Volume

5

Costing, Monitoring and Managing

Foreword

With the unrelenting spread of HIV, the AIDS epidemic has increasingly become a significant problem for the education sector. In the worst affected countries of East and Southern Africa there is a real danger that Education for All (EFA) goals will not be attained if the current degree of impact on the sector is not addressed. Even in countries that are not facing such a serious epidemic, as in West Africa, the Caribbean or countries of South-East Asia, increased levels of HIV prevalence are already affecting the internal capacity of education systems.

Ministries of education and other significant stakeholders have responded actively to the threats posed by the epidemic by developing sector-specific HIV and AIDS policies in some cases, and generally introducing prevention programmes and new courses in their curriculum. Nevertheless, education ministries in affected countries have expressed the need for additional support in addressing the management challenges that the pandemic imposes on their education systems. Increasingly, they recognize the urgent need to equip educational planners and managers with the requisite skills to address the impact of HIV and AIDS on the education sector. Existing techniques have to be adapted and new tools developed to prepare personnel to better manage and mitigate the impact of the pandemic.

The present series was developed to help build the conceptual, analytical and practical capacity of key staff to develop and implement effective responses in the education sector. It aims to increase access for a wide community of practitioners to information concerning planning and management in a world with HIV and AIDS; and to develop the capacity and skills of educational planners and managers to conceptualize and analyze the interaction between the epidemic and educational planning and management, as well as to plan and develop strategies to mitigate its impact.

The overall objectives of the set of modules are to:

- present the current epidemiological state of the HIV pandemic and its present and future impact;

- critically analyze the state of the pandemic in relation to its effect on the education sector and on the Education for All objectives;

- present selected planning and management techniques adapted to the new context of HIV and AIDS so as to ensure better quality of education and better utilization of the human and financial resources involved;

- identify strategies for improved institutional management, particularly in critical areas such as leadership, human resource management and information and financial management;

- provide a range of innovative experiences in integrating HIV and AIDS issues into educational planning and management.

By building on the expertise acquired by UNESCO's International Institute for Educational Planning (IIEP) and the EduSector AIDS Response Trust network (originally the Mobile Task Team [MTT] on the impact of HIV/AIDS on education) through their work in a variety of countries, the series provides the most up-to-date information available and lessons learned on successful approaches to educational planning and management in a world with AIDS.

The modules have been designed as self-study materials but they can also be used by training institutions in different courses and workshops. Most modules address the needs of planners and managers working at central or regional levels. Some, however, can be usefully read by policy-makers and directors of primary and secondary education. Others will help inspectors and administrators at local level address the issues that the epidemic raises for them in their day-to-day work.

Françoise Caillods	Peter Badcock-Walters
Deputy-Director	Director
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Volume 5: Costing, Monitoring and Managing

This final volume in the series focuses on costing and funding the response, monitoring its evolution and staying on target. The management checklist at the end provides you with a comprehensive framework to advocate, guide and inform the planning and management of your HIV and AIDS response.

Learner's guide

by B. Tournier

This set of training modules for educational planning and management in a world with AIDS is addressed primarily to staff of ministries of education and training institutions, including national, provincial and district level planners and managers. It is also intended for staff of United Nations organizations, donor agencies, and non-governmental organizations (NGOs) working to support ministries, associations and trade unions.

The series is available to all and can be downloaded at the following web address: www.unesco.org/iiep. The modules have been designed for use in training courses and workshops but they can also be used as self-study materials.

Background

HIV and AIDS are having a profound impact on the education sector in many regions of the world: widespread teacher and pupil absenteeism, decreasing enrolment rates and a growing number of orphans are increasingly threatening the attainment of Educational for All by 2015. It is within this context, that the series aims to heighten awareness of the educational management issues that the epidemic raises for the education sector and to impart practical planning techniques. Its objective is to build staff capacity to develop core competencies in policy analysis and design, as well as programme implementation and management that will effectively prevent further spread of HIV and mitigate the impact of AIDS in the education sector.

The project started in 2005 when IIEP and MTT (the Mobile Task Team on the Impact of HIV and AIDS on Education), now replaced by ESART, the Education Sector AIDS Response Trust, brought together the expertise of some 20 international experts to develop training modules that provide detailed guidance on educational planning and management specifically from the perspective of the AIDS epidemic. The modules were developed between 2005 and 2007; they were then reviewed, edited and enriched to produce the five volumes that now constitute the series.

Each situation is different

Examples are used throughout the modules to make them more interactive and relevant to the learner or trainer. A majority of these examples refer to highly impacted countries of southern Africa, but others are drawn from the Caribbean, where high HIV prevalence levels have frequently been documented. Each epidemiological situation is different: the epidemic affects a particular country differently depending on its traditions and culture, and on the specific educational and socio-economic problems it faces. Understanding this, the strategies and responses you adopt will need to be context-specific. The suggestions offered in this set of modules constitute a checklist of points for you to consider in any response to HIV and AIDS.

In some countries, different ministries are in charge of education in addition to the ministry of education. For example there may be a separate ministry of higher education, or a ministry for technical education. For clarity, we shall use the terms ministry of education when referring to all education ministries dealing with HIV and education matters.

Structure of the series

This series contains 22 modules, organized in five volumes. There are frequent cross-references between modules to allow trainers and learners to benefit from linkages between topics. HIV and AIDS fact sheets and an HIV and AIDS knowledge test can be found in Volume 1 to allow you to review the basic facts of HIV transmission and progression. At the end of all the volumes is a section of reference tools including a list of all the web sites and downloadable resources referred to in the modules, as well as an HIV and AIDS glossary.

The volumes

Not all modules will be of relevance or interest to each learner or trainer. Five core modules have been identified in Volume 1. It is recommended that you read and complete these before choosing the individual study route that best serves your professional and personal needs.

> **Volume 1,** *Setting the Scene,* gives the background to how HIV and AIDS are unfolding in the larger society and within schools. HIV and AIDS influence the demand for education, the resources available, as well as the quality of the education provided. The different modules should allow you to assess better the impact of HIV and AIDS on education and on development, and will allow you to understand the environment in which you are working before articulating a response.

> **Volume 2,** *Facilitating Policy,* helps you to understand how policies and structures within the ministry promote and sustain actions to reduce HIV-related problems in the workplace and in the education sector. Supporting policy development and implementation requires a detailed understanding the issues influencing people and organizations with regards to HIV and AIDS.

> In **Volume 3,** *Understanding Impact,* you will assess the need to gather new data to understand the impact of HIV and AIDS on the education system in order to inform policy-making. You will then learn different approaches to collecting and analyzing such data.

Volume 4, *Responding to the Epidemic,* will provide you with concrete tools to help you plan and implement specific actions to address the challenges you face responding to HIV and AIDS. It will prepare you prioritize your actions in key areas of the education sector.

The last volume in the series, **Volume 5,** *Costing, Monitoring and Managing,* focuses on costing and funding your planned response, monitoring its evolution and staying on target. The management checklist at the end provides you with a comprehensive framework to advocate, guide and inform the planning and management of your HIV and AIDS response.

The modules

Each module has the same internal structure, comprising the following sections:

- **Introductory remarks:** Each author begins the module by stating the aims and objectives of the module and making general introductory remarks. These are designed to give you an idea of the content of the module and how you might use it for training.

- **Questions for reflection:** This section is to get you thinking about what you know on the topic before launching into the module. As you read, the answers to these questions will become apparent. Some space is provided for you to write your answers, but use as much additional paper as necessary. **We recommend that you take time to reflect on these questions before you begin.**

- **Activities and Answers to activities:** The activities are an integral part of the modules and have been designed to test what you know as well as the new knowledge you have acquired. It is important that you actually do the exercises. Each activity is there for a specific reason and is an important part of the learning process.

  In each activity, space has been provided for you to write your answers and ideas, although you may prefer to make a note of your answers in another notebook. You will find the answers to the activities at the end of the module you are working on. However, in some cases, the activities and questions may require country-specific information and do not have a 'right' or 'wrong' answer (e.g. "Explain how your ministry advocates for the prevention of HIV"). As much as possible, sources are suggested where you could find this information.

- **Summary remarks/Lessons learned:** This section brings together the main ideas of the module and then summarizes the most important aspects that were presented and discussed.

- **Bibliographical references and resources:** Each author has listed the cited references and any additional resources appropriate to the module. In addition to the cited documents, some modules provide a list of web sites and useful resources.

Teaching the series: using the modules in training courses

As stated above, these modules are designed for use in training courses or for individual use.

Trainers are encouraged to adapt the materials to their specific context using examples from their own country. These examples can be usefully inserted in a presentation or lecture to illustrate points made in the module and to facilitate an active discussion with the learners. The objective is to assist learners to reflect on the situation in their own country and to engage them with the issue.

A number of activities can also be carried out in groups. The trainer can use answers provided at the back of the modules to add on to the group reports at the end of the exercise. In all cases, the trainer should prepare the answers in advance as they may require country-specific knowledge.

The bibliographic references can also provide useful reading lists for a particular course.

Your feedback

We hope that you will appreciate the modules and find them useful. Your feedback is important to us. Please send your feedback on any aspect of the series to: hiv-aids-clearinghouse@iiep.unesco.org — it will be taken into account in future revisions of the series. We look forward to receiving your comments and suggestions for the future.

Enjoy your work!

List of abbreviations

ABC	Abstain, be faithful, use condoms
ACU	AIDS control unit
ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
BCC	Behaviour change communication
BRAC	Bangladesh Rural Advancement Committee
CA	Cooperating Agency
CAER	Consulting Assistance on Economic Reform
CBO	Community-based organization
CCM	Country Coordination Mechanisms (Global Fund)
CDC	Centers for Disease Control and Prevention
CRC	Convention on the Rights of the Child
CRS	Catholic Relief Services
DAC	Development Assistance Committee (OECD)
DEMMIS	District education management and monitoring information systems
DEO	District education office
DFID	Department for International Development
DHS	Department of Human Services
EAP	Employee assistance programmes
ECCE	Early childhood care and education
EDI	EFA Development Index
EdSida	Education et VIH/Sida
EFA	Education for All
EMIS	Education management information system
ESART	Education Sector AIDS Response Trust
FAO	Food and Agricultural Organization
FBO	Faith-based organization
FHI	Family Health International
FRESH	Focusing Resources on Effective School Health
FTI	Fast Track Initiative

GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People living with or Affected by HIV and AIDS
HAART	Highly active antiretroviral therapy
HAMU	HIV and AIDS Management Unit
HBC	Home-based care
HDN	Health and Development Networks
HFLE	Health and family life education
HIPC	Highly indebted poor countries
HIV	Human Immunodeficiency Virus
HR	Human resources
IBE	International Bureau of Education
ICASA	International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa
ICASO	International Council of AIDS Service Organizations
IDU	Injecting drug user
IEC	Information, Education, and Communication
IFC	International Finance Corporation
IIEP	International Institute for Educational Planning
ILO	International Labour Organization
INSET	In-service education and training
IPPF	International Planned Parenthood Federation
KAPB	Knowledge, attitudes, practices and behaviour
M&E	Monitoring and evaluation
MAP	Multi-Country AIDS Program (World Bank)
MDG	Millennium Development Goals
MIS	Management information system
MLP	Medium-to-large-scale project
MoBESC	Ministry of Basic Education, Sport and Culture
MoE	Ministry of education
MoES	Ministry of Education and Sports
MoHETEC	Ministry of Higher Education, Training and Employment Creation
MSM	Men who have sex with men
MTEF	Medium-term expenditure framework
MTCT	Mother-to-child transmission
MTT	Mobile Task Team (MTT) on the Impact of HIV and AIDS on Education

NAC	National AIDS Council
NACA	National AIDS Co-ordinating Agency
NDP	National Development Plan
NFE	Non-formal education
NGO	Non-government organizations
NTFO	National Task Force on Orphans
OOSY	Out-of-school youth
OVC	Orphans and vulnerable children
PAF	Programme Acceleration Funds (UNAIDS)
PEAP	Poverty Eradication Action Plan
PEP	Post-Exposure Prophylaxis
PEPFAR	(US) President's Emergency Plan for AIDS Relief
PMTCT	Prevention of mother-to-child transmission
PREP	Pre-exposure prophylaxis
PRSP	Poverty reduction strategy paper
PSI	Population Services International
PTA	Parent-teacher association
SACC	South African Church Council
SAfAIDS	Southern Africa HIV and AIDS Information Dissemination Service
SGB	School governing body
SIDA	Swedish International Development Cooperation Agency
SMT	School management team
SP	Smaller project
SRF	Strategic response framework
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TB	Tuberculosis
TOR	Terms of reference
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS

UNICEF	United Nations Children's Fund
UP	Universal precautions
UPE	Universal primary education
USAID	United States Agency for International Development
VCCT	Voluntary (and confidential) counselling and testing
VCT	Voluntary (HIV) counselling and testing
VIPP	Visualization in participatory programmes
WCSDG	World Commission on the Social Dimensions of Globalization
WHO	World Health Organization
WV	World Vision

M. Görgens

Module
5.1

Costing the implications of HIV/AIDS in education

About the author

Marelize Görgens is an independent consultant and specializes in project management, system design, implementation, research and database development, with a particular interest in monitoring and evaluation systems within the public and private sectors. She is also a member of the EduSector AIDS Response Trust network and was a member of the Mobile Task Team (MTT) on the impact of HIV/AIDS on education.

Module 5.1

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Aims

The aim of this module is to enable you to develop a cost estimation for an HIV strategic and/or implementation plan in the education sector.

Objectives

At the end of this module, you should be able to:

- calculate the cost and resource implications of an HIV strategic and/or implementation plan;

- identify where cost savings could be incurred in the government's education sector budget as a result of implementing the government's new HIV strategic and/or implementation plan;

- identify the types of costs associated with an HIV strategic and/or implementation plan for the education sector;

- develop a budget, with different implementation and costing options, for a national and district HIV strategic and/or implementation plan;

- make informed choices about implementation and costing options so as to improve the affordability of the HIV strategic and/or implementation plan;

- include the budget for HIV in the ministry of education's annual budget and the government's medium-term expenditure frameworks.

Before you begin…

Questions for reflection

Take a few minutes to think about the questions below. You may find it helpful to make a note of your ideas in the spaces provided. As you work through the module, see how your ideas and observations compare with those of the author.

Do ministries of education need a separate budget for HIV? If so, why?

How high are the costs of HIV in the education sector?

What are the main costs associated with HIV in the education sector?

What are the best options for intervention from a cost and cost-effectiveness point of view?

Where would the funding for your ministry's HIV policy and strategy come from?

Does your ministry have a specific budget for HIV? If so, how is this budget converted into actual expenditure?

These questions for reflection remind us that most ministries of education either do not have a specific budget for HIV or they have a specific budget for HIV but it is not used in terms of actual expenditure. It also reminds us of and makes us think about the cost implications of HIV for the ministry. Whilst many officials in the ministry may feel that 'nothing can be done without a budget', this is not necessarily true. HIV impacts on the education system as a whole and affects all departments within a ministry of education, but there are a number of things that these departments can do without incurring additional costs.

Introductory remarks

When there is a new area requiring attention, such as the incorporation of HIV in a ministry of education's policies and strategic and/or implementation plans, those responsible for developing the policies and plans are aware of the fact that there is 'no such thing as a free lunch', that is to say that these policies and strategic and/or implementation plans will most probably cost money. This means that there is a need to develop a budget for the implementation of an HIV policy in a ministry of education. However, such a budget cannot and should not be developed on its own. The ministry must follow a proper development process (see Figure 1).

Figure 1: Steps for developing a budget for the implementation of an HIV policy in a ministry of education

Phase 1	Understand the impacts of HIV in the education sector
Phase 2	Plan a prioritized response by developing: (a) an HIV policy (b) an HIV implementation plan
Phase 3	Implement the response by: (a) developing an HIV budget (b) securing resources as per budget (c) implementing the activities
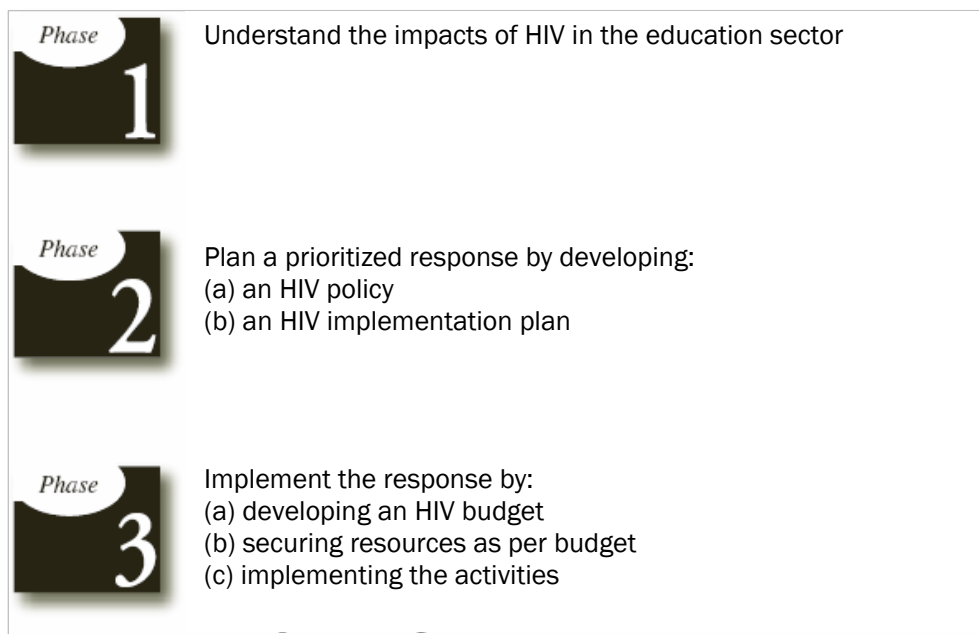
As Box 1 shows, developing a budget is one of the key steps that a ministry of education needs to take in order to tackle HIV within the education sector. It can also be explained like this:

Imagine you want to travel from point A (a ministry without an HIV policy) to point B (a ministry with an HIV policy), then:

- the education sector's HIV policy and strategy would be considered the **design specification** of the car;

- the unit or structure dedicated to implementing the policy would be the driver of the car;

- the strategic and/or implementation plan that converts the policy into practical actions would be the **roadmap** indicating the route that the car would need to follow to reach its destination;

- the finances and resources would be the **fuel** to put in the tank.

Unless you already have experience in developing an HIV strategic and/or implementation plan for the education sector, it is strongly recommended that you work through Module 2.1, *Developing and implementing HIV/AIDS policy in education*, and Module 3.1, *Analyzing the impact of HIV/AIDS in the education sector*.

1. Understanding the impacts of HIV in the education sector

Education is one of the main strategic resources for poverty reduction and socio-economic development in most developing countries. Education systems have been affected by HIV, and the pandemic presents a new challenge to ministries of education. These issues are explained in Module 1.2, *The HIV/AIDS challenge to education* and can be summarized in the following points:

- Demand for education
- Supply of education
- Availability of resources for education
- Potential clientele for education
- Process of education
- Content of education
- Role of education
- Organization of schools
- Planning and management of the education system
- Donor support for education

Further research with ministries of education in countries with a generalized epidemic (over 3 per cent) has shown that the impact of HIV on education can include the following consequences (see below). Table 1 will also help you identify the associated costs and resource implications.

Table 1   How HIV impacts on education.

Demand for education	Supply of education
Quantity and type in the education system	
Fewer learners More orphans	More teachers infected Fewer teachers in education system
New roles due to the impact of HIV	
Orphans are more vulnerable. Learners need to work to generate household income. Less money for school fees Carers at home	Education system needs to: Provide HIV prevention education for learners and educators Provide increased numbers of relief teachers due to increased absenteeism Look after the special needs of HIV-positive learners Manage the additional number of OVC* by: -providing psychosocial care; -managing the potential for increased abuse; -devising mechanisms to deal with orphans that cannot pay school fees; -devising incentives to keep orphans in schools.
New roles impact on available resources and create demand for additional resources	
Less money is available for school fees due to an increased number of orphans and reduced household income.	Direct cost: fewer skilled staff are available. Indirect cost: loss in quality of education Education systems need to budget for: -change in pension funds; -increased teacher medical care; -additional teacher training; -increased number of relief teachers; -funding to fulfil the new role of the education system.

* OVC – orphans and vulnerable children

However, the different impacts of HIV on education illustrated above are not a standard 'laundry list' of impacts; in other words, the impacts will not be the same in all ministries of education or in all countries.

Activity 1

1. Will HIV affect all ministries of education in the same way? Why/why not?

2. Describe the ways in which HIV can impact on your ministry in the table hereunder. Next to each impact that you listed, indicate whether or not this impact will have financial implications.

Impact of HIV on your ministry of education	Will this impact have negative financial implications? (Answer YES or NO, and describe with an example)
1.	
2.	
3.	
4.	

3. Is it possible that some of the impacts of HIV could lead to cost savings?

4. Think, for example, about the fact that HIV tends to reduce the number of children in the education system. How will this affect the costs of education?

As you probably discovered in Activity 1, HIV will not affect all ministries of education in the same way. The type of effect that HIV will have on the ministry of education in your country will depend on a number of factors:

- The HIV prevalence in the 24-49 age-group in your country.
- The current strength of the education system in your country.

- Other factors that would adversely affect the number of teachers, students or orphans in the country.

- The strength of the economy and how severely HIV will affect household income.

- The current student-to-teacher ratio in the primary, secondary and higher education system.

You will also have discovered in Activity 1 that there are different types of costs associated with the impact of HIV on the education system. Despite the fact that in an increasing number of countries there are no more fees at primary education level (at least in government/state schools), families and/or communities may be asked to contribute to the school budget. The hidden costs of education also have to be considered. Even if there are no school fees, learners still need uniforms (particularly in English-speaking countries), as well as textbooks, stationery, etc., all of which cost money. The different costs of HIV on education are discussed later in this module.

