

The EFA Fast-Track Initiative: Responding to the Challenge of HIV and AIDS to the Education Sector

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Executive Summary

The EFA Fast Track Initiative seeks to support countries in developing an HIV/AIDS response as part of the education sector plan for EFA

1. The EFA Fast Track Initiative (henceforth FTI) is a multi-donor effort to assist low income countries to achieve Universal Primary Education (UPE) by 2015. It helps countries to develop credible and evidence based education sector plans that will attract incremental external assistance. It has accelerated the development of sector plans in the first 12 participating countries and supported progress in donor harmonization.

2. The FTI approach, through facilitating a comprehensive sector preparation and review process, offers the following potential benefits for developing an appropriate education response to HIV and AIDS as part of the national multi-sectoral response:

- Higher political profile
- Better policy framework and dialogue
- Better programmes
- Better financing
- Better coordination
- Better lesson learning

However, the potential has yet to be fully realized and the FTI Partnership is revising and further developing procedures, going forward.

3. The FTI has recognized that HIV and AIDS are important constraints on the achievement of EFA, and is seeking to strengthen the response to HIV and AIDS in education sector plans. As part of this process the FTI Partnership has endorsed a review of the coverage of HIV and AIDS issues in education sector programmes for countries endorsed by the FTI in order to draw lessons learned and consider options for the role of the FTI in strengthening country levels responses.

Current FTI endorsed Education sector plans do not adequately address HIV/AIDS

4. A review of the FTI endorsed sector plans indicates variation in the quality and quantity of the response to HIV and AIDS. Five of the twelve country plans make no mention of HIV/AIDS, while the Mozambique plan offers a comprehensive strategic response that best accords with current good practice. Only 4 plans include any specific costings for HIV and AIDS. The implication of this is that the FTI has endorsed education sector responses to HIV and AIDS that have been under costed and will therefore be under-funded.

5. Current FTI HIV and AIDS instruments and processes do not adequately reflect the full range of evidence based guidance that is available. The processes appear to be insufficiently inclusive and multi-sectoral, and are largely disconnected from broader national AIDS responses.

6. It appears that only two of the 12 countries make specific reference to accessing funds from non-education sector, HIV and AIDS specific sources of funding (such as the World Bank Multi-Country AIDS Program – MAP - and the Global Fund for HIV/AIDS, Tuberculosis and Malaria - GFATM). The FTI processes with donors are well placed to further increase access to this potentially important additional stream of resources.

7. The FTI has however achieved incremental changes in education sector HIV and AIDS responses in most of the 12 countries, and has facilitated significant advances in Mozambique in particular. This shows the considerable potential of the FTI approach.

Constraints on the development of education sector plans that address HIV and AIDS

8. Some of the inadequacies in the first set of plans are a consequence of uncertainties inherent in any start-up process, especially for a politically visible initiative charged with delivering rapid results. Nevertheless, the findings for HIV and AIDS contrast with the generally high quality of the sector plans in addressing the more traditional areas of education, and may reflect a marginalization of HIV and AIDS in the current FTI processes, due to three closely interconnected constraints.

9. First, the FTI guidelines and endorsement processes are not sufficiently systematic or comprehensive in addressing HIV and AIDS. While some areas (such as prevention, support for orphans and vulnerable children, and mitigating impact on teachers) are given some stress, other important areas (such as the stigmatization that results in discrimination and exclusion of teachers and learners, or the work place policies that can address this) are largely absent.

10. Second, there is a relative absence of HIV and AIDS-specific expertise to support the preparation and assessment processes, and a lack of HIV and AIDS-specific technical and financial resources at the country level.

11. Third, in some instances, for example Ghana and the Gambia, there is a more comprehensive response to HIV and AIDS in the country than is reflected in the sector plan endorsed by the local donor group. The current trawl of stakeholders has not discovered the full range of activities, and does not fully reflect the reality of the multi-sectoral response to HIV and AIDS.

12. These three constraints suggest that inclusion of HIV and AIDS in the FTI processes has not yet benefited from the high quality, evidence-based approach that is apparent for other more traditional areas of education, perhaps reflecting the relative novelty of HIV and AIDS work for educators in agencies and countries. There is a clear need for stronger technical support for both the FTI Partnership and, in particular, the country level processes.

Recommendations to strengthen FTI processes to support countries in developing an HIV and AIDS response as part of the education sector plan for EFA.

13. The FTI Partnership should ensure that there is access to quality technical advice on the education response to HIV and AIDS at country level. There is a specific need to revise the FTI Guidelines and processes, in line with the specific technical recommendations given in the body of this report, with a view to ensuring consistency and quality in mainstreaming the HIV and AIDS response within country sector plans.

14. The FTI Partnership should facilitate the availability of technical and financial resources at the country level, to support the preparation and assessment of HIV and AIDS components of sector plans. The benefits of just-in-time expertise throughout the preparation and assessment processes are exemplified by the Mozambique experience, which provides a useful model. At country level, the local donor group needs to consider options to ensure that HIV and AIDS are more adequately addressed. This may entail one donor taking responsibility for the lead on this issue based on comparative advantage. In many country contexts, FTI partners will need to give attention to strengthening their own capacity at country level on HIV and AIDS. Ideally, this would be supported by a network of expertise and a toolkit with detailed guidelines.

15. Technical support to the FTI and country teams could be provided by creating another FTI Working Group. Alternatively, a formal arrangement for support could be made with the existing Working Group of the UNAIDS Inter-Agency Task Team (IATT) for Education that coordinates the multi-donor effort to “Accelerate the Education Sector Response to HIV/AIDS”. This would reduce transaction costs and avoid duplication, and has the additional advantages that the membership of the working group maps closely on the FTI donor team and that the Mozambique experience has provided proof of principle of the efficacy of this partnership. A key task for this group might be to develop an appropriate toolkit and guidelines.

16. Specific resources for preparing HIV and AIDS components of the sector plan might be provided through the FTI Facility for Programme Preparation (FPP), which could also support the engagement of a wider group of stakeholders, especially the National AIDS Authority. It is recommended that

managers of the FPP pay particular attention to the quality of the HIV and AID response and to provide high quality technical support to countries.

17. Specific involvement of the National AIDS Authorities in the processes at the country level would increase opportunities for funding from non-education, HIV and AIDS specific sources, such as the MAP and GFATM. This dialogue should be supported by inclusion of these non-traditional donors in FTI discussions of donor harmonization, thus providing the education sector with potential access to additional resource streams.

A. INTRODUCTION

THE CHALLENGE OF AIDS TO EDUCATION

1. AIDS has recently emerged as a new and potent threat to the development of education systems and as a growing challenge to the achievement of Universal Primary Education (UPE), especially in sub-Saharan Africa. Countries have been slow to appreciate the potential of HIV epidemics to impact on the core business of education and to invest in effective measures to prevent HIV through education.

2. The impact of AIDS on a national education system is related to the scale and distribution of HIV epidemics. There is considerable diversity in these, even within countries, reflecting variations in socio-economic contexts. Put simply, the severity of effect is linked to the HIV prevalence rate in the general population and the maturity of the epidemic. In sub-Saharan Africa, 12 countries have more than one-tenth of the adult population infected with HIV. These countries can expect severe impacts on human development. But no country can afford to be complacent about the spread of what is arguably the greatest global health challenge of our era.

