economic repercussions are inevitable. While the disease affects persons from every socio-economic background, the deleterious impact on poor families is much greater as they have less capacity to cover the significant medical costs and also to adequately cope when an income-earner of the family is affected. The impact on businesses includes loss of profit and productivity due to workforce morbidity, increased absenteeism due to sick leave or caring for a family member, increased staff turnover due to premature loss of services of experienced staff, lower productivity of new employees and investments in their training. Additionally for the Caribbean, there is concern about the impact that AIDS can have on the tourism sector. Some studies estimate that the direct medical costs of the epidemic and the indirect costs of lost productivity could have amounted to more than 6% of the regions' GDP by the end of 2000. A study by the University of the West Indies estimates that in Trinidad and

Tobago and Jamaica, by the year 2005 the GNP will have been lowered by 4.2% and 6.4%, and savings will have gone down by 10.3% and 23.5%, respectively.

- 1.4 Caribbean people are, in general, very mobile, travelling from island to island and outside the region for work, study, leisure, and family reasons. Mobility is often linked to increased risk of HIV infection. Political instability and large socio-economic inequalities between neighbouring countries are important impulses for migration. This mobility presents opportunities for high-risk behaviours such as multiple sexual partners and increases the likelihood of engaging in or purchasing commercial sex. In addition, economic circumstances in the region are also influencing the growth of sex tourism and, increasingly, new groups (such as school girls) are being pulled into commercial and “transactional” sex. The region is also characterized by a large number of youth-at-risk, including poor and under-educated youth with few or no job prospects and tenuous family structures.

B. Policies and programmes in the education sector

- 1.5 After 10 to 20 years of effort by national health sectors in the Caribbean, the HIV/AIDS epidemic continues to spread. Although there is now a general consensus that the epidemic is a national development challenge and not exclusively a public health issue, almost all technical assistance and funds from the different international and local partners continue to be channeled through Ministries of Health (MOH). Most countries are only starting to engage in a more multi-sectoral approach, involving several ministries as well as the private sector and non-governmental organizations (NGOs) in a structured way. The National AIDS Committees (NACs) have not been given the adequate status, authority or budget to perform the vital multi-sectoral leadership role. Barbados is an exception to this and demonstrates that a politically supported, technically strong and well funded NAC can make a major contribution to the coordinating capacity of countries in terms of: maintaining consistency of data and message; supporting line ministries in practice with technical input and resources; supporting NGOs in capacity building and coordination; providing a strong coherent voice for advocacy; and, providing a clearing house for support from external development partners.
- 1.6 The education sector has a key role to play in preventing HIV and in mitigating the effects on individuals and communities. It can reduce risk and vulnerability by providing appropriate information and skills to children and youth both before and after they have become sexually active. Traditionally, the education sector has seen its role as that of educating students in academic skills. Now, however, it is facing the challenge of supporting children and youth to develop life skills that boost their self-esteem and reduce their propensity to engage in risky-behavior, in turn reducing their vulnerability to HIV/AIDS infection (and indeed to violence, early parenthood and other risks to their full development). To date there are very few Caribbean countries that have a national coordinated strategy to address the HIV/AIDS epidemic through the education sector. Where they exist, activities tend to be uncoordinated with limited coverage and face problems of sustainability. There is also a lack of expertise among educationalists, instructional materials designers, teacher trainers and classroom teachers on how HIV/AIDS mitigation and prevention messages can be delivered to primary, secondary and out-of-school populations, in a systematic and coordinated way.
- 1.7 Although most (but not all) countries have education sector strategic plans, few of these include more than cursory mention of HIV/AIDS and the issues does not yet seem to be

considered a prime concern of the sector. Some countries have education sector components of national HIV/AIDS strategic plans but most of these are weak and none are in a state of readiness for implementation. Only Haiti has a National Strategic Plan for HIV/AIDS and Education. Few MOEs (Barbados and recently Jamaica) have designated HIV/AIDS units or staff able to promote and implement multi-approach agendas; in both of these countries the existence of dedicated staff to the topic has proven extremely important to mobilize the sector.

- 1.8 The Health and Family Life Education (HFLE) Program, which has been supported over the past 15 years by UNICEF and CARICOM, is seen by most educators, health professionals and parents as the vehicle for responding to the HIV/AIDS crisis in the education sector. It is expected that once HFLE has been fully developed and established as a sustained program with good coverage in all countries, it could become a major platform for effective HIV/AIDS education in formal settings. However, to date countries have been unable to implement HFLE to anywhere near the extent required to make a difference, due to several stumbling blocks that have been examined in several recent documents (issues related to teacher training, resistance to non-exam oriented subjects, issues of confidentiality, etc). CARICOM has recently re-launched a Multi-Agency Working Group on HFLE to continue to seek ways to address the barriers to full implementation of HFLE, with technical and financial assistance from UNICEF. A consulting firm has recently been hired by UNICEF to prepare a HFLE Regional Curriculum Framework, develop teacher support materials, assist in the training of teachers in the use of the materials and modify the materials after piloting. The first module to be developed will be on Sexual Health (including HIV prevention).
- 1.9 Notwithstanding this regional effort on HFLE, additional avenues need to be addressed to reinforce this longer-term curriculum approach. International experiences indicates that the following policies, when fully implemented, are key: (i) policy on HIV curricula integration in primary and secondary schools; (ii) policy on education for HIV/AIDS prevention in teachers' pre- and in-service training; (iii) policy on school children and school personnel infected with HIV and anti-discrimination; (iv) policy on fees for HIV affected children (mostly orphans); (v) policy on parental involvement in youth education on HIV/AIDS prevention; and (vi) policy on planning for the impact of HIV/AIDS on the education sector. Five CARICOM-member countries now have approved policies on the inclusion of HFLE in the curriculum while only Haiti has a broader HIV/AIDS and Education Sector Policy. Jamaica is currently preparing the same, with support from UNICEF and UNESCO.