This section of the module has shown that HIV impacts on education, that these impacts are not the same for all ministries of education, and that mitigating these impacts could have cost or resource implications. However, the fact that a ministry's response to the impact of HIV could cost money should not lead to decision paralysis or a feeling that 'nothing can be done without money'. There are various small or zero-budget options (see below).

2.   Zero-budget Planning

Because of the different ways in which HIV impacts on education systems, it is important that a ministry of education does not begin its HIV budgeting process until it understands all the impacts of HIV on its own education system. It is also important for a ministry to recognize that it is possible to mitigate and manage some of the impacts of HIV on education without any additional cost implications for the ministry.

Activity 2

1. From the list of impacts that you identified in question 2 of Activity 1, describe how you can mitigate this impact if you had a zero budget.

Activity 2 shows that it is possible to plan and implement HIV interventions whilst executing activities that are part of the management of the education system. One could, for example, discuss HIV as part of the monthly school management team meetings.

Not all HIV interventions are necessarily costly or require additional funding; not all activities to mitigate the impact of HIV on the education sector will require additional funding or place an additional strain on resources that are already limited. These activities may cost something in terms of the time that they will take to implement, but they have virtually no financial implications. There are several valuable interventions that can be made without changing strategic plans, without placing additional pressure on a ministry of education's budget, or without the need to apply for external funding. There are actions that can be put into practice on a zero-budget basis.

Zero-budget planning consists essentially of a brainstorming session within a ministry, one of its sections or one of its institutions, in order to identify worthwhile actions that can be taken on a professional or personal basis. Further examples of zero-budget activities that the ministry of education could implement that would cost virtually nothing have been listed below. However, it is up to education officials to determine for themselves those interventions that could be of importance.

- Include HIV messages in school assemblies, staff meetings, meetings with parents, meetings of school governors, etc.

- Have HIV messages printed on educational stationery (exercise books, folders, etc.).

- Display posters and information about HIV.

- Hold debates, essay-writing and other competitions on HIV topics, offering red-ribbon awards.

- Invite entertainers, sports personalities and individuals respected by students to talk about HIV.

- Invite persons living with HIV to address school gatherings.

- Provide for the inclusion of HIV issues in co-curricular activities.

- Use school drama sessions, school magazines and school open days to communicate the HIV message.

- Establish HIV committees at both school and ministry levels.

- Organize individual or class project work with an HIV focus.

3. Major reasons why HIV places an increased demand on education-sector budgets.

As we can see from our discussion above, HIV will be a systematic drain on delivery and quality over the short to medium term. It is also clear that these impacts will require some additional funding. There are some important factors to take into account when considering the cost and resource implications of the mitigation of the HIV impact in the education sector (Kinghorn et al., 2003).

- The amount of additional funding that is required will depend on the nature of the epidemic in a particular country, as well as the types of activities that will be implemented by the ministry to mitigate the impacts of HIV on the education system.

- HIV is not expected to be the main determinant of delivery, costs or ability to achieve staffing and other policy targets in the education sector.

- Low average levels of impact can still hide a significant number of schools and classes where impacts on quality and access are much more severe.

- HIV highlights limitations in human resource planning and management in education, and adds to other stresses and challenges to the achievement of targets regarding coverage and quality of education.

- Despite limitations of data to assess the costs of HIV for education, it is possible to predict that these costs will be small compared to the other costs involved in achieving universal primary education (UPE) and Education for All (EFA) goals.

What are the types of costs that education officials will need to consider? Fundamentally, demands for increased funding and resources due to HIV are discussed below.

HIV impacts on the cost of education

In addition to decreased enrolment and a reduced teaching workforce, HIV also impacts on the cost of education, i.e. HIV makes it more expensive for ministries of education to manage their education systems. The major costs of HIV to education systems arise from impacts on staff. These can manifest themselves as financial costs, or alternatively as indirect costs of reduced education quality and efficiency. Specific direct costs of HIV on education can include the following:

- Increased teacher pension fund payouts.

- Increased medical costs and medical aid contributions for teachers.

- Increased teacher training costs: additional teacher training due to higher teacher attrition.

- Increased payroll: increased absenteeism leading to the need for more staff and relief teachers.

Again, it should be noted that the extent of these cost implications will differ dramatically from ministry to ministry, and it is not possible to apply one standard

recipe or fixed budgets to quantify the above impact of HIV on the cost of education.

A study looking into the impact of HIV on the education sector in Namibia revealed that the epidemic has the following cost implications. Estimates of the cost implications of the epidemic on staff are summarized in the table below and they suggest several important conclusions.

- Pension-fund costs are reported by the Government Institutions Pension Fund to be unlikely to increase substantially due to HIV.

- Medical-aid costs are likely to be the single largest HIV-related cost. Projections of antiretrovirals (ARVs) are a potentially affordable strategy for the education system.

- Costs of extra teacher training to replace staff who die of AIDS need to be refined. The direct costs of replacing lost educators would be high. Direct costs in the absence of ARVs would be lower than ARV costs but of a similar overall magnitude and with other potential indirect benefits.

- Absenteeism costs will often be hidden and manifest themselves through declining education quality. However, costs of well-managed relief/substitute teacher systems targeted at AIDS illness and the schools in greatest need seem potentially affordable.

- Other costs, such as transfers and delays in deploying replacement staff, are likely to be lower than for illness-related absenteeism. However, with reported average delays of three months in the appointment of replacement staff, this could add a further 50 per cent to estimates of the costs of absenteeism due to illness.

Table 2   Summary of key cost implications of HIV among employees

Pension fund	Neutral
Medical aid (ARVs)	N$ 146m to 2010 2% of school costs by 2010
Extra teacher training	N$ 35m (ARV) N$ (no ARV) to 2010
Absenteeism/relief teachers	</=1.7% of payroll

The education system responses to mitigate the impact of HIV on education

We have discussed extensively the fact that HIV impacts on education in a number of ways, including the cost impacts listed above. This set of modules advocates that a ministry of education, in response to these HIV impacts on its education system and in order to mitigate the impacts, needs to develop an HIV policy and an HIV strategic and/or implementation plan for the education sector. Such a policy and strategic and/or implementation plan would cost money to implement. This is the second main type of cost of HIV on education: the cost of implementing all of the activities in its HIV strategic and/or implementation plan.

In the next section we will look at how to calculate the cost and resource implications of an HIV strategic and/or implementation plan. We will not focus on how to calculate the cost impacts of HIV on the education system, since these are based on projection tools and estimations which fall outside the scope of this module. Specific technical resources are available to assist in making these predictions.

4. Types of costs and resources

By now we have determined that a ministry of education would respond to the impact of HIV on education by developing an HIV policy and strategic and/or implementation plan. Let us therefore now consider the typical cost components of such an HIV strategic and/or implementation plan.

One of the significant costs of the epidemic that needs to be included is funeral costs. This is a sensitive subject as it is draining resources in all countries, but it is difficult for a ministry to decide how to include it in the budget. The Malawian Ministry of Education, for example, has allocated a specific allowance per person for transport to funerals of immediate family; these costs have been included in the district's budget.

One cost that needs to be considered, i.e. the training of additional teachers due to the premature death of existing teachers, is an important and controversial issue. It is difficult to determine the exact number of additional teachers that need to be trained, as the number of teachers required in an education system is dependent on the number of students that are enrolled. In a high-prevalence setting, it has been shown that learner enrolment drops due to lower birth rates and the fact that there are more orphans and vulnerable children (particularly girls) that are taken out of school and kept at home to help with domestic duties; caring for the sick, food production and income generation. It is necessary to estimate the number of additional teachers that are required and this can only be done through the simulation exercise described earlier in this series of modules (see Module 3.4, *Projecting education supply and demand in an HIV/AIDS context*).

Table 3   Typical cost components for an HIV strategic and/or implementation plan

Main cost category	Cost sub-categories
Personnel costs	Public service staff salaries
	Local consultants
	External consultants
Transport	Ground transport
	Air travel
Recurrent costs/consumables	Telephone
	Office materials
Equipment	Office equipment
	Vehicles
Workshops and training	Workshops
	Training
Curriculum	Development of HIV curriculum
	Printing & distribution of curriculum materials
	Training of teachers in new curriculum
Printing, publication and media	Printed materials
	Photocopy materials
	Other materials
Distribution cost	Distribution to districts
School and district level activities	Allowances for clubs
	Distribution to schools
	Supervision/monitoring allowance
Funeral costs	Transport costs
	Allowance per staff member
Support for vulnerable children	Nutrition
	Psychosocial support
	Medical & financial support
Care & support for infected teachers	Medical support - ARVs and medical care for opportunistic infections
	Psychosocial support
Involvement of people living with HIV	Travel & expenses
Training of teachers	Training of additional teachers

5. How to develop a budget for HIV strategic and/or implementation plan

When faced with the task of developing a budget for an HIV strategic and/or implementation plan, one needs to be clear on whether the purpose is to determine the impact of HIV on the cost of education, or whether there is a need to develop a budget for an HIV strategic and/or implementation plan. As stated earlier, this module focuses on the second task, i.e. developing a budget for an HIV strategic and/or implementation plan.

The first important aspect to recognize is that one cannot develop a budget for HIV in isolation. Before the budget can be developed one would, ideally, want the ministry of education to have (a) developed its HIV policy for the education sector, and (b) developed an HIV/ AIDS strategic and/or implementation plan based on the HIV policy. Only when these steps have been taken can funding and resource implications be considered.

Activity-based budgeting

The basic premise of developing this budget is that activity-based costing will be used; i.e. for every objective in the HIV policy, a number of activities will be defined. These activities may differ from year to year. Costs and resources will be quantified for each of the activities. This process is illustrated below.

Figure 2 Activity-based budgeting
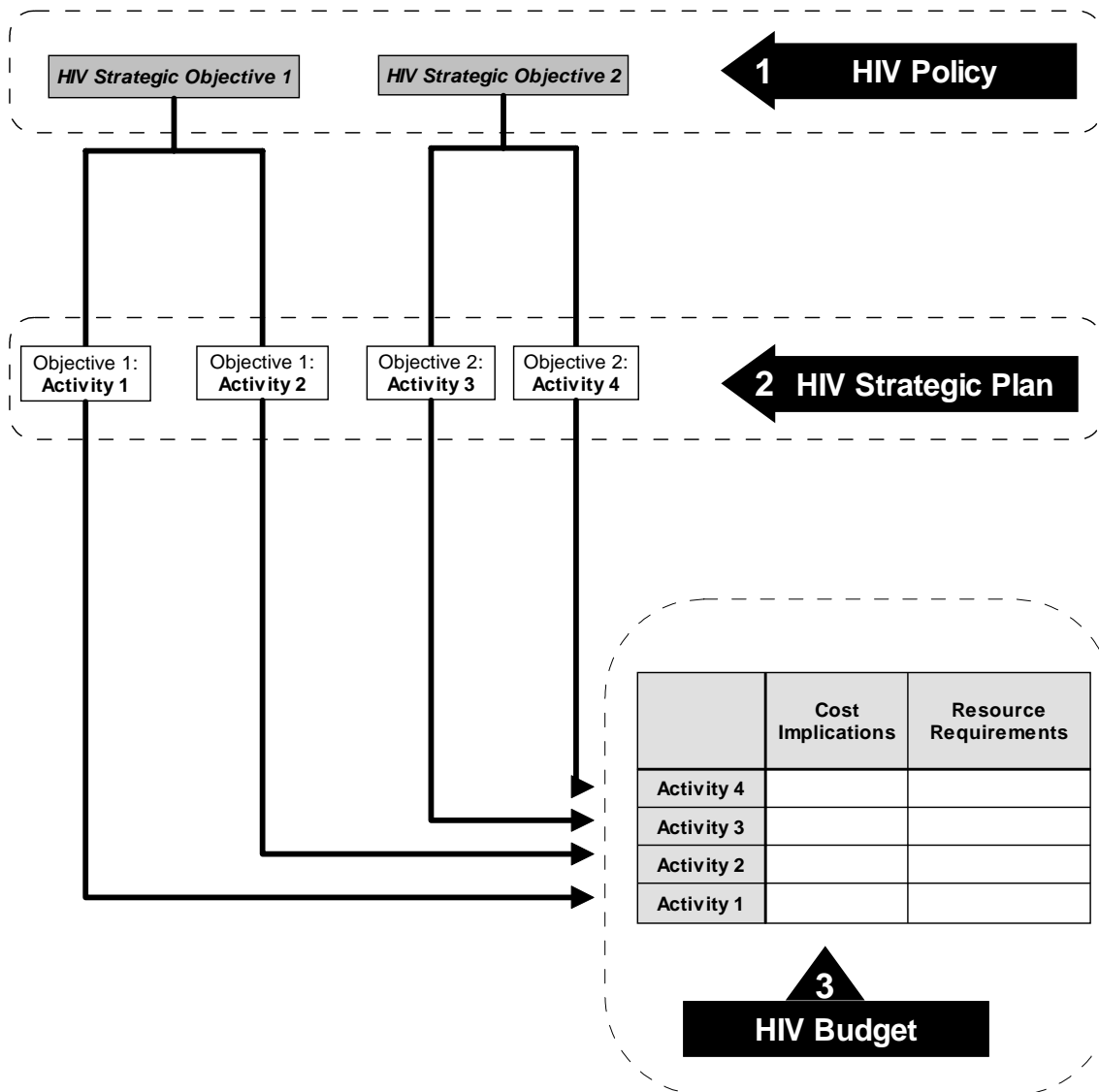
Process for developing an HIV budget

Within the context of this broad concept of activity-based costing, the following process should be followed to develop a budget for the ministry's HIV implementation plan.

Box 1   Process for developing an HIV budget

Step 1: Assemble a team of persons who will be involved in the budgeting process.

Step 2: Obtain a copy of the ministry's HIV strategic and implementation plans, and provide each member of the team with a copy of these documents. Ask team members to study the documents.

Step 3: Develop a budget matrix (usually a spreadsheet, using the appropriate software) that defines, for every objective listed in the HIV policy, the specific activities that will be implemented, as well as the timeline for these activities. The list of activities for this matrix may be obtained from an existing HIV implementation plan.

Step 4: For every activity and for every year of implementation, identify the cost elements for that activity. You may wish to use categories of cost, such as the cost categories discussed in Section 7 of this module. Describe the costs in detail, for example: "In year 1, four two-day workshops of 30 participants each".

Step 5: Identify whether there are any costs that are common, i.e. costs that appear across more than one activity. For example, there may be a need for workshops to be undertaken in more than one activity. Now develop (a) a UNIT COST TABLE that contains a standard costing for these common costs, and (b) standard prices for road transport, venue hire, poster printing, etc.

Step 6: Based on the estimates that the team developed in Step 4 and Step 5, now develop a detailed budget for the entire lifespan of the HIV implementation plan. For each budget item, list the potential funding source for that budget item (this could be government or other external funding sources, such as development agencies).

Important aspects to take into account during the above process

A.   Multi-year budgeting or medium-term expenditure framework. Typically, an HIV strategic or implementation plan will not be implemented in one year, but will cover a number of years. In addition, many governments function on a medium-term expenditure framework (MTEF), which means that the government develops its budget for more than one year (although annual adjustments are allowed). Since this HIV budget will be partly funded through government, this budget would also need to take cognisance of and be developed within the auspices of the government's budgeting guidelines.

B.   The effect of inflation. Every year, inflation causes an increase in the prices of goods and services. Since the HIV budget will more than likely be developed over a number of years, your team needs to take into account the effect of inflation when developing the HIV budget. This can be done by estimating the annual inflation rate (the country's national Statistics Bureau or Reserve Bank should be able to provide annual estimates), and by multiplying the annual costs, using the unit costs that you have used in the budget, by this annual inflationary multiplier.

C.   The government's financial year: Since a part of your budget will be funded by your government, it is essential that the budget that you develop follow the same timeframes as the government's fiscal or financial year. This means that if your government's budget runs from July of one year to June of the following year, then the implementation plan timeframes and the annual budget need to be divided in the same way.

Example of an HIV development budget

Overleaf is an example that shows, step by step, how the spreadsheet was developed and finally how the budget was determined. Please note that in this example, it has been assumed that Step 1 ("Assemble a team") and Step 2 ("Obtain and distribute copies of the HIV policy and strategic plans to the team members") have already been completed.

Step 3: Develop a matrix

Objective 1: To promote development and implementation of policy guidelines and legal provisions relevant to HIV in the education and sports sectors

Strategy 1.1: Initiate and foster policy guidelines and legal provision relevant to HIV in the education sector

	Activity description	Sub-activity	Start date	End date
1.1.1	Establish an HIV Policy Review Task Team for the education and sports sectors	Define TOR, schedule meetings, accountability, co-ordination + resource needs	Jul-04	Jun-05
1.1.2	Define policy areas that need to be covered in audit and TOR for review process.	None	Jul-04	Jun-07
1.1.3	Present review findings and hold biannual consultative meetings with all relevant stakeholders	None	Jul-04	Jun-07

Strategy 1.2: Popularize policies, legal provisions and regulatory provisions relevant to HIV

	Activity description	Sub-activity	Start date	End date
1.2.1	Reproduce and distribute approved policies	Define distribution strategy (national, regional, district, country & schools) + cost implications + responsibilities + monitoring mechanism	Jul-04	Dec-04
		Develop a resource plan and partnership agreements for all activities in policies	Jul-04	Jun-05
1.2.2	Sensitize the stakeholders to the approved policies, guidelines and legal provisions	Public communications strategy (electronic media, print media, advocacy meetings, etc.) +	Jul-04	Jun-07

Step 4: Define costs for each activity in the matrix

Objective 1: To promote development and implementation of policy guidelines and legal provisions relevant to HIV in the education and sports sectors

Strategy 1.1: Initiate and foster guidelines and legal provision relevant to HIV in the education sector

	Activity description	Sub-activity	Start date	End date	Cost description		
					July 2004 – June 2005	July 2005 – June 2006	July 2006 – June 2007
1.1.1	Establish an HIV Policy Review Task Team for the education and sports sectors	Define TOR, schedule meetings, accountability, co-ordination & resource needs	Jul-04	Jun-05	No extra cost	Not implemented	Not implemented
1.1.2	Define policy areas that need to be covered in audit and TOR for review process.	None	Jul-04	Jun-07	10 days' technical assistance (intl. consultants) and 5 days local	10 days' technical assistance (international consultants)	No extra cost
1.1.3	Present review findings and hold biannual consultative meetings with all relevant stakeholders	None	Jul-04	Jun-07	1 national two-day workshop for 100 people	2 one-day meetings for 50 people	2 one-day meetings for 50 people

MODULE 5.1: Costing the implications of HIV/AIDS in education

Strategy 1.2: Popularize policies, legal provisions and regulatory provisions relevant to HIV

	Activity description	Sub-activity	Start date	End date	Cost description		
					July 2004–June 2005	July 2005–June 2006	July 2006–June 2007
1.2.1	Reproduce and distribute approved policies	Define distribution strategy (national, regional, district, country, schools) + cost implications + responsibilities + monitoring mechanism	Jul-04	Dec-04	Production + printing of 25,000 copies of 8 policy documents of	None	None
		Develop a resource plan and partnership agreements for all activities in policies	Jul-04	Jun-05	Technical assistance (5 days local consultants)	Not implemented	Not implemented
1.2.2	Sensitize the stakeholders to the approved policies, guidelines and legal provisions	Public communications strategy (electronic media, print media, advocacy meetings, etc) + relationship to advocacy strategy	Jul-04	Jun-07	32 radio spots and 16 newspaper ads	32 radio spots and 16 newspaper ads	32 radio spots and 16 newspaper ads

Step 5: Identify common costs and develop a unit cost table

UNIT COST TABLE

Annual inflation rate estimation - 6%

Cost of one newspaper advertisement - $1,000 per spot

Cost of one radio spot - $400 per spot

One-day meeting unit cost - $245 per person per meeting per day

Local consultancy rate - $1,000 per day

International consultancy rate - $2,000 per day

Printing of one report on 100 pages - 50 per report

Workshop unit cost - $418 per person per workshop per day

One day meeting unit cost

Workshop unit cost

CALCULATION OF ONE-DAY MEETING UNIT COST

	Units	Unit cost	# of units	Sub-total
Venue hire	Room	500	1	$500
Lunch per person	Per person	75	50	$3,750
Per diem cost per person	Per person per day	100	50	$5,000
Accommodation (for one night for 20% of persons who come out of town)	Per person per night	200	20% of 50 person = 10 persons	$2,000
Transport (only 20% of persons for out of travel)	Per person	100	20% of 50 person = 10 persons	$1,000
TOTAL				**$12,250**

Total cost of meeting divided by number of persons **12,250 ÷ 50 = 245**

MODULE 5.1: Costing the implications of HIV/AIDS in education

CALCULATION OF WORKSHOP UNIT COST FOR A THREE-DAY WORKSHOP FOR 50 PERSONS

	Units	Unit cost	# of units	Sub-total
Venue hire	Room	500	3	$500
Lunch per person	Per person	75	50 persons x 3 days = 150	$3,750
Per diem cost per person	Per person per day	100	50 persons x 3 days/person= 150	$5,000
Accommodation (for duration of workshop for all participants)	Per person per night	200	50 persons x 3 nights/person=150	$2,000
Transport (for all participants)	Per person	100	50	$1,000
TOTAL				**$12,250**

Total cost of workshop divided by the number of persons and by number of days **62,750 ÷ 3 = 418**

Step 6(a): Develop a detailed budget

Objective 1: *To promote development and implementation of policy guidelines and legal provisions relevant to HIV in the education and sports sector*

Strategy 1.1 Initiate and foster guidelines and legal provision relevant to HIV in the education sector

#	ACTIVITY DESCRIPTION	SUB-ACTIVITY	BUDGET					
			July 2004 - June	Funding source	July 2005 - June	Funding source	July 2006 - June	Funding source
1.1.1	Establish an HIV Policy Review Task Team for the education and sports sectors	Define TOR, schedule meetings, accountability, co-ordination & resource needs	0	Not applicable	0	Not applicable	0	Not applicable
1.1.2	Define policy areas that need to be covered in audit and TOR for review process.	None	25,000		21,200		0	Not applicable
1.1.3	Present review findings and hold biannual consultative meetings with all relevant stakeholders	None	83,600		25,970		27,528	

MODULE 5.1: Costing the implications of HIV/AIDS in education

Step 6(b): Assign potential funding sources to each budget

Strategy 1.2: Popularize policies, legal provisions and regulatory provisions relevant to HIV

#	ACTIVITY DESCRIPTION	SUB-ACTIVITY	BUDGET					
			July 2004 - June 2005	Funding source	July 2005 - June 2006	Funding source	July 2006 - June 2007	Funding source
1.2.1	Reproduce and distribute approved policies	Define distribution strategy (national, regional, district, country, schools) + cost implications + responsibilities + monitoring mechanism	1,000,000	Global Fund	0	Not applicable	0	Not applicable
		Develop a resource plan and partnership agreements for all activities in policies	10,000	Government	0	Not applicable	0	Not applicable
1.2.2	Sensitize the stakeholders to the approved policies, guidelines and legal provisions	Public communications strategy (electronic media, print media, advocacy meetings, etc) + relationship to advocacy strategy	28,800	DFID	30,528	USAID	32,360	USAID

Activity 3

Developing an annual budget

The table below contains an extract of an HIV implementation plan, with cost descriptions that have already been completed. A unit cost table has also been supplied. For this HIV budget matrix, please develop the annual budget for three consecutive years of implementation. You may want to use a calculator.