3. The demographic impact of AIDS is resulting in downward trends in life expectancy and population growth¹. The most direct impact is the increase in death rates in affected populations. The highest rates have been seen in eastern and southern Africa. These will continue to rise in many sub-Saharan African countries. Death from AIDS is distorting the age structures of populations and in the most severely affected countries in southern Africa will likely result in population pyramids that have never been experienced before. The most productive age group of the population will be depleted.

4. Education planners and managers need to be able to accommodate the current and future the impacts of AIDS on demography when developing national education sector plans. They need to incorporate actions which will mitigate the impacts on service delivery. Key areas are the protection of the teaching stock, care and treatment for teachers infected with HIV and the replacement of teachers lost because of AIDS. Reliable data are lacking, but the losses are significant. The World Bank estimates that Mozambique will lose some 53,000 teachers over the period 2002-2010. Loss of teachers affects educational quality, which in turn reduces demand for education

5. AIDS increases education sector costs through the provision of extensive sick leave benefits to teachers, funeral costs, death benefits and the cost of replacing teachers. Budgets have to accommodate higher recruitment and training costs. Zambia has estimated that the additional cost of AIDS to education will be \$25m over the period 2000-2010, mostly due to increasing the supply of teachers as well as covering teacher absenteeism. World Bank²

projections indicate that the impact of AIDS will add at least \$287 a year to the costs of UPE in a sample of sub-Saharan African countries.

6. In addition to supply side effects, assessing the demand for education is also critical. In addition to declining birth rates, increasing numbers of children are becoming affected by AIDS. Catering for the educational needs of the large number of orphans and vulnerable children (OVCs) is a particular and urgent concern. In Sub-Saharan Africa in 2003, there were 43 million orphans, an estimated 12.3 million of whom have been orphaned by AIDS³. This represents an increase of one third since 1990 and is predicted to rise to 50 million with more than 18 million due to AIDS – some 15% of the school age population by 2010. Orphans are less likely to attend school, which in turn increases their vulnerability to HIV. In Swaziland, a particularly badly affected country, school enrolment is reported to have fallen by 36% as a result of AIDS. The burden of care for ill parents and younger siblings often falls on girls, which undermines their ability to attend school. Education planners need to respond comprehensively to OVC needs if the MDGs on education and HIV and AIDS are to be met.

7. Stigma and discrimination are social effects widely experienced by people living with or affected by HIV and AIDS. There are well-documented cases of children orphaned by AIDS or rumoured to be living with HIV being expelled from school⁴. These are a violation of human rights. Education participation is affected by these and requires that specific responses to overcome them be developed and effectively implemented.

EDUCATION CAN PLAY A KEY ROLE IN PREVENTING HIV/AIDS

8. Children of school age have the lowest prevalence of HIV infection of any age group. Even in the worst affected countries over 90% of these children are completely free of infection. If these children could remain free of infection as they grow up then they could change the face of the epidemic in a generation. They have been described as the *Window of Hope* for the future.

9. Education is key in preventing the spread of HIV. It is a proven means of protecting young people against HIV infection⁵, and offers a protective *Social Vaccine* against HIV infection. It offers an infrastructure for the delivery of HIV prevention to large numbers of the uninfected. Education responses have been integral to successful HIV prevention approaches in Senegal, Thailand, Uganda and Brazil. Research from Uganda confirms that education reduces the probability of infection, particularly among girls. Educated individuals are more responsive to HIV prevention efforts and condom use is positively associated with levels of schooling.

10. Keeping children in school has a protective function as well as giving them information and skills which help them to avoid infection. According to the Global Campaign for Education⁶, if every child completed primary school, at least 7

million new cases of HIV would be avoided over a decade. In Uganda and Zimbabwe, youth who drop out of school are more than 3 times as likely to be infected as those who complete basic education. This is especially important for girls who are particularly vulnerable to HIV for social and biological reasons. Promoting girls' education should therefore be a high priority.

11. Girls' education needs to be seen as a frontline response to HIV prevention. Educated girls are less likely to contract HIV⁷. Girls in particular need to be protected from violence and exploitation in and around schools. Girls in countries emerging from conflict are particularly vulnerable. Finally, concerted efforts need to be made to reach out of school children with HIV prevention education.

12. In addition to general education, evidence-based HIV prevention education programmes can change sexual behaviours, provided they are well designed and implemented⁸. These can delay the age of first sex, decrease the frequency of sex, reduce the number of partners and increase condom use. It seems important to start these programmes before the start of sexual activity. Prevention at school also requires attention to ensuring that schools are safe learning environments and that prevention education is supported across the whole school throughout its education practices.

13. Political leadership and commitment are essential for success in tackling HIV and AIDS as well as achieving UPE. Ministries of Education (MoEs) need to demonstrate these in practice as well as in rhetoric. As Education is a key part of the national multi-sectoral response to AIDS, MoEs need to work effectively in partnership with national AIDS Authorities and across government - in particular, with Ministries of Health and Social Welfare - with civil society and the media in order to develop a comprehensive approach to HIV and AIDS integrating prevention, treatment and care and impact mitigation.

14. Donors have an important responsibility when supporting education to ensure that their own bureaucratic imperatives do not undermine national processes, in particular nascent multi-sectoral working. Donors too have been slow to understand the importance of education in tackling HIV and AIDS. There are promising signs of change at individual agency level and through the actions of the IATT, but what is required is a harmonized evidence-based approach so as to best serve country led development processes.

15. These issues together outline the main challenges for the FTI from an HIV and AIDS perspective.

THE INTERNATIONAL RESPONSE TO AIDS THROUGH EDUCATION

Education for All

16. The Dakar Framework for Action⁹ recognized the challenge of HIV and AIDS to the achievement of Education for All (EFA) and the governments, agencies and organisations represented at the World Education Forum pledged themselves to implementing as a matter of urgency, education programmes and actions to combat the HIV/AIDS pandemic (EFA strategy 7).

17. At present there is no systematic means of reporting on the education response to HIV and AIDS. The EFA Global Monitoring Reports¹⁰ to date have included some HIV and AIDS analysis but this has been linked to the thematic content of the report rather than seeking to assess progress in implementing national responses. While there are education indicators for monitoring the UNGASS Declaration of Commitment on HIV/AIDS these do not constitute a sufficiently comprehensive set for assessing progress or undertaking comparative analysis.

UNGASS Declaration of Commitment on HIV/AIDS

18. The international framework for responding to the HIV pandemic was comprehensively strengthened one year later by the UNGASS Declaration of Commitment on HIV/AIDS¹¹.

19. The importance of addressing the impact of AIDS was recognized in the section on children orphaned and made vulnerable by HIV and AIDS. Article 65 sets the targets of developing by 2003 and implementing by 2005, national policies and strategies to build an strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV and AIDS, including ensuring their enrolment in school.

20. Prevention. (article 53). This sets the target of ensuring that “by 2005, at least 90% and by 2010 at least 95% of young men and women have access to the information, education, including peer education and youth specific education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection”.