C. PANCAP and the Caribbean Regional Strategic Framework for HIV/AIDS

- 1.10 The Pan Caribbean Partnership against HIV/AIDS (PANCAP), a regional body coordinated by the Caribbean Community (CARICOM) Secretariat, was established in February 2001 on the occasion of the 12th Inter-sessional Conference of the Heads of Government of the Caribbean Community. PANCAP was established with the aim of intensifying the Caribbean regional response to HIV/AIDS and scaling up: (i) the number of partners and institutions involved in the collective regional response to AIDS; (ii) the level of financial and human resources available; (iii) the geographical scope of the response; and (iv) global advocacy efforts for HIV/AIDS in the Caribbean. PANCAP brings together all key regional stakeholders working on HIV/AIDS: national AIDS programmes, major NGOs, including faith-based organizations, labour and employer organizations, and representatives of youth movements, representatives of people living

- with HIV/AIDS, key regional institutions, UN system agencies, and bilateral and multi-lateral donor organizations. The number of signatories to the PANCAP Statement of Commitment increased from 18 original signatories in 2001 to 61 in July 2002. The full membership of PANCAP meets once annually and maintains regular exchanges of information throughout the year. The PANCAP Coordinating Unit is based at CARICOM Secretariat headquarters in Georgetown, Guyana.
- 1.11 PANCAP, with support from WHO/PAHO and UNAIDS, has achieved major progress in strengthening regional access to care and treatment in the Caribbean within the context of the Global Accelerated Access Initiative. Following a process of negotiations over one year, the PANCAP signed an Agreement of Intent with six pharmaceutical companies in July 2002. The Agreement provides a framework for achieving substantial reduction in prices of antiretroviral medications for the region. This PANCAP achievement has received widespread international acclaim and recognition as a model for other regions.
 - 1.12 PANCAP has also mobilized new partners and increased financial resources for implementing the Regional Strategic Plan on HIV/AIDS. Initial funding (7.1 million Euros) was secured from the European Union for institutional strengthening for HIV/AIDS, including for the strengthening of the Regional Network of People Living with HIV/AIDS (CRN+), expanding the training curricula on HIV/AIDS at the University of the West Indies, and support for other regional institutions. The Caribbean Epidemiology Centre (CAREC), one of the core partners of PANCAP, has attracted financial support for surveillance, laboratory strengthening, prevention, care and other activities from CIDA, DFID, USAID, CDC and others at approximately US\$17 million over a five year period beginning in 2001. In addition to making considerable progress at the regional level, PANCAP has promoted national level developments, particularly in the area of National Strategic Planning for HIV/AIDS. All countries in the region are implementing, have completed, or are in the process of finalizing multi-sectoral National Strategic Plans for an expanded response. The PANCAP Secretariat has recently been expanded in terms of the number of professional staff.
 - 1.13 PANCAP supports the implementation of the Caribbean Regional Strategic Framework for HIV/AIDS 2002-2006, which outlines strategic objectives, priority areas, lead agencies, and outputs for HIV/AIDS programming across the member states. This framework has formed the basis for the World Bank Proposal for a Caribbean Action Plan for HIV/AIDS and for the CARICOM Global Fund for AIDS, Tuberculosis and Malaria (GFATM) Proposal, which was recently approved in October 2003, for US\$8.6 million. The GFATM Proposal aims to add value to national level activities by providing technical support (through training, guidelines, and technical assistance) and financial resources for five main components: (i) mechanisms for the protection of basic human rights for all persons living with HIV/AIDS (PLWHA); (ii) access to appropriate HIV/AIDS prevention services to at-risk population sub-groups; (iii) regional policies and guidelines for treatment and care services disseminated to and adopted in all beneficiary countries; (iv) a program to expand the participation of PLWHA in the regional response; and, (v) an expanded human resource capacity to provide the full continuum of care. Persons who worked on the preparation of the CARICOM GFATM proposal reported the difficulty of finding evaluated approaches to reaching youth through the education system.
 - 1.14 In addition to the GFATM's funding to CARICOM, it is estimated that over US\$100 million will be available for HIV/AIDS prevention and treatment in the region from the

GFATM, the Clinton Foundation, World Bank and other development partners during the period 2004-2007. Much of this is targeted for anti-retroviral drugs and support to increasing laboratory capacity, in addition to prevention activities.