Activity	Start Date	End Date	Cost Description			Budget		
			July 2004 - June 2005	July 2005 - June 2006	July 2006 - June 2007	July 2004 - June 2005	July 2005 - June 2006	July 2006 - June 2007
1. Print education materials	Jul-04	Dec-04	25,000 booklets and 3,000 brochures printed and distributed	None	None	Calculate	Calculate	Calculate
2. Run prevention workshops	Jul-04	Jun-06	100 two-day workshops of 40 persons each	200 three-day workshops of 60 persons each	200 three-day workshops of 60 persons each	Calculate	Calculate	Calculate

UNIT COST TABLE

Annual inflation rate estimate	7% per annum
Cost to print one booklet	$2 per booklet
Cost to print one brochure	$3 per brochure
Cost to distribute booklet and brochures	$5 per brochure or booklet
Local consultancy rate	$1,000 per day
Workshop unit cost	$100 per person per workshop per day

Prioritizing and choosing between different budget options

It is almost always necessary for education officials to prioritize or make choices in the areas of both objectives and actions. There may be many directions that promise good progress, but it is not always possible to embark on all of them simultaneously. Moreover, changing external circumstances may mean either the impossibility of doing all that was planned or the possibility of doing more than was

expected. A clear sense of priorities will enable managers to respond to such circumstances and make the necessary choices.

General criteria for priority areas are the following:

- Areas where the need is greater.

- Areas where the impact is likely to be greater.

- Areas where there is likely to be a multiplier effect.

More specifically, the answers to the following questions can guide prioritization:

- Where would the activity reach the biggest number?

- Where would the activity promise to make the maximum impact on a specific aspect of the problem being considered?

- Does the activity address the most urgent challenge (for instance, by targeting the most vulnerable children)?

- Does the activity promise the maximum leverage, making the biggest impact for the smallest effort?

- Does the activity promise quick and visible positive results?

- Is the activity proposed in an area that nobody else is addressing?

- If implementation is straightforward because the activity will use existing processes and infrastructure.

- Is the activity independent and can it be executed without conditionalities or other prerequisite activities?

- If the activity is prerequisite to other important interventions, but these cannot be launched until the activity has been put in place.

- If the activity being considered is not controversial, but will easily get the necessary political, professional and administrative commitment.

- Will the activity use locally available resources that facilitate immediate implementation?

Appropriate software to use for the development of costings

In the previous section we looked at the process of how to develop a budget for HIV in the education sector. In this section, we have referred to a number of tables and calculations that needed to be done. These calculations can either be done manually or by using the appropriate software.

We would like to recommend that your ministry consider the use of spreadsheet software to develop its HIV budget. This allows for a flexible process where many different iterations can be made.

Linkage to national education-sector budgets

Typically, the HIV budget that has been developed will not stand on its own and will need to fit into the government's budget. Most governments of developing nations that receive substantial funding from development agencies have two main categories in their budget: (a) recurrent expenditure budget to cover all operational costs (such as salaries, transport, vehicles, stationery, etc.) incurred by ministries; and (b) a development budget that is used for all development projects, i.e. where all contributions from development partners are accounted for and budgeted as part of the government's annual budgeting process.

You need to recognize that not all of the costs described in the above budget will be funded through your own ministry. Once you have completed the budgeting process, ensure that you have followed the government's MTEF expenditure guidelines.

Accessing additional resources

It is more than likely that HIV strategic and/or implementation plans, even with some zero-budget activities, will have a cost implication for your ministry. It will not always be possible for your ministry to carry this additional cost burden on its own or within its own budget. There are a number of ways in which your ministry can access additional resources, including access to specific funds that have been set up internationally to fund HIV activities. The next module in this series, Module 5.2 on *Funding the response to HIV/AIDS in education,* will provide you with the information and skills to access these additional resources.

Summary remarks

People do not always like to talk or think about the financial implications of a new initiative. Yet, it is essential that we cost and budget for any new interventions. Developing a budget brings us back to a place of reality and ensures that we are able to do what we planned, i.e. that which is contained within the HIV policy.

It should be noted that not all activities will require additional funding. Furthermore, there are external funding sources that could be accessed to fund any additional funding and resource requirements. A lack of funding cannot and should not paralyze and prevent us from taking action to tackle HIV. With proper planning and practical skills, it is possible to mitigate, manage and minimize the effects of HIV on the education sector.

Lessons learned

Lesson One

HIV impacts on education systems.

Lesson Two

The nature and type of impact differ and vary and are dependent on a number of variables.

Lesson Three

The nature and extent of HIV impacts in a ministry of education will determine the nature and extent of the ministry's response to mitigate this impact on the education system.

Lesson Four

HIV will have an effect on the available resources in a ministry of education. These effects can be either good (reduction in resource demand and reduced costs) or bad (increase in resource demand and increased costs).

Lesson Five

Not all activities in the HIV strategic and/or implementation plan cost money or imply the need for additional resources. There are things that you can do that will not cost any money (zero-budget planning).

Lesson Six

There are different types of costs that need to be considered.

Lesson Seven

An HIV budget cannot be developed in isolation or before the ministry has developed its HIV policy and strategy documents.

Lesson Eight

When developing an HIV budget there is a specific process that can be followed that will make the budgeting process easier. This includes the development of a budget matrix, the estimation of unit costs and the annual budgeting linked to your government's MTEF.

Lesson Nine

It is important that the effect of inflation is taken into account when developing a budget.

Lesson Ten

The budget should be developed for all the years of implementation of the HIV strategy, and should be grouped in such a way that it can link with the government's budgeting process.

Lesson Eleven

It may sometimes be necessary to prioritize and choose between different budget and implementation options.

Lesson Twelve

There are external resources available for HIV funding (see Module 5.2 on Funding the response to HIV/AIDS in education).

Answers to activities

Activity 1

1. No. Not all MoEs are faced with the HIV epidemic to the same extent. In countries and MoEs where HIV prevalence is high, there are more people infected with HIV. This will lead to a greater impact, as more people will die prematurely.

2. Describe the ways in which HIV can impact on your ministry in the table hereunder. Next to each impact that you list, indicate whether or not this impact will have financial implications.

Impact of HIV on your ministry of education	Will this impact have negative financial implications? *(Answer YES or NO, and describe with an example)*
1. Reduced number of students	YES
2. Greater absenteeism amongst teachers	YES
3. More sick leave for teachers	YES
4. Reduced quality of education	NO

3. Yes

4. A reduced number of students will mean that the ministry has to build fewer schools and purchase fewer textbooks. There are HIV impacts that could reduce costs within the ministry of education. The most visible example is that of learner enrolment. High HIV prevalence leads to a reduction in learner enrolment that reduces the number of children in school and thus the amount of money that needs to be spent on textbooks, etc.

Activity 2

Think for a few minutes about the list of possible implications and impacts of HIV in your ministry, as we discussed earlier. Can you identify at least one HIV intervention that your ministry can do to mitigate a potential impact of HIV on education that will not lead to additional cost or resource implications?

EXAMPLES

- On a weekly basis, during quarterly meetings with principals, district offices could ensure that school principals are briefed in HIV and that practical means of including it in their schools are prepared.

- Include something about HIV in school assemblies, staff meetings, meetings with parents, meetings of school governors, etc.

- Have HIV messages printed on education stationery (exercise books, folders, etc.).

- Display posters and information about HIV.

- Hold debates, essay-writing and other competitions on HIV topics, with red-ribbon awards.

- Invite entertainers, sports personalities and individuals respected by students to talk about HIV.

- Invite people living with HIV to address school gatherings.

- Provide for the inclusion of HIV issues in co-curricular activities.

- Use school drama, school magazines and school open days to communicate HIV messages.

- Establish HIV committees at both school and ministry levels.

- Organize individual or class project work with an HIV focus.

Activity 3

The table overleaf contains an extract of an HIV implementation plan, with cost descriptions that have already been completed. A unit cost table has also been supplied. For this HIV budget matrix, please develop the annual budget for three consecutive years of implementation.

Half-completed matrix

Activity	Start Date	End Date	Cost Description			Budget		
			July 2004 - June 2005	July 2005 - June 2006	July 2006 - June 2007	July 2004 - June 2005	July 2005 - June 2006	July 2006 - June 2007
1. Print education materials	Jul-04	Dec-04	25000 booklets and 3000 brochures printed and distributed	None	None	Calculation A	Calculation C	Calculation E
2. Run prevention workshops	Jul-04	Jun-06	100 two-day workshops of 40 persons each	200 three-day workshops of 60 persons each	200 three-day workshops of 60 persons each	Calculation B	Calculation D	Calculation F

UNIT COST TABLE FOR 2004/2005

Annual inflation rate estimate	7% per annum
Cost to print one booklet	$2 per booklet
Cost to print one brochure	$3 per brochure
Cost to distribute booklet and brochures	$5 per brochure or booklet
Local consultancy rate	$1,000 per day
Workshop unit cost	$100 per person per workshop per day

Step 1: First calculate the costs for Year 1 (July 2004–June 2005)

The formula for doing this is: Cost = TOTAL NUMBER X UNIT COST

Calculation A	Printing: 25,000 booklets and 3,000 brochures
	Distribution: 25,000 booklets and 3,000 brochures
	PRINTING COST = 25,000 booklets x $2/booklet (see unit cost table)
	+ 3,000 brochures x $3 per brochure (see unit cost table)
	= $50,000 + $9,000
	= $59,000
	DISTRIBUTION COST = 25,000 booklets x $5/booklet (see unit cost
	table) + 3,000 brochures x $5 per brochure (see unit cost table)
	= $125,000 + $15,000
	= $140,000
	TOTAL COST
	= Printing cost + distribution cost
	= $59,000+ $140,000
	= **$239,000**
Calculation B	Calculate cost of 100 2-workshops of 40 persons each
	TOTAL COST = 100 workshops x 40 persons per workshop x 2 days
	per workshop x unit cost per person per day of workshop = 100 x 40
	x 2 x
	$100 (see unit cost table) = **$800,000**

Step 2: Now calculate the costs for Year 2 (July 2005–June 2006)

Calculation C	No activity planned – so no costs!
	TOTAL COST = **$0**
Calculation D	Calculate the cost of 200 three-day workshops of 30 persons each
	First, we need to adapt the unit cost table to take into account the
	effect of **one year of inflation.** Since the inflation rate has been
	estimated at 7% (see unit cost table), this means that we must
	INCREASE the unit costs by 7% to take into account the effect of
	inflation.
	NEW UNIT COST = $100 per person per workshop day x 1.07 (7%
	from unit cost table) = **$107**
	TOTAL COST = 200 workshops x 60 persons per workshop x 3 days
	per workshop x NEW unit cost per person per day of workshop

Inflation is usually defined as "a sustained increase in the general price level. We measure it as the annual percentage increase in prices. It can be measured as a monthly change, but the most often quoted figure is the annual change". We need to add the effect of inflation because prices increase on an annual basis. This means that every year we can buy less for the same amount of money. Thus, we need to increase the unit costs if we want to be able to buy the SAME things year after year.

Step 3: Now calculate the costs for Year 2 (July 2005– June 2006)

Calculation E	No activity planned – so no costs! TOTAL COST = **$0**
Calculation F	Calculate the cost of 200 3-day workshops of 30 persons each First, we need to adapt the unit cost table to take into account the effect of **two years of inflation**. Since the inflation rate has been estimated at 7% (see unit cost table), this means that we must INCREASE the unit cost for Year 2 by 7% to take into account the effect of inflation. NEW UNIT COST = $107 per person per workshop day (see Calculation D) X 1.07 (7% from unit cost table) = **$114.49** TOTAL COST = 200 workshops x 60 persons per workshop x 3 days per workshop x NEW unit cost per person per day of workshop = 200 x 60 x 3 x $114.49 (see calculation above) = **$4 121 640**

Step 4: Capture the answers from Step 1 in the matrix

Activity	Start Date	End Date	Cost Description			Budget		
			July 2004 - June 2005	July 2005 - June 2006	July 2006 - June 2007	July 2004 - June 2005	July 2005 - June 2006	July 2006 - June 2007
1. Print education materials	Jul-04	Dec-04	25,000 booklets and 3,000 brochures printed and distributed	None	None	Calculation A = $239,000	Calculation C = $0	Calculation E = $0
2. Run prevention workshops	Jul-04	Jun-06	100 two-day workshops of 40 persons each	200 three-day workshops of 60 persons each	200 three-day workshops of 60 persons each	Calculation B = $800,000	Calculation D = $3,852,000	Calculation F = $4,121,640

See how the costs of running 200 three-day workshops for 60 participants each have increased from Year 2 (Calculation D) to Year 3 (Calculation F), in spite of the fact that exactly the same output (200 three-day workshops of 60 participants each) is achieved. This is due to inflation.

Step 5: Now calculate the annual cash flow

Activity	Start Date	End Date	Cost Description			Budget		
			July 2004 - June 2005	July 2005 - June 2006	July 2006 - June 2007	July 2004 - June 2005	July 2005 - June 2006	July 2006 - June 2007
1. Print education materials	Jul-04	Dec-04	25,000 booklets and 3,000 brochures printed and distributed	None	None	Calculation A = $239,000	Calculation C = $0	Calculation E = $0
2. Run prevention workshops	Jul-04	Jun-06	100 two-day workshops of 40 persons each	200 three-day workshops of 60 persons each	200 three-day workshops of 60 persons each	Calculation B = $800,000	Calculation D = $3,852,000	Calculation F = $4,121,640

ANNUAL CASH FLOW REQUIREMENTS	$1,039,000	$3,852,000	$4,121,640

These annual cash flow requirements can now be included in the ministry's medium-term expenditure framework.

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P. Mukwashi

Module

5.2

Funding the response to HIV/AIDS in education

About the author

Patience Mukwashi is an independent consultant and specializes in monitoring and evaluation, transmission dynamics and evidence-based youth and workplace HIV and AIDS programmes, with a particular interest in differentiated HIV and AIDS responses. She is also a member of the EduSector AIDS Response Trust network and was a member of the Mobile Task Team (MTT) on the impact of HIV/AIDS on education.

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2. Developing proposals: steps involved
   Consultations
   Resource mapping
   Designing the project
   Writing the proposal
   Incorporating monitoring and evaluation

Summary remarks

Lessons learned

Answers to activities

Appendix

Bibliographical references and additional resource materials

Aims

The aims of this module are to:

- help you to identify and analyze the resources available to your ministry for funding and programme implementation;
- enable you to position your funding strategy within existing relevant national and international sector plans and strategies;
- help you to understand the current donor funding landscape and where you can access materials.

Objectives

At the end of this module you should be able to:

- define your goals for resource mobilization;
- prioritize your funding actions according to national and international sector plans and strategies;
- implement the steps required to mobilize resources effectively.

Before you begin...

◢ Questions for reflection

Take a few minutes to think about the questions below. You may find it helpful to make a note of your ideas in the spaces provided. As you work through the module, see how your ideas and observations compare with those of the author.

What are the goals and objectives of your group and work with respect to HIV prevention and management?

What programmes do you plan to carry out over the next two to four years to meet these goals?

Define resources: What are they at ministry level? At school level? Within your organization?

Name some activities or steps to be undertaken to raise funds or mobilize resources to respond to HIV/AIDS in the education sector.

Name the resources you will need to mobilize to carry out activities you have just listed.

◢ Introductory remarks

International commitment to HIV and AIDS responses has grown rapidly in recent years, stimulated by the leadership of the United Nations Joint Program on HIV/AIDS (UNAIDS) with its ten UN agency cosponsors, and the 2001 United Nations General Assembly Special Session on HIV/AIDS (UNGASS). These are complemented by, among others, the World Bank's Multi-Country AIDS Program (MAP), set up in 2000; the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM or Global Fund), established in 2002; and the largest bilateral programme on AIDS – the United States' President's Emergency Plan for AIDS Relief (PEPFAR), created in 2003. Each of the cosponsors of UNAIDS has a specific HIV and AIDS programme in its areas of expertise. For the education sector, AIDS is included as an element of other international efforts, such as those of Education for All (EFA) and the Millennium Development Goals (MDGs).

Private initiatives have come to join the commitments with impressive funding. A number of foundations have initiated programmes in the area of HIV and AIDS or have been created specifically for that purpose. As these have grown in number and size, the available funding through private sources is a very large proportion of total resources devoted to HIV and AIDS prevention and relief. Businesses have seen the need and the benefit of devoting resources to prevention, treatment and care.

Global HIV and AIDS spending has grown very significantly over recent years. Based on UNAIDS data, a Kaiser Family Foundation report estimates that "resources made available from all … funding streams rose from approximately $1.6 billion available in 2001 to $6.1 billion in 2004, and $8.3 billion in 2005" (Kates and Lief, 2006). Spending still does not meet the estimated needs, however. UNAIDS estimates indicate global resource requirements amounting to US$15 billion in 2006, US$18 billion in 2007 and US$22 billion in 2008 for prevention, treatment and care, support for orphans and vulnerable children (OVC), as well as programme and human resource costs.[2]

Funders are increasingly calling for co-ordination among donors and avoidance of duplication of effort, particularly in planning and scaling up strategies. The Paris commitment on enhanced aid effectiveness[1] in 2005, the specific commitments

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[1]www1.worldbank.org/harmonization/Paris/ReviewofProgressChallengesOpportunities.pdf%20
[2]Figures taken from www.aidsmedia.org to be printed in a forthcoming report by UNAIDS secretariat.

on the 'Three Ones' to harmonize national strategies, and the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and international donors are all pushing national authorities to map out priorities, partners and projects to optimize resources and results.

Many educational organizations still find it difficult to identify funding and support sources and are somewhat unsure of the procedures and protocol for attracting funds. This module aims to help you build a plan for funding the response to HIV and AIDS programmes in the country and in the education sector. The module begins by looking at the importance of clearly designed response plans that take into account national sector plans and priorities as well as international declarations and agendas. It is designed to enable users to analyze all possible resources in their own environments and prioritize projects and goals in order to find funders and align all available resources. This module should be approached after having gone through some of the programmatic modules that are part of these training materials, for example Module 5.3, *Project design and monitoring*. The annex gives pointers on how to find information about major donors.

1. Regarding the national context: creating the national agenda

Today, HIV and AIDS funding tends increasingly to focus on treatment of AIDS and improving health care provision to people living with HIV, with much of that funding going to ministries of health and to the health sector. In spite of the unanimous agreement that education plays a primary role in preventing HIV transmission, many funding mechanisms look to where their input will have the most immediate impact, that is to say, support, treatment and care for those affected by HIV and AIDS.

However, there is also a growing push by international bodies to strengthen comprehensive national AIDS responses that are led by the countries themselves. This is seen to be the most efficient way to avoid duplication of work and to build collaboration between sectors. This broadens opportunities for the education sector to raise funds and mobilize resources for needs within the sector, within national AIDS policies and strategies.

In order to promote this, UNAIDS and other international agencies and their partners have agreed on three principles, or 'Three Ones', to be used for developing plans to efficiently use resources and funding:

- **One** agreed HIV/AIDS Action Framework that provides the basis for co-ordinating the work of all partners.
- **One** National AIDS Coordinating Authority, with a broad-based multisectoral mandate.
- **One** agreed country-level monitoring and evaluation system.

By applying the Three Ones and presenting a unified country response, countries can actually garner greater support and raise more funds to achieve their overall goals.

When beginning to raise funds, or mobilize resources, it is necessary to consider what existing strategies and documents influence country strategies. It is important to understand what you are going to focus on, what resources you will mobilize. Resources include not only money, but also people, physical facilities and equipment, political support, access to information, networks and partnerships.

It is intended that the most important mechanism at country level for co-ordination be the United Nations Development Group mechanism, called the 'Theme Group'. This group typically brings together the cosponsoring UN agencies of UNAIDS. It often becomes an expanded group, including government representatives, bilateral donors, international and national NGOs. The Theme Group works well in most countries, and is the forum where policy collaboration and co-ordination is decided and where noteworthy decisions about UNAIDS funding are made.

HIV and AIDS national policies and sector policies exist in most countries seriously affected by the epidemic. National Poverty Reduction Strategy Papers (PRSP) can also include elements of HIV and AIDS responses. PRSPs are participatory plans developed by governments with local and international partners, that entitle

countries to debt alleviation and these are often a condition for countries to receive other internationally funded sector-wide programmes.

Funding the HIV response within the education sector demands clear understanding of the national HIV project landscape, the major stakeholders or partners working in the field, and the donors that are involved in funding HIV and AIDS response programmes in education.

Activity 1

List the principal resources in the education sector that could be mobilized towards an HIV and AIDS programme that we describe as resources in the education sector.

2. Developing proposals: steps involved

In this section, we will discuss briefly the process of developing a proposal. You can also learn more about developing proposals in Module 5.3, *Project design and monitoring*.