21. In article 63, the target is set of “by 2003, develop and/or strengthen strategies, policies and programmes....to reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV/AIDS in curricula for adolescents, ensuring safe and secure environments especially for girls; expanding good quality, youth friendly information and sexual health education and counseling services...”

22. The 2003 Progress Report¹² highlighted extremely low HIV-prevention coverage. This included discussion of life skills-based education, the weaknesses of current monitoring systems at country level and the efforts of the 34 respondent countries (12 from sub-Saharan Africa) to incorporate these into their education programmes.

23. A significant issue is the joining up of the UPE and the UNGASS Declaration of Commitment on HIV and AIDS frameworks at country and global levels. This needs to be taken on board by the FTI Partnership in the guidance it provides FTI processes.

Progress since Dakar

24. As already mentioned, measuring progress in addressing HIV and AIDS in the education sector remains problematic in the absence of an agreed set of indicators and reporting mechanism aside from those adopted for UNGASS. Moreover education responses may be neglected in HIV and AIDS reporting, especially where there is a strong health sector bias. Relevant education sector data are therefore limited. Nevertheless, it is possible to argue that in many countries with generalized HIV epidemics, the Education response to HIV and AIDS is currently massively inadequate to meet the challenge. Few governments have developed and implemented comprehensive education policies for HIV and AIDS and inadequate resources are being allocated to the issue.

25. The key role of education in HIV prevention among young people has not yet been given sufficient priority by governments anywhere. The issue is particularly acute in sub-Saharan Africa, but much remains to be addressed in Asia and the Americas. Prevention education is often not well designed or implemented. Coverage tends to be low frequently on a pilot project basis. Moreover, many schools suffer from educational quality challenges that undermine HIV prevention efforts. A comprehensive effort is required.

26. Progress has been desperately slow in preparing teachers for work in a world with HIV and AIDS. This includes HIV prevention education in pre- and in-service teacher training¹³. Teachers need also to acquire skills to enable them to respond to the psychosocial needs of OVCs. Teachers' unions need to work with their employers in developing workplace policies and codes of practice for HIV and AIDS consistent with ILO guidance¹⁴.

27. MoEs need to invest more in building institutional and technical capacity to mitigate the impact of AIDS on teachers and learners. This includes taking action to project the impact for planning purposes of AIDS on both the supply of and the demand for education. Estimates need to be made of the additional financial cost of AIDS. Such costs will include new measures to keep OVCs in school such as the removal of financial barriers to education and the provision of care and support services, including counseling.

28. MoEs have been slow to develop comprehensive policy frameworks for HIV and AIDS in the education sector. Currently only a handful of countries globally have put these in place. In Africa, the need again is most acute with Kenya, Uganda, Namibia and South Africa having taken appropriate action to develop policies. And once approved, the continuing challenge is always going to be effective implementation.

The Role of Development Partners in Strengthening the Response to HIV/AIDS

29. There are good examples of promising approaches to supporting education responses at regional and country levels. UNAIDS has sought to provide system wide coordination through the Unified Budget and Workplan (UBW).

30. Inter-agency work on OVCs, involving UNICEF, the World Bank, USAID, WFP and UNAIDS has significantly advanced the prospect of scaled up evidence-based responses at national level. The OVC Framework¹⁵ now provides conceptual guidance and an education¹⁶ annex has been developed by the UNAIDS IATT.

31. Other development partners have made important individual contributions to the education sector response to HIV and AIDS. UNFPA has made contributions in the area of peer education. UNICEF, in addition to leading the work on OVC has led the evidence based work on life skills. The World Bank has provided support for the education sector response through the multi-sectoral MAP program. USAID has supported the Mobile Task team that has given invaluable technical assistance regionally in Africa. DfID has provided operational support to the education sector response to HIV and AIDS in priority countries. Development Cooperation Ireland has supported information and county sharing in the education sector. The Government of Norway through the Norwegian Education Trust Fund at the World Bank has supported a major regional initiative in this area. ILO has led the development of effective workplace policies for the sector. Most recently the UNESCO led Global Initiative on Prevention Education (GIPE) is being developed with UNAIDS cosponsors to provide a means of more harmonized working.

32. To harmonize individual agency efforts and to reduce transaction costs for the countries, the UNAIDS Inter-Agency Task Team (IATT) on Education¹⁷ established in 2002 a specific working group operating under the rubric of "*Accelerating the Education Response to HIV and AIDS*". This working group has subsequently worked with some 30 countries in Africa and 4 in Central Asia to support the preparation and implementation of effective sectoral responses to HIV/AIDS. (see Appendix for further details).

33. Alignment of this "Accelerate" effort with FTI activities has developed incrementally. When the 12 FTI countries embarked on the FTI process only

Mozambique benefited from this source of technical support. Two others (Ghana and the Gambia) have become partners subsequently and four more (Burkina Faso, Guinea, Mauritania and Niger) will have participated by end 2004.

B. THE EFA FAST TRACK INITIATIVE: SUMMARY OF APPROACH AND MECHANISMS

This section summarizes the approach developed by the FTI donor group, and the mechanisms that have been put in place for implementation. The aim here is to provide a brief and generic overview of these processes. The next section will focus on how HIV/AIDS has been dealt with within this structure.

1. The EFA Fast Track Initiative (FTI) was launched in 2002 with endorsements from the IMF, the Development Committee of the World Bank and the G8 in Kananaskis. It was the first proposal to attempt to use the Monterrey framework of increased development support in return for increased results-based accountability. The approach is set out in The EFA FTI Framework Document¹⁸.

2. The following lie at the heart of the FTI approach¹⁹: a) a commitment by developing countries to accelerate efforts to achieve universal primary education within an EFA indicative framework, and b) a commitment by development partners to provide sustained incremental financing for credible plans to accelerate primary education.

3. The key components of the FTI²⁰ are:

i) Country ownership and commitment via its policies for education reform, resource mobilization, efficiency, and financial sustainability;

ii) Country upgraded or scaled-up education strategies and plans for accelerating progress towards 100% primary completion with quality and equity by 2015 for which additional financing is being proposed without which the goal of 100% primary completion would not be attained

iii) Donor financial support clearly linked to country performance (i.e. in the PRSP, well defined sector strategy and its effective implementation, credible proposal for accelerating primary completion with quality and equity, attainment of agreed upon results and performance criteria in implementing FTI;

iv) Donor harmonization of its efforts and requirements in ways that would enhance aid effectiveness;

v) Comprehensive results-based monitoring and evaluation system for performance assessment, programme management and the development of lessons and knowledge about education reform and development effectiveness.

4. Guidelines²¹ have been developed by the FTI Secretariat for technical assessment of the primary education component of the education sector plan. These include assessment of the key components given above.

5. The primary locus of FTI activity and decision-making is now at country level. (See Appendix 1 for the EFA FTI Process). The principle aims at furthering coordination, complementarities and harmonization of development partner efforts in an approach that would strengthen national governments to manage their own development process more effectively.

6. The role of the FTI Secretariat includes:

- providing technical and administrative support to the Initiative;
- monitoring FTI implementation;
- administering the EFA FTI Catalytic Fund;
- supporting the development of cross-country performance measures; and
- knowledge sharing, communications and outreach.