D. Need for Capacity Building in the Education Sector

- 1.15 In July 2002, the UNESCO Office for the Caribbean organized a consultation meeting for the UN agencies in the region. This meeting confirmed (i) the critical urgency of governments' mobilizing the education sector in the effort to contain the HIV/AIDS epidemic and to mitigate its effects and (ii) the general lack of readiness in the education sectors of Caribbean countries to respond at the necessary level. As a result, a regional¹ technical assistance operation was recommended as most countries have similar curriculum and educational systems; there is considerable movement of persons between countries; several of the key tertiary training institutions are regional; there may be economies of scale in a region with many relatively small countries; and there is an existing practice of regional coordination through CARICOM. UNESCO then discussed the proposal with the Caribbean Ministers of Education on November 15, 2002, during the Meeting of Ministers of Education of Latin America and the Caribbean in Havana, Cuba. As a result, the majority of the twenty Governments of the English, French and Dutch-speaking Caribbean have signed a letter of commitment supporting the establishment of a regional forum on HIV/AIDS and Education.
- 1.16 The CARICOM Secretariat has given its fullest support to the proposal in the context of PANCAP. As a partner in the development of this operation, the CARICOM Secretariat facilitated presentations of the proposal to regional meetings of Ministers of Education and Chief Education Officers, in March, 2003. CARICOM also organized and funded a regional policy consultation on April 22-23, 2003 in Kingston, Jamaica to discuss the proposal and to provide input into preparation of the Plan of Operations.
- 1.17 In April-June 2003, a Joint Program Identification Study (JPIS) was undertaken by three consultants hired by the Bank and UNESCO to prepare the TC, supported by the CARICOM Regional Policy Group. The JPIS consulted with stakeholders (representatives of the Ministries of Education and Health, National AIDS Committees, teacher's colleges and key NGOs) in most of the Bank-member countries of the region (Barbados, Belize, Guyana, Jamaica, Suriname, Trinidad and Tobago) and reviewed relevant regional and international experiences. The JPIS found wide agreement that there are significant obstacles to delivering effective sexuality education through the school system. These include: (i) the lack of readiness of MOEs to address HIV/AIDS – with students, parents, teachers and other groups of employees; (ii) conventional teaching methods do not work well in changing the sexual behaviours of young people - more interactive, role playing and role modelling techniques are needed; (iii) most teachers are not trained or skilled in these participatory techniques nor are they willing to deal with issues of sexuality; improving this situation will require a long term selection and training program; (iv) teachers are already overloaded and HIV/AIDS is seen as yet another responsibility; and (v) the school system cannot reach some target groups very well – many students, particularly the older youth, would prefer to interact with external educators or counselors rather than their teachers.

¹ In the context of this TC, "region" refers to CARICOM member countries (Bahamas, Barbados, Belize, Guyana, Haiti, Jamaica, Suriname, Trinidad and Tobago).

- 1.18 The JPIS found widely held views that something different has to be done - apart from conventional studies, advice and workshops - including supporting initiatives by local NGOs to take their services to youth in school settings. There is widespread appreciation of the seriousness and urgency of HIV/AIDS as it affects young people. What is missing are some practical, affordable and effective short term interventions that will also contribute to building capacity in the longer term. What is being proposed fits within the Regional Strategic Framework and is complementary to the CARICOM submission to the GFATM and other funding streams that may become available; the tools and models that are to be tested and costed by this TC can be replicated and brought to scale through these other future funding streams.

E. Bank's strategy and experience

- 1.19 The present operation is consistent with the Bank's social and health sector strategies, both of which emphasize the importance of inter-sectoral approaches to social sector challenges as well as prioritize a response to the HIV/AIDS epidemic. In the September 2003 Briefing Book on the Caribbean Region, the challenge of HIV/AIDS is included among the most pressing issues facing the region. The main thrust of the Bank's Regional Programming Paper for the Caribbean (GN-2035-1) is to support deepening trade and economic integration. As highlighted in paragraphs 1.3 and 1.4, the growing HIV/AIDS epidemic poses a very significant challenge to economic growth in the region, and labor mobility, which will expand as economic integration is achieved, is a risk factor for the spread of the disease. Therefore, this operation is in line with the regional strategy.
- 1.20 The Bank is well placed to provide technical assistance and support to the process of strengthening the Education sector's role in HIV/AIDS prevention and mitigation, as it has major education, as well as health-sector, loans in execution or preparation in nearly all of the Caribbean Bank-member countries. The Bank also has important dialogue mechanisms with the Ministries of Finance and Planning in all of the countries. These channels of dialogue and assistance create important opportunities for incorporating the results of this proposed operation into existing operations or the incorporation of new operations into the Bank's pipeline. This operation will also assist the Bank in developing guidelines for working with the education sectors in the area of HIV/AIDS and support the Bank's commitment to working in this sector, in support of the MDGs. On June 11, 2003, a delegation from PANCAP met with the management of the Bank, which indicated its support to seeking ways to fund regional efforts to address HIV/AIDS.
- 1.21 The Bank has demonstrated its commitment to supporting operations that increase countries' capacity to respond to the epidemic, through focus on this topic during the 2002 Annual Meeting of the Governors of the Bank. This operation will be complementary to ATN/JF-7135-JA, Tools for AIDS Prevention and Disease Management/Treatment, currently being implemented by the Ministry of Health in Jamaica. The Baseline Assessment component of that project provided technical assistance to support the development of plans of action by different line ministries in Jamaica and to support the National AIDS Committee, with the recognition that much more needs to be done to support a truly multi-sectoral response to the epidemic. This operation is also complementary to ATN/SF-7686-HA, Program to Support Basic Health Services and HIV/AIDS, being implemented by PAHO in Haiti, which is providing technical assistance to: (i) develop, monitor and adjust the National Strategic Plan for