Developing a proposal requires the following steps.

1. Consultations
2. Resource mapping
3. Designing the project
4. Writing the proposal
5. Incorporating monitoring and evaluation

Consultations

The first step in funding the response or preparing to mobilize resources is to develop an overview of what is being done at all levels within the country by all sectors. Such an overview is essential for understanding the needs, for ensuring collaboration and avoiding overlap, and for making pertinent requests for resources. Consultations with key persons within your organization and among your partners, the related sectors and – where possible – the beneficiaries, is important for a clear understanding of the actual situation with respect to HIV and AIDS actions and programmes.

This activity gives you a 'lay of the land', and allows you to take stock of what responses may be implemented or planned by your partners and colleagues, and how the Ministry of Education or your organization might fit in to such existing programmes, or find the gaps. Such consultations could be done with everyone at one time, or separately according to stakeholder groups and specific external partners.

The advantages to holding such meetings include:

- a clearer understanding is gained of who is doing what;
- relationships are established with your potential partners;
- partnerships are used to increase efficiency and resources;
- HIV and AIDS prevention and care are advocated within all sectors;
- stakeholder buy-in and support for your project and activities are increased;
- agreement over the mobilization and subsequent use of resources is assured;
- overlap of similar projects with partners is reduced.

Activity 1

List the consultations and background documents necessary for mapping and defining goals.

Resource mapping

The second preparatory step to preparing an overview is to go through a resource mapping exercise. Simply put, this exercise will enable you to identify all possible internal, external, national and international resources, either monetary or otherwise.

Specific activities of resource mapping include:

Brainstorming:

Before doing anything, take time, as a group, to think about and write down what might be needed or what is a priority when implementing HIV prevention programmes. Things you could discuss: Who should you speak to? To whom should you address your project? Who needs to be trained (teachers, school heads, other personnel)? What materials are needed (public information, lesson plans, textbooks)? Are special needs taken into account in existing sector policies or through specific measures (orphans' needs, workplace policies, treatment protocols and confidentiality)?

Box 1   Checklist for consultations and resource mapping

1. Bodies and organizations
   - UNAIDS office

   - UNDG Theme Group on HIV and AIDS

   - National AIDS council or group

   - Education ministry HIV and AIDS office or group

   - Most active international NGOs

   - National civil society groups, including people living with HIV and faith-based groups

2. Commitments and strategies
   - Legislation

   - National, district and local budgets

   - Donor strategies

   - Sector reviews

Meeting with the major AIDS agencies in your local area (or district or country):

Meet with the National AIDS Council (usually located in the Prime Minister's or President's Office, or within a government ministry such as the Ministry of Health), and then the HIV/AIDS Units within the ministries of health, finance and education. Afterwards, it is good to meet with NGO consortiums, United Nations theme groups, major donors and any possible supporters/partners in the private sector.

Reviewing HIV and AIDS research, literature, bulletins and newsletters in order to track possible resources and activities:

If you can access Internet, be on the lookout for newsletters and websites that specialize in HIV and AIDS research or programmatic work.

Examining budget documents:

The difference between plans, policies and actual resources available can be striking. Both at government level and within possible funding sources, it is useful to consult carefully the actual resources announced and disbursed for AIDS programmes.

Using all the above methods should result in a clearer understanding of the external environment in which you will conduct your efforts to obtain funding and to mobilize resources. It cannot be emphasized enough that taking into account the wider sector and national goals, as well as other framework policies, will go a long way to helping you be successful in securing resources and carrying out programmes.

Designing the project

Once you have successfully developed your programme priorities and overall strategy, you are then ready to begin writing a proposal to raise funds and mobilize more resources.

Before you begin to write a proposal, you must have a clear programme design in mind. The following steps show the necessary levels of establishing programmes to effectively monitor the programme. The steps below are a brief summary taken from the module entitled, Module 5.3, *Project design and monitoring*. As you will see, steps for resource mapping, fund raising and mobilization can overlap with the steps of project design, development and proposal writing.

- **Stakeholder consultation to determine project goals and objectives, resource needs and identify intended proposal recipient:** This is generally conducted through resource mapping, as well as through conducting needs assessments to determine the way things are and they way they should be, and to determine the utility of the envisioned project.

- **Identify a proposal writer or group of writers:** Often one person will write the proposal and then others will critique it to help focus the work and provide a unanimous final product for the donors.

- **Identify proposal recipient's funding requirements and guidelines:** Know your audience: Different funders have different timelines for proposals and different guidelines for the submission of proposals that you need to be aware of. This information can be found easily during the consultations and through contact with the donors.

- **Collect baseline data and any additional information**: A good proposal will carefully present its case, and will also provide data to support it. This data can be taken from existing programme data or from the needs assessment.
- **Develop a conceptual framework:** You must provide a clear articulation of what you hope to achieve with your project.
- **Develop a log frame:** This is a theoretical overview of the project you wish to implement, detailing outputs, inputs, outcomes and impacts. Make sure you check with the funder, as many institutions have their own versions of log frames.

Once you have completed these steps, you can write the proposal. Below is a summary of the steps needed in order to prepare a proposal (with a budget) once the project design is in place.

Writing the proposal

Your proposal will typically comprise the following chapters:

1. Cover page and table of contents

2. Executive summary: summarizes the whole proposal and tells donors the main points of the project.

3. Introduction: This is a justification for the activities being proposed.

4. Goals and objectives: These are often taken from the log frame.

5. Activities: This section presents outputs and services to be delivered as a result of donor funds.

6. Monitoring and evaluation: Tells donors how the project's success and progress will be measured.

7. Cross-cutting ethical issues: Be sure to include these important cross-cutting HIV and AIDS issues: gender equity, stigma and discrimination, good governance, and others that might be particular to your environment.

8. Key personnel: Outline numbers and positions of staff that are to be implicated in the project. This section should be in line with the budget.

9. Strengths and innovation: Be sure to mention the skilled staff you may have for a project, or the best practices upon which you base activities. Be sure to mention strong collaborative partners.

10. Sustainability: This refers to how the project will continue once the funding from the donor is gone. It must be addressed at the beginning of the project.

11. Budget: Ideally, this should be presented in a table, and be sure to follow the donor's format.

12. Additional annexes: Here you can add the frameworks or a work plan.

Incorporating monitoring and evaluation

The importance of monitoring and evaluation of projects is crucial to raising funds for a project. Monitoring is the routine assessment of ongoing project activities. Evaluation is the assessment of overall project achievements. As you design the project, think about how you will monitor the daily work of the project and how you will measure success. Think about the indicators you can use for each output and outcome. By following the conceptual framework and the log framework, you can develop indicators that measure each step in the process of the project. Good data collection from the onset of project leads to good assessment. Furthermore, this data can then be accessed when you wish to write more proposals to secure more funds or to attract other donors.

Good monitoring and evaluation enables us to answer the following questions: are we doing the right thing (that is, are we evidence-based)?; are we doing it right (that is, are we doing it in accordance with what the evidence says is needed for effect)?; and are we doing it on a large enough scale to make a difference (that is, coverage)?

As donor recipients, we must be able to document the relevance, quantity and quality of our services and the integrity of our financial management.

Summary remarks

The changing face of global health spending puts the education sector in a unique position. The education sector has the ability to reach youth, a highly vulnerable group in itself, particularly in HIV/AIDS high prevalence regions, as well as education sector staff who, are often the biggest section in the public sector. It is important that we recognize this and actively develop and implement evidence-based interventions. It is therefore also important that we develop the skills and knowledge needed to source resources.

The difficulty is not necessarily a lack of resources (much as some of us would like to think!), as globally, resources for HIV/AIDS interventions are relatively plentiful. The difficulty is with developing effective programmes and knowing where and how to source funds. You need to do your research: what donors are out there?; what are their interests?; does your project fit in with the donors' vision?; can you convince donors, your organization and the intended beneficiaries that the project deserves to be funded? Following the steps highlighted in this module should help you to successfully answer these questions, but it is important for you to keep current with funding mechanisms and the inevitable shifts in donor spending.

Lessons learned

Lesson One

Resources are more than just money or even people: resources are skills, experience, ideas, facilities, equipment, partnerships, and good will. We need to broaden our outlook in the education sector and be more creative in implementing our activities so as to maximize the value of the resources that are available.

Lesson Two

It is important that the education sector increase stakeholder buy-in into project and activities. We need to move from top-down approaches where decisions are made almost unilaterally at higher levels, to truly participatory decision-making at all levels. Stakeholder buy-in goes a long way to convincing donors that our projects will be effective and are worthwhile.

Lesson Three

The education sector often seems isolated from other sectors in many countries, and is seen to lag behind others when it comes to mobilizing resources for health interventions. We need to gain confidence in our own skills and recognize that we play an integral part in the fight against HIV/AIDS. We also need to start collaborating with members of other sectors and ministries (such as health and finance).

◤ Answers to activities

Activity 1

These data will be country specific, but some examples can include people, teachers, materials, schools, staff, etc.

Activity 2

Again, answers will vary, but the documents necessary would be policy documents, international or UN declarations such as EFA, any existing national or education sector policies, as well as any HIV-related studies, reports or materials that may have been produced by UN partners, donor agencies and other sectors of government.

◤ Appendix

Organizations to target

Naturally, each country has its own landscape of principal funders, main co-ordinating bodies, and influential organizations. The list below is only indicative. Try to make local contacts within these organizations to stay abreast of the priorities of donors and other funding organisms. Where possible you should meet with these organizations at country level frequently.

National AIDS councils (NACs)

National AIDS councils (NACs) are increasingly prominent players in the HIV and AIDS field. Most country NACs have grants for education sector activities conducted by ministries of education and NGOs. Some NACs have domestic resources, such as Zimbabwe's which is funded by a 3 per cent payroll tax, while others have funds from the bilateral and multilateral donors.

Most NACs have an operational manual which specifies how ministries of education and NGOs can prepare and submit proposals and include application forms. A strategic way of resource mobilization is to acquire these operational manuals, study them carefully, meet with the NAC, education sector or NGO officers, and build a rapport with the NAC. This allows us to better understand NAC funding requirements and will assist us in preparing the proposal.

As with other funding sources, most NAC councils require timely financial reports. Recipients who have problems delivering these reports can find that disbursements cease after the first financial quarter. It is important to carefully consider during the proposal and project design phases what staff, skills and systems you will need in order to report systematically and punctually. It is important to ensure that these systems are put in place. Meeting with the NAC on a regular basis will enable you to understand both financial and programme reporting requirements.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GTAFM) was created to both increase and direct resources to geographic regions at elevated vulnerability to the world's three worst diseases. Its priorities are regions or countries with the highest disease burdens and fewest resources. It also supports countries with emerging epidemics, such as the Ukraine. All grants include prevention interventions (especially targeting youth) and most grants include some component on treatment.

The Global Fund works as a partnership between communities, civil society, private sector and government. The Global Fund does not implement programmes directly and sees its role as a financial instrument sourcing, managing and distributing resources.

Country proposals are generally developed by the Country Coordinating Mechanism (CCM), which is a very inclusive body encompassing government, civil society, private sector, and major donors. Countries must identify the principal recipient, who receives and is responsible for funds from the GFATM and makes subsequent grants to other sub-contractors or partners to implement certain aspects of the work. principal recipient are typically ministries of health or NACs. Sub-recipients may be ministries of education or education sector NGOs.

The Global Fund has very specific application procedures which put great emphasis on results-based disbursement – and thus monitoring and evaluation. It is vital to have clear, measurable goals and a strong monitoring and evaluation system to access Global Fund money. It is very important for ministries of education and major education NGOs to be represented on the Country Coordinating Mechanism. There is great scope for the education sector to become more involved in the Global Fund.

Detailed information is available at the Global Fund website:
www.theglobalfund.org,

A toolkit for applicants and recipients can be found at:
www.theglobalfund.org/en/links_resources/applicants_recipients/toolkit/

World Bank's Multi-Country HIV/AIDS Program for Africa (MAP)

At its inception in 2000, the World Bank's MAP was the largest single HIV and AIDS initiative ever. Over US$500 million was approved by the executive directors in September 2000 and US$1 billion was committed for interventions in over 24 African countries.

Each recipient country typically receives US$20-50 million. The money is primarily given to the country NAC, which then acts as an on-grant mechanism to the national response. MAPs are implemented by the NACs in accordance with a fairly accessible operational manual and guidelines. The MAPs are very flexible and iterative and they do not tell countries how to spend the money - they only set up structures for the response.

A typical MAP has four components:

- Strengthening national co-ordination

- Support to the health sector

- Support to other ministries or public agencies

- Support to civil society

Those working in the education sector can seek funding from the 'other ministries' component if they are ministries of education, and from the 'civil society' component if they are NGOs. It is important to fully understand the procedures found in the World Bank operational manual and guidelines if you are to successfully mobilize funds from this source. Most MAPs are under-spent and require good proposals and implementation capabilities.

More detail on the World Bank's MAP can be found at the following website: World Bank MAP Program

United Nations Agencies

UNAIDS - UNAIDS have Program Acceleration Funds (PAFs) earmarked for specific priorities, including some HIV and AIDS interventions in the education sector. They are also an important source of technical assistance.

www.unaids.org

UNESCO – UNESCO provide both technical support and resources in several countries, for example the Southern Africa Teacher Training College AIDS programme.

www.unesco.org

UNICEF – UNICEF's major focus is on rights-based youth programming, including HIV and AIDS prevention and life skills education, as well as orphans and vulnerable children. They are an important source of both technical assistance and resources.

www.unicef.org/aids/

www.unicef.org/about/structure/index_worldcontact.html

The United States Government

The US Government has committed a total of US$14 billion over five years through PEPFAR and US Government-presence countries, with a further US$1 billion committed to the Global Fund.

PEPFAR was started in 2003 and has a strong emphasis on treatment, and this constitutes 66 per cent of the budget. Regarding prevention, approximately a third of the budget is earmarked for abstinence/partner reduction, which is a major aim for many ministries of education and youth NGOs. This makes PEPFAR an important potential source of funds for the education sector. There is also a strong emphasis on faith-based organizations, so religious organizations working with youth have important opportunities.

PEPFAR is based on country plans, each co-ordinated by the US Government Ambassador to the country and implemented mainly by the Centers for Disease Control and Prevention (CDC), USAID and major co-operating agencies (CAs) such as Catholic Relief Services (CRS), World Vision, Family Health Internationa (FHI), and Population Services International (PSI). Funds are often disbursed through CAs, so it is important to identify and understand CAs and their reporting requirements, and how to prepare proposals and access money.

More information on the United States President's Emergency Plan for AIDS Relief: www.pepfar.gov/c22629.htm

More information on PEPFAR partners can be found at:

Catholic Relief Services:
www.crs.org/

Family Health International:
www.fhi.org

Family Health International: Youth Area:
www.fhi.org/en/Youth/YouthNet/ProgramsAreas/Peer+Education.htm

Population Services International Youth AIDS:
http://projects.psi.org/site/PageServer?pagename=home_homepageindex

World Vision
www.worldvision.org/

DFID

The Department for International Development (DfID) of the British Government is a major international donor with increasing resources. It is philosophically committed to working primarily through multilateral agencies, such as the United Nations, and provides budget support to ministries of finance. Some funds are earmarked directly for the education sector, as in Zambia, Malawi and Ghana. It is important to understand how to access these funds and to dialogue with DfID so that multilateral and Ministry of Finance budget support ensures provision for education/youth AIDS responses.

More information on DFID's support can be accessed at their website:
www.dfid.gov.uk

OECD and other major development partners

The German Agency for Technical Co-operation, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH, is an important source of technical support and also funding. GTZ is one of the world's largest consultancy organizations for development co-operation. It works in many African countries, including Central and West African countries.

Other very good sources of technical support and funding can be accessed from the Canadian, Irish, Netherlands, Nordic, and UK governments. They are an important source of support to many NACs, providing funds which the NAC then distributes to other organisations or associations participating in the national response. Most of the DAC countries provide assistance to the health sector, which may help to strengthen youth-friendly facilities and services relevant to the education sector.

Information on GTZ can be found at:
www.gtz.de/en/

More information on bilateral donors can be found at the OECD website on development co-operation:
www.oecd.org/linklist/0,3435,en_2649_33721_1797105_1_1_1_1,00.html.

Private Sector Support

The private sector is an important source of funds in many countries, for example in South Africa and Kenya. Oil companies are sources in Angola and Nigeria.

In South Africa, Soul City, a youth television drama is supported by Mobil, Old Mutual and other private sector partners.

Foundations

Foundations and other private sources of funding are becoming increasingly important globally.

Each foundation has its specific focus and rules. A module of this kind cannot guide you through these, but a careful reading of their published requirements, combined with the general principles you have learned here, can lay the groundwork for useful dialogue with the ones most interested in your needs.

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Module

5.3

P. Mukwashi

Project design and monitoring

About the author

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Module 5.3

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Aims

The aims of this module are to:

- set out the basic and practical steps needed to develop and submit sound proposals to resource partners;
- set out the steps needed to develop sound project monitoring and evaluation.

Objectives

By the end of this module you should be able to:

- identify why proposal-writing is important;
- strengthen proposals by designing sound projects using needs assessments and conceptual and logical frameworks;
- write a strong proposal by following basic preparatory steps and utilizing standard chapter formats;
- identify the rationale for sound monitoring and evaluation;
- design and develop a monitoring and evaluation plan for your own projects.

Before you begin...

▌Questions for reflection

Take a few minutes to think about the questions below. You may find it helpful to make a note of your ideas in the spaces provided. As you work through the module, see how your ideas and observations compare with those of the author.

What information do we need to have when designing a project?

Before actually writing a good proposal, what a) information is necessary and b) what structures should be in place (for example, what types and number of people will we need to write and comment on the proposal, and what financial resources will we need)?

What are the most basic thematic sections of a good proposal (for example - an introduction chapter or a chapter on proposed activities)?

What type of information should be provided in each of the proposal's thematic sections that you have identified?

Practically, how would you define monitoring and evaluation?

What information can monitoring and evaluation provide us with? Why is this important in both project design and project implementation?

Introductory remarks

The increasing burden of disease makes it necessary to more effectively source funding and support. Sourcing funds locally is becoming difficult and it is therefore important that we develop skills to sell our project concepts to international donors. We often know very little about these donors and they often have higher standards for approving funding than smaller local donors. The two questions that will most likely interest you are:

1. How best can we design an effective project?

2. How can we convince a donor that our project is worthwhile to fund?

A well written proposal allows us to articulate our project design to funding sources. A good proposal will convince these sources that funding our project will contribute to the education sector's capacity to better prevent and mitigate the impact of HIV.

Through using the previous modules in this series, we already have a better idea of the first challenge: designing an effective results-oriented project which has sound monitoring and evaluation and is based on proven approaches. We will go through the main components in designing a good project here, but it is recommended that we also familiarize ourselves with other complementary modules, especially Module 4.4, *HIV/AIDS care, support and treatment for education staff*, and Module 5.4, *Mitigating the HIV/AIDS impact on education: a management checklist*.

This module focuses primarily on integrating the development of a good project design into meeting the second challenge: making our project appealing to donors.

Please note that sections of the module draw heavily on the seminal work of IPPF, Alice Reid, the World Bank and UNAIDS.

1. Designing a sound project

Conducting a needs assessment

A needs assessment allows us to focus on the needs of our intended beneficiaries and to understand specific problems. Well designed needs assessments are useful in providing baseline information (a set of critical observations or data used for comparison or a control) on our target populations. This information enables us to assess change and the impact of our project providing we episodically measure specified indicators during and after the project. Ideally, therefore, a needs assessment should be conducted before the beginning of project activities.

A needs assessment is a systematic exploration of the way things are and the way they should be.

Exploring the way things are and determining what needs to be done to improve the situation gives justification to our proposed activities. The findings from a needs assessment allow us to answer the all important question: is what we are proposing to do going to be useful?

The needs assessment is linked to proposal-writing in two very important ways:

By briefly discussing the methodology used (and these can be either quantitative – as in surveys or project reports and evaluations – or qualitative – as in key informant interviews and material or document meta-analysis –, or a combination of both quantitative and qualitative) and discussing the findings, we are better able to identify the major problems or issues and provide justification for our proposed project activities.

These important findings should be briefly discussed in the introductory section of the proposal. If a needs assessment is going to be conducted as part of the project activities after successful receipt of funding, the description and methodologies to be used should be discussed in the Activities, Monitoring and Evaluation and Budget sections of the proposal.

Activity 1

Conducting a detailed needs assessment

This is useful exercise if you are unable to conduct a detailed needs assessment at the moment. Ideally, this exercise should be conducted in a group with key informants drawn from the beneficiary community, researchers and knowledgeable staff within your department or ministry, although you can complete the activity on your own. These questions can also form the basis of a more comprehensive needs assessment.

1. What exactly is the problem that you want to address?

Clearly describe the problem.

2. How are you planning to address this problem?

Give a simple definition of your project goal(s).

3. What specific activities do you propose to do? How will these activities contribute towards solving the problem?

Describe what you will do and how this will help solve the problem.

4. What is the environment?

Include factors that may affect your project, such as the political situation, cultural sensitivities and relationships with other ministries and/or implementing partners.

5. What, if anything, have you or other people already done, or are currently doing, to address this problem?

This allows you to make sure that you are not replicating existing services. It also allows you to identify potential collaborative partners. Finally, identifying what else is being done allows you to make sure that you are complementing existing activities instead of competing with them.

Developing a conceptual framework

Developing a conceptual framework (or model) for your project requires a clear articulation of what we theoretically hope to achieve as a result of our proposed activities. Using monitoring and evaluation (M&E) terminology, this means identifying the intended outcomes and impacts that theoretically occur as a result of our outputs and proposed inputs. This step is often neglected, which is unfortunate as a sound conceptual model of our design ensures that the design is logical, consistent and based on proven theory.

Conceptual models vary. It is important to note though, that we are not saying that we need to have expert knowledge of the scientific models. In many cases, we may actually decide to develop a conceptual model of our own. What should be clear is how the proposed activities will theoretically result in intermediate outcomes which should in turn lead to attaining the major goal or impact.