Eligibility for FTI participation

7. All low-income countries as classified by the World Bank for determination of IDA eligibility and all interested funding agencies. This includes a large number of countries which are either vulnerable to generalized HIV epidemics or already experiencing them.

Facility for program preparation

8. Upstream activities include technical studies, capacity and consensus building activities in order to build the education component of a PRSP and prepare or revise a national education sector plan. The FTI is developing a Facility for Programme Preparation. This facility would support local efforts through funding priority studies, capacity building, national outreach and stakeholder consultations. The FTI preparatory process results in the review and endorsement of credible sector plans by local donors, which can then be operationalised.

Catalytic Fund

9. This is a multi-donor fund established at the global level in December 2003. The funds helps to finance FTI-endorsed plans that mobilize insufficient resources at the country level and provides transitional grant financing over 2 to three year period to allow countries to establish a track record that may leverage longer term support. The fund received \$45million in 2004 from 5 donor countries, and all of this has been committed to six recipient countries in the list of 12.

Review process

10. Review involves country submission of education sector plans. The review process takes place in-country, led by local donor agency representatives. The FTI Secretariat provides a coordinating function. The review methodology includes the following lines of engagement:

- assessing soundness, feasibility and sustainability of the sector plan;
- ensuring that existing donor commitments are accounted for;
- disbursement issues related to the effective utilization of available external financing are being addressed;
- the implementation plan and increased resources requested to support it are consistent with the country's short term implementation capacity; and
- where appropriate, measures to strengthen local implementation capacity to support scaling up are part of the plan.

Endorsement of the Education Sector Plan

11. The main criteria for endorsement are:

- an approved national poverty reduction strategy (PRS), or similar national strategy that would help ensure that education strategies are anchored in country level consultative and budgetary processes. The PRS signals the country's commitment to poverty reduction. The PRS is also viewed as a means of ensuring that education strategies are country owned, focus on improving education outcomes for poor people and are embedded in a coherent overall development strategy which has resulted from a national consultation process including civil society.
- a sector-wide programme for education agreed with in-country donors and including a strategy for HIV/AIDS, gender equality, capacity, monitoring and evaluation. The primary education component and sector financing would be consistent with the FTI Indicative Framework.
- agreement to monitor benchmark indicators.

12. The sector plan would address key constraints to accelerating UPC in the areas of policy, capacity, data and financing. It would align education priorities with those for pre-school, secondary, tertiary and non-formal education.

13. The key elements in an endorsed sector plan are:

- a costed strategy;
- nationally-appropriate policy actions to improve education quality, equity, efficiency and fiscal sustainability

- an appropriate strategy for addressing HIV/AIDS, gender equality and other key issues
- a review of the total resources available (domestic and external) to implement
- indications about how monitoring and evaluation will take place;
- annual targets for measuring progress on key policies and outcomes, including those of the FTI Indicative Framework as locally adapted

C. THE EFA FAST TRACK INITIATIVE AND HIV/AIDS

1. This section examines the experience of the 12 countries which have already had credible Education Sector Plans endorsed by the FTI. It attempts to examine the inner workings of the FTI and tease out issues for HIV and AIDS analysis. It seeks to answer the following questions:

Q1: What opportunities does the FTI bring to the education sector effort to address HIV and AIDS?

Q2: How effectively has the FTI realized its potential to assist the education sector to address HIV and AIDS?

Q3: What is the adequacy of current FTI processes in helping countries to respond to HIV and AIDS?

Q4: How could the FTI better assist countries in developing effective education sector responses to HIV and AIDS?

2. The findings of this paper are based on a study of the available EFA FTI documentation. This has involved scrutiny of all education strategies endorsed by the FTI partners and the associated process documentation. It has not been possible to discuss the experience of FTI processes with the key stakeholders at country level or with representatives of donor agencies involved with the FTI.

The Aids Epidemic in the First 12 FTI Countries

3. UNAIDS differentiates between 2 categories of epidemic when assessing national AIDS Programmes:

- *Priority generalized epidemics*. These are epidemics in countries with greater than 1 percent HIV prevalence; and
- *Priority concentrated or low level epidemics*. These are countries with less than 1 percent HIV prevalence.

4. Of the 12 countries, 8 are experiencing generalized epidemics (in italics), while 4 fall into concentrated or low level epidemics. In the former one would expect an expanded and comprehensive response to HIV and AIDS, while in the latter a stronger focus on prevention. The most recent UNAIDS data on adult (15-49 years of age) HIV prevalence are shown in Table 1.

5. On the basis of estimated prevalence rates alone, one would expect those countries with generalized epidemics to have included a comprehensive response to HIV and AIDS in their education plans, while those with concentrated epidemics to have included HIV prevention measures at least. Moreover, one would expect in the case of the former set of countries a greater

FTI effort including detailed analysis of HIV and AIDS issues and policy dialogue within the review process.

Table 1. UNAIDS data on adult HIV prevalence in the 12 FTI countries. The first 8 countries listed are considered to have generalized epidemics.

Country	Mean prevalence %	Range about the mean
Mozambique	12.2	(9.4 - 15.7)
Burkina Faso	4.2	(2.7 - 6.5)
Guinea	3.2	(1.2 - 8.2)
Ghana	3.1	(2.7 - 6.5)
Guyana	2.5	(0.8 - 7.7)
Honduras	1.8	(1.0 - 3.2)
The Gambia	1.2	(0.3 - 4.2)
Niger	1.2	(0.7 -2.3)
Mauritania	0.6	(0.3 - 1.1)
Vietnam:	0.4	(0.2 - 0.8)
Nicaragua	0.2	(0.1 - 0.3)
Yemen	0.1	(0.0 - 0.2)

The Adequacy of the FTI Review Process in Responding to HIV and AIDS

6. The FTI process involves assisting countries in the preparation of the education sector plan and in the subsequent review of the plan. It is not possible to report on preparation processes as they are not adequately described in the FTI documentation available. This section will therefore focus on the review process. However, basic analysis of the 12 Education Sector Plans indicates that further consideration could usefully be given to strengthening preparation processes from an HIV and AIDS perspective to develop expanded and comprehensive responses.

7. The FTI supports the use of a common framework for in-country review of education sector plans. This would promote consistency and equity in approach across countries. The *Assessment Guidelines* which include the FTI Indicative Framework provide 6 basic areas for assessment. These are:

- country ownership and consultation with key stakeholder and civil society groups in the design of national education priorities and policies;
- feasibility of strategies, priority public actions and investments proposed to address key issues constraining key progress towards UPE;
- specific strategies for addressing high priority issues as appropriate, such as gender equity, rural access, HIV and AIDS, and meeting the needs of a substantial number of vulnerable children;
- projected evolution of sector cost and financing (internal and external);
- strategies to support capacity enhancement;

- adequacy of monitoring and evaluation capacity and capacity building activities to strengthen them as appropriate.

8. The weight given to HIV and AIDS by the FTI has evolved during its brief history. The UNAIDS IATT has been key in supporting a more comprehensive approach which is reflected in the current assessment guidelines (see annex1) developed in 2003. However, with the exception of one country process (Vietnam), these have yet to be applied.