- combating HIV/AIDS; (ii) design, implement and evaluate a Local Capacity-Building Initiative to strengthen and integrate existing networks of care for the delivery of HIV/AIDS-related services in at least two municipalities outside Port-au-Prince; and (iii) improve the institutional capacities required for the screening of blood and its derivatives for HIV and other infectious diseases.
- 1.22 Other innovative programs have been supported by Region II in Honduras, in the area of integrating HIV/AIDS prevention in an Environmental Management Program in the Bay Islands as well as support to community-based responses to HIV/AIDS prevention and mitigation among the Garifuna population.

II. THE PROGRAM

A. Objectives

- 2.1 The objective of the operation is to improve the response of the education sector to the HIV/AIDS epidemic, as a partner in the multi-sectoral strategy of prevention and mitigation in each country. To achieve this objective, the program will develop and support the implementation of intervention models for use by the education sector to reach in and out of school youth, as well as the regional dissemination of results and leveraging of other available funding outside this project. The overarching MDG, to which this operation seeks to contribute, is the reduction of HIV incidence in the 15-24 age group in the Caribbean Region.

B. Program description

- 2.2 The project will fund pilot initiatives, building upon regional and international experiences and seeking out opportunities for collaboration. It will provide technical support to those initiatives, including monitoring and evaluation. The operation will also disseminate the results across the region, as well as seek opportunities for the results to be incorporated into other funding streams that become available. The operation has the following components:

1. Strengthening Policy and Building Advocacy

- 2.3 *Policy.* In most countries in the region, there is an absence of full-fledged and consistent engagement by the education sector in response to the HIV/AIDS epidemic. Therefore, an effective strategy for preventive education and reduction in stigma and discrimination will require leadership and dedicated effort from within the Ministries of Education, as well as the dissemination of policies on HIV/AIDS education and support of those education sector personnel and students infected and affected by HIV/AIDS. In Jamaica, UNICEF and UNESCO are supporting the development and dissemination of education sector policies regarding HIV/AIDS prevention and mitigation. Based on the results of the work in Jamaica, this TC will circulate model policy documents to the other countries in the region and will provide technical assistance to two to three countries to adapt the model documents to their reality and devise appropriate dissemination and implementation strategies.
- 2.4 *Advocacy.* There have been a series of advocacy meetings in the region in the last several years and advocacy efforts are now a principle function of the PANCAP Secretariat. The

TC aims to arm advocacy efforts with concrete, cost effective and sustainable models for delivery of needed services that take into account the realities of the public education system. The operation will identify lessons learned, the impact of innovative interventions, and prospects for expansion of the interventions in the region; and through Component 3 regional dissemination and support to PANCAP advocacy efforts, it will promote opportunities for mainstreaming services.

2. Interventions for Prevention and Care

- 2.5 Building on regional and international experiences, the operation will support pilot interventions that are grounded in Caribbean cultural realities and address gender issues. The TC will explore how different interventions can provide the services young people need and with what results and prospects for scaling up. The TC will reinforce public sector modernization programs in the region that are aimed strategically at improving how the public sector partners with private and NGO sectors in service provision. These activities will be carried out in three or four prioritized countries (Jamaica, Guyana, Suriname and/or Belize), building on existing initiatives and opportunities for collaboration.
- 2.6 *NGO service delivery in schools.* This activity will support the MOEs in two countries to develop a coordinated program of NGO activities in delivering HIV/AIDS education services in schools - and to get the program implemented rapidly and assessed. The objective is to have a documented structure for this type of collaboration -- which currently exists in a rather ad hoc form -- with clear objectives, components, costs, contracts, coordination and reporting mechanisms and evaluation. The component will provide technical assistance to plan the process including selection of schools; the setting of common standards and/or learning from doing and then incorporating lessons in the program; assistance in contracting with NGOs to provide services including preparing contract specifications; investigating the potential for coverage and unit cost reduction during implementation; exploring the potential for cost sharing with parents and/or other prospects for sustainable funding; monitoring and evaluation of the intervention, with recommendations for institutionalizing the collaboration. In this process, basic support would be provided to the selected NGOs in terms of basic financial control and administration; access to international and regional information (if necessary); cost reduction/scaling up; and designing and testing cost sharing programs. At the end of the pilot, a systematized tool will be produced to facilitate replication of the experience.
- 2.7 *Peer to Peer HIV/AIDS and Life Skills Support.* Based on international and regional models of peer mentoring, this approach of university students mentoring high school students in the area of HIV/AIDS and Life Skills will be piloted and evaluated in one of the direct beneficiary countries, and a manual will be produced. Training and supervision will be provided to a cadre of university peer educators who will then provide HIV/AIDS education sessions, using a modular program, to a variety of in and out of school youth groups, including other university peers. The pilot will seek to build on existing experiences (such as the Peace Corp workers in Guyana) and partner with complementary resources (such as the program in Jamaica that provides scholarships for university students who provide volunteer service).
- 2.8 *HIV/AIDS education through youth "drop-in" center.* The objective is to provide an intervention to reduce HIV/AIDS transmission in vulnerable youngsters by providing services that cannot be provided effectively in a school setting. The centers will work