Box 1   What is a conceptual framework?

Why develop a conceptual framework?
A theoretical discussion of our project model can be a very useful tool. Not only do we have a clearer understanding of what our overall objectives and goals are and how we intend to achieve them, but we are now able to more clearly articulate this to potential donors.
How do we develop a conceptual framework?
Review findings from the needs assessment.
Define your project goals.
Review the theories relating to your project area.
Determine whether your project is related to any of the theories.
Determine whether you need to develop your own theoretical model showing the relationship between your activities and achieving the project goal(s).
Illustrate the relationship between your project activities, intermediate results and project goals (see Activity 2).
Suggested reading
IPPF. 2002. *Guide for designing results-orientated projects and writing successful proposals*. IPPF.

It is obviously not compulsory to develop conceptual models in great detail. Great benefit can be obtained from simply asking ourselves the questions in the following activity (see below).

Activity 2

Developing a conceptual framework

Based on either the findings of a completed needs assessment or your responses to Activity 1, complete the table below. Please complete the diagram in the order shown. This will represent a basic conceptual framework that will allow you to ensure that your project design is logical and consistent. An example is provided in the Appendix.

Complete 1st	Complete 2nd	Complete 4th	Complete 3rd
What is your project's long-term goal?	What needs to change for your project's long-term goal to be achieved?	Will your project's activities detailed in Step 3 lead directly to the changes detailed in Step 2? If not, what is the logical step in between?	What activities will your project undertake in order to make the changes in Step 2 happen?
	(1)	(1)	(1)
	(2)	(2)	(2)
	(3)	(3)	(3)
	(4)	(4)	(4)
	(5)	(5)	(5)

Developing a logical framework (logframe)

While the conceptual framework gives us a **theoretical** overview of the project, logframes allow us to represent graphically:

- things our project or programme should be doing;

- resources that are required;

- measures of attainment given for our activities;

- how we will both set and measure the impact of our programme.

Many international development agencies such as USAID, the World Bank and various UN agencies have their own logframe formats. It is therefore vital that we know what our potential donor's own format is before writing the proposal. Below is an example of a typical logframe format with definitions of the main sections. The logframe should be attached to the proposal in the Annexes section.

A logframe typically has four levels: inputs, outputs, outcomes and impacts. The basic premise of a logframe is that each level should **logically** lead into the next. Thus, inputs should lead to outputs, which should lead to outcomes, which should ultimately lead to impacts.

Inputs are simply the people, training, equipment and resources that we put into an activity, project or programme in order to achieve outputs.

Outputs are the activities we conduct or services we deliver, including HIV-prevention, care and support services, in order to achieve outcomes. The processes associated with service delivery are important. The key processes include quality, unit costs, access and coverage. Through quality, economical, accessible, widespread services, key outcomes should occur.

Outcomes are changes in behaviours or skills, such as safer HIV-prevention practices and increased ability to cope with HIV. They are also changes in attitudes and knowledge. These outcomes are intended to lead to major health impacts.

Impacts refer to measurable health impacts, particularly reduced transmition of sexually transmitted infections (STIs) and/or HIV, and reduced HIV impact.

Table 1   Example of a logframe template

	Narrative Description Defines the intervention logic of each level.	Verifiable Indicator An objectively verifiable standard against which we measure performance.	Means of Verification The data source or method used to determine whether the indicators have been attained or not.	Assumptions That which is assumed to be in place for the intervention to work and whose absence would entail potential risk.
Inputs The resources & materials we put into a project.				
Outputs The services we deliver as a result of the inputs.				
Outcomes The major behavioural, knowledge, attitudinal & skills changes that occur in our target population as a result of our outputs.				
Impacts The major health or social changes that occur in our target population as a result of the outcomes.				

At each level, we need to give a clear description or definition of what it is we will be doing – and ultimately measuring. This is the **narrative description**. The narrative description defines the intervention logic of each level. There is usually more than one item in each level, particularly at input and output level. We also need to provide clear, reliable and valid **indicators**. Very simply, a **verifiable indicator** is an objectively verifiable standard against which we measure performance. A good indicator should be:

- **simple** – is it simple to collect and to understand?
- **relevant** – is it directly related to our targets?
- **measurable** – can we set measurable levels?
- **significant** – does the indicator provide useful, important information?
- **accessible** – is it collected, where possible, from existing data sources?

When we have provided clear, reliable and valid indicators for each item in each logframe level, we need to identify the means of verification – or how we will actually measure our indicators or what tools we will use to measure our indicators. The **means of verification** is therefore the data source or method used to determine whether the indicators have been attained or not. Finally, we need to try and identify **key assumptions** that need to hold true if we are to accomplish what we set out to do and whose absence would entail potential risk.

More information on the development of logframes is given in the section *Monitoring and evaluation*.

2. Preparatory steps

We should now have a clearer understanding of the major steps required when designing a project, specifically: conducting a needs assessment, developing a conceptual framework and developing a logframe. Let us now look at the preparatory steps needed before actually beginning to write the proposal.

The **first step** to good proposal-writing it to make sure that we **understand who we are writing the proposal for and what we hope to gain.** We could be writing a proposal for a completely new activity and intend to submit it to as wide a net of possible donors or sponsors as possible in the hope of obtaining financial and material support. Or perhaps we are submitting a proposal to a specific donor to continue an activity and we require funding for the next phase. Whatever the reason, it is important to make sure that we ourselves understand what exactly we hope to achieve with our activities, the steps we are going to take in order to achieve the desired outcomes and the resources we will need (financial, material, staff, and technical assistance).

The person or group of people writing the proposal should have this level of understanding, and it is advisable to **hold regular stakeholder consultations** during the process of writing. We will discuss in greater detail the choice of proposal-writer(s) in a following section. However, it is advisable to identify the writer or group of writers either before or during the initial stakeholder consultation. This constitutes the **second step** (although, of course, it can be interchangeable with Step 1).

The **third step** is to have a clear understanding of the intended proposal recipients' requirements. We need to ask ourselves what guidelines have been given, especially those relating to the donor's expectations on programme activities – including cross-cutting issues such as programme impact analysis by gender, environmental impact of the programme, and good governance. What additional reference documents could be useful and where can we get them? Has the donor provided content and formatting guidelines for the proposal?

Once we are sure that we know exactly what activities we wish to conduct and what our donors expect, we should then proceed to the **fourth step**, which is to collect any data or additional information that we will need to make reference to in the proposal. In many cases, a needs assessment or baseline survey needs to be conducted and results used as a means of comparison when measuring programme impact at a later stage. It is at this stage that we need to develop our conceptual framework (**fifth step**) and logical frameworks (**sixth step**). Finally, we need to understand how what we propose to do links with what has already been done by ourselves and others.

Table 2   Preparatory steps checklist

1	Stakeholder consultation to determine project goals and objectives, resource needs and identify intended proposal recipient	√
2	Identify proposal-writer or group of writers	√
3	Identify proposal recipient's funding requirements and guidelines	√
4	Collect baseline data and any additional information	√
5	Develop conceptual framework	√
6	Develop logframe	√

One of the most important things we do at the beginning of the preparatory stage is identify who will write the proposal. A good proposal-writer should have a clear understanding of the organization as a whole and the project's goals and objectives. Obviously, the writer should have strong writing skills, be a good communicator and ideally be technically skilled in the type of intervention being proposed.

The choice of recruiting a writer from either within your ministry/department or externally can be difficult. While internal proposal-writers often have a fuller understanding of community needs, the project's approaches, and what proposed activities are practical and able to be implemented, on the other hand, external writers often have additional technical expertise, insight into other approaches, and a fresh perspective and objectivity. There is no rule of thumb, but we need to make sure we balance the above considerations as far as possible. Ensuring regular consultative meetings between the writer and key personnel within the organization and with beneficiaries allows us to identify any potential problems sooner rather than later, increases stakeholder buy-in, and ensures that we reflect the needs of all or most stakeholders.

3. Writing the proposal – section by section

Now we have completed the six main preparatory steps, it is time to start writing the proposal. Different donors have different formatting requirements, so it is important to follow these closely. The format presented here is generic and can be used when there is no specified format. It can also be used to understand what might be needed in individual sections. Unless otherwise stated by the donor, a proposal for a medium-to-large-scale project (MLP) should be a maximum of 20-25 pages, not including annexes. A smaller project (SP) should be a maximum of 15 pages, not including annexes. It is often useful **not** to bind the proposal – many donors prefer it to be printed on clean white paper and simply stapled allowing for greater ease in photocopying and handling.

This section looks at the following 12 typical sections that make up a proposal:

1. Cover page and table of contents

2. Executive summary

3. Introduction

4. Goal and objectives

5. Activities

6. Monitoring and evaluation

7. Cross-cutting ethical issues

8. Key personnel

9. Strengths and innovation

10. Sustainability

11. Budget

12. Additional annexes

Cover page and table of contents

The key word here is 'professional'. The cover page and table of contents should be neat, have no spelling mistakes and look as **professional** as possible. The cover page of the proposal should include the following information:

- The organization's name and logo if available
- The project's name and logo if available
- The proposed duration of the project
- The organization's contact details specifying a contact person's full name and position within the organization, telephone and fax number, e-mail and physical address)
- The date of submission to the donor
- The potential donor's name and logo if available

If the proposal is longer than eight pages, it is recommended that it have a table of contents. This will provide the reader with details of what to expect and could point them to specific content areas that they might be more interested in. It is often easier to develop the table of contents **first** before writing the rest of the proposal as this will guide the writing process in a logical manner. The table of contents lists all the proposal sections and highlights the page number on which each section begins. Ensure that the page numbers given in the table of contents are accurate. The cover page and table of contents should each take up only one page.

Executive summary

An executive summary is a tool to grab a donor's attention in the first few minutes of reading by giving an overview of what is to follow. Donors receive a large number of proposals, and many donors sometimes only delve deeper into the meat of the proposal if their interest has been piqued by a well written and comprehensive summary at the beginning. A good summary also shows evidence of preparation and knowledge of subject matter.

An executive summary summarizes the whole proposal and provides details on:

- who we are, i.e. the name of the organization and project;
- why we are asking for support and what kind of support we require;
- what we are currently doing, what our goals and objectives are, what we propose to do, and why we are proposing these activities, i.e. the justification;
- what impact we expect to have;
- how long we expect the project to last;
- what our project budget is and what we are asking for from the donor;
- whether we have any other funding sources – who and approximately how much;
- issues of sustainability, i.e. what we intend to do once the proposed funding ends.

The executive summary is placed immediately after the table of contents. At most it should be two pages in length for larger projects and one page for smaller projects. Finally, the executive summary should be written **last**, and should be given as much attention as the rest of the proposal.

Introduction

The introduction of the proposal serves as a **justification** for the activities to be conducted in order to address a specific health or social problem. It also serves as a justification for the choice of our organization to receive support from the donor.

When describing the problem, the following questions should be addressed.

- What exactly is the health or social problem and why should the donor regard it as important?
- What information is available regarding the problem? Here, we will need to cite recent research findings and discuss results from our needs

assessment and baseline survey if conducted. Any statistics we use should be clearly referenced and should be as up-to-date as possible.

- What has already been done by our organization or other groups regarding the problem? Specifically, what interventions were put in place? What were the successes, failures, strengths and challenges?

- What needs to be done to build on or complement what has already been done?

- How is the problem related to national or international donors' priorities? For example, gender equity, human rights, treatment and care, or women's reproductive rights.

- Based on the above considerations, what type of project is needed to address the problem?

- Briefly, what is our project intending to do? Who will our beneficiaries be? What results will we be expecting?

- To what extent are our intended beneficiaries involved in the project design and proposal write-up? Here we can mention the regular stakeholder meetings held during both phases and any other relevant activities.

- Finally, what are the geographic and demographic characteristics of our coverage area? Providing a small map of the coverage site relative to a larger area such as the province or country it is in is often useful.

When describing the organization, the following questions should be addressed.

- Why is the problem we have described above so important to our organization?

- Who originally formed our organization? Fro what purpose? What is its overall mission and goal?

- What experience and skills does our organization have that makes it a good candidate for funding? We need to be able to convince the donor that our organization has what it takes to successfully achieve the project's goal.

- Who else will be working with us on the project and how will we work together? Many donors are particularly keen to fund collaborative initiatives as there is often greater chance of success due to an increased pool of experience and skills to draw from. Working collaboratively with other government departments, ministries and NGOs benefits not only our project but others as well. Useful and constructive collaboration also allows us to align with, rather than work against, country development priorities such as our Country Poverty Reduction Strategy Paper, and existing national and global plans.

- What previous collaborative experiences does our organization have?

The Introduction section of the proposal should be up to three pages in length for MLPs and up to one-and-a-half pages SPs.

Goal and objectives

This section is quite simple, especially if you have already completed a logframe as described in the *Designing a sound project* section of this module. All that is

needed in the Goal and objectives section is to list the overall goal and the objectives. It is recommended that we number the objectives in a logical manner, for example Objective 1, Objective 2 and so on. This allows for easier reference in later sections of the proposal. Objectives should also refer to the project timeframe, intended beneficiaries and coverage area. An example of a well written objective at impact level:

"To stabilize or reduce HIV infection, STIs and pregnancy among young people in school aged 15-19 in Province X through a three-year intensive peer education programme".

The Goal and objectives section of the proposal should be up to two pages in length for MLPs and up to one page for SPs.

Activities

This section describes in detail our proposed **outputs** or services that will be delivered as a result of the donor's inputs. The outputs should logically lead to changes in behaviours, skills or knowledge levels of the beneficiaries and ultimately to the project's goals or **impacts**. Be as descriptive as possible when writing this section. We should also keep in mind the skills base of our organization and any collaborating partners, as well as results from the needs assessment or baseline survey. It is important that the activities we detail in this section can be **implemented**.

When describing each of the project's activities, the following questions should be addressed.

- Why did we choose that particular activity?
- How will the activity be carried out and who will do it?
- What is the timeframe for the activity, i.e. when will it start and when will it end? Does it run throughout the duration of the project?
- What inputs do we need to carry out the activity?
- Who are the intended beneficiaries of the activity?
- To what extent will the intended beneficiaries be involved in designing, implementing and evaluating the activity?
- To what extent will there be collaboration with other organizations and groups?

The Activities section of the proposal should be up to six pages in length for MLPs and up to two-and-a-half pages for SPs.

Monitoring and evaluation plan

Increasingly, this section is becoming a vital component of any proposal and therefore will be given special attention later in this module. Suffice it to say here that it allows the donor to understand how the project's attainments will be measured. It also allows us to observe how the project is functioning, allowing us to detect any problems early on and improve on our activities.

The M&E section of the proposal should address the following questions in narrative form.

- What verifiable indicators will be measured?

- What are the means of verification?

- Who is responsible for collecting what information?

- When, how and how often will data be collected?

- Who is responsible for compiling and disseminating reports (to the organization, the beneficiaries, and the donor)?

- When, how and how often will reports be compiled and disseminated?

The M&E plan should be consistent with the budget and there should be budget lines to cover M&E personnel, activities, and materials needed.

The M&E section of the proposal should be up to three pages in length for MLPs and up to one page for SPs.

Cross-cutting ethical issues

This section refers to ethical issues such as gender equity, steps to address stigma and discrimination amongst vulnerable groups such as sex workers, injecting drug users (IDUs) and people living with HIV, and issues of good governance. Projects should try to meet national and international gender and development markers. Possible questions for consideration regarding gender issues are the following.

- Does our project promote gender equity? If so, how?

- Will we incorporate gender-sensitive consultation in our activities?

- Do we have strategies to ensure participation in our project by both men and women?

- Does our M&E plan have gender-sensitive indicators?

- What percentage of our budget is devoted to activities promoting gender equality?

Projects should also ensure that they do not increase stigma and discrimination towards vulnerable groups through their activities. Projects should strive to reduce stigma and discrimination. Possible questions for consideration regarding prevention of stigma and discrimination towards vulnerable groups such as sex workers, injecting drug users and people living with HIV are:

- Does our project promote the human rights of vulnerable groups?

- Have we fully thought through the possible law enforcement consequences of our project on vulnerable groups such as sex workers and IDUs?

- What steps have we taken to prevent negative consequences of law enforcement activities for vulnerable groups participating in our project activities?

- Have we fully thought through the consequences of community responses to our project on vulnerable groups?

- What steps have we taken to prevent negative community reactions towards vulnerable groups participating in our project activities?

How our project will contribute to issues of good governance at national and local government and organizational levels is also an important consideration to include in our proposal. Good governance can be described as how competently a government or programme manages its resources and activities in an open and transparent manner that is responsive to its people's needs. Issues of good governance should not be restricted to central government, but should include all government service delivery levels, local government, civil society and NGOs. Possible questions to ask ourselves are:

- Do we have an independent board or management body?

- Do we have professional and skilled staff?

- Do we have clear and professional management and decision-making structures?

- Do we have a proven track record of financial accountability and will we have regular audits?

- Do we display proven community responsiveness?

The Cross-cutting ethical issues section of the proposal should be up to two pages in length for MLPs and up to one page for SPs.

Key personnel

We need to convince the donor that we have the staff resources necessary to be successful in meeting our goals. In this section of the proposal, we need to describe the following:

- How many people will be working on the project?

- What are the key positions and what will be the roles and responsibilities for each position?

- What proportion of key personnel's time will be used in the project?

- What qualifications do key personnel hold?

- Will we have volunteers? If so, what will be their qualifications?

- Will we need to hire a consultant? If so, what qualifications will the consultant have?

This section on key personnel must be congruent with the budget. In addition, if we will have other key staff involved with the project that will not be funded by the specific donor receiving the proposal, we should profile these staff as counterpart funding.

The Key personnel section of the proposal should be up to one page in length for MLPs and up to half a page for SPs.

Strengths and innovation

We need to emphasize the strengths of our project (such as having experienced and skilled staff, our activities being based on proven best practices or having strong collaborative partners) in this section. Potential donors need to be confident that a project will meet its targets and goals and that risks are minimized. We need to ask ourselves:

- What are our strengths?

- What are our partners' strengths?

- What are the strengths of the communities we will be working with?

- Are our proposed activities based on best practice or an evidence-based conceptual model?

- What are we doing to minimize risk?

Many donors want to fund innovative or pilot projects that try something new. This could be through the use of different methodologies to better address a health or social problem, or new technology, or even focusing on a target group that has been ignored or not effectively reached before. We should ask ourselves what makes our project unique.

Of course, not all of our projects will be innovative and this should not necessarily be seen as a negative – we should be focusing on our strengths in service delivery and not on trying to re-invent the wheel!

The Strengths and innovation section of the proposal should be up to one page in length for MLPs and up to half a page for SPs.

Sustainability

Sustainability is a critical component in project and proposal design. It refers to our ability to continue with the project when the funding we are requesting from a particular donor has stopped. In other words, sustainability asks "What happens when the donor is gone?" This is very important because we have an obligation towards our beneficiaries and the communities we will be working in – we need to ensure that they will continue to be served. In addition, writing a good sustainability section in our proposal shows the potential donor that we have planned wisely for the future and that their investment will not be lost. Good planning at the beginning of the project goes a long way towards ensuring future sustainability of the project.

Strategies that we could use to ensure sustainability:

- Actively seek other donors

- Ensure stakeholder collaboration at community and beneficiary level during planning, implementation and evaluation

- Improve efficiency and cost-reduction mechanisms

- Integrate the project activities into our overall organization budget.

The project itself may not need to continue at the end of funding. What we then need to show is how lessons learned and how certain aspects of the project will be incorporated into the rest of your organization's activities.

The Sustainability section of the proposal should be up to one page in length for MLPs and up to half a page for SPs.

Budget

This section should detail the inputs required for the project. (More comprehensive information on budgeting and costing can be found in the reference documents

given at the end of this module). The budget is often the most important section for donors and great care should be taken when developing it. It is important that we follow the specific donor's format. However, many aspects are fairly generic. For example:

- The budget should be presented clearly in a table, accompanied by budgetary notes on a separate page. Budget notes are narrative summaries clearly explaining what is in each budget line.

- The organization's name, project title, and proposed funding period should be clearly seen at the top of the page.

- The budget items should be congruent with other sections of the proposal (for example the M&E activities and key personnel should be reflected accurately).

- The budget sent to the donor should be a one-to-two-page summary of the full budget that we will be using for programmatic purposes.

- Multi-year projects should display costs for each year in a separate column.

- Salary costs should be displayed by monthly rates and the proportion of time dedicated to the project should also be clearly shown.

- Plan for future cost rises, for example, due to inflation and currency fluctuations.

An example of a real-life youth peer educator sexual health programme is attached to this module (in the Appendix). The Budget section of the proposal should be up to two pages in length for MLPs and up to one page for SPs.

The annexes

We will need to attach several annexes to the end of our proposal. The most typical and basic annexes are:

- Annex 1: Conceptual model although this is in most cases optional

- Annex 2: Logical framework (logframe)

- Annex 3: Workplan detailing key activities, the key personnel responsible for each activity and the timeframe

See the appendix for a summary of the sections in a typical proposal.

4. Rationale for sound monitoring and evaluation

Confusion between **monitoring** and **evaluation** is common. There is a simple distinction between monitoring and evaluation that you may find helpful. Monitoring is the routine, daily assessment of ongoing activities and progress. In contrast, evaluation is the episodic assessment of overall achievements. Monitoring asks: "What are we doing?" Evaluation asks: "What have we achieved?" or "What impact have we had?"

Table 3   Distinction between monitoring and evaluation

Monitoring	Evaluation
Routine, daily assessment of ongoing activities and progress	Episodic assessment of overall achievements
- Done **daily**	- Done **episodically**
- Part of normal programme activities	- Part of normal programme activities
- Done at **all** programme levels	- Done at **higher** programme levels

Activity 3

Why do we need good M&E?

Brainstorm the reasons why M&E is important not only to your own individual programmes/institutions, but to the education sector as a whole. Write down your responses in the table below.