9. The remainder of this section examines the HIV/AIDS responses of the sector plans for each of the 12 FTI countries with respect to the 6 assessment categories.

Assessment 1: Country Ownership

10. Country ownership is assessed by the FTI in terms of the comprehensiveness and credibility of available government documents that set forth national objectives, plans and/or budgets for the education sector. From an HIV and AIDS perspective, the key issues are the credibility of the prevention and impact mitigation components in particular of the education plans and policy framework.

11. Subsidiary FTI questions attempt to assess how comprehensive and credible is the education sector strategy in the PRSP and how these align with goals and targets of the Dakar EFA goals. They do not include assessment of how the education sector strategy addresses the UNGASS Declaration of Commitment on HIV/AIDS targets and indicators. This omission fails to support joined up national AIDS and Education agendas in the multisectoral response. Moreover, it fails to join up the EFA and UNGASS Declaration of Commitment on HIV/AIDS agendas.

12. All the Education Plans submitted for considered by the EFA- FTI process set out the education objectives in the context of national poverty reduction targets. None includes discussion of HIV and AIDS as a key development issue with implications for education and poverty reduction. There is no discussion of national HIV and AIDS targets in relation to the education sector plan targets.

13. In the 12 FTI assessment processes generally, there appears to be limited consideration of HIV and AIDS in relation to country ownership. In some cases there appears to be a “tick box” approach to this issue. In the various in country review and FTI Secretariat review processes there is variation in attention to HIV and AIDS in either the PRSP or Education Sector Plan. Where there is some mention of issues (e.g. Guinea, Niger, Mozambique), there is no interrogation of whether this is adequate in terms of country ownership. In some cases there is no mention in either the PRSP or Sector Plan (Guyana, Yemen). An exception is Honduras, where it is stated that the Ministry of Education must reconsider the content of its prevention programmes and adjust them to those of the Ministry of

Health (Board of External Donors). In conclusion, the assessment response has been lacking in strategic direction. An opportunity is being missed to strengthen the inter-relationship between national education sector and HIV and AIDS targets. This is a key issue for the development of national multi-sectoral responses to HIV and AIDS.

14. The FTI Assessment Guidance²² sets out to provide a framework for assessing whether the education sector plan has been discussed with key stakeholders, including how such consultations were held. If they had not taken place, an indication as to when they would occur is called for.

15. It is unclear from current guidance to what extent government departments involved in the multi-sectoral response to HIV and AIDS are to be consulted. It appears that none of the 12 endorsed FTI plans underwent consultation with the National AIDS authority, typically the National AIDS Council and its Secretariat²³. The link with the National AIDS Council is key for accessing HIV and AIDS funds such as the Global Fund and the MAP for the education sector.

16. The FTI approach does not appear to have maximised civil society participation in general in any of the case study countries and not at all in terms of those involved in HIV and AIDS. The guidance provided on civil society consultation is much looser than with government. It would be helpful if the consultation included the following:

- coalitions of civil society HIV and AIDS organizations;
- networks of people living with HIV and AIDS (PLHAs);
- faith based organizations (FBOs) and other civil society organisations working on HIV prevention and in AIDS affected communities;
- teachers' organizations;
- the private sector.

17. The list of stakeholders in the guidelines is drawn exclusively from the education sector. These are as follows:

- Principals
- Teachers
- Administrators
- Inspectors
- Parents
- Students

The inclusion of parents without mention of caregivers/guardians omits consideration of the many millions of orphans, an increasing number of whom are orphaned by AIDS. Countries with significant numbers of orphans are in the

process of developing national orphan and vulnerable children (OVC) structures. These should be included in the consultation framework.

18. Stakeholder participation has not emerged as a significant issue in any of the country studies from an HIV and AIDS perspective.

19. There is provision for assessment of stakeholder consultation with bilateral and multilateral agencies as well as International NGOs. This provides the opportunity to align those agencies working in the field of HIV and AIDS with those engaged in supporting education. In FTI practice, however, this opportunity has yet to be adequately fulfilled. It is clear that such assessment was not exhaustive and in almost all cases failed to include the UNAIDS Country Coordinator.

Assessment 2: Feasibility of Strategies to Address Key Issues

20. Guidance²⁴ is set out to identify the key issues and main constraints to achieving UPE (or universal primary completion -UPC) by 2015 and gender parity by 2015. Seven issues are listed for assessment in terms of key issues and main constraints to address UPE by 2015 and gender parity by 2005. Analysis required includes assessment of a) underlying causes and b) strategies to address them in the sector plan. These issues are:

- access and coverage;
- gender disparity;
- internal efficiency;
- quality of inputs;
- quality of outcomes;
- equity; and
- HIV and AIDS

21. A set of guiding questions is given for each issue. HIV and AIDS is treated as a separate factor rather than a cross cutting issue. There is a need to mainstream AIDS in the other issues. For example, with regard to *access and coverage*, there should be scope to assess the impacts of AIDS on children and in particular the strategies identified to address the needs of orphans and vulnerable children (OVCs). *Gender parity* assessment should include consideration of how AIDS is constraining gender parity in access and completion of primary education. Similar considerations apply to all the other issues

22. The treatment of the HIV and AIDS issue in the Education plans (see table 2) presents diversity in comprehensiveness, depth and coverage. This is partly a function of the state of the national epidemics. It would be unexpected if low level HIV epidemics such as in Yemen have resulted in a fully comprehensive education sector response. Nevertheless, one would have expected a more comprehensive approach in those countries with generalized

epidemics and it is notable that neither Guyana nor Honduras included any mention of HIV and AIDS in their plan.

23. The two most affected countries, Mozambique and Burkina Faso have included the most comprehensive approaches in their plans. However in no case is there sufficient detail to adequately assess the response to the 3 key themes of HIV prevention, responding to the needs of OVCs or impact mitigation. There is a lack of consistency, which could benefit from benchmarking.

24. There are gaps in the education sector plans regarding HIV and AIDS. Using Kelly's²⁵ Rapid Appraisal Framework for HIV/AIDS and Education, the following illustrative examples fall out as omissions:

- Regulatory framework: codes of practice and procedures for dealing with all aspects of HIV and AIDS in staff and institutions
- Addressing stigma and discrimination;
- Addressing sexual harassment and violence at school;
- Assessing the vulnerability and risk profile of students;
- Means of assessing the impact of AIDS on education demand and supply;
- Education management information systems and HIV and AIDS;
- Comprehensive measures to respond to the needs of OVCs;
- Management framework for HIV and AIDS in the sector;
- Capacity building measures;
- Links with the media;
- Links with health services including VCT.

25. The Mozambique FTI processes led to the development of an HIV and AIDS Action Plan. It would greatly assist the development of comprehensive approaches if lessons could be learned from this specific case. It is unlikely this can take place without a dedicated and fully costed strategic plan for HIV and AIDS as a core component of the national education sector plan.

26. The lack of comprehensiveness in approach has significant implications for a costed programme. A limited set of HIV and AIDS responses will result necessarily in an under-costed and under-funded response to HIV and AIDS.