with both school attendees after school hours as well as out of school youth, providing counseling and risk prevention skills. In Jamaica, the operation, in collaboration with the Ministry of Education, Youth and Culture and UNICEF, will seek to reinforce activities in the Youth Information Centers. Based on that experience, the component will support the launching of a center in another country, working with an agency that already has plans to work with youth along these lines (such as the Belize Family Life Association). The operation will fund training in behavior change and communication for the youth development workers at the center, as well as of leaders of youth organizations in the area. Additionally, high interest after-school leisure activities (i.e. internet access, drama group, music sessions) will be supported, incorporating HIV/AIDS and life skills education in an integrated fashion. Linkages with the health sector for other services will be created. The TC will fund a suitable proposal from an NGO or an MOE that includes cost and performance evaluation criteria, and explores financial sustainability as part of the objectives, culminating in the production of a manual/materials that systematizes the approach.

3. Capacity Building and Regional Dissemination

- 2.9 *Capacity Building.* The operation will strengthen the capacity of MOEs to design and implement practical policies and plans in HIV/AIDS prevention and mitigation, in close coordination with the National AIDS Programs and Ministries of Health (MOH). The operation will support the MOE in two of the priority countries to establish/strengthen a small HIV/AIDS Coordination Unit (HCU) and improve the response capacity in decentralized structures. The HCUs should have the capacity to initiate, coordinate and mainstream HIV/AIDS activities, including developing/revising curricula for students and the training of teachers, involving parents and community, coordinating support from the private sector/NGOs, and working with multi-sectoral NACs. The two countries will be supported to establish an “Education Sector HIV/AIDS Task Force”; the major aim of which will be to develop an HIV/AIDS Strategic Framework for the sector. The HCUs will be involved in supervising activities from Component 1 and 2 in their country.
- 2.10 *Dissemination.* This component will also support wider regional dissemination of the results and lessons learned from the TC’s activities to relevant organizations, including MOEs, MOHs, NACs, tertiary level education institutions, key NGOs and international development partners. In particular, materials and articles regarding the events and results of the TC will be prepared for quarterly dissemination, through existing channels (such as UNESCO’s quarterly Education & HIV/AIDS newsletter) as well as through other channels, as required. The results of the TC will also be placed on the UNESCO regional website in the section on HIV/AIDS & Education. Additionally, the results will be disseminated through the normal channels and events sponsored by the CARICOM and PANCAP Secretariats, such as the regional COHSOD meetings with high-level decision- and policy-makers.
- 2.11 *Experience Sharing.* The TC will support intra-regional technical assistance by promoting the sharing of any particularly strong elements of a system in one country to influence/support activities in other countries (e.g. the Barbados NAC and its interaction with MOE; Haiti’s experience in developing the National Strategic Plan on HIV/AIDS and Education), including technical assistance support for adapting activities supported under Component 2 to other countries of the region.

- 2.12 *Planning and Funding Proposals.* The TC will also support countries and NGOs in preparing funding proposals, lobbying for government investment in areas central to the TC activities (and where results appear promising), and leveraging available and potential future funding (i.e. Global Fund, UN agencies, CDB) to expand the scope and coverage of HIV/AIDS work in the education and youth development sectors.
- 2.13 **Countries.** The products of the TC are meant to benefit all CARICOM-member countries, at least indirectly. All English-speaking Bank-member countries in the Caribbean (Bahamas, Barbados, Belize, Guyana, Jamaica, Trinidad and Tobago) as well as Haiti and Suriname are CARICOM members and as such, eligible to benefit directly from the technical assistance funded by the TC. Belize, Guyana, Suriname and Jamaica have been identified as priority countries to receive direct technical assistance, based on a variety of criteria: situation of the epidemic, opportunities for collaboration, institutional structure and future funding opportunities from different sources that will enable a continuation of the efforts once the sector's capacity has been strengthened. Organization of Eastern Caribbean States (OECS) countries will have access to all materials produced; direct technical assistance to those countries will be addressed under separate financial arrangements with other development partners with whom the TC is coordinating (i.e. UNESCO, CARICOM/PANCAP, UNICEF, CDB.)

C. Cost and financing

- 2.14 The total cost of the operation is US\$680,000, to be co-financed by the Government of Japan through the Japan Special Fund (JSF). The JSF contribution is US\$565,000. CARICOM/PANCAP Secretariats will contribute US\$35,000 in kind; UNESCO will contribute US\$30,000 in kind; and Governments of countries participating in pilot interventions will contribute US\$50,000 in kind. A summary table is provided below. A detailed budget is provided in Annex 2.