Importance of M&E for individual programmes	Importance of M&E for education sector as a whole

The increase in international funding for HIV and public health interventions has been accompanied by a growing concern to account more effectively for public

funding and document activities and impact. This has led to increased efforts to introduce and/or strengthen M&E systems. M&E makes our programmes and activities more accountable to donors, to our stakeholders, and to us, both financially and programmatically. Financial accountability relates not just to basic book-keeping, but also to transparent procurement of goods and services. In addition to providing accountability, good M&E allows us to learn lessons from our own activities and those of other organizations, regions and governments; good M&E can allow us to understand why and how some initiatives work and others do not.

Good M&E, (which includes bio-surveillance, behavioural surveillance and research) also provides us with increased epidemiological knowledge, allowing us greater insight into the transmission patterns of disease and providing evidence of disease impact on the education sector.

M&E tells us what methods or initiatives work under ideal, typically research conditions. This is called efficacy. For example, research may tell us that a certain type of in-school reproductive health curriculum when combined with certain broader community initiatives targeting parents is efficacious in stabilizing or reducing pregnancy and incidences of sexually transmitted infection (STI) among high-school students in a particular community.

Once we know what works under ideal conditions, good M&E provides us with information on efficiency, i.e. what works in actual 'real life' conditions. M&E tells us how well we are implementing and executing our basic services, as well as giving us insight into how to best economically scale-up our activities so as to achieve as wide a coverage as possible without adversely compromising our service delivery. It is unfortunate that many of us are involved in very worth-while and effective interventions which are in effect 'boutique-style' – small and limited in scale and reach.

Sound M&E can therefore serve as a powerful management and planning tool: an M&E system enables us to set clear milestones and goals (strengthened by the use of needs assessments and baseline studies), and to analyze how things are done within the organization. M&E therefore allows us to improve planning, management and administration.

Table 4   Summary of rational for sound M&E

1	**Lesson Learning** - Are we doing the right things?
2	**Accountability and performance assessment** - Are we doing the right things right?
3	**Coverage** - Are we doing the right things right and on a big enough scale?
4	**Organizational development** - What can we do to *make sure* we do the right things right on a big enough scale?

5. Steps for developing a practical M&E plan

Table 5 Steps for developing a practical M&E plan

Step 1	Identify project goals and objectives
Step 2	Examine past evaluation studies and existing data
Step 3	Identify M&E system components
Step 4	Design data flow chart and (ideally) central data repository
Step 5	Articulate data dissemination process

For many of us, the real difficulty with developing and implementing an M&E plan is knowing where to begin. The **first step** – and surprisingly one of the most overlooked – is to make sure we know exactly what our project goals and objectives are and can articulate them clearly. What is the aim of our project? What exactly do we hope to achieve, and how, with whom, and over what time period? Are our project goals and objectives realistic and, importantly, useful?

Once we have clearly articulated our project goals and objectives, the **second step** is to examine past evaluation studies and existing data. What behavioural data is available – for example, what do we know about in-school youths' median age of sexual debut? What is the rate of partner change among in-school youths? Are there geographical or cultural differences in sexual behaviours among in-school youths? What biological data is available – for example, what is the HIV prevalence among young people aged 15-19 and 20-24 in the regions we wish to work in? And what are the pregnancy rates among in-school youths? What other projects are in place and how will our own project fit into existing initiatives? Do we have data on teacher attrition rates due to death? What do we know about HIV rates among teachers?

After examining past evaluation studies and existing data, the **third step** is to identify the major components in our M&E system. A comprehensive M&E system for the education sector has the following components:

- Programme activity monitoring
- Financial monitoring
- Biological surveillance
- Behavioural surveillance
- Education facility surveillance
- Research

It is important to stress that your project does not need to have all of these components. You need to assess your organization's internal and external M&E capabilities to determine what can be achieved. You also need to ensure that you are only collecting data that is vital, not additional data that is just 'nice to know'. For a small community- or school-based project it is often enough to focus only on conducting robust project activity and financial monitoring. National level M&E should have most, if not all, of the above components. As an organization or

project, you should not expect to be involved in the collection of data at all levels of the M&E plan. You must concentrate on your own competencies and skills. For example, most biological or behavioural surveillance data will most likely be collected externally to the ministry of education, probably by the ministry of health or a contracted research group such as MEASURE or the Family Health Organization (FHI) with expertise in that particular area. You need to clearly identify what data you have the capacity to directly collect and research and what data would be better collected from other bodies.

The **fourth step** is to design an integrated data flowchart and database which ensures that the M&E data collected flows to a single electronic and/or physical database. The integrated data flowchart should highlight major timeframes and processes and identify the key internal and/or external players involved in the collection, verification, analysis and dissemination of the data.

Finally, the **fifth step** is to clearly articulate how, when and to whom analyzed data should be communicated, disseminated and discussed.

A simple and helpful way of coherently summarizing details of our M&E plan components and the relationship between them and our project goals and activities is through the use of logframes, which are widely seen as the cement and bricks with which good M&E is built. However, logframes are not necessarily the be-all and end-all of M&E. There are alternatives to displaying the results framework, most notably USAID's Results Package which details an overall strategic goal and intermediate results. However, logframes are still the most widely used tool, most notably popular with international development agencies such as the European Union, the World Bank, Scandinavia and the Netherlands, and international NGOs such as Population Services International (PSI).

In terms of M&E, logframes can tell us in a logical and clear way what the measures of attainment for our activities are, and how we will both set and measure our programme impact. Let us now go through each of the four levels (inputs-outputs-outcomes-impacts) in greater depth using illustrative examples. We will then go through an exercise utilizing your own work experiences and activities to develop an M&E logframe.

Inputs are the resources and materials that we put into an activity, project or programme. These are typically financial, material and human resources. Below is an illustrative example of the narrative description, verifiable indicators, means of verification and assumptions for the input level of a logframe for an education sector in-school youth HIV-prevention and care programme in four major provinces.

Table 6   Example of inputs for an education sector M&E logframe

	Narrative description	Verifiable indicator	Means of verification	Assumptions
Inputs	Funds (delivered into project bank account)	Funds – USD XXXX over a period of 5 years	Project management information system (specifically, financial records)	Inputs provided are relevant and sufficient to achieve results
	Personnel (in place)	Personnel – One director, two programme officers, one clerk	Project management information system (specifically, human resource and payroll records)	
	Equipment (in place)	Equipment – office, stationery, computer equipment, vehicle, information, education, and communication (IEC) materials	Project management information system (specifically, fixed asset inventories and stock records)	

Outputs

Outputs are the services or activities that we deliver as a result of the inputs that we put into the programme. Examples of indicators (or measures of attainment) for education sector sexual health programme outputs are:

- number of AIDS-prevention and care teachers trained;
- number of one-day advocacy seminars held;
- number of AIDS orphans receiving care and support services through the Education Sector HIV Fund;
- number of school-community liaison groups established (to strengthen partnerships between communities and schools).

Examples of indicators for the processes associated with outputs, specifically coverage, quality and economy for education sector programmes are:

- percentage of schools with teachers who have been trained in life-skills-based HIV education and who taught it during the last academic year;
- proportion of AIDS services with improved quality;
- unit cost per beneficiary reached.

Below is an illustrative example of the narrative description, verifiable indicators, means of verification and assumptions for part of the output level of a logframe for an education sector in-school youth HIV-prevention and care programme in four major provinces.

Table 7   Outputs for an education sector M&E logframe

	Narrative description	Verifiable indicator	Means of verification	Assumptions
Outputs	To implement efficient, effective in-school youth HIV-prevention and care programmes in four major provinces	100 HIV-prevention and care teachers trained in each of four major provinces over a period of 5 years (a total of 400 teachers trained) Two one-day advocacy seminars held annually in each of four major provinces over period of 5 years (a total of 40 advocacy seminars) A total of 3,000 orphans receiving care and support services through the Education Sector HIV Fund by end of 5 year period 75% of AIDS services show improved quality in service delivery by end of five-year period	Project monitoring forms	Project monitoring form reports are accurate and timely

Outcomes are changes in behaviours or skills that occur as a result of our services. Examples of indicators (or measures of success) for education sector sexual health programme outcomes are:

- proportion of learners with non-regular partner during last year;
- percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission;

- ratio of current school attendance among orphans to that of non-orphans aged 10-14;

- median age at first sexual encounter of boys and girls;

- proportion of young women less than 18 years of age having sex with men more than 30 years of age during the last year.

Below is an illustrative example of the narrative description, verifiable indicators, means of verification and assumptions for part of the outcome level of a logframe for an education sector in-school youth HIV-prevention and care programme in four major provinces.

Table 8   Example of outcomes for an education sector M&E logframe

	Narrative description	Verifiable indicator	Means of verification	Assumptions
Outcomes	To increase safer sexual practices amongst in-school youth in four major provinces	Decreased percentage of in-school youth reporting sex with a non-regular partner during last year Increased percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission. Increased age of reported sexual debut amongst in-school youth Decreased percentage of young women less than 18 years of age having sex with men more than 30 years of age during last year	Behavioural surveillance surveys	Behavioural surveillance data are based on representative samples and accurate responses

Impacts

Outputs lead to measurable health impacts. Examples of indicators (or measures of success) for education sector sexual health programme impacts are:

- the percentage of young people aged 15-24 who are HIV-infected;
- the percentage of in-school girls reported pregnant during last year.

Impacts – or goals – usually refer to major health or social problems, refer to a specific target population or geographic site, and must be clear and easily understood. Below is an illustrative example of the narrative description, verifiable indicators, means of verification and assumptions for part of the IMPACT level of a logframe for an education sector in-school youth HIV-prevention and care programme in four major provinces.

Table 9   Example of impacts for an education sector M&E logframe

	Narrative description	Verifiable indicator	Means of verification	Assumptions
Impacts	To improve sexual health among in-school youth in four major provinces	Reduced antenatal HIV prevalence in 15-19 and 20-24 age groups Reduced percentage of in-school girls reported pregnant during last year	Health centre HIV and pregnancy records	Sexual intercourse is the primary mode of HIV transmission Pregnant girls seek medical support from the health centre

Overleaf is an activity to develop your own M&E logframe (or logic model).

Activity 4

Developing a participant-specific M&E logframe

Individually or as a group made up of people within the same organization/project, develop an M&E logic model for an actual activity or project that you are currently involved in or planning. Four templates are provided for each level of the logframe. Use the templates to complete your M&E logic model. It is often easier to start at **impact** level and then work back to the **inputs**. Taken together, all four levels will make up a basic M&E logic model for your own specific activity or project.

Monitoring and evaluation logframe: input level

Organization Project goal or objective				
	Narrative summary	Verifiable indicator	Means of verification	Assumptions
Inputs				

Monitoring and evaluation logframe: output level

Organization Project goal or objective				
Outputs	Narrative summary	Verifiable indicator	Means of verification	Assumptions

Monitoring and evaluation logframe: outcome level

Organization Project goal or objective				
	Narrative summary	Verifiable indicator	Means of verification	Assumptions
Outcomes				

Monitoring and evaluation logframe: impacts level

Organization Project goal or objective				
	Narrative summary	Verifiable indicator	Means of verification	Assumptions
Impacts				

6.   Reporting

Reporting of analyzed M&E data should take place at both a local and a national level. Recipients of reports (obviously depending on the nature of the programme) should include community members, programme staff and management, donors and the national co-ordinating bodies such as the National AIDS Councils. It should be clearly shown that decisions on the future direction of programmes and activities are directly informed by these reports.

Reporting of M&E data should also be as simple as possible and appropriate for the intended recipients of the reports. Some programmes might find, for example, that it is better to compile two reports – a comprehensive 'technical' one for their donors and management, and a simpler, shorter and more descriptive one for the communities they are working with. Data must also be presented in a clear and easily digestible form. This could be done by prioritizing the data that is to be included in the report and putting detailed data into separate reports or annexes, and by using visual tools such as graphs, pictures, maps and charts.

It is important to report data in comparison to earlier results. This provides a clearer picture to readers of the programme's achievements and areas for possible revision.

Finally, as we mentioned earlier when talking about the proposal, presentation of the report is important. It should look as professional as possible and should have gone through an editing process to correct spelling and grammar and should be typed on clean paper.

Summary remarks

When designing a project, it is helpful to conduct a needs assessment to provide information on intended beneficiaries and to better understand their specific concerns. Developing a conceptual framework is useful in understanding and better articulating project goals and objectives and determining how you intend to achieve the goals and objectives through activities. Designing a logical framework or logframe is a good, practical way of concisely stating what resources you will use (or intend to use), what activities you will be conducting and what outcomes and impacts are expected to occur as a result of the activities. Logical frameworks are an important tool in M&E in that they are a simple way of indicating how to both set and measure attainment of goals and objectives for inputs, outputs, outcomes, and impacts.

The project proposal should be as detailed and professionally laid out as possible. Choosing the appropriate writer(s) is therefore key. It is important to stress that the proposal, whilst sound and perhaps even innovative, should be grounded in reality, etc. there is little point in promising what we cannot realistically deliver simply to obtain funds! At the same time, the proposal should not sell the project short; it should highlight the strengths of the project's design, the strengths of the organization and its staff, and indicate how the activities will benefit the intended recipients of the project activities as well as the donors.

Good project design should have sound M&E built into the project right from its conception. M&E provides us with useful information on context, on the efficacy of the proposed project's design, on the efficiency of the project, and provides us with accountability to the beneficiaries, ourselves, our donors, and the wider community.

By following the steps and guidelines given in this module, you should now be better equipped to develop logical, consistent and evidence-based projects and to 'sell' your vision to donors through a good project proposal.

Lessons learned

Lesson One

Successful project design and proposal-writing require that:

- the project design be logical, based on best practice or and/or a coherent conceptual model, and must address the problems identified in the needs assessment;

- the proposal benefit from collaboration with relevant stakeholders during the preparatory and writing process;

- great effort be put into writing the proposal, making sure it reflects the needs of the intended beneficiaries, the vision of the potential donors and the capacity of your own organization to undertake the activities.

Lesson Two

Information about impacts and outcomes is generally gathered through national data collection systems, such as nationally representative surveys and the national sentinel surveillance system, whereas information about outputs and inputs is generally derived from monitoring forms used at the programme level. Therefore, evaluation (which we defined as the episodic assessment of overall achievements), takes place when we measure at outcome and impact level, and monitoring (which we defined as the routine, daily assessment of ongoing activities) takes place when we measure at input and outcome level.

Lesson Three

The higher the results cycle, the fewer the organizations, projects and studies involved – all partners collect complete input and output data, many partners collect some process data, far fewer partners assess outcomes, even fewer partners assess impact.

Lesson Four

M&E must be as simple as possible. Programmes often collect far more data than they use. The more complex an M&E system, the more likely it is to fail.

Lesson Five

M&E must be built into programme design at the outset, not added later. All too often, M&E is seen as an extra component of a project plan and is not seen as being integral to development of the project itself.

Lesson Six

M&E will fail without widespread stakeholder 'buy-in'. All levels in data collection must be actively involved in development and refining of the M&E system. There must also be a rigorous feedback system.

Appendix

1. Summary of proposal sections

Section	Summary of contents	N° of pages
Cover page	Organization's name and logo if available Project's name and logo if available Proposed duration of the project Organization's contact details (specifying a contact person's full name and position within the organization, telephone and fax number, e-mail and physical address Date of submission to the donor Potential donor's name and logo if available	1
Table of contents	Lists all the proposal sections Highlights the page number on which each section begins.	1
Executive summary	Gives overview of proposal and highlight key information from each section Written LAST after completion of the other proposal chapters	2 MLP 1 SP
Introduction	Presents statistics and results from needs assessment, baseline and meta-analysis Provides justification for activities Provides justification for the choice of organization to receive funding	3 MLP 1.5 SP
Goal and objectives	Lists the overall goal and objectives	2 MLP 1 SP
Activities	Details the proposed OUTPUTS or services that will be delivered as a result of the donor's inputs Details responsibilities and timeframes	6 MLP 2.5 SP
Monitoring and evaluation	Refers to the logframe Details the verifiable indicators, the means of verification and the key assumptions Details key M&E responsibilities and timeframes	3 MLP 1 SP

Cross-cutting ethical issues	Discusses the extent to which the project: meets national and international gender and development markers; reduces stigma and discrimination against vulnerable groups; addresses the environmental impact of its activities; addresses issues of good governance within its organization;	2 MLP 1 SP
Key personnel	Description of staff and skills	1 MLP 0.5 SP
Strengths & innovation	Description of organization strengths Description of what makes the proposed activities unique.	1 MLP 0.5 SP
Sustainability	Narrative description of strategies to be used to ensure continuation of the project after end of proposed funding cycle	1 MLP 0.5 SP
Budget	Submit a one- to two-page budget summary to the donor Prepare a more detailed budget for programmatic use (not necessarily included in the proposal)	2 MLP 1 (SP)
Annexes	Typically: Annex 1: Conceptual model Annex 2: Logical framework Annex 3: Workplan (which details the key activities, the key personnel responsible for each activity and the timeframe)	Project-specific

Budget example – youth peer educator project

The estimated first year project budget is presented below. First year implementation costs will be met by the ministry of education. Thereafter, the second year implementation costs will be raised from private sector sources in the region and elsewhere. Condoms will be provided by the department of health. Training, technical support and research costs will be met by the NGO.

First year budget

Categories and line items	Amount
Co-ordinator	00
Seconded by ministry of education	
Sub-total	00
Peer educators	
Allowances: R200 monthly x 12 monthly x 31 peer educators	74,400
Uniforms. R250 annually for uniform set x 31 peer educators	7,750
Sub-total	82,150
Training	
Co-ordinator's training met by NGO	00
Peer educators' annual training met by NGO	00
Peer educators' weekly training R600 weekly transport and refreshments x 50 weeks	30,000
Sub-total	30,000
Transport	
Co-ordinator's transport R500 monthly x 12 months	6,000
Sub-total	6,000
Youth STI care	
Supplementary youth diagnosis and treatment R2, 500 monthly x 12 months	30,000
Sub-total	30,000
Evaluation	
Behavioural and biomedical surveys met by NGO	00
Sub-total	00
Administration	
Communication (post/phone/fax/e-mail) R200 monthly x 12 months	2,400
Stationery R50 monthly x 12 months	600
Sub-total	3,000
Contingency	
Contingency	23,850
Sub-total	23,850
TOTAL	175,000

Answers to Activities

Obviously the answers given below are just examples, but they should be useful in providing guidance for your own specific real-life responses.

Activity 1

1. What exactly is the problem that you want to address?

For example, the problem may be "High numbers of female students dropping out of secondary schools in Province X due to pregnancy".

2. How are you planning to address this problem?

The project goal may be "Reduced incidence of pregnancy among female students in Province XXX".

3. What specific activities do you propose to do? How will these activities contribute towards solving the problem?

i) To set up and train in-school sexual health peer education groups in all secondary schools in Province X

ii) Develop and train teachers in a sexual and reproductive health curriculum for use by teachers with secondary school students

iii) Distribute contraceptives in secondary schools in Province X

4. What is the environment?

Include factors that may affect your project, such as the political situation, cultural sensitivities and relationships with other ministries and/or implementing partners.

5. What, if anything, have you or other people already done to address this problem? What, if anything, are you or other people currently doing to address this problem?

This allows you to make sure that you are not replicating existing services. It also allows you to identify potential collaborative partners. Finally, identifying what else is being done allows you to make e sure that you are complementing existing activities instead of competing with them.

Activity 2

Using the example of reduced incidence of pregnancy among students in province X, see suggested answers below.

1 (complete first)	2 (complete second)	4 (complete last)	3 (complete third)
What is your project's long-term goal?	What needs to change for your project's long-term goal to be achieved?	Will your project's activities detailed in Step 3 lead directly to the changes detailed in Step 2? If not, what is the logical step in between?	What activities will your project undertake in order to make the changes in Step 2 happen?
Reduced incidence of pregnancy among female students in Province X	1. More female secondary school students abstain from sex	1. Female secondary school students aware of the benefits of abstinence or delay of sexual debut until completion of school	1. Set up and train in-school sexual health peer education groups
	2. Sexually active female secondary school students use contraceptives.	2. Female secondary school students know about contraceptives and that they are available, and are confident about using them.	2. Distribute contraceptives
	3. Secondary school teachers teach reproductive health issues to female students.	3. Secondary school teachers more confident about teaching reproductive health issues to female students	3. Develop and train teachers in a sexual and reproductive health curriculum for use by teachers with secondary school students

Activity 3

Importance of M & E for individual programmes

1. M&E provides us with accountability to our beneficiaries, ourselves, our donors and the wider community. 'Accountability' refers to financial accountability, procurement and programme activity monitoring.

2. M&E gives us information on context or the environment that we are proposing to work in.

3. M&E tells us what project methods or initiatives work under ideal conditions.

4. M&E tells us whether we have effectively moved from efficacy to efficiency, i.e. from what works under ideal conditions to what works in the real world.

5. M&E is a good management and administrative tool in that it provides us with information that allows us to constantly improve and potentially redesign our project.

Importance of M&E for the education sector as a whole

M&E tells us what project initiatives and methods are being used in the sector (and who is doing what).

M&E provides us with an understanding of the broad impact of these initiatives and methods.

M&E provides us with information to shape policy and the allocation of resources.

Importantly, M&E allows us to constantly reflect on and often modify assumptions in the education sector. For example, in Africa, is the correlation between level of education and HIV incidence positive or negative?

Activity 4

Monitoring and evaluation logframe: input level

Organization Project goal or objective	Teman Saya Community Action Group To improve sexual health among in-school youth in Satu Province, Dua Province, Tiga Province and Entam Province			
	Narrative summary	**Verifiable indicator**	**Means of verification**	**Assumptions**
Inputs	Funds (delivered into project bank account)	Funds – USD XXXX over a period of 5 years	Project management information system (specifically, financial records)	Inputs provided are relevant and sufficient to achieve results.
	Personnel (in place)	Personnel – one director, two programme officers, one clerk	Project management information system (specifically, human resource and payroll records)	Inputs provided are relevant and sufficient to achieve results.
	Equipment (in place)	Equipment – office, stationery, computer equipment, vehicle, IEC materials	Project management information system (specifically, fixed asset inventories and stock records)	Inputs provided are relevant and sufficient to achieve results.