27. The comments that have been made in the assessment processes by both FTI Secretariat and local donor groups are listed in Table 3. The coverage of issues is not consistent or comprehensive. Some comments reflect only what is already included in the education sector plan and thereby explicitly or implicitly endorse this. In a few instances specific comments are made in the form of recommendations, encouragements or suggestions.

28. There is a lack of specificity except in the case of Vietnam where there was a separate HIV and AIDS assessment supported technically by the UNAIDS IATT on Education. This appears to have given the process added depth and

rigour. Only 6 assessments included consideration of prevention, 5 of which indicated the need for further action from government. On OVCs, 6 assessments include the thematic issue, only one of which called for further action from government. With regard to the impact of AIDS on education delivery, 6 assessments included policy dialogue in this area and of these two included specific recommendations for government action.

Table 2. HIV and AIDS Components of the 12 endorsed country plans.

	Prevention	OVCs	Impact Mitigation	Work Place Policies
Burkina Faso	Integration of HIV and AIDS in curriculum, especially health education	OVC support includes: food, clothing, school fees, psychosocial support and support to parents	Teacher recruitment	---
Gambia	IEC materials Population and Family Life Education	Subsidies to 382 orphans	---	---
Ghana	HIV and AIDS Education	Subsidies to orphans (maternal and dual)	Increase in teachers' salary bill	---
Guinea	Instructional guide for 6 th grade teachers	Complete OVC data base	Interventions on teacher replacement and absenteeism	---
Guyana	---	---	---	---
Honduras	---	---	---	---
Mauritania	School Health component	---	---	---
Mozambique	STIs and HIV/AIDS in pre and in-Teacher training, National communication strategy, Inclusion at all levels of the curriculum	Ensuring access to education for OVCs	Teacher development strategies covering substitution and replacement	Policy and legislation framework
Nicaragua	---	---	---	---
Niger	Improve current teachers' knowledge on HIV/ AIDS issues HIV/AIDS and STDs included in pre-service teacher training HIV and AIDS training of school committees	---	---	---
Vietnam	---	---	---	---
Yemen	---	---	---	---

29. The conclusion that can be drawn is that in the case of the 12 FTI countries to date, the review process has supported incremental improvements in the education response to HIV and AIDS. It has enable policy dialogue to take place in key thematic areas. These are significant achievements. What is has not done, however, and must seek to do is to develop a more comprehensive and expanded response to HIV and AIDS in education. It needs to take advantage of existing approaches to catalyse the development of policies, strategies on and capacity to implement HIV and AIDS, in particular the Accelerate the Education Response to HIV/AIDS in Africa initiative.

Assessment 3. High Priority Issues. Policy commitments and annual targets for the Indicative framework

30. The guidelines²⁶ provide the basis for assessing trends in public expenditure on education. The assessment includes total expenditure by level; as a percentage of recurrent education; composition of recurrent spending within primary education expenditure; per student spending by level and relative share of domestic and external financing in public expenditure on education. Further assessment²⁷ is required of external financing for education divide into bilateral, multilateral and HIPC debt relief.

31. Cost parameters in the national plan are to be compared with those included in the FTI Indicative Framework. The FTI indicative framework is a set of education policy, service delivery and financing benchmarks, drawn from empirical analysis of a set of low income countries. It is envisaged that this will be locally adapted to ‘enliven debate, in-country reporting on policies and performance and mutual learning on what works’.

32. The Indicative Framework contains no specific indicator relating explicitly to HIV and AIDS. No country assessment included any consideration of HIV and AIDS issues with regard to the indicative framework. There are Indicators would be sensitive to the impacts of AIDS however; in particular the following:

- Resource mobilization
- Student flow indicators
- Service delivery indicators

Table 3. Comments from assessments of the 12 endorsed country plans

	Prevention	OVCs	Impact Mitigation	Work Place Policies
Burkina Faso		As regards orphans see the partnerships and specific measures indicated above which are clearly expressed in the proposal (FTIS)	The impact is taken into account in the planning work, whether at the micro or macro level. (FTIS)	---
Gambia	The proposal also specified		The Bank’s simulation	---

	Prevention	OVCs	Impact Mitigation	Work Place Policies
	<p>strategies for HIV prevention. It recognizes the fact that while the prevalence rate is low in Gambia, this situation calls for no complacency. It therefore stresses the importance of awareness creation guidance and counseling. (ICRT).</p> <p>IDA and DFID encourage the government to include well tested and effective sensitization programmes to contain the current prevalence rate and even reduce it. (ICR)</p>		<p>estimates that it would cost \$1m to replace teachers and to support orphans affected by HIV/AIDS. However the proposal is limited. It is of paramount importance to monitor this problem closely to ensure that it is not developing into a serious issue (FTIS)</p>	
Ghana		<p>Provision is made for other vulnerable children who may be affected by HIV/AIDS (ICR)</p>		<p>Section dealing with HIV/AIDS includes strategies to provide guidance and counseling systems in schools to reduce sexual harassment and bullying of girl pupils by male peers and teachers. (GEA)-----</p>
Guinea		<p>The repercussions on the education system of the problems associated with HIV/AIDS pandemic will be addressed by appropriate measures to provide assistance</p>	<p>The repercussions on the education system of the problems associated with HIV/AIDS pandemic will be addressed by</p>	

	Prevention	OVCs	Impact Mitigation	Work Place Policies
		for educating orphans. (ICR)	appropriate measures toreplace teachers affected by illness. (ICR)	
Guyana	<p>The proposal could make more explicit how measures already included within the proposed initiatives....help address the increasing prevalence of HIV/AIDS (FTIS)</p> <p>HIV/AIDS issues can be incorporated into the teacher training modules, parent teacher and community programmes and the classroom approach in order to raise awareness, education levels about risk and prevention and sensitivity. (FTIS)</p> <p>Incorporate HIV/AIDS through measures within the proposed initiatives (FTIS)</p>	- HIV/AIDS is not a significant problem in Guyana. (ICR)-	HIV/AIDS is not a significant problem in Guyana. (ICR)---	---

	Prevention	OVCs	Impact Mitigation	Work Place Policies
Honduras	The Ministry must continue to reconsider the contents of its programmes and adjust them to those of the Health Ministry, as in the particular case of HIV/AIDS information, awareness and education (FTIS).	---	---	---
Mauritania	Attention focused on prevention. Introduction of IEC with MAP (ICR)	-The still low incidence of HIV has not engendered specific problems of orphans. (ICR)	The still low incidence of HIV has not engendered specific problems of.... teacher absenteeism (ICR)	---
Mozambique	There was no mention of introducing HIV/AIDS curriculum or community mobilization (FTIS).	The proposal does not state whether orphans are more are less likely to enter, complete or dropout from school. Therefore it is difficult to quantify whether the fact that there are more orphans will lead to specific (more expensive) strategies to deal with HIV/AIDS and orphans. (FTIS)	The cooperating partners welcome MINED's initiative in the proposal to include strategies and costings to deal with the impact on teachers on in the classroom and the national issues of HIV/AIDS orphans. (ICR) It is recommended that the proposal for teachers and HIV/AIDS orphans be integrated into the MINED's HIV/AIDS Strategy, which is currently around prevention. The whole strategy should then be operationalised as quickly as possible MINED will need to consider appropriate financing sources and challenges for	