Table 1. Budget

	JSF	Counterpart	Total
1. Building Advocacy and Strengthening Policy	30,000	5,000	35,000
2. Interventions for Prevention and Care	335,000	45,000	380,000
<i>2.1 NGO Intervention in Schools</i>	<i>165,000</i>	<i>15,000</i>	<i>180,000</i>
<i>2.2 Peer to Peer</i>	<i>50,000</i>	<i>10,000</i>	<i>60,000</i>
<i>2.3 Youth Drop-in Center</i>	<i>120,000</i>	<i>20,000</i>	<i>140,000</i>
3. Capacity Building & Regional Dissemination	80,000	55,000	135,000
4. Management, Administration & External Evaluation	100,000	10,000	110,000
5. Contingencies	20,000	-	20,000
Total (US\$)	565,000	115,000	680,000

III. PROGRAM EXECUTION

- 3.1 The CARICOM Secretariat will be the executing agency for the TC, through its Project Implementation Unit (PIU), that was originally established for the administrative coordination of the European Union-financed HIV/AIDS regional project. A management firm will be contracted by the PIU for the implementation of all of the TC's activities, except for the final external audit and the external evaluation. The firm will have technical, project management and financial management responsibility for the TC. The hiring of the firm's services will be carried out through the PIU, as a special condition prior to first disbursement.
- 3.2 The contract with the management firm will be for the entire amount of the TC resources, minus the cost of the final audit and of the external evaluation. The firm will be paid against the quarterly reports demonstrating project progress. The PIU will request that the Bank make direct payments to the firm, upon approved deliverables. The firm will be responsible for sub-contracting local firms, NGOs and consultants in the specific countries to carry out the local activities, will supervise and monitor their work and will be accountable for the operation's outputs and for monitoring the outcomes. The firm will also be responsible for the collection of baseline and impact data for Component 2 pilots, as well as for evaluating the impact of all of the activities at the end of the project.
- 3.3 For purposes of accountability and technical oversight of the management firm, CARICOM will establish a TC Steering Committee that will meet quarterly to review results, learn from what is being achieved and ensure that this learning influences other relevant activities at CARICOM Secretariat/PANCAP level through related projects and forums and is appropriately disseminated to the member countries particularly at a policy level. The TC Steering Committee will comprise senior managers of the Human and Social Development Division (health, education and youth) of the CARICOM Secretariat, members of the PANCAP Secretariat and an Education Specialist of UNESCO; a Bank representative will be invited to participate as a non-voting member of the Committee. CARICOM may choose to invite representatives from other key organizations working in the sector (i.e. UNAIDS, UNICEF) to participate in the Committee. The PIU will act as secretariat to the TC Steering Committee.
- 3.4 The TC will be implemented in close collaboration with the governments of the region (Ministries of Education, Youth and Health). The TC will also coordinate closely with other international development agencies (UNESCO, UNICEF, UNAIDS, UNFPA, PAHO, USAID), regional and national networks of Persons Living with HIV/AIDS and key NGOs in the sector.
- 3.5 The Management Firm, in collaboration with the Steering Committee, will finalize the selection of countries per activity based on the interest expressed by the countries as well as opportunities for collaboration. However, before the direct technical assistance is provided, a memorandum of understanding (MOU) must be signed between the relevant Ministry of Education and CARICOM, with a copy sent to the Management Firm and the Bank. The MOU must indicate the Ministry's support of the project activities to be carried out in that country as well as their agreement to contribute the required in kind counterpart contribution.

- 3.6 Program execution is planned to be 20 months. Twenty-four months have been provided for disbursement from the date of the agreement. The PIU will request that the Bank make direct payments to the management firm. A final audited financial statement, certified by a firm of independent public accountants hired by the PIU, will be presented to the Bank within ninety days following the date of the last disbursement. Thirty days prior to the Final Disbursement Deadline, the Bank (COF/CGY) will hire, with project resources, a consultant to carry out an external final evaluation of the operation. This evaluation will: (i) assess whether the project delivered the expected outputs; (ii) assess the attainment of the development objectives set out in the logical framework matrix, and/or their likely attainment in the future; and (iii) review the effectiveness of the project's management, administration and coordination arrangements.
- 3.7 The procurement of all services will be carried out in accordance with standard Bank procurement procedures. It is expected that there will only be three procurement procedures under the operation, one for the Management Firm, utilizing International Competitive Bidding, with a budget of US\$545,000, one for the external auditors, with a budget of US\$10,000, and one for the external evaluation consultant, with a budget of US\$10,000. The selection process for the management firm will not commence until after the Bank has approved the operation.
- 3.8 The management firm will submit to the CARICOM Secretariat and the Bank an inception report within one month of their engagement, to be approved by the Steering Committee. This report will include a detailed plan of action as well as final terms of reference for each activity. Thereafter, the firm will present to CARICOM quarterly monitoring reports, with updates on implementation progress and plans, which will be submitted to the Steering Committee for its approval. The firm will also submit a final report 30 days prior to the Final Disbursement deadline that describes project accomplishments, results, and impact, based on the Logical Framework. The report will also include lessons learned as well as opportunities for replication.
- 3.9 COF/CGY will be the responsible unit to monitor and supervise the operation's technical, financial and administrative execution, in coordination with RE3/SO3. The Bank's Country Offices in the direct beneficiary countries will support project implementation, ensuring compatibility and continuity with other Bank initiatives in the respective countries.