Monitoring and evaluation logframe: output level

Organization Project goal or objective	Teman Saya Community Action Group To improve sexual health among in-school youth in Satu Province, Dua Province, Tiga Province and Entam Province			
	Narrative summary	**Verifiable indicator**	**Means of verification**	**Assumptions**
Outputs	To implement efficient, effective in-school youth HIV-prevention and care programmes in 4 major provinces	100 HIV-prevention and care teachers trained in each of 4 major provinces over period of 5 years (a total of 400 teachers trained)	Project monitoring forms	Project monitoring form reports are accurate and timely.
		Two one-day advocacy seminars held annually in each of 4 major provinces over period of 5 years (a total of 40 advocacy seminars)	Project monitoring forms	Project monitoring form reports are accurate and timely.
		A total of 3,000 orphans receiving care and support services through the Education Sector HIV Fund by end of five-year period	Project monitoring forms	Project monitoring form reports are accurate and timely.
		75% of AIDS services show improved quality in service delivery by end of five-year period.	Project monitoring forms	Project monitoring form reports are accurate and timely.

Monitoring and evaluation logframe: outcome level

Organization Project goal or objective	Teman Saya Community Action Group To improve sexual health among in-school youth in Satu Province, Dua Province, Tiga Province and Entam Province			
	Narrative summary	Verifiable indicator	Means of verification	Assumptions
Outcomes	To increase safer sexual practices amongst in-school youth in 4 major provinces	Decreased percentage of in-school youth reporting sex with a non-regular partner during last year	Behavioural surveillance surveys	Behavioural surveillance data are based on representative samples and accurate responses
		Increased percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Behavioural surveillance surveys	Behavioural surveillance data are based on representative samples and accurate responses
		Increased age of reported sexual debut amongst in-school youth	Behavioural surveillance surveys	Behavioural surveillance data are based on representative samples and accurate responses
		Decreased percentage of young women less than 18 years of age having sex with men more than 30 years of age during last year	Behavioural surveillance surveys	Behavioural surveillance data are based on representative samples and accurate responses

Monitoring and evaluation logframe – Impact level

Organization Project goal or objective	Teman Saya Community Action Group To improve sexual health among in-school youth in Satu Province, Dua Province, Tiga Province and Entam Province			
	Narrative summary	Verifiable indicator	Means of verification	Assumptions
Impacts	To improve sexual health among in-school youth in four major provinces	Reduced antenatal HIV prevalence in 15-19 and 20-24 age groups	Health centre HIV and pregnancy records	Sexual intercourse is the primary mode of HIV transmission.
		Reduced percentage of in-school girls reported pregnant during last year	Health centre HIV and pregnancy records	Pregnant girls seek medical support from the health centre.

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MODULE 5.3: Project design and management

Mitigating the HIV/AIDS impact on education: a management checklist

About the author

Peter Badcock-Walters is Director of the EduSector AIDS Response Trust and was the founding Director of the Mobile Task Team (MTT) on the impact of HIV/AIDS on education. He specializes in strategic planning, policy development, implementation design and research, with a particular interest in systemic response, information-based decision support systems, process facilitation and training.

Module 5.4

Table of contents

Aims

The aim of this module is to provide a comprehensive framework for a strategic response and a checklist of steps and activities that can be used within ministries of education (MoEs) to advocate, guide and inform the planning and management of a HIV and AIDS response.

Objectives

On completion of this module, you should be able to:

- recognize the key issues involved in managing and mitigating the impact of HIV and AIDS on education systems;

- identify the three phases of activity required to guide an effective response;

- use the planning and management checklist to benchmark the progress of your own MoE/education sector in relation to these issues;

- help initiate a systemic response to the impact of HIV and AIDS in your own MoE/education sector.

Before you begin...

Questions for reflection

Take a few moments to think about the questions below and make a note of your answers and ideas in the spaces provided. As you work through the module, see how your responses compare to those put forward by the author.

Does your MoE/education sector have a comprehensive response to the impact of HIV and AIDS?

Does your MoE/education sector have a strategic management plan to mitigate the impact of HIV and AIDS?

Has an evaluation of impact and response taken place recently or been presented to senior decision-makers?

Does your MoE have structures, personnel and resources in place to manage, monitor and report on impact and response?

How would you use a checklist of recommended activities within the MoE/education sector, and what effect do you think this might have?

MODULE 5.4: Mitigating the HIV/AIDS impact on education: a management checklist

Introductory remarks

There is growing acknowledgement that HIV and AIDS is a systemic management problem for education and that responses must:

- be located within the system at every level; and
- address questions of prevention, treatment, care and support, and mitigation including workplace issues and response management.

The primary impact of HIV and AIDS is that it increases the scale of existing systemic and management problems in education; education systems have always had problems of supply, demand, quality and output – HIV and AIDS simply add to these problems and increase their scale.

Lack of reliable data makes it difficult to know where routine system problems stop and systemic erosion starts. These routine problems include staff attrition, service ratios, student enrolment, drop-out and transition rates, quality, output and budgeting, all of which will be adversely affected.

HIV and AIDS should not be seen as an external factor. The nature of its impact on the system – affecting every function of demand, supply, quality and output – makes it integral to the function of education management, and highlights an important message to HIV and AIDS planners and managers:

What is good for the efficiency and reform of the education system is good for HIV and AIDS mitigation, and vice versa.

Many MoEs have initiated a significant level of response, but this is often limited to prevention and even treatment, care and support, without adequate attention to sector policy, workplace issues or comprehensive planning and management.

There is a need for a flexible framework for strategic responses to guide the development of policy and action plans that provides a checklist of issues requiring attention. This checklist can be used for advocacy or strategic planning purposes and to confirm the comparative progress of the MoE in relation to recommended steps.

This module should be studied in conjunction with Module 1.2, *The HIV/AIDS challenge to education*; Module 2.1, *Developing and implementing HIV/AIDS policy in education*; Module 2.2, *HIV/AIDS management structures in education*; and Module 4.3, *An education policy framework for orphans and vulnerable children.*

1. Developing a strategic response framework

There is growing understanding that any comprehensive response must address four key themes:

- prevention;
- treatment, care and support;
- workplace issues;
- management of the response.

MoEs must recognize that any HIV and AIDS response must be sustainable over the long term and must be within the means of the recurrent education budget, irrespective of short-term donor or other funding.

Increasing erosion of the system and management problems associated with HIV and AIDS will compromise the ability of the MoE/education sector to meet Education for All (EFA), UNGASS and other international goals.

Systemic impact requires systemic response: a comprehensive, prioritized plan of action, from assessment and sector policy development, to decentralized planning and implementation within a flexible framework for strategic response. Effective response within such a framework must therefore be based on dependable data and regular monitoring, evaluation, review and reporting.

To be effective, the strategic response framework must cover key phases, which include:

- **understanding impact** (assessing, benchmarking and measuring impact);
- **planning mitigation** (action planning and costing prioritized activities required to mitigate impact);
- **implementation, monitoring and review** (initiating and implementing planned activity, monitoring progress and reporting outcomes and response).

Finally, in every aspect of planning and management, it should be remembered that while HIV and AIDS are a long-term human and development catastrophe, it is also a unique opportunity to address any number of long-standing problems in the structure and function of education. For example, the increased demand for new teachers – driven to a large extent by increasing mortality – may mean that the length of pre-service training may have to be shortened. This represents a major management problem, but it is also an opportunity to reconsider how, why and for what we train teachers. It may allow us to address long-standing difficulties that could not ordinarily be resolved. Therefore, at every step of the mitigation response we should be asking ourselves what opportunities this action provides for concomitant system improvement or reform.

Three phases

A strategic response framework (SRF) is required to provide the big picture within which a comprehensive checklist of action phases and steps can be located. It allows MoEs to recognize achievements as well as missing or incomplete activities to date, and plan rationally for the future. The checklist of steps or activities within this framework can be customized to MoE requirements to prioritize strategically important issues and need not be sequential. The framework and steps/activities should be tailored to fit country circumstances and may be informed by an impact assessment or rapid sector review that is designed to benchmark the extent of the impact and the state of readiness to manage this impact.

The resultant framework and checklist of steps should describe the key actions required for a comprehensive and sustainable programme of response and mitigation. The framework and checklist should also address the requirement from donors for a movement towards prioritized and achievable plans, and fully costed national and decentralized implementation, monitoring, evaluation and reporting.

The strategic response framework consists of three distinct phases, which together comprise a continuum of activity designed to address the needs described above and which are laid out in the box below.

Box 1   The three phases of a response framework

Phase 1: Understanding impact

No comprehensive response is possible until sector decision-makers fully understand the nature and extent of the problem. Twenty years into the pandemic, many senior officials in the education sector still assume HIV and AIDS to be a public health issue and have not grasped the erosive effect of the disease on every function of supply, demand, quality and output in education. Every education sector manager must therefore be helped to understand, through a structured advocacy process, that HIV and AIDS are now, and for the foreseeable future, a systemic management problem of direct and personal concern.

Phase 2: Planning mitigation

Once there is consensus within the sector on the nature and scale of the problem, it is possible to move into a planning phase to ensure that mitigation becomes a routine function of the system and sector. This planning phase requires the development of clear and unambiguous steps to ensure that the necessary data and information are in the hands of planners and decision-makers; that management structures exist with relevant training and support; that a policy for the sector is available; that national and decentralized planning for implementation has been consultatively developed; that this activity has been costed and initiated at all levels; and that the necessary recurrent resources exist to sustain it over time.

Phase 3: Monitoring and review of implementation

If the implementation of responses is to be systemic and sustainable, its initiation must be benchmarked (a standard or point of reference) and its progress monitored against a set of simple indicators to provide evidence of mitigation of HIV and AIDS. This monitoring process must therefore be reported if the sector response is to be transparent, and all stakeholders and interest groups must be kept informed and engaged. Finally, given the dynamics of the pandemic and the education sector's vulnerability to it, it is of the greatest importance that the entire process be reviewed on a regular basis. This is critical both to the well-being of the country and the future of education, and to the continuing interest and commitment of the donor agencies which remain central to the resourcing of mitigation and education development.

Activity 1

What is the impact of HIV and AIDS?

What is the key feature of planning mitigation?

Why is it important to monitor and review?

Planning and management checklist

Within each of the three phases of this framework, there are steps and activities that should ideally be undertaken if the MoE/education sector concerned is to build a sustainable defence against the erosive affects of HIV and AIDS.

The list describes a sequence of steps and activities that *should* be undertaken, but the list cannot take account of country or education sector circumstances that may make these steps difficult or even impossible. The checklist cannot anticipate political or budgetary constraints for example, or personnel, structural or other limitations.

But what it *can* do is list all of the actions that could and should be contemplated, as a basis for advocacy – the persuasion of senior decision-makers to respond more comprehensively and effectively – and for future planning. The checklist also provides a big picture of the activities that should comprise a holistic and sustainable national response. It allows planners and managers to review where their own systems stand in relation to this activity checklist. It may provide a sense of achievement for those countries which have already successfully progressed through one or more of the framework phases and have initiated activity in a number of critical strategic steps.

Equally, the checklist may give pause for thought to those managers whose systems have not yet moved beyond the early stages of response, and provide a set of targets and goals on which they can focus. The checklist should not be seen as a vertically sequential set of instructions or a blueprint. Any given country or education system may find that they have begun planning mitigation without having reached sectoral consensus on policy, or achieved a universal understanding of the implications of HIV and AIDS impact. What *is* important is that they move forward aware of the big picture and its implications.

This is precisely why the strategic response framework is a flexible construct within which countries can confirm progress to date and prioritize steps or activities which seem more or less strategically important to them at this point in the development of their own response. The checklist therefore allows them to flag issues for

follow-up and to which they may return once a particular priority has been addressed.

Twelve steps or activity clusters are offered for adoption, revision or reorganization within the three key phases of this flexible strategic response framework.

2. Phase One: understanding impact

Step One - HIV and AIDS situation analysis, response review and impact assessment

- Identify and agree on key HIV and AIDS impact and vulnerability indicators.
- Develop objectives and terms of reference for impact assessment/activity review.
- Commission independent sector impact assessment/activity review; or
- Undertake interactive rapid sector appraisal/activity review.
- Consider findings and establish impact and activity benchmarks.

Step Two - Management information and research review

- Review MoE data history, quality and reliability.
- Review and audit data systems/capacity, including collection, access to HIV and AIDS impact indicators, and support systems for analysis and decision making.
- Review other sector data/information sources.
- Review education sector research agendas inside and outside MoE.
- Aggregate all available data/information to provide a single consolidated source and develop preliminary proposals for system reform and extension.
- Develop a national, prioritized research agenda.

Step Three - Education sector HIV and AIDS policy and regulation audit

- Review national HIV and AIDS policy framework and implications for the development of education sector policy.
- Review education sector HIV and AIDS policy where it exists, and check coverage of prevention, treatment, care and support and mitigation.
- Review/audit relevant MoE legal procedures and regulations and identify shortcomings and issues for policy review.
- Advocate to create 'champions' for the development and dissemination of education sector HIV and AIDS policy.

Step Four - Education sector capacity audit

- Review national and sub-national MoE systems and human resources capacity at all levels to respond to and manage HIV and AIDS impact.
- Review capacity and programme coverage for the education sector, and co-operation agreements and protocols with national and international development partners.

- Identify and estimate availability of financial resources to support HIV and AIDS response and agree on access and other protocols.

- Integrate information and data from the audit of capacity, appraisal of the impact assessment, and audit of policy to provide a strategic overview for decision-making.

3. Phase Two: planning mitigation

Step Five - Establish an HIV and AIDS Management Unit (HAMU)

- Identify education sector needs for a full-time co-ordination structure (HAMU) through policy development and a strategic planning process.
- Develop sectoral agreement on the form, function, structure and commitment of a permanent/dedicated national and sub-national HAMU.
- Establish HAMU with appropriately high levels of access and reporting.
- Commit to adequate capital and recurrent resources to equip and sustain HAMU in the long term.
- Ensure commitment and access to appropriate, regular training and support for HAMU personnel.

Step Six - Education sector HIV and AIDS policy development

- Agree on guiding principles, goals and objectives for adaptive education sector HIV and AIDS policy.
- Develop a draft education sector HIV and AIDS policy in accordance with agreed principles and national/international policy frameworks and guidelines.
- Address key policy themes of prevention, treatment, care and support and mitigation, with special attention to workplace issues and managing the response.
- Agree and entrench a process for regular policy review and adaptation based on implementation experience at national and decentralized levels.

Step Seven - National HIV and AIDS policy implementation planning

- Develop a prioritized framework for planning the implementation of an HIV and AIDS policy by goal and objective.
- Segment the plan by policy theme to cover prevention, treatment, care and support, and mitigation.
- Address legal issues and the development of enforceable regulations to give effect to policy implementation.
- Ensure that planning framework includes:
    - capacity-building for an effective HIV and AIDS response at all levels of the system;
    - system review and reform to improve functional efficiency.

Step Eight - Decentralized HIV and AIDS policy implementation planning

- Locate sub-national planning within national planning principles and framework, for implementation.

- Develop specific, measurable, achievable, realistic, time-bound plans for sub-national levels reflecting regional variance, needs and priorities.

- Address regional/district constraints and difficulties and factor these in planning.

- Consolidate decentralized plans to update and strengthen national education sector framework.

Step Nine - Implementation budgeting and resource development

- Cost national/sub-national implementation plans over five years, with defensible assumptions.

- Analyze the availability of MoE capital and recurrent budget and confirm access protocols.

- Confirm the availability of external/donor resource.

- Develop a partnership and programme delivery database to support co-ordination and identify available country technical assistance capacity.

- Hold a donor conference to present comprehensive, costed education sector HIV and AIDS policy implementation plan to mobilize external resources.

4. Phase Three: implementation monitoring and review

Step Ten - Monitoring and evaluation (M&E)

- Monitor quantitative implementation of policy at all levels, against agreed target dates and outputs.

- Monitor HIV and AIDS impact indicators via the capture and analysis of national data.

- Monitor system and sector capacity in relation to observed management and delivery.

- Establish and evaluate qualitative indicators of policy implementation success against agreed targets and outputs.

- Design and introduce M&E and supplementary data capture systems to support the monitoring and evaluation.

Step Eleven – Reporting

- Report the progress/outcomes of the implementation of education sector HIV and AIDS policy at agreed intervals to all national and international constituencies, stakeholders and development partners.

Step Twelve - Policy implementation review

- Convene an inclusive annual HIV and AIDS policy and implementation strategy review to report progress, performance and vulnerability assessment.

- Revise/adapt national and sub-national strategies and implementation activities, based on impact indicators, implementation monitoring, evaluation and reporting.

- Develop/publish revised implementation plans for the following year, based on review/adaptation of revised targets, priorities and goals.

- Assure education stakeholders/development partners of effective M&E and implementation planning.

Activity 2

Checklist review

1. Use the Checklist to review what you think your MoE has accomplished to date. Against each item on the checklist, put a tick (√) if you feel that the step has been comprehensively dealt with and is complete. If not, place an estimate of achievement against each item in percentage terms – in other words, if you feel that your MoE is half-way to completing this step, put 50% in the column. See example below.

Step One: HIV and AIDS Situation Analysis, Response Review and Impact Assessment

Identify and agree on key HIV and AIDS impact and vulnerability indicators	√
Develop objectives and TOR for impact assessment/activity review	√
Commission an independent sector impact assessment/activity review	√
Undertake an interactive rapid sector appraisal/activity review	√
Consider findings and establish impact and activity benchmarks	50%

2. When you have finished reviewing the checklist, consider how you would use it within your MoE to alert decision-makers to the need for a comprehensive approach and identify those issues which are yet to be tackled. Also consider what affect the information might have and how you might capitalize on this to advance the mitigation agenda. Develop a five point plan for the strategic use of the checklist and its likely impact on decision-makers in MoEs.

Summary remarks

It is apparent that no MoEs on the African continent – or anywhere else – have completed every one of these steps. This is not surprising, though many have advanced a long way in the development of awareness, materials and training of teachers in prevention and even care and support, for example. Indeed, a few MoEs have made great strides in policy development and implementation planning, and serve as international examples of good practice. That not all MoEs have addressed all these complex issues does not signal a failing, rather it recognizes that a comprehensive HIV and AIDS response at every level of the education sector requires political and institutional commitment, time and considerable resources – commodities often in short supply in over-burdened systems.

The task is to recognize what could and should be done in an optimal situation and to prioritize these activities to suit local conditions and resource constraints.

No MoE can be expected to do more without means at its disposal, but the availability of this big picture of comprehensive response may do three important things:

1. Help to guide thinking and planning within the MoE and facilitate a process of informed prioritization.

2. Confirm that the MoE is committed to a broad mitigation plan which will assist in achieving EFA and other internationally supported goals – the attainment of which cannot otherwise be assured in the AIDS era.

3. Mobilize donor/development agency support based on the MoE's evident commitment to, and understanding and prioritization of, these issues.

These phases, steps and activities are intensive and complex and require management, co-ordination and reporting. These are very real responsibilities that must be allocated to identified structures and individuals if they are to be effectively operationalized. This implies that MoEs committed to action must move beyond part-time or ad hoc committees and establish full-time, well-resourced co-ordinating and management structures whose sole responsibility is the roll-out and monitoring of these and other HIV and AIDS mitigation plans.

You will note that Step Five in Phase Two of the strategic response framework is the establishment of an HIV and AIDS Management Unit (HAMU) for this very purpose. However, it is important to note that such a unit could be established at any point in the framework continuum; this is an example of the fact that the steps in this framework do not have to be sequential, and that local circumstances can change this sequence at any point.

Finally, it should also be noted that even if the MoE is able to initiate and complete all of these steps and activities, the concept of regular monitoring and review means that the response will never be complete. The process of monitoring and review will throw up new challenges, new data and information and help identify shortcomings in the activity already completed. In other words, in the AIDS era, the management of mitigation must be considered a full-time, continuous task for a

dedicated co-ordination unit, and a routine part of the day-to-day activity of every manager within the system.

Lessons learned

Lesson One

HIV and AIDS mitigation must be comprehensive – addressing all the theme areas of prevention, treatment, care and support, workplace issues and management of the response.

Lesson Two

Every country and its education sector have taken some steps to mitigate HIV and AIDS impact, and these steps should be noted and recorded in relation to the checklist to establish what has been done and what remains to be done.

Lesson Three

The steps described in the strategic response framework do not have to be sequential and may be rearranged depending on what has already been done, and on local circumstances and priorities.

Lesson Four

Tools, models and templates exist to assist in this process and these can speed response and make available comparative country experience.

Lesson Five

Improved capture systems for HIV- and AIDS-sensitive data and the development of supplementary monthly management and monitoring systems will provide early warning of both system failure and HIV and AIDS impact.

Lesson Six

HIV and AIDS mitigation is synonymous with good management; effective management at every level of the system will help mitigate HIV and AIDS impact, provide better support information to guide response and help anticipate system stress in the areas of demand, supply, quality and output.

Lesson Seven

HIV and AIDS will be a routine feature of the education process for the foreseeable future, certainly for the next 20-30 years. As such, its impact on every aspect of system function and output must be seen as a routine part of management at every level, and must be factored in every budget and development plan.

Answers to activities

Activity 1

What is the impact of HIV and AIDS?

The primary impact of HIV and AIDS is that they increase the scale of existing systemic and management problems in education; education systems have always had problems of supply, demand, quality and output – HIV and AIDS simply add to these problems and increase their scale. Routine or existing problems that may be made worse by HIV and AIDS might include staff attrition, service ratios, student enrolment, drop-out and transition rates, quality, output and budgeting. This increasing erosion of the system and management problems associated with HIV and AIDS will also compromise the ability of the education sector to meet EFA, UNGASS and other international goals. Please refer to Module 1.2, *The HIV/AIDS challenge to education*, for a detailed account of the impacts of HIV and AIDS on the education sector.

What is the key feature of planning mitigation?