	Prevention	OVCs	Impact Mitigation	Work Place Policies
			<p>the various activities (ICR)</p> <p>As the HIV/AIDS operational plan is now ready it should be incorporated into the ESSP.(ICR)</p> <p>Develop a strategy to address teacher absenteeism due to sickness, loss of school days, replacement teachers. (FTIS)</p>	
Nicaragua	---	---	---	---
Niger	---	---	---
Vietnam	<p>---HIV/AIDS not specifically mentioned. Specific questions and priority concerns are attached to this assessment. (FTIS)</p> <p><u>(Separate HIV/AIDS Assessment.)</u></p> <p>Including activities that address the potential threat of HIV/AIDS as integrating HIV prevention and life skills into the curriculum (ICR)</p>	---	---	---
Yemen	---	---	---	---

Assessment 4. Sector Cost and Financing. Unit Cost Estimates and their Consistency with Long Term Sustainability

33. While there is specific consideration given in this section of the guidelines to HIV and AIDS as one of the potential major categories of spending, there is insufficient guidance on cost parameters. Consideration is also given to the elimination of user fees and how compensatory measures would be taken to compensate schools for the loss of revenue.

34. Only one of the assessments includes any consideration of HIV and AIDS in relation to unit costs and financing. This is the Mozambique assessment which includes \$18m for HIV/AIDS.

35. The plans provide some diversity in the way they present HIV and AIDS costings. Burkina Faso for example provides a line on health, nutrition and AIDS which does not provide for detailed programme costings needed to develop benchmarks. Mozambique includes 'HIV/AIDS costs' only. Ghana only provides costings in two areas (teacher costs and orphans subsidies). Gambia includes costs for these and IEC materials and peer education programmes. Guinea, Guyana, Honduras, Nicaragua, Niger, Mauritania, Vietnam and Yemen provide no explicit HIV and AIDS costings.

36. Preliminary analysis suggests that only two countries (Mauritania and Mozambique) make specific proposals to access funds from non-education sources (in both cases MAP funds). Substantial resources for an HIV and AIDS response are available to the education sector from both the MAP and GFATM but are currently under-utilized by the sector. Inclusion of the National AIDS Authorities in the education sector dialogue at the country level could increase funding to the education sector for the HIV and AIDS response, particularly if supported by inclusion of both the MAP and GFATM in the FTI dialogue on donor harmonization at the international level.

37. Further work is required to bring discipline to the field of costing HIV and AIDS interventions in the FTI approach.

Assessment 5: Physical Implementation, Risks and Capacity Enhancement

38. The assessment framework²⁸ for risks and constraints is open ended and should include the impact of AIDS in the case of countries experiencing generalized epidemics. If AIDS were to be identified as a risk, it follows that risk ratings should be provided along with appropriate risk mitigation measures. Only Mozambique cites the impact of AIDS as a risk factor.

39. The assessment of the education sector capacity building strategy lists a range of potential proposed areas. These include teacher pre- and in-service training; school inspection, student assessment etc. There is no explicit mention in the guidance²⁹ on specific capacity building measures to respond to HIV and AIDS.

Assessment 6: Monitoring and Evaluation

40. The monitoring and evaluation assessment guidance³⁰ provides for the specification of performance indicators, means of verification and conditions for success and sustainability in a results framework. These are arranged in a hierarchy of results moving from inputs, to outputs, outcomes and impact.

41. No explicit mention of HIV and AIDS is made in this section. Guidance needs to be provided on the indicators that can be used to monitor HIV and AIDS interventions in education.

42. Mention of HIV and AIDS is made in only one assessment in relation to monitoring and evaluation. In the case of Mauritania, reference is made to an indicator on information and prevention measures.

D. Conclusions and Recommendations

1. In reviewing FTI progress, the World Bank³¹ reported that significant progress had been made in four key areas:

- the establishment of a global framework has provided a platform for discussing and resolving education related policy, institutional and financing issues;
- helping countries and their partners to focus more sharply on outcomes - universal primary completion (UPC) – and to strengthen the linkages between inputs, outputs, public actions and results;
- the establishment of an empirical basis for tracking, monitoring and comparing progress on key FTI objectives across countries - in particular, policy change, progress towards EFA, quality and quantity of aid and donor harmonization;
- significant progress in donor coordination and donor practices, particularly in relation to a shift towards budget support.

2. The FTI has provided momentum in the participating countries to complete or improve their sector plans. It has raised awareness of the Education MDGs at a global level. It has catalysed improved policies at country level and provided momentum for greater donor harmonization.

3. The present review explores how the HIV and AIDS response of the education sector has shared in this progress. Specifically, the review has attempted to address 5 questions (listed at the head of Section C) with respect to the first 12 education plans endorsed by FTI.

Q1: What opportunities does the FTI bring to the education sector effort to address HIV and AIDS?

4. The FTI processes can contribute to the content and quality of the HIV and AIDS components of Sector Plans through the facilitating role of the FTI during plan preparation, assessment and endorsement. The facilitation role of local donors is key.

The key instruments in this process are:

- The Guidelines, including benchmarks and indicators
- Financial support for plan preparation through the Facility for Program Preparation
- Technical support for plan preparation, and the country donor group assessment and endorsement process, through enhanced coordination among development partners
- Financial support for implementation start-up through the Catalytic Fund

Q2: How effectively has the FTI realized its potential to assist the education sector to address HIV and AIDS?

5. The FTI processes have been managed within the guidance framework set by the initiative. Early guidance focused on two particular issues: the impact of AIDS on teachers and the impact of AIDS on children (OVCs). This was upgraded in 2003 with UNAIDS IATT guidance, but arrived too late to influence the first wave of FTI countries significantly.

6. The FTI processes have resulted in incremental changes to the education responses to HIV and AIDS in a majority of the countries with endorsed plans. Although five of the sector plans make no mention of AIDS, 7 countries emphasize prevention, and 5 of these pay fuller attention to the three core themes of prevention, OVC and impact on teachers. The initiative was therefore relatively successful in ensuring that HIV and AIDS were included in policy dialogue, but less successful in ensuring the comprehensiveness of the response. Clearly more need to be done in both these areas.

7. HIV and AIDS costings, where given, fall principally in two areas: a) the AIDS related increase in teacher remuneration bill and b) subsidies for orphans. The greatest effort appears to have taken place Mozambique, culminating in the development of a comprehensive strategic response contained in the Education Sector Action Plan for the Prevention and Mitigation of HIV/AIDS. This was also the country where there was the strongest provision of technical input in the preparation process.

8. It appears that only two of the 12 countries make specific reference to accessing funds from non-education sector, HIV and AIDS specific sources of funding (such as the World Bank Multi-Country AIDS Program – MAP - and the Global Fund for HIV/AIDS, Tuberculosis and Malaria - GFATM). The FTI processes with donors are well placed to further increase access to this potentially important additional stream of resources.

Q3: What is the adequacy of current FTI processes in helping countries to respond to HIV and AIDS?

9. Some of the inadequacies in the first set of plans are a consequence of uncertainties inherent in any start-up process, especially for a politically visible initiative charged with delivering rapid results. Nevertheless, the findings for HIV and AIDS contrast with the generally high quality of the sector plans in addressing the more traditional areas of education, and may reflect a marginalization of HIV and AIDS in the current FTI processes, due to three closely interconnected constraints.