IV. VIABILITY AND RISKS

A. Benefits

- 4.1 Although most persons in the field of HIV/AIDS prevention now accept that the epidemic is a national development challenge and not exclusively a public health issue, almost all technical assistance and funds from the different international and local partners continue to be channeled through Ministries of Health. Other Ministries are just recently starting to come on board in the framework of a multi-sectoral approach, and yet most still do not have concrete policies nor models of evaluated approaches to address the issue. The aim of this TC is to help address this capacity issue in relation to the education sector, which has the potential to become a critical player in the area of HIV/AIDS prevention. The focus of the operation is to assist the education sector across the region to become better prepared so that when other sources of major funding become

available (GFATM, US Government funding, Clinton Foundation, etc.), the sector is in a better position to gain access to these resources and to employ them well. Likewise, the sector should be able to mainstream these issues and activities into Bank-funded education and youth development loans.

- 4.2 The TC will provide some practical and concrete models for use by education sectors (or that support education sector activities) in reducing HIV transmission rates in young people. These benefits will be generated first in three to four selected countries of the region (Jamaica, Belize, Suriname and/or Guyana). The lessons learned will then be disseminated throughout the region and the operation will assist other countries in the region to develop their own education sector responses to the HIV/AIDS epidemic. CARICOM/PANCAP will also benefit from support in its regional advocacy role and in the generation of evidence and experience that will assist in the effective use of other funds becoming available.
- 4.3 The direct beneficiaries will be CARICOM-member Ministries of Education (Barbados, Bahamas, Belize, Guyana, Haiti, Jamaica, Trinidad and Tobago, and Suriname) and CARICOM Secretariat /PANCAP. The outputs of the project will also be available to the Eastern Caribbean States. The final beneficiaries are young people ages 15-24 throughout the Caribbean, and the wider society.

B. Risks

- 4.4 *Leadership.* The main risks concern the willingness of governments to prioritize HIV/AIDS, and the capacity of government organizations to provide leadership in a context of multi-sectoral action. The TC aims to offset these risks by directly supporting public-NGO partnerships and by supporting region-wide advocacy (a primary function of CARICOM/PANCAP) through the provision of models and cost effectiveness evaluations.
- 4.5 *Coordination.* A second area of risk concerns the plethora of organizations involved in the area of HIV/AIDS prevention and mitigation. This risk is being addressed by the project partnering with CARICOM/PANCAP, by focusing on three to four country locations and building outwards from them, by having a multi-agency Steering Committee and by disseminating information about the TC regionally through existing channels. Extensive coordination has also been carried out during the development of this TC with MOEs, MOHs and international development partners (UNESCO, UNICEF, PAHO, UNFPA, JICA, CDB, etc) to avoid duplication or overlap.
- 4.6 *Institutional Analysis.* No one regional organization exists that focuses specifically on issues of HIV/AIDS and the Education Sector. The particular strength of the CARICOM Secretariat is in the area of regional policy coordination, which gives this operation a good platform from which to work, along with technical guidance from the PANCAP Secretariat. However, given the intended scope of the TC to work at the national level in two to three countries with multiple local contracts, in order to provide the required specific technical skills along with managerial and financial oversight, as well as flexibility, this risk of institutional capacity to implement a region project is being mitigated through the contracting of a management firm to manage the technical and financial aspects of the operation.

C. Environmental and social strategy

- 4.7 The proposed TC will not cause any negative environmental impact as the actions and interventions to be funded are concerned with capacity building, institutional strengthening and knowledge generation. The social impact is expected to be very positive, as the project directly attempts to contribute to the attainment of an important Millennium Development Goal, in a way that is culturally sensitive and addresses gender considerations. The Committee on Environment and Social Impact (CESI), at its meeting CESI 21-03 on June 6, 2003, approved the operation with the no recommendations. No further action is required by CESI.

LOGICAL FRAMEWORK

NARRATIVE SUMMARY	PERFORMANCE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<i>The overarching MDG, to which this operation seeks to contribute, is the reduction in the incidence of HIV/AIDS among youth 15-24 years by 25% by 2010, in the Caribbean Region</i>			
A. GOAL:			
Improved response of the education sector to the HIV/AIDS epidemic, as a partner in the multi-sectoral strategy of prevention and mitigation in each country.	<ul style="list-style-type: none"> ▪ MOEs have adopted and are complying with sector specific policies on the prevention and mitigation of HIV/AIDS ▪ Skills-based education on HIV/AIDS is provided consistently to in and out of school youth as part of the education sector's mandate to the entire target population. 	Reports to COHSOD National KAP Studies	<p>Well designed response by education sector, in coordination with other actors, can produce behavioural change among youth</p> <p>Socio economic situation remains stable</p>
B. PURPOSE:			
Intervention models developed and their implementation supported for use by the education sector to reach in and out of school youth, as well as the regional dissemination of results and leveraging of other available funding outside this project.	<p>End of Disbursement Period results</p> <ul style="list-style-type: none"> ▪ MOEs in two countries have institutionalized HIV/AIDS Coordinating Unit ▪ MOE in at least one country has signed a contract with at least one NGO to provide on-going support in schools ▪ Peer mentoring volunteer program institutionalized in at least one tertiary education institution. ▪ Youth drop in centre in at least one country routinely providing 	<ul style="list-style-type: none"> ▪ MOE budgets ▪ Tertiary institution budget ▪ Regional/National Project documents 	Country leadership has a commitment to multi-sectoral approaches to HIV/AIDS epidemic