The key feature of planning mitigation is consensus within the sector on the nature and scale of the problem. Once this is achieved, it is possible to move into a planning phase to ensure that mitigation becomes a routine function of the system and that comprehensive action planning and costing of prioritized activities can be carried out.

Why is it important to monitor and review?

If the implementation of responses is to be systemic and sustainable, its initiation must be benchmarked and its progress monitored against a set of simple indicators to provide evidence of mitigation of HIV and AIDS. In addition, given the dynamics of the pandemic, it is of the greatest importance that the entire process be reviewed on a regular basis to provide insight to the process for all the constituencies involved.

Activity 2

Answers are country-specific.

Bibliographical references and additional resource materials

Documents

Kelly, M.J. 2000. *Planning for education in the context of HIV and AIDS*. Fundamentals of Educational Planning, No. 66. Paris: IIEP-UNESCO.

UNAIDS Inter Agency Task Team on Education (IATT). 2002. *HIV and AIDS and education: a strategic approach*. Paris: IIEP-UNESCO.

UNAIDS. 2005. *AIDS in Africa: Three scenarios to 2025*. Geneva: UNAIDS. www.unaids.org/unaids_resources/images/AIDSScenarios/AIDS-scenarios-2025_report_en.pdf

UNESCO. 2004. *EFA Global Monitoring Report, Gender and education for all – The leap to equality*. Paris: UNESCO. http://portal.unesco.org/education/en/ev.php-URL_ID=23023&URL_DO=DO_TOPIC&URL_SECTION=201.html

Tools and resources

A number of intervention tools and resources have been developed to support this three-phase strategic response framework and the steps checklisted. Available for download on the MTT website:

www.mttaids.com/site/awdep.asp?dealer=5562&depnum=8525

They include:

- Education Sector Strategic Assessment Framework
- Survey questions - assess HIV impact on education employees
- How to evaluate HIV policies and strategies
- Options for establishment of HIV Management Unit
- Description of Strategic Planning process
- Tips to help MOEs prioritise activities
- Tips to help prioritise activities & zero budgeting
- Strategic Planning Workshop
- Budget Template for HIV and AIDS Implementation Plan
- HIV and AIDS Implementation Plan - Activity Matrix
- Workshop Evaluation Form
- Zero budgeting
- Monitoring and Evaluation Framework
- HIVAIDS Partnership Directory for MOEs

Useful links

Association for Qualitative Research/ Association pour la recherche qualitative:
www.recherche-qualitative.qc.ca

Bill and Melinda Gates Foundation:
www.gatesfoundation.org/default.htm

Catholic Relief Services:
www.crs.org

Centers for Disease Control and Prevention:
www.cdc.gov

The Department for International Development (DFID):
www.dfid.gov.uk

Eldis:
www.eldis.org/go/topics/resource-guides/hiv-and-aids

Family Health International:
www.fhi.org

Family Health International: Youth Area:
www.fhi.org/en/Youth/YouthNet/ProgramsAreas/Peer+Education.htm

Food and Agriculture Organization:
www.fao.org

GTZ: German Development Agency:
www.gtz.de/en/

Global Campaign for Education:
www.campaignforeducation.org

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM):
www.theglobalfund.org/en/

Global Service Corps:
www.globalservicecorps.org

The Henry J. Kaiser Family Foundation:
www.kff.org/hivaids/

International Bureau of Education:
www.ibe.unesco.org/

IBE-UNESCO Programme for HIV & AIDS education:
www.ibe.unesco.org/HIVAids.htm

International Institute for Educational Planning:
www.unesco.org/iiep

International Institute for qualitative methodology:
www.uofaweb.ualberta.ca/iiqm/

HIV/AIDS Impact on Education Clearinghouse:
hivaidsclearinghouse.unesco.org/ev_en.php

Kenya HIV/AIDS Business Council & UK National AIDS Trust. Positive action at work:
www.gsk.com/positiveaction/pa-at-work.htm

Mobile Task Team (MMT) on the Impact of HIV/AIDS on Education:
www.mttaids.com

OECD Co-operation Directorate:
www.oecd.org/linklist/0,3435,en_2649_33721_1797105_1_1_1_1,00.html.

The Policy Project
www.policyproject.com

Population Services International Youth AIDS:
http://projects.psi.org/site/PageServer?pagename=home_homepageindex

The United States President's Emergency Plan for AIDS Relief:
www.pepfar.gov/c22629.htm

UNAIDS Joint United Nations Program on HIV/AIDS:
www.unaids.org

UNESCO EFA Background documents and information:
www.unesco.org/education/efa/ed_for_all/background/background_documents.shtml

www.unesco.org/education/efa/know_sharing/flagship_initiatives/hiv_education.shtml

www.unesco.org/education/efa/index.shtml

UNESCO Institute of Statistics website:
www.uis.unesco.org

United Nations Millennium Development Goals:
www.un.org/millenniumgoals

UNICEF United Nations Children's Fund:
www.unicef.org

UNICEF Life skills:
www.unicef.org/lifeskills

UNAIDS Joint United Nations Program on HIV/AIDS:
www.unaids.org

United States Agency for International Development: USAID:
www.usaid.gov/

School Health:
www.schoolsandhealth.org/HIV-AIDS&Education.htm

World Bank EFA Fast Track Initiative:
www.fasttrackinitiative.org/

World Bank Multi-Country HIV/AIDS Program for Africa (MAP):
http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/EXTAFRHE
ANUTPOP/EXTAFRREGTOPHIVAIDS/0,,contentMDK:20415735~menuPK:1001234
~pagePK:34004173~piPK:34003707~theSitePK:717148,00.html

World Economic Forum:
www.weforum.org/globalhealth

World Health Organization:
www.who.int/en/

World Vision
www.worldvision.org/

HIV and AIDS glossary

by L. Teasdale

The terms below are defined within the context of these modules.

Advocacy: Influencing outcomes - including public policy and resource allocation decisions within political, economic, and social systems and institutions - that directly affect people's lives.

Affected by HIV and AIDS: HIV and AIDS have impacts on the lives of those who are not necessarily infected themselves but who have friends or family members that are living with HIV. They may have to deal with similar negative consequences, for example stigma and discrimination, exclusion from social services, etc.

Affected persons: Persons whose lives are changed in any way by HIV and/or AIDS due to infection and/or the broader impact of the epidemic.

Age mixing: Sexual relations between individuals who differ considerably in age, typically between an older man and a younger woman, although the reverse occurs. Diseases can be treated, but there is no treatment for the immune system deficiency. AIDS is the most severe phase of HIV-related disease.

AIDS: The Acquired Immune Deficiency Syndrome is a range of medical conditions that occurs when a person's immune system is seriously weakened by HIV, the Human Immunodeficiency Virus, to the point where the person develops any number of diseases and cancers.

Antibodies: Immunoglobulin, or y-shaped protein molecules in the blood used by the body's immune system to identify and neutralize foreign objects such as bacteria and viruses. During full-blown AIDS, the antibodies produced against the virus fail to protect against it.

Antigen: Foreign substance which stimulates the production of antibodies when introduced into a living organism.

Antiretroviral drugs (ARV): Drugs that suppress the activity or replication of retroviruses, primarily HIV. Antiretroviral drugs reduce a person's viral load, thus helping to maintain the health of the patient. However, antiretroviral drugs cannot eradicate HIV entirely from the body. They are not a cure for HIV or AIDS.

Asymptomatic: Infected by a disease agent but exhibiting no visible or medical symptoms.

Bacteria: Microbes composed of single cells that reproduce by division. Bacteria are responsible for a large number of diseases. Bacteria can live independently, in contrast with viruses, which can only survive within the living cells that they infect.

Baseline study: A study that documents the existing state of an environment to serve as a reference point against which future changes to that environment can be measured

Care, treatment and support: Services provided to educators and learners infected or affected by HIV.

Clinical trial: A clinical trial is a study that tries to improve current treatment or find new treatments for diseases, or to evaluate the comparative efficacy of two or more medicines. Drugs are tested on people, under strictly controlled conditions.

Combination therapy: A course of antiretroviral treatment that involves two or more ARVs in combination.

Concentrated epidemic: An epidemic is considered concentrated when less than one per cent of the wider population but more than five per cent of any key population practising high risk behaviours is infected, while, at the same time, prevalence among women attending urban antenatal clinics is still less than 5 percent.

Condom: One device used to prevent the transmission of sexual fluid between bodies, and used to prevent pregnancy and the transmission of disease, HIV and sexually transmitted infections. Consistent, correct use of condoms significantly reduces the risk of transmission of HIV and other STDs. Both male and female condoms exist. The male condom is a strong soft transparent polyurethane device which a man can wear on his penis before sexual intercourse. The female condom is also a strong soft transparent polyurethane sheath inserted in the vagina before sexual intercourse.

Confidentiality: The right of every person, employee or job applicant to have their medical information, including HIV status, kept private.

Counselling: A confidential dialogue between a client and a trained counsellor aimed at enabling the client to cope with stress and take personal decisions related to HIV and AIDS.

Diagnosis: The determination of the existence of a disease or condition.

Discriminate: Make a distinction in the treatment of different categories of people or things, especially unjustly or prejudicially against people on grounds of race, sex, social status, age, HIV status etc.

Discrimination: The acting out of prejudices against people on grounds of race, colour, sex, social status, age, HIV status etc; an unjust or prejudicial distinction.

Empowerment: Acts of enabling the target population to take more control over their daily lives. The term 'empowerment' is often used in connection with marginalized groups, such as women, homosexuals, sex workers, and HIV infected persons.

Epidemic: A widespread outbreak of an infectious disease where many people are infected at the same time. An epidemic is *nascent* when HIV prevalence is less than 1 percent in all known subpopulations presumed to practice high-risk behaviour for which information is available. An epidemic is *concentrated* when less than one per cent of the wider population but more than five per cent of any so-called 'high-risk group' is infected but prevalence among women attending urban antenatal clinics is still less than 1 percent. An epidemic is *generalized* when HIV is firmly established in the population and has spread far beyond the original subpopulations presumed to be practising high-risk behaviour, which are now heavily infected and when prevalence among women attending urban antenatal clinics is consistently one percent or more.

Heterosexual: A person sexually attracted to or practising sex with persons of the opposite sex.

High-risk behaviour: Activities that put individuals at greater risk of exposing themselves to a particular infection. In association with HIV transmission, high-risk activities include unprotected sexual intercourse and sharing of needles and syringes.

Highly active antiretroviral therapy (HAART): A combination of three or more antiretroviral drugs that most effectively inhibit HIV replication, allowing the immune system to recover its ability to produce white blood cells to respond to opportunistic infections.

HIV: Human Immunodeficiency Virus, the virus that causes AIDS, this virus weakens the body's immune system and which if untreated may result in AIDS.

HIV testing: Any laboratory procedure – such as blood or saliva testing – done on an individual to determine the presence or absence of HIV antibodies. An HIV positive result means that the HIV antibodies have been found in the blood test and that the person has been exposed to HIV and is presumably infected with the virus.

Homosexual: A person sexually attracted to or practising sex with persons of the same sex.

Immune system: The body's defence system that prevents and fights off infections.

Incidence (HIV): The number of new cases occurring in a given population over a certain period of time. The terms prevalence and incidence should not be confused. Incidence only applies to the number of new cases, while the term prevalence applies to all cases old and new.

Incubation period: The period of time between entry of the infecting pathogen, or antigen (in the case of HIV and AIDS, this is HIV) into the body and the first symptoms of the disease (or AIDS).

Informed consent: The voluntary agreement of a person to undergo or be subjected to a procedure based on full information, whether such permission is written, or expressed indirectly.

Life skills: Refers to a large group of psycho-social and interpersonal skills which can help people make informed decisions, communicate effectively, and develop coping and self-management skills that may help them lead a healthy and productive life.

Log frame or logical framework: A matrix that provides a summary of what a project aims to achieve and how, and what its main assumptions are. It brings together in one place a statement of all the key components of a project. It presents them in a systematic, concise and coherent way, thus clarifying and exposing the logic of how the project is expected to work. It provides a basis for monitoring an evaluation by identifying indicators of success, and means of assessment.

Maternal antibodies: In an infant, these are antibodies that have been passively acquired from the mother during pregnancy. Because maternal antibodies to HIV continue to circulate in the infant's blood up to the age of 15-18 months, it is difficult to determine whether the infant is infected.

Mother-to-Child Transmission (MTCT): Process by which a pregnant woman can pass HIV to her child. This occurs in three ways, 1) during pregnancy 2) during childbirth 3) through breast milk. The chances of HIV being passed in any of these ways if the mother is in good health or taking HIV treatment is quite low.

Micro-organism: Any organism that can only be seen with a microscope; bacteria, fungi, and viruses are examples of micro-organisms.

Orphan: According to UNAIDS, WHO and UNICEF an orphan is a child who has lost one or both parents before reaching the age of 18 years. A double orphan is a child who has lost both parents before the age of 18 years. A single orphan is a child who has lost either his or her mother or father before reaching the age of 18.

Opportunistic infection: An infection that does not ordinarily cause disease, but that causes disease in a person whose immune system has been weakened by HIV. Examples include tuberculosis, pneumonia, Herpes simplex viruses and candidiasis.

Palliative care: Care that promotes the quality of life for people living with AIDS, by the provision of holistic care, good pain and symptom management, spiritual, physical and psychosocial care for clients and care for the families into and during the bereavement period should death occur.

Pandemic: An epidemic that affects multiple geographic areas at the same time.

Pathogen: An agent such as a virus or bacteria that causes disease.

Peer education: A teaching-learning methodology that enables specific groups of people to learn from one another and thereby develop, strengthen, and empower them to take action or to play an active role in influencing policies and programs

Plasma: The fluid portion of the blood.

Post-exposure prophylaxis (PEP): As it relates to HIV disease, is a potentially preventative treatment using antiretroviral drugs to treat individuals within 72 hours of a high-risk exposure (e.g. needle stick injury, unprotected sex, rape, needle sharing etc.) to prevent HIV infection. PEP significantly reduces the risk of HIV infection, but it is not 100% effective.

Post-test counselling: The process of providing risk-reduction information and emotional support, at the time that the test result is released, to a person who is submitted to HIV testing.

Pre-exposure prophylaxis (PREP): The process of taking antiretrovirals before engaging in behaviour(s) that place one at risk for HIV infection. The effectiveness of this is still unproven.

Pre-test counselling: The process of providing an individual with information on the biomedical aspects of HIV and AIDS and emotional support for any psychological implications of undergoing HIV testing and the test result itself before he/she is subject to the test.

Prevalence (or HIV prevalence): Prevalence itself refers to a rate (a measure of the proportion of people in a population infected with a particular disease at a given time). For HIV, the prevalence rate is the percentage of the population between the ages of 15 and 49 who are HIV infected. The terms prevalence and incidence should not be confused. Incidence only applies to the number of new cases, occurring in a given population over a certain period of time, while the term prevalence applies to all cases old and new.

Prevention of mother-to-child transmission (of HIV): Interventions such as preventing unwanted pregnancies, improved antenatal care and management of labour, providing antiretroviral drugs during pregnancy and/or labour, modifying

feeding practices for newborns and provision of antiretroviral therapy to newborns – all of which aim to reduce the risk of HIV transmission from an infected mother to her child.

Prophylaxis for opportunistic infections: Treatments that will prevent the development of conditions associated with HIV disease such as fungal infections and types of pneumonia.

Rape: Sexual intercourse with an individual without his or her consent.

Retrovirus: An RNA virus (a virus composed not of DNA but of RNA). Retroviruses are a type of virus that can insert its genetic material into a host cell's DNA. Retroviruses have an enzyme called reverse transcriptase that gives them the unique property of transcribing RNA (their RNA) into DNA. HIV is a retrovirus.

Safer sex: Sexual practices that reduce or eliminate the exchange of body fluids that can transmit HIV e.g. through consistent and correct condom use.

Serological testing: Testing of a sample of blood serum.

Seronegative: Showing negative results in a serological test.

Seroprevalence: Number of persons in a population who tested positive for a specific disease based on serology (blood serum) specimens.

Seropositive: Showing the presence of a certain antibody in the blood sample, or showing positive results in a serological test. A person who is seropositive for HIV antibody is considered infected with the HIV virus.

Sex worker: A sex worker has sex with other persons with a conscious motive of acquiring money, goods, or favours, in order to make a fulltime or part-time living for her/himself or for others.

Sexual debut: The age at which a person first engages in sexual intercourse.

Sexually Transmitted Infections (STIs): Infections that can be transmitted through sexual intercourse or genital contact such as gonorrhoea, chlamydia and syphilis. In many cases HIV is a sexually transmitted infection. Untreated STIs can cause serious health problems in men and women. A person with symptoms of STIs (ulcers, sores, or discharge) 5-10 times more likely to transmit HIV.

Sexually transmitted infection management: Comprehensive care of a person with an STI-related syndrome or with a positive test for one or more STIs.

Socio-behavioural interventions: Educational programmes designed to encourage individuals to change their behaviour to reduce their exposure to HIV infections in order to reduce or prevent the possibility of HIV infection.

Stigma: A process through which an individual attaches a negative social label of disgrace, shame, prejudice or rejection to another because that person is different in a way that the individual finds the stigmatized person undesirable or disturbing.

Stigmatize: Holding discrediting or derogatory attitudes towards another on the basis of some feature that distinguish the other such as colour, race, and HIV status.

Symptom: Sign in the body that indicates health or a disease.

Symptomatic: With symptoms

Sugar Daddy/Mommy Syndrome: Comparatively well-off older men/women who pay special attention (e.g. give presents) to younger women/men in return for sexual favours.

T- Cells: A type of white blood cell. One type of T cell (T4 Lymphocytes, also called T4 Helper cells) is especially apt to be infected by HIV. By injuring and destroying these cells HIV damages the overall ability of the immune system to reduce the reproduction of the virus in the blood or to fight opportunistic diseases. A healthy person will usually have more than 1,200 T-cells in a certain measure of blood, but when HIV progresses to AIDS the number of T-cells drops below 200.

Treatment education: Education that engages individuals and communities to learn about anti retroviral therapy so that they understand the full range of issues and options involved. It provides information on drug regimen and encourages people to know their HIV status.

Tuberculosis (TB)**:** Tuberculosis is a bacterial infection that is most often found in the lungs (pulmonary TB) but can spread to other parts of the body (extrapulmonary TB). TB in the lungs is easily spread to other people through coughing or laughing. Treatment is often successful, though the process is long. Treatment time averages between 6 and 9 months.TB is the most common opportunistic infection and the most frequent cause of death in people living with HIV in Africa.

Universal precautions: A practice, or set of precautions to be followed in any situation where there is risk of exposure to infected bodily fluids, such as blood, like wearing protective gloves, goggles and shields, or carefully handling potentially contaminated medical instruments.

Vaccine: A substance that contains antigenic or pathogenic components, either weakened, dead, or synthetic, from an infectious organism which is injected into the body in order to produce antibodies to disease or to the antigenic components.

Viral load: The amount of virus present in the blood. HIV viral load indicates the extent to which HIV is reproducing in the body. Higher numbers mean more of the virus is present in the body.

Virus: Infectious agents responsible for numerous diseases in all living beings. They are extremely small particles, and in contrast to bacteria, can only survive and multiply within a living cell at the expense of that cell.

Voluntary counselling and testing: HIV testing done on an individual who, after having undergone pre-test counselling, willingly submits himself/herself to such a test.

Workplace policy: A guiding statement of principles and intent taking applicable to all staff and personnel of an institution. This can often be part of a larger sectoral policy.

The series

Wide-ranging professional competence is needed for responding to HIV and AIDS in the education sector. To make the best use of this series, it is recommended that the following order be respected. However, as each volume deals with its own specific theme, they can also be used independently of one another.

Volume 1: Setting the Scene

1.1 The impacts of HIV/AIDS on development
M. J. Kelly, C. Desmond, D. Cohen

1.2 The HIV/AIDS challenge to education
M. J. Kelly

1.3 Education for All in the context of HIV/AIDS
F. Caillods, T. Bukow

1.4 HIV/AIDS-related stigma and discrimination
R. Smart

1.5 Leadership against HIV/AIDS in education
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Volume 2: Facilitating Policy

2.1 Developing and implementing HIV/AIDS policy in education
P. Badcock-Walters

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R. Smart

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Volume 3: Understanding Impact

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A. Kinghorn

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W. Heard, P. Badcock-Walters.

3.3 Qualitative research on education and HIV/AIDS
O. Akpaka

3.4 Projecting education supply and demand in an HIV/AIDS context
P. Dias Da Graça

The present series was jointly developed by UNESCO's International Institute for Educational Planning (IIEP) and the EduSector AIDS Response Trust (ESART) to alert educational planners, managers and personnel to the challenges that HIV and AIDS represent for the education sector, and to equip them with the skills necessary to address these challenges.

By bringing together the unique expertise of both organizations, the series provides a comprehensive guide to developing effective responses to HIV and AIDS in the education sector. The extensive range of topics covered, from impact analysis to policy formulation, articulation of a response, fund mobilization and management checklist, constitute an invaluable resource for all those interested in understanding the processes of managing and implementing strategies to combat HIV and AIDS.

Accessible to all, the modules are designed to be used in various learning situations, from independent study to face-to-face training. They can be accessed on the Internet web site: www.unesco.org/iiep Developed as living documents, they will be revisited and revised as needed. Users are encouraged to send their comments and suggestions (hiv-aids-clearinghouse@iiep.unesco.org).

The contributors

The International Institute for Educational Planning is a specialised organ of UNESCO created to help build the capacity of countries to design educational policies and implement coherent plans for their education systems, and to establish the institutional framework by which education is managed and progress monitored.

The EduSector AIDS Response Trust (ESART) is an independent, non-profit organisation established to continue the work of the Mobile Task Team (MTT), originally based at HEARD, University of KwaZulu-Natal from 2000 to 2006, and supported by USAID. ESART is designed to help empower African ministries of education and their development partners, to develop sector-wide HIV&AIDS policy and prioritized implementation plans to systemically manage and mitigate impact.