10. First, the FTI guidelines and processes are not sufficiently systematic or comprehensive in addressing HIV and AIDS. While some areas (such as prevention, support for orphans and vulnerable children, and mitigating impact on teachers) are given some stress, other important areas (such as the stigmatization that results in discrimination and exclusion of teachers and learners, or the work place policies that can address this) are largely absent.

11. Second, there is a relative absence of HIV and AIDS-specific expertise to support the preparation and assessment processes, and a lack of HIV and AIDS-specific technical and financial resources at the country level.

12. Third, in some instances, for example Ghana and the Gambia, there is a more comprehensive response to HIV and AIDS in the country than is reflected in the sector plan endorsed by FTI. The current trawl of stakeholders has not discovered the full range of activities, and does not reflect the reality of the multi-sectoral response to HIV and AIDS.

13. These three constraints suggest that inclusion of HIV and AIDS in the FTI processes has not yet benefited from the high quality, evidence-based approach that is apparent for other more traditional areas of education, perhaps reflecting the relative novelty of HIV and AIDS work for educators in agencies and countries. There is a clear need for stronger technical support for both the FTI Secretariat and the country level processes.

Q4: How could the FTI better assist countries in developing effective education sector responses to HIV and AIDS?

14. The FTI Secretariat should ensure it has access to quality technical advice on the education response to HIV and AIDS, to improve the quality of its guidance in this area. There is a specific need to revise the FTI Guidelines and processes, in line with the specific technical recommendations given in the body of this report, with a view to ensuring consistency and quality in mainstreaming the HIV and AIDS response within country sector plans. Key areas include:

- better plan preparation support
- explicit linkages with National AIDS Plans, National AIDS Authorities and National AIDS monitoring and evaluation frameworks;
- more comprehensive assessment guidance including mainstreaming HIV and AIDS
- stronger linking of gender issues including girls' education to HIV and AIDS
- benchmarking of HIV and AIDS policies for education
- a stronger focus on HIV and AIDS costings
- more inclusive development and assessment processes
- a multisectoral approach to education sector development especially in cross-cutting areas such as HIV prevention and OVC responses.
- better monitoring and evaluation
- more focus on capacity building
- support for the development of specific policies, action plans or strategies for HIV and AIDS in the education sector

15. The FTI Secretariat should facilitate the availability of technical and financial resources at the country level, to support the preparation and assessment of HIV and AIDS components of sector plans. The benefits of

just-in-time expertise throughout the preparation and assessment processes are exemplified by the Mozambique experience, which provides a useful model.

16. Technical support to the FTI Partnership and country teams could be provided by creating another FTI Working Group. Alternatively, a formal arrangement for support could be made with the existing Working Group of the UNAIDS Inter-Agency Task Team for Education that coordinates the multi-donor effort to “Accelerate the Education Sector Response to HIV/AIDS”. This would reduce transaction costs and avoid duplication, and has the additional advantages that the membership of the working group maps closely on the FTI donor team and that the Mozambique experience has provided proof of principle of the efficacy of this partnership.

17. Specific resources for preparing HIV and AIDS components of the sector plan should be provided through the FTI Facility for Programme Preparation (FPP). The FPP should also support the engagement of a wider group of stakeholders, especially the National AIDS Authority. This priority stakeholder, currently absent from the FTI Guidelines, has specific responsibility, articulated under the “Three Ones³²” compact, for ensuring that the education sector strategic response to HIV and AIDS is a seamless component of the national AIDS response.

18. Specific involvement of the National AIDS Authorities in the processes at the country level would increase opportunities for funding from non-education, HIV and AIDS specific sources, such as the MAP and GFATM. This dialogue should be supported by inclusion of these non-traditional donors in FTI discussions of donor harmonization, thus providing access to additional resource streams.

¹ USAID. US Department for Commerce. 2004. The AIDS Pandemic in the 21st Century.

² Barbara Bruns, Alain Mingat and Rahamatra Rakatomalala. 2003. Achieving Universal Primary Education by 2015. A Chance for Every Child. The World Bank. Page 77.

³ UNAIDS, UNICEF, USAID. 2004. Children on the Brink 2004. A Joint Report of New Orphan Estimates and a Framework for Action.

⁴ Kate Wood and Peter Aggleton. 2004. Stigma, Discrimination and Human Rights. DFID. Safe Passages to Adulthood Programme.

⁵ World Bank. 2002. Education and HIV/AIDS. A Window of Hope.

⁶ Global Campaign for Education. 2004. Learning to Survive.

⁷ Barbara Herz and Gene Sperling. What works in Girl's Education. Evidence and Policies from the Developing World. Council on Foreign Relations.

⁸ UNESCO IIEP. 2003. HIV/AIDS and Education. A Strategic Approach. (UNAIDS IATT on Education)

⁹ UNESCO 2000. The Dakar Framework for Action.

¹⁰ UNESCO. 2002. Is the world on track? UNESCO 2003. The leap to equality.

¹¹ United Nations. 2001. UNGASS Declaration of Commitment on HIV/AIDS

- ¹² UNAIDS. 2003. Progress Report on the Global Response to the HIV/AIDS Epidemic
- ¹³ See Education International, WHO and EDC. 2004. Teachers' Exercise Book for Prevention. WHO Information Series on School Health. Document 6.1.
- ¹⁴ ILO. Code of Practice on HIV/AIDS and the World of Work
- ¹⁵ UNICEF. 2004. Framework for the Protection, Care and Support of Orphans and Children Made Vulnerable in a World with HIV and AIDS
- ¹⁶ IATT. 2004. The Role of Education in the Protection, Care and Support of Orphans and Other Children made Vulnerable by HIV/AIDS
- ¹⁷ The IATT is convened by UNESCO and includes representation from all UNAIDS cosponsors, concerned bilateral agencies and INGOs.
- ¹⁸ The EFA FTI Secretariat. 2004. Framework Document.
- ¹⁹ Barbara Bruns, Alain Mingat and Rahamatra Rakatomalala. 2003. Op Cit.
- ²⁰ The EFA FTI Secretariat. 2004. Framework Document.
- ²¹ FTI Secretariat. 2004. Guidelines for Technical Assessment of the Primary Component of an Education Sector Plan
- ²² Ibid. Table 2.
- ²³ See Jonathan Brown, Didem Ayvaliki and Nadeem Mohammed. 2004. Turning Bureaucrats into Warriors. UNAIDS. World bank
- ²⁴ Ibid. Table 3.
- ²⁵ Michael J Kelly in cooperation with Brenden Bain. 2003. Education and HIV/AIDS in the Caribbean. UNESCO IIEP.
- ²⁶ Ibid. Table 4.
- ²⁷ Ibid. Table 5.
- ²⁸ Ibid. Table 8.
- ²⁹ Ibid. Table 10.
- ³⁰ Ibid. Table 11.
- ³¹ The World Bank. 2004. Education for All (EFA)- Fast Track Initiative Progress Report.
- ³² UNAIDS. 2004. The 'Three Ones'. Driving concerted action on AIDS at country level.