NARRATIVE SUMMARY	PERFORMANCE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
	HIV/AIDS prevention and mitigation support. <ul style="list-style-type: none"> ▪ Lessons learned and models from this TC incorporated into at least two other national and/or regional HIV/AIDS prevention and mitigation programs 		
C. COMPONENTS:	End of Execution Period results		
1. Model policy documents for HIV/AIDS prevention and mitigation revised, adapted and disseminated.	1. Policy documents, adapted to local reality, disseminated in two countries.	Policy Documents	<ul style="list-style-type: none"> ▪ Selected MOEs sustain commitment to HIV/AIDS Coordinating Unit ▪ NGOs willing to work with MOE ▪ Steering Committee is effective in coordinating TC tasks with other regional/national activities
2.MOE supported to promote, coordinate and assess models of partnerships between NGOs and school systems to deliver HIV/AIDS education services in schools.	2. Contracts with NGOs implemented and evaluated in two countries.	Management Firm’s Evaluation Report	
3.Peer to Peer HIV/AIDS and Life Skills Support mentoring program designed and piloted.	3. Mentoring program operational and evaluated in one country	Evaluation Report	
4.Model youth drop-in centre for HIV/AIDS services piloted	4.Model youth drop-in centre operational and evaluated in two countries	Management Firm’s Evaluation Report	

NARRATIVE SUMMARY	PERFORMANCE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS												
5.MOE capacity in the area of HIV/AIDS prevention and mitigation strengthened and results of country-based pilots and best practices disseminated for scaling up	5.a. Two HCUs strengthened	Management Firm's Final Report													
D. INPUTS:	<i>BUDGET SUMMARY</i>														
Management Firm NGO services/Consultants MOEs coordination Regional workshops/meetings	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Policy</td> <td style="text-align: right;">35,000</td> </tr> <tr> <td>Pilot Interventions</td> <td style="text-align: right;">380,000</td> </tr> <tr> <td>Capacity Building & Regional Dissemination</td> <td style="text-align: right;">135,000</td> </tr> <tr> <td>Management, Administration & Evaluation</td> <td style="text-align: right;">110,000</td> </tr> <tr> <td>Contingencies</td> <td style="text-align: right;">20,000</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: right;">680,000</td> </tr> </table>	Policy	35,000	Pilot Interventions	380,000	Capacity Building & Regional Dissemination	135,000	Management, Administration & Evaluation	110,000	Contingencies	20,000	TOTAL	680,000	Management Firm Quarterly reports External audit External evaluation	
Policy	35,000														
Pilot Interventions	380,000														
Capacity Building & Regional Dissemination	135,000														
Management, Administration & Evaluation	110,000														
Contingencies	20,000														
TOTAL	680,000														

Detailed Budget

CONSULTANTS	Monthly Honoraria (incl travel) (US\$) (A)	Number of Consultants (B)	Number of Months (C)	Total Cost (A*B*C)	JSF	Counterpart
1. Policy and Advocacy				35,000	30,000	5,000
Natl consultants	3,500	2	1	7,000	7,000	-
Intl consultants	10,000	1	2	20,000	20,000	-
Dissemination/workshops				8,000	3,000	5,000
2. Interventions for Prevention and Care				380,000	335,000	45,000
<i>2.1 NGO in school</i>				<i>180,000</i>	<i>165,000</i>	<i>15,000</i>
Natl NGOs	9,000	2	6	108,000	108,000	-
Nat'l consultant	3,500	2	2	14,000	14,000	-
Int'l consultant	10,000	2	1	20,000	20,000	-
Materials				23,000	23,000	-
Logistics and Supervision				15,000	-	15,000
<i>2.2 Peer to Peer</i>				<i>60,000</i>	<i>50,000</i>	<i>10,000</i>
Nat'l consultant	3,500	2	5	35,000	35,000	-
Int'l consultant	10,000	1	.5	5,000	5,000	-
Training Materials				10,000	10,000	-
Logistics and Supervision				10,000	-	10,000
<i>2.3 Youth Drop-In Centre</i>				<i>140,000</i>	<i>120,000</i>	<i>20,000</i>
Nat'l NGO	9,000	1	10	90,000	90,000	-
Nat'l consultant	3,500	1	3	10,500	10,500	-
Int'l consultant	10,000	1	.5	5,000	5,000	-
Training Materials				14,500	14,500	-
Logistics and Supervision				20,000	-	20,000
3. Capacity Building & Regl Dissemination				135,000	80,000	55,000
Natl Consultants	3,500	2	6	42,000	42,000	-
Intl Consultants	10,000	1	2.5	25,000	25,000	-
Materials Development				13,000	13,000	-
Material Dissemination				15,000	-	15,000
Seminars & Meetings				40,000	-	40,000
4. MANAGEMENT, ADMINISTRATION & EVALUATION				110,000	100,000	10,000
Management & Administration	4,000	1	20	80,000	80,000	-
PIU/CARICOM coordination & procurement				10,000	-	10,000
Final Audit				10,000	10,000	-
Final External Evaluation				10,000	10,000	-
5. CONTINGENCIES				20,000	20,000	-
TOTALS				680,000	565,000	115,000